

## DRAFT MINUTES

### TRUST BOARD PUBLIC MEETING

Wednesday 23<sup>rd</sup> November 2022

11:30am – 15.10pm

Microsoft Teams

#### Members:

Mary Elford	Chair
Gary Tubb	Non-Executive Director
Dr Anne McConville	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 Governance and Service Redesign
Steve Bush	Director of Children and Young people's Services

#### In Attendance:

Karen Mason	Head of Communications
John Peberdy	Service Director, Cambridgeshire & Peterborough (item 5)
Jacqueline Taylor	Consultant Paediatrician and Clinical Lead (item 5)
Lisa Wright	Patient Experience and Participation Manager (item 5)
Sarah Kilby	Patient Experience Adviser (item 5)
Dr Sarah Edwards	Consultant GU Physician and Director of Medical Education (item 7)
Mercy Kusotera	Trust Secretary and FTSU Guardian

#### Apologies:

#### Minutes:

<b>1.0</b>	<b>Chair's welcome, apologies and additional declarations</b>
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.
<b>2.0</b>	<b>Minutes of previous meeting and matters arising</b>
2.1	The minutes of the meeting held on 28 <sup>th</sup> September 2022 were <b>approved</b> as a correct record of the meeting subject to the following comment: <ul style="list-style-type: none"> <li>1.3 – 5<sup>th</sup> bullet point should read: 'to protect patients and support staff.'</li> </ul>
2.2	The Board <b>reviewed</b> and <b>noted</b> updates to the action log.  The following comment was noted at the meeting:

	<ul style="list-style-type: none"> <li>Action 5.3 – 7<sup>th</sup> bullet point relating to the Green Plan – the Trust was making progress and on track to deliver the milestones within the Green Plan and would be promoting Green Plan Champions to step forward in the coming weeks. There were no issues identified in meeting those milestones. The Green Plan was a standing item for the Infrastructure Committee; updates would be fed to the Board as part of the Infrastructure Committee escalation report. However, it would be important for the Board to review progress against the Green Plan milestones at a future Board meeting. <b>Action: Mark Robbins to schedule an update to the Board on progress against Green Plan milestones.</b></li> </ul>
<b>3.0</b>	<b>Chair's update</b>
3.1	<p>The Chair provided a verbal update to the Board from the following recent visits:</p> <ul style="list-style-type: none"> <li>Attended NHS Providers Conference in Liverpool in November 2022. <b>Action: The Chair would share with Board members some of the key points from NHS Providers Conference.</b></li> <li>Reference to Dr Bill Kirkup report on maternity and neonatal services in East Kent hospital; the report identified issues, concerns and failings that had arisen in that Trust. Board members were urged to read the report. Key points emerging from the report included: <ul style="list-style-type: none"> <li>the role of the Board and the importance of a good working relationship between the Chief Executive.</li> <li>Tension between managers and clinicians.</li> <li>Executive Directors were not visible.</li> <li>Insufficient challenge by Non-Executives at the Board.</li> </ul> </li> <li>The focus of CCS Executive Team on the culture of our Trust (for example the way incidents and events were recorded and investigated) provided assurance against the Trust approach around leadership, transparency and accountability.</li> <li>Visit to dental team in Peterborough. The focus of the dental team was to address some of the population and health inequalities relating to urgent access care and special care dentistry. The commitment of the dental team to reduce health inequalities in dental services was commendable.</li> <li>Vice Chair and Director of Children's Services attended East of England Children and Young People's Strategic event. There was focus on community services and population health.</li> </ul>
3.2	The Board <b>noted</b> the Chair's verbal update.
<b>4.0</b>	<b>Chief Executive Report</b>
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"> <li>NHS England was consulting on the NHS provider licence. The Trust would be formally responding as the changes should amend some of the historic differences between NHS Trusts and NHS Foundation Trusts.</li> <li>Local systems had been asked (by NHS England) to prioritise further developments this winter, focusing on falls; support to care homes and general admission avoidance work with ambulance services.</li> <li>The Trust would be working with health and social care partners in Bedfordshire and Luton to ensure those options were developed and implemented over the coming weeks and months.</li> <li>The Trust (Luton urgent community response services) had started taking patients directly from the ambulance stark into their services. East London Foundation NHS Trust would also be joining the Trust taking patients from the ambulance stark starting from the coming week.</li> <li>Winter preparedness would be covered in detail later on the agenda (item 12).</li> </ul>

