

DRAFT MINUTES

TRUST BOARD PUBLIC MEETING

Wednesday 25th January 2023

13:00 – 15:45

Microsoft Teams

Members:

Mary Elford	Chair
Gary Tubb	Non-Executive Director
Dr Richard Iles	Non-Executive Director
Oliver Judges	Non-Executive Director
Fazilet Hadi	Non-Executive Director
Anna Gill	Non-Executive Director
Catherine Dugmore	Non-Executive Director
Matthew Winn	Chief Executive
Anita Pisani	Deputy Chief Executive
Mark Robbins	Director of Finance and Resources
Dr David Vickers	Medical Director
Kate Howard	Chief Nurse
Rachel Hawkins	Director of Corporate Affairs
Steve Bush	Director of Children and Young people's Services

In Attendance:

Mercy Kusotera	Trust Secretary and Freedom to Speak Up Guardian
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Apologies:

Minutes:

1.0	Chair's welcome, apologies and additional declarations
1.1	The Chair welcomed all to the meeting.
1.2	There were no apologies for absence.
1.3	There were no new declarations of interest in the current agenda. Any previously made declarations did not conflict with the meeting agenda. Board members were reminded to make sure their declarations of interest were up to date. A reminder would be sent to members towards end of March 2023. Action: Mercy Kusotera to send a reminder to Board members to update their declarations of interest to ensure the declarations were accurate
2.0	Minutes of previous meeting and matters arising
2.1	The minutes of the meeting held on 23 rd November 2022 were approved as a correct record of the meeting subject to the following comments: <ul style="list-style-type: none"> 3.1 – 2nd bullet point should read: 'the role of the Board and the importance of a good working relationship between the Chair and the Chief Executive.' 4.2 – 4th bullet point should read 'ambulance stack.' Action: Mercy Kusotera to amend the minutes
2.2	The Board reviewed and noted updates to the action log.

	<p>The following comments were noted at the meeting:</p> <ul style="list-style-type: none"> Action 7.2 – 1st bullet point relating to staff network attendance – it was explained that the networks were happy for Non-Executive Directors (NEDs) to attend staff network meetings but not all the time and also not many NEDs at one time. It was suggested that NEDs would let Anita Pisani know which network meeting they would like to attend. Anita Pisani would work with the network chairs and arrange for an invite. Action: Non-Executive Directors to let Anita Pisani know which network they would like to attend; in liaison with the network Chairs, meeting invites would be sent to interested NEDs. A post Board note to be added to the minutes Action: Mercy Kusotera to add a post Board note to November 2022 minutes to show the agreed process for NEDs attendance for staff network meetings. There was no additional funding allocation identified for Monkeypox cost; the information was incorporated into Clinical Operational Boards (COBs) reports.
3.0	Chair's update
3.1	<p>The Chair provided a verbal update to the Board from the following recent visits:</p> <ul style="list-style-type: none"> Visit to Integrated Contraceptive and Sexual Health Service (iCaSH) Norwich: <ul style="list-style-type: none"> The team had responded effectively to Covid-19 and Monkeypox pressures. Staff felt well supported by the Trust. Most of them had worked for the previous provider and spoke about the transition and how much they appreciated working for the Trust. The clinical and working environment had been recently redecorated. Nursing staff felt there was scope for more career development opportunities. Visit to iCaSH Kings Lynn: <ul style="list-style-type: none"> Career progression for non-registered and reception staff was challenging. There was need to explore what more could be done within the system. One of the gaps identified related to staff looking after children and young people between the age of 13 -15 years where iCaSH was contracted to support. The role of the NED was not clearly known by some staff. It would be helpful to add in Comms cascade a briefing on the role of the NED. Action: to share with staff via Communication Cascade, an overview of the role of the NED. An overview of the recent panel for review of the future for social care conference: <ul style="list-style-type: none"> There had been a couple of reports recently on the future of social care. One of the remits of the Archbishop's Commission was to look at the future of social care as opposed to what could be done to solve current crisis. The report included the need to rebalance responsibilities and redesign the system. National covenant on care which included community roles, faith groups, institutions, government and central government. A meeting for the Chair and Kate Howard, was scheduled for 26th January 2023 to explore the next steps for broader visiting programme.
3.2	The Board noted the Chair's verbal update.
4.0	Chief Executive Report
4.1	The Chief Executive briefed the Board on progress and key issues, events and activities since the last Board meeting.
4.2	<p>The following key headlines were noted:</p> <ul style="list-style-type: none"> Current emergency pressures in local systems - the Trust was undertaking a number of actions to support local emergency flow in Bedfordshire and there were signs of improvement.

