

DRAFT MINUTES

TRUST BOARD PUBLIC MEETING

Wednesday 20th July 2022

11:00am – 14:30pm

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
Matthew Winn	Chief Executive
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
Mercy Kusotera	Trust Secretary and Freedom to Speak up Guardian
Angela Hartley	Deputy Director of Workforce
Amanda Browne	Deputy Director of Finance
Lisa Wright	Patient Experience Manager (item 1)
Sarah Kilby	Patient Experience Adviser (item 1)
Geoff Lambert	Non-Executive Board Adviser

Apologies:

Catherine Dugmore	Non-Executive Director
Anita Pisani	Deputy Chief Executive
Mark Robbins	Director of Finance and Resources

Minutes:

1.0	Patient Story – A patient from the Bedfordshire Acquired Brain Injury service shared his experience of our services.
1.1	<p>The patient had given their consent for the story to be used by the Trust for promotional purposes on Trust website, social media and shared with colleagues in the wider Trust for the purpose of learning and development. The following key highlights were noted from the digital patient story:</p> <ul style="list-style-type: none"> • Morgan retired as a GP, and reported he struggled to adapt to retirement. He suffered from depression due to bereavement and stress. • He was facing many complex physical and mental health challenges and became suicidal. • Following a suicide attempt he stayed in Addenbrookes hospital for seven months and on discharge was then referred to Acute Brain Injury service. • On the day of hospital discharge, he was visited by an occupational therapist (Jane Wilmott) and a physiotherapist within two hours of arriving home. • Jane assessed the patient and provided him with information relating to

	<p>services available, for example life skills including problem solving and arranged the equipment and personal assistance he needed.</p> <ul style="list-style-type: none"> • Scott Ferguson, a psychologist, tested the patient and explained the mental difficulties he was experiencing. Scott explored the psychological difficulties faced by the patient and this helped to reassure him. Scott advised him to have psychological follow up after being discharged from the NHS psychologist. • The care and compassion the patient received from staff, in particular Scott and Jane were exceptional. The patient felt that he belonged to the service. The team involved Morgan and his wife in decision making.
1.2	<p>In discussion the following points were noted:</p> <ul style="list-style-type: none"> • Positive impact of the Bedfordshire Acquired Brain Injury service on the patient. • The staff from Bedfordshire Acquired Brain Injury service, involved the patient's wife in decision making on what was best for him. The patient's wife had been in contact with a carer's group in Bedfordshire. • The patient commended the team, especially Scott and Jane for the care and compassion he received. The team were very friendly and interested in his welfare. • Continuity of service was well coordinated. A Community Psychiatric Nurse (CPN) was in contact with Morgan. • The patient felt well supported and able to contact Scott and Jane if needed.
1.3	<p>The Board thanked Morgan for sharing his story so openly. On behalf of the Board, the Chair would send a formal thank you letter to Lisa Wright who helped to put together the digital story. Action: The Chair to send a formal thank you to Lisa Wright.</p>
2.0	Chair's welcome, apologies and additional declarations
2.1	<p>The Chair welcomed the following:</p> <ul style="list-style-type: none"> • Steve Bush to his first Public Board meeting with the Trust. • Angela Hartley who was attending the meeting on behalf of Anita Pisani. • Amanda Browne who was attending the meeting on behalf of Mark Robbins
2.2	Apologies for absence were noted as above.
2.3	There were no new declarations of interest in the current agenda. Any previously made declarations did not conflict with the meeting agenda.
3.0	Minutes of previous meeting and matters arising
3.1	The minutes of the meeting held on 18 th May 2022 were approved as a correct record of the meeting.
3.2	<p>The Board noted updates to the action log as follows:</p> <ul style="list-style-type: none"> • <u>Action 6.3 4th bullet point</u> - relating to support for children and young people in schools without diagnosis within BLMK system; it was noted that detailed conversations were held with directors of children's services in BLMK. Steve Bush and the directors of children's services across the boroughs in BLMK would work with the partners to address the issue. It was agreed to close the action. • <u>6.3 – 6th bullet point</u> relating to CQC 'Must do' actions; the Trust had met with the national lead for community services on 10th June 2022 to go through the action plan. The Trust would hold a similar conversation with the CQC Relationship Manager. When all the actions were completed, the evidence would be shared with the Clinical Operational Boards (COBs) for review and would be reported to the Board towards the end of year. Action: to bring the evidence relating to completed CQC 'Must Do' action plan to the Board towards end of year. • <u>Action 10.2</u> relating to workforce information, it was noted that assurance