	<ul style="list-style-type: none"> <li>• The Trust was waiting for the Royal College of Nursing (RCN) announcement on potential industrial action strike dates. Within the Trust, 58.61% of RCN members voted in the ballot, with the majority voting ‘yes’ to strike action.</li> <li>• 14 days’ notice would be provided.</li> <li>• The Trust was working with unions to ensure patients and staff safety remained paramount throughout any industrial action.</li> <li>• Not every Trust would be striking across the NHS.</li> <li>• Six monthly update on Freedom to Speak Up (FTSU) covering April 2022 to September 2022. The Trust continued to maintain an open culture for people to raise their concerns.</li> <li>• The number of cases raised during the reporting period was outlined. Each individual speaking up was counted as a separate case even if they were speaking about the same issue together or separately.</li> <li>• FTSU training was important for the Trust to support people to be able to speak up. A FTSU training session for the Board was scheduled for February 2023 Board Development session.</li> <li>• The Trust had five new Queens Nurses. The Board had previously received a presentation from the Trust Queens’ Nurses.</li> <li>• In conjunction with the Integrated Care System (ICS) in Bedfordshire, Luton and Milton Keynes (BLMK), the Trust had won an award at the Health Service Journal (HSJ) awards on data approach.</li> <li>• BLMK shared care record was now being used; this would help in making clinical decisions based on the person’s clinical records. Data into the shared care record included acute, mental health, community and primary care data. Shared care record was important and central to the work around admission avoidance and hospital at home virtual ward.</li> <li>• The Trust hosted the NHS Pay Review Board on 11<sup>th</sup> November 2022. Positive feedback received.</li> <li>• 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.</li> <li>• Communications update including social media campaign.</li> </ul>
4.3	<p>In discussion, the following points were noted from the Chief Executive’s report:</p> <ul style="list-style-type: none"> <li>• The Board were pleased to note the Queens’ Nurses and HSJ awards. <b>Action: The Chair, on behalf of the Board would write a letter to each of the Queens Nurses and to the colleagues involved with the HSJ awards.</b></li> <li>• Commended FTSU team for the work around FTSU across the Trust.</li> <li>• HSJ awards underlined the Trust’s commitment to partnership working. East of England ambulance services had sent a letter to Pete Reve (Service Director, Luton Adults services) about the positive working in partnership with the service and the new initiative to take patients directly from ambulance services.</li> <li>• FTSU numbers recorded in the report related to formal concerns which were brought directly / escalated to the FTSU Guardian. The Trust had various routes for staff to raise their concerns, for example, direct feedback and comments were shared during question-and-answer sessions.</li> <li>• Service Directors had regular contacts with FTSU champions in their service areas, this helped to deal with concerns at the earliest opportunity before they escalate.</li> <li>• Staff, for example as part of Trust inductions, were encouraged to raise concerns at an early stage before things escalate. There was no hierarchy for speaking up.</li> <li>• FTSU themes were triangulated with other data; an Annual FTSU report was presented to the Board in May every year.</li> </ul>