	<ul style="list-style-type: none"> • The Chartered Society of Physiotherapists strike was scheduled for 26th January 2023; the Trust was included on the list of providers where staff would be striking. Mitigation on the impact was in place. • The national NHS England priorities and operational guidance for 2023/24 had been published. Areas specific to community health and the Trust included reducing ambulance handovers. Most of the areas were visible to Board members and would be picked up during Clinical Operational Boards (COBs) discussions. • Allocations for Public Health grants were not yet confirmed. Most Trust services for example 0-19 services and iCaSH were funded from Public Health grants. • Each Integrated Care Board would need to develop a Joint Forward Plan, that took into consideration the strategies developed by the Integrated care partnership and local health and wellbeing boards. The Trust would be part of the further refinement of those plans across the three Integrated Care Boards (ICBs) which the Trust was actively part of. • The Trust had received the bronze award for Defence Employer Recognition scheme. The scheme was about making sure that the Trust was adaptable and both a good employer and provider of care for people who had been in the armed forces. • The Trust had also signed for the Armed Forces Covenant. • The Trust Freedom to Speak Up (FTSU) Policy had been updated to ensure it was aligned to the national FTSU policy published in June 2022. • The revised Trust FTSU policy had been shared and agreed with staff side colleagues. There was a lot of continuity with the policy which was signed by the Board in July 2020. The Board was being asked to approve the revised FTSU policy. • During the coming months, the Trust would look at the national planning guidance and system guidance and explore whether there were any emerging risks which the Board would need to consider. • At the end of the Integrated Governance Report (IGR) Board discussion, the Board would confirm whether the Board Assurance Framework (BAF) was an accurate reflection of the strategic risks facing the Trust and whether there were any risks which needed to be added to the risk register. • Communications update including social media campaign.
4.3	<p>In discussion, the following points were noted from the Chief Executive's report:</p> <ul style="list-style-type: none"> • Full BAF was presented to the Audit Committee meeting on 16th January 2023. The Committee discussed the strategic risks and requested the Executive Team to review the BAF. • The Executive Team reviewed and updated the BAF as recommended by the Audit Committee. Risks 3163, 3164 and 3502 were updated to incorporate the latest intelligence relating to industrial action and recent actions and considerations which had been undertaken in relation to workforce and morale challenges. • It was clarified that the risk graph (risk by risk type and risk level) related to all open risks on the Trust risk register. • There were more initiatives within the NHS relating to Digital; it might be necessary in future to hold a Board discussion on what that meant for the Trust and whether the Trust had the capital investment needed in place. It was clarified that some areas, for example shared care records were covered under ICS expenditures and did not necessarily incur revenue or capital for the Trust. • The Board were reminded that the refreshed Digital Strategy was scheduled for March 2023 Board. The session would provide the opportunity to discuss the next three-year plans. • To differentiate issues from risks, the Trust was developing an issues register, it was anticipated that this would be completed by the next financial year. • Health inequalities would be scheduled for a future Board development session. <p>Action: to schedule health inequalities for future Board development session.</p>

