

## DRAFT MINUTES

### TRUST BOARD PUBLIC MEETING

Wednesday 16<sup>th</sup> March 2022

11:30am – 14:35pm

Microsoft Teams

#### Members:

Mary Elford	Chair
Geoff Lambert	Non-Executive Director
Gary Tubb	Non-Executive Director
Dr Anne McConville	Non-Executive Director
Oliver Judges	Non-Executive Director
Fazilet Hadi	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

#### In Attendance:

Karen Mason	Head of Communications
Liz Webb	Deputy Chief Nurse ( <i>item 1</i> )
Justine Hogg	Professional Education Manager ( <i>item 1</i> )
Stephanie Hambrook	Health Visitor, NHCP ( <i>item 1</i> )
Lisa Parrish	Community Matron, Luton Adult Services ( <i>item 1</i> )
Simon Harwin	Service Director, Beds & Luton Children & Young People's Services
Catherine Dugmore	Non-Executive Director ( <i>with effect from 1 April 2022</i> )
Michelle Robinson	Governance Support Officer ( <i>minutes</i> )

#### Apologies:

Anna Gill	Non-Executive Director
Rachel Hawkins	Director of Governance and Service Redesign
Mercy Kusotera	Trust Secretary and Freedom to Speak up Guardian

#### Minutes:

<b>1.0</b>	<b>Staff Story – Our Queen's Nurses</b>
1.1	Liz Webb, Justine Hoog, Steph Hambrook and Lisa Parrish joined the meeting.
1.2	Liz Webb introduced and shared with the board a short video featuring <b>Dr Crystal Oldman CBE, Chief Executive, Queen's Nursing Institute</b> , who congratulated the Trust for its newly awarded Queen's Nurses (QN): Liz Webb, Lisa Parrish, Donna Taylor and Stephanie Hambrook. Mike Passfield, Justine Hogg and Julia Franklin were also acknowledged for being awarded the QN status previously. Dr Oldham described how there were now over 1700 QNs across the country which were well known and respected for their contribution to nursing in local and regional areas. She described how QNs were also well respected for their contributions on policy, research and nurse education at a national level.

1.3	Liz Webb, Lisa Parrish, Steph Hambrook, Mike Passfield, Julia Franklin and Justine Hogg all shared with the board their individual experiences of what achieving the QN meant to them and how it had made a difference.
1.4	Key messages included: <ul style="list-style-type: none"> <li>• The QN Institute was a charity dedicated to improving nursing care for people in their own home and the wider community, whilst driving the important agenda of community nursing education and leadership.</li> <li>• Being a QN offered a wealth of personal and professional benefits including development opportunities, access to grants and funding for ideas that could improve patient care.</li> <li>• The scheme offered access to bespoke nursing training programmes such as the Aspiring Director of Nursing Programme.</li> <li>• A significant amount of peer support could be accessed through local, regional and national QN networks.</li> <li>• Being a QN provided an opportunity to be the proactive voice of community nursing, to influence government policy makers and employers.</li> <li>• The application process was rigorous and challenging but provided an opportunity for individuals to recognise their achievements in community nursing.</li> </ul>
1.5	In discussion, the board noted that: <ul style="list-style-type: none"> <li>• The Trust would benefit from an internal QN network which could provide mentors/network for future aspiring QN applicants and identify and support key research projects to enhance patient care. <b>Action: Anita Pisani / Liz Webb</b></li> <li>• The QN initiative, in partnership with other bodies such as the RNC and NHSE/I, offered many collaborative opportunities linked to community nursing. It was considering broadening its offer so that the wider nursing community could also have access, rather than just QN's. Examples of collaboratives which CCS were currently involved with included the Safer Staffing in Community Nursing project.</li> </ul>
1.6	The Board thanked Liz and colleagues for sharing their valuable insights into the many benefits of their involvement with the Queen's Nurses initiative and the impact this had on their personal and professional development and providing excellent patient community care.
<b>2.0</b>	<b>Chair's welcome, apologies and additional declarations</b>
2.1	The Chair welcomed everyone to the meeting, including Catherine Dugmore (due to join the Trust as Non-Executive Director from 1 April 2022) and Simon Harwin, Service Director, Bedfordshire and Luton Children's services who had joined the meeting to observe.
2.2	There were no new declarations of interest to record. Any previously made declarations did not conflict with the meeting agenda.
<b>3.0</b>	<b>Minutes of previous meeting and matters arising</b>
3.1	The following points were noted: <ul style="list-style-type: none"> <li>• To review the wording of paragraph 4.9. The paragraph should read, 'the deaths related to people who had long standing HIV and were not in contact with iCaSH services.'</li> <li>• The first bullet point at paragraph 5.3 should read "It was important to ensure that children with deafness had access to the service."</li> </ul> <b>Action: Kate Howard / Mercy Kusotera</b>
3.2	The minutes of the meeting held on 26 <sup>th</sup> January 2022 were then <b>agreed</b> and <b>approved</b> as a correct record of the meeting.
3.3	The Board noted updates on the actions from previous Board meetings. The following updates were noted: <ul style="list-style-type: none"> <li>• <u>Action 8.1 (September 2021)</u> – The Trust was 85% compliant for medical</li> </ul>