	<ul style="list-style-type: none"> <li>The Trust had previously scored highest scores in the FTSU index for three consecutive years.</li> <li>The staff survey results for questions relating to 'We have a voice that counts' provided external validation about the Trust speaking up culture.</li> <li>HSJ award and the shared care record highlighted the importance of digital partnership working.</li> <li>Staff received guidance, advice and support and were using local connections for sign-posting patients for support, for example links to food banks. <b>Action: Kate Howard to write a generic internal post which would be shared with service leads to help staff to link with local networks and charities.</b></li> </ul>
4.4	The Board <b>reviewed</b> and <b>noted</b> the content of the report.
<b>5.0</b>	<b>Patient Story: Olivia's Story told by her Mum</b>
5.1	Lisa Wright, Jacqueline Taylor, John Peberdy, Sarah Kilby and Laura (Olivia's mum) joined the meeting.
5.2	<p>The following key points were noted from the digital story:</p> <ul style="list-style-type: none"> <li>Olivia was 10 years old and had complex needs.</li> <li>A number of services including physiotherapy, occupational health and dietetics supported her complex needs.</li> <li>The delivery of many of these in the school setting made a huge difference in enabling clinicians to see Olivia in an environment where she was most comfortable and therefore facilitated the delivery of holistic care.</li> <li>Ideally Olivia would only need to travel to hospital for appointments which could not be carried out at school, for example X-rays.</li> </ul>
5.3	<p>A brief presentation on delivering healthcare in special schools was shared with the Board. Key points from the presentation included:</p> <ul style="list-style-type: none"> <li>Number of special schools and children with complex care across Cambridgeshire</li> <li>More holistic care, better decision making.</li> <li>Reduced hospital/GP appointments</li> <li>Reduced time out of school, enabling parents to go to work.</li> </ul>
5.4	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> <li>The story was a fabulous example of compassionate, person-centred care. However, there was still more to be done to ensure services delivered by multiple partners were better co-ordinated.</li> <li>Importance of integration and working together with partners and clinicians to deliver holistic care.</li> <li>Benefits for more outreach clinics and virtual appointments included reduced travel time and out of school time for children.</li> </ul>
5.5	The Board thanked Laura for sharing her valuable story, from which there was a lot to learn.
<b>6.0</b>	<b>Integrated Governance Report (IGR)</b>
6.1	<p>Rachel Hawkins provided an overview of the IGR for the reporting period August and September 2022. The following key headlines were noted:</p> <ul style="list-style-type: none"> <li>The overall assurance rating for the report was reasonable.</li> <li>The level of assurance that each section of the report provided for the relevant domains of safe, caring, effective, responsive, and well led.</li> <li>Key issues and conversations from Clinical Operational Boards (COBs) were summarised at the front of the IGR.</li> <li>Strategic measures which the Board agreed at the beginning of the year (appendix 5)</li> </ul>
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"> <li>Overall assurance ratings were: <ul style="list-style-type: none"> <li>- Substantial for effective</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Reasonable for safe, caring and responsive</li> <li>• No serious incidents reported within the reporting period.</li> <li>• An update on Tower Hamlets pressure ulcer prevention work which had been delayed due to system pressures. The new proposed completion was for Quarter 3.</li> <li>• Two patient safety medication alerts received; both were reviewed by the Chief Pharmacist and confirmation received that they were not relevant to the Trust.</li> <li>• Safeguarding had been discussed in detail by the Quality Improvement and Safety Committee (QISCOM) and Clinical Operational Boards (COBs) at the beginning of November 2022.</li> <li>• Two Standard Operating Procedures (SOP) were being implemented and were being embedded across services: <ul style="list-style-type: none"> <li>○ Escalation SOP – to support practitioners in escalation conversations with colleagues from other organisations.</li> <li>○ Reviewing and actioning Section 42 referrals – this would reduce the likelihood of case drift.</li> </ul> </li> <li>• Infection Prevention and Control (IPAC) Board Assurance Framework (BAF) had been reviewed nationally and was included in the pack for information. Action plans had been developed against the BAF and mitigation was in place. Action plan was attached in the pack for completeness.</li> <li>• Three Covid 19 staff outbreaks were reported; all had minimal staffing impacts and there were no impacts on patient care or appointment.</li> <li>• Flu vaccination programme commenced on 10<sup>th</sup> October 2022. By the end of October 2022, the Trust reported that 43% of staff had received their flu vaccination; this had increased to 52% by 22<sup>nd</sup> November 2022. The Trust was currently the second highest in the region. There had been a decline of flu vaccination uptake by staff across the region.</li> <li>• Reviewed response times for complaints; it was anticipated that the new mitigations and actions would reduce the waiting time for complaints outcome.</li> <li>• Commenced requesting demographic data for people who gave feedback. Since August 2022, all formal complaints had been asked to provide demographic data via an anonymous online form. The process was now being expanded to Friends and Family Test questions.</li> <li>• An update on the national complaints monitoring process (KO41a) for reporting of data on written complaints. The data was previously reported bi-annually but would be reduced to annually.</li> <li>• Mitigations were in place for waiting lists and were discussed in detail during COBs.</li> <li>• Bedfordshire and Luton Paediatric services were reviewing the feasibility of outsourcing some initial appointments; this would increase service capacity.</li> <li>• CQC action plan had been fully reviewed and evidence gathered had been reviewed for completion. The ‘Should Do’ actions were revisited and reviewed following their initial closure; evidence now fully supported their closure and was kept in a central file.</li> <li>• Evidence had been reviewed and showed a sustained focus on the Trust’s ‘Must Do’ action relating to Healthy Child Programme.</li> <li>• An SOP for Case Load Management and Safer Staffing had been developed and would be finalised by service leads for 0-19 teams.</li> <li>• A refreshed and updated Trust wide CQC Self-Assessment Tool was distributed to all services for completion in July 2022. The results of the self-assessments formed a baseline post Covid-19, which would be verified via a 2<sup>nd</sup> round of self-assessment reporting and would be reported into the Executive Team, alongside COBs discussions.</li> <li>• Board approval for updated CQC Statement of Purpose following the addition of Children’s Continuing Care Services in Milton Keynes.</li> </ul>
6.3	In discussion, the following points were noted:

	<ul style="list-style-type: none"> <li>• IPAC nursing team continued fit testing staff for Monkeypox; 81% of all staff for iCaSH were successfully tested. Risk assessments were completed across all iCaSH services in terms of the number of staff who needed to be fit-tested.</li> <li>• The Trust not been recompensed for Monkeypox activity. A submission for additional funds had been made and had been reported as part of the Trust general monthly reports. <b>Action: Mark Robbins to explore whether the cost should be recorded separately.</b></li> <li>• Issues relating to the impact of Monkeypox on delivery to meet some the Trust's targets were regularly discussed with Commissioners during performance meetings. The Commissioners were fully aware of those targets.</li> <li>• The Trust current target for non-complex complaints was 25 days and for complex complaints it was 35 days. The Complaints policy had gone out for review to ensure that the Trust was consistent with partners in the system. A trajectory of 30 to 35 days had been proposed in the policy for review; services had been asked to comment on the target.</li> <li>• The dashboard should include reporting on timeframes on complaints completions. <b>Action: Kate Howard to include on the dashboard timeframes on completions for complaints.</b></li> <li>• The Trust had peer review programme in place. This was very much in initial stages and was held once a month. The reviews consisted of colleagues and students to provide independent assurance. The team were exploring whether the reviews would involve carers and service users to get an independent view.</li> <li>• The self-assessment was piloted with Children's and Young People's service team for Cambridgeshire and Peterborough. The self-assessment forms would be due at the end of December 2022. The Trust position would be shared with the Executive Team and discussed via COBs. There would a centralised action plan. <b>Action: Kate Howard to pull together the CQC self-assessment forms after December 2022 and share the Trust position with the Executive Team.</b></li> <li>• Staff working in children's services had specific safeguarding supervision; the safeguarding team were working on remedial planning alongside clinical services to improve the trajectory.</li> <li>• Waiting lists were discussed in detail during COBs. As part of the waiting well initiative, the Trust continued to engage with people on the waiting list. In Bedfordshire and Luton paediatric services, clinicians were working with commissioners to come up with a prioritisation criteria. <b>Action: Steve Bush to liaise with Kate Howard and Dr David Vickers and include in the next report, information waiting well approach.</b></li> </ul>
6.4	The Board <b>approved</b> the CQC Statement of Purpose.
6.6	<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"> <li>• Key areas and activities in the report were covered in detail in the Bi-Annual People Strategy report (item 7).</li> <li>• Overall assurance ratings were reasonable for safe, effective and well led domains.</li> <li>• The delivery of the mass vaccination service had increased agency usage over the period.</li> <li>• The highest areas of agency spend were in Community Paediatrics in Bedfordshire and Luton due to demand and capacity issues. To reduce the usage of agency, the services had the availability of bank staff to fill short term staffing pressures.</li> </ul>
6.7	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> <li>• The Trust wide appraisal was currently just under 90%. On a monthly basis, the Trust continued chasing up staff who had not got a compliant appraisal.</li> <li>• Pulse surveys were run every quarter. Uptake of the surveys was relatively low and whilst feedback was reviewed and highlighted to services, the Trust activities were mainly focused on the annual national staff survey result where uptake and range</li> </ul>