	<ul style="list-style-type: none"> It was important to schedule a discussion around productivity and information; this would be around Quarter 3. Action: Mark Robbins to schedule productivity for future Board discussion.
4.4	<p>The Board:</p> <ul style="list-style-type: none"> Noted the content of the report. Approved the revised Freedom to Speak Up Policy.
5.0	Integrated Governance Report (IGR)
5.1	<p>Rachel Hawkins provided an overview of the IGR for the reporting period October and November 2022. The following key headlines were noted:</p> <ul style="list-style-type: none"> Key issues and conversations from Children’s Clinical Operational Board (COB) and Adults COB which were held on 10th and 11th January 2023 respectively were summarised at the front of the IGR. The overall assurance rating for the report was reasonable. The level of assurance that each section of the report provided for the relevant domains of safe, caring, effective, responsive, and well led. It would be useful, as mentioned earlier to reflect on the on the BAF and assess whether there were any risks which needed to be added to the BAF.
6.2	<p>Kate Howard briefed the Board on the outstanding care section. The following key points were noted:</p> <ul style="list-style-type: none"> Overall assurance ratings were: <ul style="list-style-type: none"> Substantial for effective Reasonable for safe, caring and responsive EDS objectives (section B) were on track to be delivered. There were more opportunities for getting demographic data that fed into the work being undertaken by the patient experience team and work relating to health inequalities. One serious incident was declared within the reporting period. One serious incident was submitted to the relevant commissioners. A total of 30 panel meetings were held in October and November 2022. The panels were a combination of reviewing final reports, discussion on next steps and action plan reviews. Key themes from incidents reports were identified (section 2.10.2). The overall Trust position for Safeguarding Training remained above the 90% target, with the exception of adult’s level 3 training – where the trajectory for compliance for 22-23 was set at 80% (November’s compliance figure was 80%), and level 4 Safeguarding. Three Covid 19 staff outbreaks were reported in October and November; there was no reported impact on patient care or appointments. Flu vaccination uptake had been much lower than previous years. Clinical staff flu vaccination intake was currently at 57%. External compliance for all staff was 66%. The Trust was currently third in the region for staff flu vaccination. There were no confirmed bacteraemia cases of MRSA (Methicillin-resistant Staphylococcus Aureus), Extended Spectrum Beta – Lactamase (ESBL), or any positive cases of C. difficile during this period. Patient Experience Team continued to explore ways to support services to improve feedback. Recently Norfolk Children and Young People’s Health Services had been supported to review feedback mechanisms and processes with the aim of ensuring that there were accessible ways for service users to provide feedback. In October and November 2022, the Trust received over 7000 positive comments and compliments on service user surveys and feedback forms across the Trust. 63 informal complaints were resolved and closed during the reporting period. Trust response times were outlined in the report. 13 formal complaints were received. Referral to treatment (RTT) summary was outlined in section 7 of the report;