	maps were now updated to include workforce information. The assurance maps would be linked with the overall assurance discussion scheduled for non-executive directors (NEDs).
4.0	Chair's update
4.1	<p>The Chair provided a verbal update to the Board from the following recent visits:</p> <ul style="list-style-type: none"> • Visit to Peterborough Dynamic Health Team. Key challenges faced by the team related to long waiting lists and case load complexities. • At the Board Development session held in Bedford on 29th June 2022, the Board had the opportunity to meet staff from Bedfordshire and Luton Children's services. • Staff felt supported through the pressures of the pandemic. • The Chief Executive sent a welcome letter to all new staff, this had a positive impact on staff. • Anna Gill had visited Woburn Court teams including Baby Friendly Team, Speech & Language, Nutrition and Dietetics. Positive feedback received from new staff on the welcome and support they received from Simon Harwin, Helen Unsworth and the teams. • The issue of complexity was echoed by a number of staff across a number of services. • The Trust continued to support staff to manage complexity, examples included professional development and training, peer support mentoring and Multidisciplinary Teams (MDTs) working. • Clinicians who had spoken to the Chair were positive about the support structures around them and the responsiveness of senior clinical and safeguarding leads. • The patient story highlighted some of the challenges relating to retirement. Action: Angela Hartley to check whether the Trust arrangements to support staff transitioning from full time work into retirement were fit for purpose.
4.2	The Board noted the Chair's verbal update.
5.0	Chief Executive Report
5.1	The Chief Executive briefed the Board on progress and key issues, events and activities since the last Board meeting.
5.2	<p>The following key headlines were noted:</p> <ul style="list-style-type: none"> • The Trust continued to respond to the COVID-19 pandemic and maintained the incident management centre arrangements. • Due to the rise in number of Covid-19 infections, the Trust took the decision to reintroduce face masks for all clinical staff, visitors and patients/service users (unless exempt) when inside Trust sites. • The Trust's Sexual Health services continued to manage and support the assessment and treatment of patients with Monkeypox. • The Board was asked to endorse the Trustwide Indicators which were developed and agreed by Board members during Board Development sessions. • To approve the finalised three-year Green Plan. Implementation of the plan would be monitored by the Infrastructure Committee. When adopted by the Board, a staff champion network would be set up. Action: Mark Robbins to set up a staff champion network for the Green Plan. • 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.