	<p>and breath of questions was greater.</p> <ul style="list-style-type: none"> <li>Cambridgeshire and Norfolk Children's &amp; Young People Service had the lowest rate (81.57%), and Luton Children's &amp; Young People Service had the highest rate (96.43%). The item was discussed in detail at the Children's COB.</li> </ul>
6.8	<p>Anita Pisani briefed the Board on 'collaborate with others' section. The following key points were noted:</p> <ul style="list-style-type: none"> <li>The Trust was embedded with the local systems and fully participated in ICS activities.</li> <li>Substantial assurance for both collaboration with others and research activity.</li> <li>Highlights on key meetings that the Trust had been involved in; Board members, Service Directors and some clinical leads were involved in system conversations.</li> <li>Update on Princess of Wales Hospital (Ely)</li> <li>Health and Inequalities Strategic Indicator (2e) update for Quarter 1 and 2 and what the Trust was planning to do for Quarter 3 and 4.</li> </ul>
6.9	<p>In discussion, it was noted that:</p> <ul style="list-style-type: none"> <li>For Health Inequalities Indicator 2e, the Trust had achieved what was required during Quarter 1 and 2.</li> <li>During Quarter 3 and 4 the Trust would agree: <ul style="list-style-type: none"> <li>Services where additional data collection would be useful</li> <li>Mechanics for achieving improved data collection and means of ensuring good compliance.</li> </ul> </li> </ul>
6.10	<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"> <li>The level of overall assurance was 'Reasonable' for the reporting period.</li> <li>As discussed at the previous Board meeting held in September 2022, Cost Improvement Plans (CIPs) would be reported during the second half of the year.</li> <li>The Trust had received unqualified Audit Opinion for 2021/22 accounts. The final reports were now available on the Trust website.</li> <li>In accordance with the Trust's Assurance Framework, the Board received assurance from the reporting of the Trust's financial sustainability and performance from Strategic Risks numbers 3167 and 3488; both risks remained at the same scores as 8 and 12 respectively.</li> <li>The Trust was delivering to its balanced position.</li> <li>The main variances were summarised in section one of the report. Key points from the section included the following: <ul style="list-style-type: none"> <li>Ambulatory Care Services cumulative underspend was under £500k.</li> <li>Bedfordshire Community Unit remained under pressure due to pay and locum spend in Specialist services. There were ongoing conversations with commissioners around funding and the size of service that needed to be delivered.</li> <li>Children's &amp; Younger People's Services and Luton Community Unit (including Luton Children's Services) variances remained as previously reported.</li> </ul> </li> <li>Additional narrative was provided in relation to 'other services' (budget section 1.10) which showed a year to date overspend of £448k to date. The services included: <ul style="list-style-type: none"> <li>Contract income and reserves</li> <li>Corporate services</li> <li>Estates</li> </ul> </li> </ul> <p>Main organisations with outstanding debts were Cambridgeshire County Council, Luton Borough Council and Norfolk County Council. This was due to the time lag in contracts.</p>
6.11	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> <li>It was noted efficiencies and CIPs would be reported formally within this report: April to September would be reported in Month 8. The savings programmes and would</li> </ul>