	<p>detailed discussions were held during COBs.</p> <ul style="list-style-type: none"> • Demand and capacity pressures continued Trust-wide within Community Paediatrics and therapy services (Bedfordshire and Luton) • In Quarter 2 the quality team undertook a review of the safer staffing processes used within Trust services, as expected different methods were used across the varying teams.
6.3	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> • There was a typo (Table on page 12) relating to Measures of objectives stated current position as at 'May 2022'; this needed to be updated. Action: Kate Howard to review and update the typo relating to Measuring Objectives (page 12 of the report); the table referenced 'May 2022' as current position. • It was clarified that three serious incident actions were overdue. This had been escalated to the Chief Nurse who followed up all actions with the leads to ensure timely submission. Fifteen actions had been closed during the reporting period. There were no overdue serious incidents reports. • All moderate harm incidents were reviewed during panel meetings. During the period, 10 reported moderate harm related to pressure ulcers within Luton Adults services. The Community Nursing Team had been working towards the 2022/23 CQUIN (The Commissioning for Quality and Innovation Framework) which was linked to pressure ulcer/ wound care. This had ensured the services had a reviewed system1 clinical template in place and that staff could and were able to receive appropriate training in interventions such as Doppler. • In terms of low harm, there was a process to ensure the incidents were reviewed before they could escalate into moderate or high harms. • There was a plan to introduce a Private Board paper that outlined serious incidents which would focus on the lessons learnt and remedial actions undertaken to ensure the risk was reduced. The report would also highlight the level of support provided to staff and patients as they went through the serious incidents process. The report would be presented on a six-monthly basis and was scheduled for May and November 2023. Action: Kate Howard to schedule serious incidents Board report for May and November 2023 Private Board meetings. • The Board was reminded that there was a formal route to provide assurance to the Board on how serious incidents were managed across the Trust; this was reported through the Quality Improvement and Safety Committee (QISCOM). Detailed discussions relating to serious incidents were also held during COBs. • Waiting lists were discussed in detail during COBs. The Trust had established a good clinically led triage system for waiting lists. • Ongoing discussions on clinical rationale and prioritisation of waiting lists. A joint approach including engaging with people who used Trust services for example carer groups and engaging with the system would help in managing waiting lists. • A review of the last 12 months formal complaints was being undertaken; the outcome would be presented to QISCOM. Action: Anita Pisani to present to the Quality Improvement and Safety Committee the outcome of a review of the last twelve months formal complaints. • The Board commended the work and achievement of the Large-Scale Vaccination (LSV) team. Over 1.7 million Covid -19 vaccinations were delivered across the patch. • About 500 workers who were on the Trust Bank of the LSV had chosen to remain on the Trust Bank and offered their services to the Trust.
6.5	<p>Anita Pisani briefed the Board on the level of assurance regarding the strategic objective to 'Be an excellent employer.' The following points were noted:</p> <ul style="list-style-type: none"> • Overall assurance ratings were reasonable for safe and effective domains. Well led was uplifted to substantial assurance due to reduced agency spend, the Trust was confident that the spend would be within the boundaries that had been set for the

	<p>Trust for the year.</p> <ul style="list-style-type: none"> • Appraisal and sickness levels were currently red rated; both areas were discussed in detail during COBs. • There was a piece of work being undertaken by HR leads and the Deputy Director of Workforce to understand sickness classification. The Trust is currently rolling out health roster across Trust services and all services would be covered by October 2023. This would then improve recording and managing sickness levels. • HR business partners had been asked to review sickness levels within teams and individuals on a fortnightly basis rather than monthly. This would provide an opportunity for proactive conversations with teams. • Recap on Adults' COB discussion; it was noted that some leaders found it difficult to manage stress, anxiety, and mental health issues in the workplace as this was very complex. • The Trust has a number of health and wellbeing champions who have had some training in workplace mental health issues. Details of these champions are promoted on our intranet site, and they are available for advice and guidance as needed. • The Trust had explored bespoke training for leaders on managing mental health and issues in the workplace and had identified a good course run by the Advisory, Conciliation and Arbitration Service (ACAS) and was going to commission some of that training. • Back in April 2022, the Trust had launched a financial grant scheme to support staff; details of the scheme were widely shared across the Trust. To date, 36 applications had been received 98% of which had been accepted and given financial assistance. Positive feedback about the scheme was received from staff, the Trust would continue to promote the scheme. • Continued focus on delivery of recruitment and retention plan for 0-19 Healthy Child Programme services across the Trust. • The Trust had recently had a particular focus on recruitment and retention issues for Dental Nurses and a number of actions were identified to support the service with this. • There was a reduction of 7% in the vacancy rate within the Trust Community Nursing services in Luton since May 2022. It was anticipated that at least an additional 5 international nurses would be joining the service in March 2023.
6.6	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> • The Chair had been in discussion with two other Community Trusts not from the Trust region, about opportunities to work together sharing and learning around keys issues for example workforce issues. Action: Matthew Winn to pick this up with the two Chief Executives and explore whether this was beneficial to the Trust. • Positive feedback was received from staff who were shielding on how they were supported during shielding. • The Trust had staff support hubs in different systems which could provide psychological support to staff. The Trust could also buy in bespoke training facilitation or reflective practice to teams if needed. • Team development sessions were being held to support various teams across the Trust. • Appraisal rate had slightly gone down, this could be due to capacity and pressures on the services and could be seasonal. A monthly reminder on appraisal levels was sent to line managers. • It would be helpful to understand the triangulation of data, for example whether low levels of appraisal were due to sickness or high vacancies. As part of the integrated governance report the Board sees a quality dashboard which includes other indicators such as complaints and serious incidents. In addition, at our Clinical Operational Boards this is seen by service area. Action: Anita Pisani to include in the next People Strategy update to the Board information on other indicators