5.3	<p>In discussion, the following points were noted from the Chief Executive’s report:</p> <ul style="list-style-type: none"> • The iCaSH teams were applauded for their flexibility and professionalism in dealing with Monkeypox strain on top of their already pressured work. Action: Chair to send a thank you letter to iCaSH teams for their response to Monkeypox. • A target for Quality Improvement (QI) needed to be agreed. Action: to agree a target for Quality Improvement. • It would be helpful to explore how all 9 protected characteristics would be addressed (Developmental Health Inequalities Indicator 2e.) Action: A deep dive on how all the protected characteristics (Developmental Health Inequalities Indicator 2e) would be addressed would be undertaken and scheduled for October Board Development session. • Quarter 1 position relating to progress for Bedfordshire Care Alliance (BCA) was stated in the indicators. Action: Bruce Luter to identify the key determinants for Pass/Fail criteria for BCA. • Collaboration was captured in the IGR, but this would be reviewed to explore whether another reporting arrangement would be required in future. • Data relating to deprivation and poverty was available, but there was need to explore how the data would be used. This would be part of October Board Development session discussion on Developmental Health Inequalities (above). • There were concerns relating to the resource needed to deliver the Green Plan. Some of the actions were already part of people’s day jobs. Action: Oliver Judges to hold further discussion at the Infrastructure Committee about the resource needed for the Green Plan. • Digital Transformation relating to website development was a long-term project with an estimated date of March 2025; this was based on the agreed timelines for the website phasing. Karen Mason was overseeing the process. Action: Karen Mason to add some of the early milestones into the Green Plan ‘Trust deliverables’ table. • Some Personal Protective Equipment (PPE) would always be single use. The Trust was involved in national PPE group discussions run by the Department of Health. • It was important to consider the equality impact when implementing the Green Plan. • The Green Plan would be reported in the Trust Annual Report. • The Infrastructure Committee would escalate any areas of concern to the Board. • Three key short-term areas (included in the report) had been picked for the Green Plan initial assessment.
5.4	<p>The Board welcomed the revised Board Assurance Framework (BAF). The following points were noted:</p> <ul style="list-style-type: none"> • The revised version was much clearer and easy to read. • BAF Dashboard for 2022-23 clarified the current risks, Executive Leads and risk movement. • Clinical Audits to be added as a source of assurance. • Assurance from the Quality Safety and Improvement Committee was not specifically identified. <p>Action: Rachel Hawkins to update the assurance matrix to include Clinical Audits and Assurance from the Quality Safety and Improvement Committee.</p>
5.5	<p>The Board reviewed and:</p> <ul style="list-style-type: none"> • Approved the Trust Indicators subject to the review of ‘Pass/Fail’ for QI and BCA.

	<ul style="list-style-type: none"> • Approved the Green Plan; implementation and action plan would be monitored by the Infrastructure Committee.
6.0	Integrated Governance Report (IGR)
6.1	<p>Rachel Hawkins provided an overview of the IGR for the reporting period April 2022 and May 2022. The following key headlines were noted:</p> <ul style="list-style-type: none"> • Board templates were revised to specify the purpose of the report and the level of assurance provided by the report. • A reminder on the agreed levels of assurance; for example, 6 – substantial, 4 reasonable • The level of assurance that each section of the report provided for the relevant domains of safe, caring, effective, responsive, and well led. • The new strategic indicators and the updated assurance framework which were discussed earlier were fundamental to the IGR assurance. • A summary of KLOEs against the Trust Strategic objectives was provided. • Overall rating of the IGR was reasonable. • Discussions from COBs summarised at the front of the IGR.
6.2	<p>Kate Howard briefed the Board on the outstanding care section including the following:</p> <ul style="list-style-type: none"> • Overall assurance ratings were: <ul style="list-style-type: none"> - Substantial for caring - Reasonable for safety, effective and responsive • New Equality and Quality Impact Assessments were now live within the verto system. The quality and equality impact assessment sign off was monitored via verto and was discussed at the Executive Programme Board. • No Serious Incidents (SIs) were declared in April and May 2022. • Two incidents were submitted to the Commissioners for closure during the period. An action plan had been developed for both incidents and would be monitored for completion. • One incident related to record keeping which occurred in the Norfolk Healthy Child Programme (HCP). • Twenty-two moderate harm incidents were reported in April and May 2022 of which 18 related to acquired pressure ulcers reported by Luton Adults Services. A brief update on the work of the tissue viability services was provided. • Two national patient alerts were received, both had been reviewed and actions implemented as needed. • Included information on enduring standards; NHS Improvement introduced an initiative to address previous alerts which had been identified as an ongoing ‘enduring standard.’ • There were no issues to highlight in relation to Medicines Management. • The Trust had responded to the national Liberty Protection Safeguard consultation. • An adolescent transition strategy had been developed by the Trust wide Head of Safeguarding and the Lead Transition Nurse in Cambridgeshire & Peterborough. The Trust policy was being updated and a standard operating procedure was being drafted by the Lead Transition Nurse. • A consultation day to support the Trust with developing an inclusive strategy for learning disability was planned for 21st July 2022, with the Ann Craft Trust. • Infection Prevention and Control (iPaC) team continued to work with staff to ensure they could work in a safe environment. • Decline in the number of staff testing positive for Covid-19 during April and May 2022. However, in July 2022, there was an increase from 41 cases