	<p>follow the established CIP and Quality Assurance governance processes. <b>Action: the next report to provide information on efficiencies and CIPs and a forward look section.</b></p> <ul style="list-style-type: none"> <li>Planned session for the NEDs and Mark Robbins (January 2023) would include funding, inflation challenges, efficiencies and investment opportunities.</li> <li>The Board was reminded that the Trust had only received additional recurrent funding from NHS commissioners and no recurrent increases in funding were received for local authority funded contracts.</li> </ul>
<b>7.</b>	<b>Bi-annual People Strategy update</b>
7.1	<p>The following points were noted from the report:</p> <ul style="list-style-type: none"> <li>The report provided an update, overview, understanding and assurance on the delivery of the People's Strategy.</li> <li>The Strategy was delivered through five programmes of work which supported the NHS People Plan Ambitions.</li> <li>Four main workforce work streams were: <ul style="list-style-type: none"> <li>A highly engaged workforce</li> <li>An appropriately trained workforce, which included developing our leadership culture.</li> <li>Maximising staff health and wellbeing.</li> <li>An organisational culture of continuous improvement.</li> </ul> </li> <li>The Trust had reviewed the exit interview process and piloted a new 'Learning from Leavers' questionnaire in September 2022. Main reasons for people to leave the organisation included lack of development and management support. The feedback would be built into the work programmes to support staff.</li> <li>Appraisal process and documentation was reviewed and redesigned to provide an opportunity for people to have meaningful conversations with their managers about all aspects of their work.</li> <li>Training needs analysis for 2022-23 was widened to provide a broader picture of the needs of the Trust and to support planning.</li> <li>An update on medical education and training including the following key points: <ul style="list-style-type: none"> <li>The Trust had five new GP training posts over the last few years; feedback from them was excellent.</li> <li>East of England had three training posts for genitourinary (GU) and all were not currently filled up.</li> <li>2 out of those 3 posts sit within the Trust. A meeting about options was planned with Health Education England (HEE).</li> <li>Recruitment for GU remained very poor nationally.</li> <li>There was a potential for the Trust to sign up as an affiliated or partner Trust to the University of Cambridge to increase opportunities for students.</li> </ul> </li> <li>The Trust continued to provide financial support to staff via the Trust 'Financial Support Programme.'</li> <li>The Trust had a Health and Well-being Guardian; Dr Anne McConville. The role was underpinned by 9 principles outlined in the report (appendix 18).</li> <li>Diversity and inclusion workstream was discussed in detail at the People Participation Committee.</li> <li>Ongoing conversations across Cambridgeshire and Peterborough ICS to commission an organisation called 'Above Difference' to provide support with the delivery of some cultural intelligence training.</li> </ul>
7.2	<p>The following points were noted in discussion:</p> <ul style="list-style-type: none"> <li>Invitation of Board members to attend staff network meetings. <b>Action: Mercy Kusotera to agree with the Chair on how Board members could be invited to staff network meetings.</b></li> <li>Self-assessment on Wellbeing Guardian standards were shared with Dr Anne McConville. Detailed information about the standards were outlined in Appendix 8.</li> </ul>