	<p>for example complaints and serious incidents</p> <ul style="list-style-type: none"> • The Trust Survey results would be presented to the Board in March 2023. Over 1300 staff (47%) had responded to the survey. Action: Anita Pisani to schedule staff survey results for March 2023 Public Board meeting. • The Trust continued to explore options for getting feedback from people. Additional questions were recently added to Friends and Family Test and six most common languages identified to increase response rate. • Other alternatives used by the Trust to get feedback included patient participation groups and co-production groups.
6.7	<p>Anita Pisani briefed the Board on 'collaborate with others' section. The following key points were noted:</p> <ul style="list-style-type: none"> • Substantial assurance for both well Led and effective domains. • The Trust was on track to deliver against all the indicators (2a-2e) that were set up at the beginning of the year. • An update was provided on Health and Inequalities Strategic Indicator (2e) and Trust research activity during October and November 2022. • The Trust was embedded with the local systems and fully participated in ICS activities. • The finance team continued to work closely with the teams and services to ensure all invoices were processed promptly.
6.8	<p>In discussion, it was noted that:</p> <ul style="list-style-type: none"> • There were plans to revise the level of research information provided to the Board. Detailed information would be presented to QISCOM. Action: Dr David Vickers to revise the research section of the next Integrated Governance Report. • Capturing patient stories could be used to encourage patients and service users to sign up and get involve in research. • As part of Trust induction, it would be helpful to link Dr Richard Iles with the research team. Action: Dr David Vickers to link up Dr Richard Iles with the Research Team.
6.9	<p>Mark Robbins briefed the Board on the 'sustainable organisation' section of the report. The following key points were noted:</p> <ul style="list-style-type: none"> • The report included a forecast of the remainder for 2022/23 the financial year. • As discussed at the previous Board meetings, a summary of the Cost Efficiency Plans 2022/23 was included. Detailed discussions about the plans were held during COBs. • Key headlines on the planning guidance as referenced earlier in the Chief Executive report (item 4). • The level of overall assurance was uplifted to 'substantial' for the reporting period. This was due to cost improvement plan now being reported for the second half of the financial year. The Trust was achieving the majority of the plan. • The Trust carried out a "deep dive" analysis of the main cost drivers for months 1 to 6 which had been affected by the increased inflationary pressures. The data would be used to inform a financial forecast for the year, and the 2023/24 financial planning assumptions. • Overall trajectory for year-to-date performance (section 1.4) was similar to previous reporting. • Cash position (section 2) remained at expected levels. • A deep dive analysis was carried out to understand the impact on expenditure budgets from the increased inflationary and other service and funding pressures. • Key financial headlines from the national guidance published on 23rd December 2022 included the following: <ul style="list-style-type: none"> ○ Pay assumption of 2.1%