	<p>reported in May to 111 as at 18th July 2022.</p> <ul style="list-style-type: none"> • There was a decrease in lateral flow tests, this was consistent with the national downward trend. • The IPAC team had been supporting the Trust's iCaSH staff to implement the national guidance/ pathways relating to Monkeypox. • Work commenced on fit testing staff who would most likely be in close physical contact with a potential Monkeypox patient. Deep clean processes were reviewed. • The Patient Experience team reviewed the Ockendon Report 2022; outcomes relevant to the Trust were provided. Next steps were identified. • Progress against Equality Delivery System priorities provided. Implementation action plan had been developed. • Changes to the Patient Advice and Liaison Service (PALs) management processes were outlined; all calls coming to PALs were answered by a person; unless unavoidably, they were answered by an answering machine. • Waiting lists were discussed in detail at COBs. Sexual health services capacity was significantly affected by Monkeypox. A number of mitigations were being put in place to ensure waiting list safety. These included triaging referrals. • Mandatory training rate in May was 92%; this was above the Trust target. • Quality Account was now published in line with national guidance. • The CQC Statement of Purpose was updated to incorporate changes to Large Scale Vaccination sites and removal of the Oliver Zangwill Centre from the Princess of Wales Hospital (POW) location. The Statement of Purpose was included in the pack for Board approval.
6.3	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> • Ongoing operational pressures across services. • Commendable work across services to address operational pressures, for example recruitment to address demand and capacity issues. Luton Healthy Child Programme was now fully staffed within Health Visitor roles. • Mitigation was in place to manage waiting lists, there was a focus on improving the experience of service users. There was good communication to ensure service users were updated on the waits. • Importance of system working to improve children's services. • The Trust had systems in place for sharing of learning across services; for example, co-production work was shared during Trust Wide Working Together Group and COBs. • Waiting list management was a core focus of Dynamic Health team. The service had a consistently high volume of referrals. • Suffolk dental services had managed to reduce dental waits. • The Trust did not have a Trust wide risk relating to waits because the risk differed across services. • Cambridgeshire and Peterborough was the third best system in the country for uptake of vaccinations for 5–11-year-olds. The CCS Mass Vaccination centres were also reported as the best value for money in the region, having delivered vaccines up to a third of the cost of other systems.
6.4	<p>Angela Hartley 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 and substantial for well led. • Ongoing staffing pressures including the impact of longevity of the pandemic hence the two strategic workforce risks relating to morale (3163 and 3164) remained scored at 20. There was mitigation in place to address the issues.

	<ul style="list-style-type: none"> • Sickness absence had reduced, however remained above the Trust target. Ongoing work to seek to understand sickness pattern. It was anticipated that the roll-out of allocate and e-rostering would help in picking up patterns in sickness and enabling managers to respond to the patterns at an early stage. • Trust turnover was reasonable; the Trust was offering staff flexible retirement. • Staff Opinion Survey Trust wide improvement action plan was in place. The Trust had agreed 5 areas of focus to address areas for improvement raised by staff in the 2021 staff opinion survey and was on track to implement the actions. • Preparatory work for 2022 staff opinion survey commenced. 2022 survey would include bank staff.
6.5	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> • Improving the appraisal experience of staff was one of the five areas of focus from the staff survey feedback. • The Trust had revised appraisal paperwork and was currently finalising a change to guidance appraisal paperwork and process. It was recommended that appraisers should not have more than 10 appraisees. • Action: Angela Hartley to include an update on quality of appraisal in the next bi-annual workforce review. • There was an expectation for a monthly 1:1s as mirrored in the appraisal process.
6.6	<p>Matthew Winn briefed the Board on 'collaborate with others' section. The following key points were noted:</p> <ul style="list-style-type: none"> • The Trust was embedded with the local systems and fully participated in ICS activities. • There were three strategic risks relating to collaborate with others: <ul style="list-style-type: none"> ○ Risk 3467 – Cambridgeshire & Peterborough Children and Maternity Collaborative ○ Risk ID 3468 – Bedfordshire Care Alliance ○ Risk ID 3475 – Redevelopment of Princess of Wales, Ely. • Collaboration was at the core of the Trust's research activities. • Finance team continued to work closely with services to ensure all invoices were processed promptly. • Substantial assurance for collaborating with others.
6.7	<p>In discussion, it was noted that:</p> <ul style="list-style-type: none"> • The Chair attended the first Integrated Care Partnership meeting for Cambridgeshire and Peterborough. • The report included the impact and outcome from the Trust engagement with the system (section D); this was a positive step. • Query raised relating to approval criteria for research projects (Table 3 – projects and evaluations); the criteria needed to be clarified. Action: Dr David Vickers to clarify the criteria for research projects approval. <p><u>Post meeting note:</u></p> <p>There was a reversal of the approval boxes in the table:</p> <ul style="list-style-type: none"> • Adult study was approved as described in the table– permission given, project to start Mar/April etc. • The children's study was initially an in-house service evaluation but retrospectively approved as the clinician wanted to write it up for publication. This was fine, and not a breach of process but clinicians were reminded that registering projects with research team was helpful as it prevented the need for retrospective approvals.
6.8	<p>Amanda Browne briefed the Board on the 'sustainable organisation' section of the</p>