	<ul style="list-style-type: none"> <li>All appendices relating to Bi-Annual People Strategy report were added to the document library.</li> <li>Increased number of apprenticeships; the Trust currently had 60 staff undertaking apprenticeships in both clinical and non-clinical roles.</li> <li>HEE felt the training issue (sexual health) mentioned above needed to be raised to ICS. <b>Action: Anita Pisani to link up with Dr Sarah Edwards to discuss how the GP training issue would be escalated to ICS.</b></li> </ul>
7.3	<p>The Board:</p> <ul style="list-style-type: none"> <li><b>Thanked</b> Angela Hartley and Dr Sarah Edwards for the detailed report.</li> <li><b>Noted</b> the Bi-annual People Strategy update.</li> </ul>
<b>8.</b>	<b>Committee Escalation Reports</b>
8.1	<p>The Trust Board noted the report from:</p> <p><b>Audit Committee</b></p> <p>The following key headlines were noted:</p> <ul style="list-style-type: none"> <li>Clinical Audit had received partial assurance. The Committee would continue to receive assurance on clinical audit processes whilst the QISCOM would be taking an overview on their application.</li> <li>Data Security and Protection Toolkit (DPST) audit outcome was an unsatisfactory opinion, there was an agreed action plan in place.</li> <li>An update on action plan for DSPT processes to be presented to the Committee in January 2023. It was anticipated that there would be an improvement in the next DPST submission in June 2023.</li> <li>The Committee had scheduled an Extraordinary Committee meeting to discuss External Audit.</li> </ul> <p><b>Extraordinary Audit Committee</b></p> <p>The following key points were noted from the report:</p> <ul style="list-style-type: none"> <li>Continuation of the conversation regarding the content and timing of the Audit Completion report for the year end 31<sup>st</sup> March 2022 presented to the Audit Committee on 10<sup>th</sup> October 2022.</li> <li>Auditors had concluded the Auditor's report on 7<sup>th</sup> October 2022.</li> <li>The Auditors would issue a final report for the Trust and the report would be published on the Trust website.</li> </ul> <p><b>Infrastructure Committee</b></p> <p>The following key points were noted from the report update:</p> <ul style="list-style-type: none"> <li>Progress updates on estates management, ICT managed services including progress updates on capital and digital transition projects.</li> <li>Reasonable assurance on estates and digital transition projects going forward.</li> <li>Positive discussion about property management database reporting system.</li> <li>The ICT Management report highlighted key points including performance against contract measures and challenges in completing the full service roll out in the BLMK locality.</li> <li>The Green Plan and progress against the Green Plan continued to be a standing item for the Committee.</li> </ul> <p><b>CCS / CPFT Joint Children's Partnership Board</b></p> <p>The following key points were noted from the report update:</p> <ul style="list-style-type: none"> <li>There were plans to hold a Partnership Board Development session in the coming year.</li> <li>Improvement and transformation work continued, particularly in relation to the 2.5yr development check being undertaken in collaboration with some 'Best Start in Life' partners.</li> </ul>