	<ul style="list-style-type: none"> ○ Non-pay assumption range kept on changing; it was expected to range from 4.5% to 5.5%. ○ Minimal level of efficiency at 1%. ○ Capital allocations included system level allocation, nationally allocated funds and other national capital programme investments.
6.10	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> • Allocations of Public Health grants were not confirmed; this created uncertainties in terms of planning for services which were funded by Public Health. • A helpful discussion on finance and future approach to reporting had been held with Mark Robbins and the NEDs. • The Trust had rolling block contracts, it would be helpful to understand which contracts would be coming up for renewal and the Trust's ability to continue to efficiently deliver services at the quality and safety needed. Action: to explore how the information could be shared with the Board going forward. • The financial reporting in the Clinical Operating Board reports now included progress and delivery against the savings and efficiency targets and Gateway process. Future reports would also include a forward financial forecast and risk profile. • Multi-year information would be included in the reports during the latter part of the year.
6.11	<p>The Board reflected on the IGR and:</p> <ul style="list-style-type: none"> • Confirmed that the information contained in the Report supported the summary and the overall assurance rating of REASONABLE assurance. • Confirmed that the Board Assurance Framework (BAF) was an accurate reflection of the strategic risks facing the Trust.
6.12	<p>The following points were noted from the Learning from Deaths Quarter 2 2022/23 Report:</p> <ul style="list-style-type: none"> • From April 2023 annual mandatory palliative and end of life training would be in place for all adult community nursing staff which would include advance care planning and practical use of the end-of-life care Electronic Palliative Care Co-ordination System (EPaCCs). • EPaCCs was a clinical template used to capture and share information from people's discussion about their care.
6.13	<p>The following points were noted in discussion:</p> <ul style="list-style-type: none"> • Preferred place of death was linked to patient experience and a good measure of person- centred service. • Soft intelligence was used to support families in dealing with current pressures for example petrol and cost of living challenges. • The report showed that some people had no recorded care planning. It was noted in some cases, families declined the opportunity to have that conversation. The team was working on how this could be improved. It was anticipated that the planned training and EPaCCs tool would help staff to hold the conversations. • In Bedfordshire and Luton, improving the percentage of people dying in their preferred place of death had been a key area of focus. • Increasing the percentage of people dying in their preferred place of death was one of the objectives of the end of care working group. • The Board commended the Structured Judgement Review (SJR); the group carried out detailed review of deaths relating to patients attending iCaSH services.
6.14	The Board approved Quarter 2 Learning from deaths report
7.	Committee Escalation Reports
7.1	<p>The Trust Board noted the report from: People Participation Committee held on 1st December 2022 The following key headlines were noted:</p> <ul style="list-style-type: none"> • Substantial assurance could be taken from the information presented to the

	<p>Committee from a number of updates.</p> <ul style="list-style-type: none"> • Over 400 patients, carers, community members and staff had been engaged with as part of the co-production workstreams. • 79 young people and children (plus teachers) engaged in the safeguarding workshop in Bedfordshire. <p>Quality Improvement and Safety Committee held on 7th December 2022</p> <p>The following key points were noted from the report update:</p> <ul style="list-style-type: none"> • Substantial assurance could be taken from the core reports presented to the Committee from several annual documents and updates. • The report provided a comprehensive summary from the discussions held by the Committee. <p>Remuneration Committee held on 14th December 2022</p> <p>The following key points were noted from the report update:</p> <ul style="list-style-type: none"> • Commended Anita Pisani and the team for the work and achievement of the Large-Scale Vaccination service. • The Committee discussed redundancy payments; the payment would be made to four individuals affected by the LSV closure and the cost was under £100,000. • The cost would be funded as additional funding through the regional team and was not a cost for the Trust. • Clinical Excellence Awards discussed by the Committee related to local awards not regional.
7.2	The Board noted the escalation points from Committees.
8.0	Any other Business
2.1	There was no further business discussed.
13.0	Questions from members of the public
13.1	The Trust had received one question which had been responded by Anita Pisani outside the meeting.

Date of next Public Trust Board Meeting: 22nd March 2023
Venue: Microsoft Teams