	<p>report. The following key points were noted:</p> <ul style="list-style-type: none"> • The level of overall assurance was ‘Reasonable’ for the reporting period. • Use of Resources not yet confirmed by NHSE/I. • Cost Improvement Plans (CIPs) for the year were being developed. • Strategic risks related to: <ul style="list-style-type: none"> ○ challenged Cambridgeshire & Peterborough system; impact on access to capital and revenue support. ○ the unprecedented increases in non-pay costs; and impact on forecast breakeven position for 2022/23. • Small deficit for Month 2, received subsequent additional funding to support non-pay costs. • Ambulatory Care Services delivered a cumulative underspend due to vacancies across the division and non-pay expenditure particularly in pathology costs. • Bedfordshire Community Unit delivered a cumulative overspend due to pay and locum spend in Specialist services. • Children’s and Young People’s services delivered a cumulative underspend due to vacancies across the services and a fall in non-pay expenditure. • Luton Community Unit had a small underspend due to pay establishment savings across Adults’ services. • Mass vaccination expenditure was slightly under £2.5m; this was fully offset by income received. There would be changes to vaccine payment from September 2022. • Cash balance at month 2 was low; £8.9 million. This was due to mass vaccination services expenditure; the Trust had not received payment for the last three months of 2021/22 and first three months of 2022/23. This was expected on 15th August 2022. • Purchase order was not received from Norfolk County Council and Cambridgeshire County Council. This was now rectified, and the cash balance was now just under £15 million.
6.9	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> • CIPs were being developed; there would be a six-month delivery (short term). This approach was previously outlined to the Board as part of June Board Development session. Proper CIPs were expected in February/March 2023. • NHSE/I late payments was not on the list for main organisations contributing to the balances (section 3.3), but the issue was referenced in the report. It was noted that NHSE/I payment for vaccines was always in arrears; it was agreed to reset those expectations going forward. Action: to reset vaccination payment expectations with NHSE/I going forward. • Ongoing systems meetings relating to cost structure for mass vaccination. Submission dates were in place. • More information relating to vaccination payment would be shared with the Adults COB potentially by the end of quarter 3. • Other services (1.2) included non-service specific for example corporate. • There was a campaign programme for mass vaccination being developed for the autumn; the Communications team would continue leading on the campaigns.
6.10	The Board confirmed that the IGR provide a reasonable assurance.
6.11	The Board approved the CQC Statement of Purpose.
7.	Committee Escalation Reports
7.1	The Trust Board noted the report from: <i>Extraordinary Committee 27th June 2022</i>

It was noted that External Audit had not finalised for the year ended 31st March 2022 due to an outstanding matter on the cessation valuation of a pension liability arising in 2016.