	<ul style="list-style-type: none"> <li>• Uncertainty about the future of the contract; commissioner decision was needed around the 12-month extension (section 75 agreement).</li> <li>• Two main emerging risks related to: <ul style="list-style-type: none"> <li>○ Staffing challenges and vacant posts</li> <li>○ Uncertainty about the future of the contract going forward.</li> </ul> </li> </ul> <p><b>Charitable Funds Committee</b></p> <p>The following key points were noted from the report update:</p> <ul style="list-style-type: none"> <li>• Discussion on how Charitable funds were utilised during the year.</li> <li>• Service Operation plans would include references to the support where applicable Charitable Funds could be used and ensuring increased awareness with staff.</li> </ul> <p>The following comment was noted in discussion:</p> <ul style="list-style-type: none"> <li>• The auditors would complete the Charitable Funds audit accounts for 2019-20 and 2020-21 in the coming weeks. The accounts were currently with the Charity Commission as unaudited.</li> </ul>
8.2	The Board <b>noted</b> the escalation points from Committees.
<b>9.0</b>	<b>Emergency Planning, Resilience &amp; Response (EPRR) Core Standard Assurance 2022</b>
9.1	<p>The following points were noted:</p> <ul style="list-style-type: none"> <li>• Annually, the Board was asked to approve the EPRR Core Standards report. Detailed EPRR conversations were held during QISCOM.</li> <li>• Over the previous years, due to the pandemic, previous core standards had been rolled over.</li> <li>• An in-depth review of all the core standards applicable to the Trust was undertaken to audit and assess against the standards.</li> <li>• Summary detail was provided around the action plan that had been developed to maintain resilience and strengthen compliance.</li> <li>• The EPRR core standards had been presented and discussed on different forums across the Trust for example, the Wider Executive Team.</li> <li>• The Trust had a peer review process with other partners and the Integrated Care Board (ICB). A separate session with the Trust EPRR lead and the Director of Governance and Service Redesign was held prior to submission of the EPRR standards.</li> <li>• A detailed workplan had been developed. A separate session with the Chair of QISCOM was held going through the assessment against the standards and the action plan before submission to Cambridgeshire and Peterborough ICB. The updated final report and progress against standards would be presented to QISCOM. <b>Action: Rachel Hawkins to present to QISCOM the updated final EPRR in terms of progress against the action plans and the standards.</b></li> <li>• The overall assurance of the report was substantial. However due to the number of indicators which needed more work, the Trust had been assessed as partially compliant against the return. The action plan would be discussed in detail at QISCOM on 7<sup>th</sup> December 2022.</li> </ul>
9.2	In discussion, it was noted that the Trust had ‘partial compliant’ against the new standards but with substantial assurance on the processes. The two-year action plan should deliver full compliance.
9.3	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Received, noted and ratified</b> the rating of partial compliance.</li> <li>• <b>Ratified</b> progression against the workplan, as set out to the EPRR Operational Group and Quality, Improvement and Safety Committee.</li> </ul>
<b>10.0</b>	<b>Winter Plan Assurance</b>
10.1	<p>The following points were noted:</p> <ul style="list-style-type: none"> <li>• Each year the Trust conducted a winter planning cycle; this year the cycle was</li> </ul>

	<p>commenced in July 2022, and the final plan would be presented to the QISCOM on 7<sup>th</sup> December 2022.</p> <ul style="list-style-type: none"> <li>• The Trust had been working with services using exercise-based scenarios to help inform the content of the plan. The exercise included infectious disease, evacuation and cyber security.</li> <li>• All services had conducted the winter exercise and returned feedback to the Resilience team. Due to timing, it had not been possible to take the plans to COBs in November 2022. <b>Action: Rachel Hawkins to take a detailed plan to QISCOM on 7<sup>th</sup> December 2022.</b></li> <li>• The overall assurance of the report was reasonable and would be ratified through QISCOM on 7<sup>th</sup> December 2022.</li> </ul>
10.2	The Board <b>noted</b> the content of the report, including risks identified.
<b>11.0</b>	<b>Board Assurance Framework (BAF)</b>
11.1	<p>Following the Integrated Governance report and Committee escalation reports discussion the following points were noted:</p> <ul style="list-style-type: none"> <li>• The Board was satisfied that the Board Assurance Framework was an accurate reflection of the strategic risks currently facing the Trust and was assured that there were mitigations in place to address the risks.</li> <li>• The Board confirmed that the IGR provide a <b>reasonable</b> assurance.</li> </ul>
<b>12.0</b>	<b>Any other Business</b>
12.1	<p>The following was noted:</p> <ul style="list-style-type: none"> <li>• The Board noted that it was Dr Anne McConville's and Karen Mason's last Board meeting with the Trust. The Board thanked them for their valuable contributions to the Trust.</li> </ul>
<b>13.0</b>	<b>Questions from members of the public</b>
13.1	No questions were received from the public.

*Date of next Public Trust Board Meeting: 25<sup>th</sup> January 2023*

*Venue: Microsoft Teams*