Audit Committee 11th July 2022

The following key points were noted:

- The Auditors were still waiting for confirmation from Actuary regarding cessation of pension liability. The Trust had been chasing Actuary department to get the issue resolved.
- NHS England and NHS Improvement were updated about the delay.
- When the report had been finalised, a review of the process would be conducted and would be reported to the Audit Committee.
- The refreshed BAF was an improvement from the previous version. The Committee commended Rachel Hawkins for refreshing the BAF.
- Some risks had stayed scoring high for a long time; a discussion on risks to explore any improvement in mitigation would be required.

Actions:

- **Rachel Hawkins to hold an offline conversation with Anita Pisani and Catherine Dugmore in relation to risks scoring high for a long time.**
- **To arrange a session prior to October Board Development session to discuss the Trust approach to risks.**
- **A further discussion on cumulative risks to be scheduled for October Board Development session.**
- There was currently no need for separate Trustwide risks relating to international recruitment and waiting lists. Risks were adequately mitigated at service level and waiting lists were discussed in detail during COBs; areas of concern were escalated to the Board. **Action: Rachel Hawkins to hold an offline conversation with Catherine Dugmore about the governance arrangements including risk oversight.**
- Context for incident reporting outlined as follows:
 - The number of days for root cause analysis completion depended on the complexity of the analysis and the number of organisations involved.
 - Regular panel meetings were held, and learning was shared so that actions could be taken.
 - Sign-off issue related to the capacity of the role; this had been expanded to include other people.

Action: Kate Howard to clarify the process for incident reporting and provide the context to Catherine Dugmore. The information relating to incidents reporting in the Audit Committee escalation report to be clarified.

Quality Improvement and Safety Committee

The following key headlines were noted:

- Substantial assurance received from thematic reviews on serious incidents (SIs). Based on the update on SIs from the Audit Committee, a conversation took place to clarify the root cause analysis process and the substantial assurance for thematic review remained.
- The Committee decided to carry out more work on the outcome and impact of patient stories; the Patient experience report was downgraded from substantial to reasonable assurance until the Committee received the evidence to close the loop.
- There were three risks scoring more than 16.
- Reporting arrangements to be agreed in relation to where the workforce strategy should be reported. Elements of the work programme were outside

	<p>the remit of QISCOM. Action: reporting arrangements for workforce strategy would be revisited after sharing workforce assurance maps.</p> <p>People Participation Committee (PPC) The following key points were noted from the report:</p> <ul style="list-style-type: none"> • A verbal update on the May 2022 PPC meeting was provided to the Board in May. • Reviewed Equality objectives for 2021/22 and approved objectives for 2022/23. • Collecting demographic data was one of objectives for 2022/23. • Focus on Board role model behaviours that support the Trust’s ambition to be an anti-racist organisation. • Patient participation priorities were agreed • Coproduction work undertaken by Luton Adults was a good example for service improvement. <p>Infrastructure Committee The following key points were noted from the report update:</p> <ul style="list-style-type: none"> • Verbal update provided to the Board in May 2022. • Substantial assurance relating to Estates, although some projects were delayed due to the pandemic. • Delayed projects included Ely project; consideration of the impact of the delay on services. • Assurance relating to Cyber Security and contracts • An update on the impact of inflation; this was being managed • Financial and reconfiguration of estates. • The future of Digital and how it impacted on estates • Telephony issues, monitoring the position • Violence and Prevention was assigned to the Committee Action: Oliver Judges to liaise with Mark Robbins and ensure that violence and prevention was assigned to the Infrastructure Committee.
8.2	Following the Integrated Governance report and Committee escalation reports discussion, the Board were 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. There was no need for a separate Trustwide risk for waiting lists or international recruitment.
8.3	The Board noted the escalation points from Committees.
9.0	Guardian of Safe Working Report
9.1	A brief update would be included in the Medical Validation Report scheduled for September Board. Action: Dr David Vickers to incorporate Guardian of Safe Working update into the Medical Revalidation Report scheduled for September Board meeting.
10.0	Any other Business
10.1	There were no other business items discussed.
11.0	Questions from members of the public
11.1	No questions were received from the public.

Date of next Public Trust Board Meeting: 28th September 2022
Venue: Microsoft Teams