	<p>appraisals for the period April 2021 to January 2022. Action complete</p> <ul style="list-style-type: none"> <li>• <u>Action 4.10 (January 2022)</u> – A comprehensive review of the Learning from Deaths process had been carried out with the iCaSH service and a structured judgement review was introduced. Action complete</li> </ul>
<b>4.0</b>	<b>Chief Executive Report</b>
4.1	Matthew Winn 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>• There would be an upturn in LSV (Large Scale Vaccination) activity as the service planned to roll-out vaccinations for 5-11 year olds and the over 75s from April 2022 followed by cohorts 1-6 (aged 50 and over) and CEV (Clinically Extremely Vulnerable) patients during the autumn period (further national decisions had yet to be made on an additional seasonal booster alongside flu from September onwards).</li> <li>• LSV workforce challenges remained, particularly around contracts as the picture was unknown past March / April 2023.</li> <li>• Following the success of the high street LSV sites, some movement of LSV premises was anticipated to align with this particular model.</li> <li>• The production of the Annual Report for 2021/22 had begun. An initial draft would be ready for the Board to review from 1 April 2022. The Board were asked to agree to delegate the final approval of the Annual Report to the Trust's Chair and Chief Executive in line with timetable outlined in 4.11 of the CEO report.</li> <li>• An annual review of the Board Terms of Reference had taken place. The Board were asked to accept and agree the revised Board Terms of Reference and Annual Business Cycle for 2022/23.</li> <li>• At the end of the Integrated Governance Report Board discussion, the Board would confirm whether the Board Assurance Framework 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> </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>• Current events in the Ukraine had not affected the Trust's supply chains and it did not have any Russian contracts for fuel. Staff support was being offered for those directly affected by these events.</li> <li>• Rising petrol and diesel costs would impact those staff who had reached the maximum mileage claimant level of 3,500 miles, owing to the lower remuneration rate not being sufficient to cover costs. The Trust had little flexibility to alter existing mileage rates, although it was working on hard a number of levels alongside other Trusts and NHS organisations to try and resolve the issue.</li> <li>• The Trust's approach to digital transformation would be discussed in detail at the April Board Strategy/Development session.</li> </ul>
4.4	The Board <b>received, discussed</b> and <b>noted</b> the Chief Executive's report.
4.5	The Board <b>agreed to delegate</b> the final approval of the 2021/22 Annual Report to the Trust's Chair and Chief Executive.
4.6	The Board <b>accepted</b> and <b>agreed</b> the revised Board Terms of Reference (v.6.3) and Annual Cycle of Business for 2022/23.
4.7	<p>Following reflections on the Trust's current Board Assurance Framework, the Board <b>agreed</b> that:</p> <ul style="list-style-type: none"> <li>• Risk ID: 3166 (There is a risk that patients and service users do not receive outstanding care if services fail to remain compliant with CQC Fundamentals of Care standards) should be reviewed.</li> </ul> <p><b>Action: Kate Howard</b></p>

5.0	Integrated Governance Report (IGR)
5.1	Kate Howard introduced the Integrated Governance Report for the reporting period December 2021 and January 2022.
5.2	<p>Key highlights from the outstanding care section included the following:</p> <ul style="list-style-type: none"> <li>• Overall assurance ratings remained the same as the previous reporting period.</li> <li>• The report included a revised Patient Safety Framework (Appendix 1) for the board to review.</li> <li>• No Serious Incidents (SIs) had been reported during December 2021; one was reported in January 2022.</li> <li>• No Never Events had occurred during the reporting period.</li> <li>• There had been a reduction in incident reporting which was mainly due to Datix issues in the Bedfordshire and Luton area. A local solution was implemented quickly to resolve the issue.</li> <li>• There were no issues to highlight in relation to Medicines Management.</li> <li>• Safeguarding continued to be challenging. In January the DfE wrote to all local Children's Safeguarding Boards seeking assurances that robust procedures and practices were in place to deal with any safeguarding enquiries. The Trust had been working with local partners to assist with providing those assurances and in identifying any potential gaps.</li> <li>• A 16-week consultation period to review the Liberty Protection Safeguards was due to commence shortly.</li> <li>• The IPaC team had been extremely busy with 5 staff outbreaks related to Covid 19 during the period. A series of meetings were held on a weekly basis to review cases and there had been no evidence of passing the virus onto patients.</li> <li>• There had been a significant spike in staff Covid-19 cases during January; this had reduced in February and there was an upward trend for March.</li> <li>• The new guidance for IPaC and lateral flow testing (wef 1 April 2022) had yet to be received.</li> <li>• An update on the EDS priorities had been added to the Patient Experience section. A Patient Experience metric was currently under development and would include a series of new metrics/ actions to increase the amount of feedback received into the organisation. Targeted support to services who have low responses numbers to feedback surveys will be offered and a scoping exercise carried out to identify alternative feedback mechanisms.</li> <li>• A review of treatment processes was underway and were discussed in at the COBs (Clinical Operational Boards) and provided additional assurances for reducing waiting times.</li> <li>• Key celebrations had all been reported through the COBs and were detailed in section 11 of the report; a key highlight was the work around the Safer Sleeping Week initiative (board members were advised to look at the OneNorfolk website to review the excellent work which had been undertaken).</li> </ul>
5.3	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> <li>• Mitigations were in place for the Beds &amp; Luton Adults services to balance its current workforce pressures (with high levels of sickness) and growing patient waiting lists. This was being overseen by the Deputy Chief Nurse, Liz Webb, and although delays in waiting times were present, patients were still being seen within an acceptable time period. These pressures were regularly reported through the Incident Management Team.</li> <li>• There had been a number of positive outcomes from the recent challenges faced across the Bedfordshire and Luton System, in particular daily workforce huddles, which had created a more flexible approach across</li> </ul>

	<p>teams and optimised service delivery, a more efficient triaging approach and new digital innovations to support the new working practices.</p> <ul style="list-style-type: none"> <li>• The pressures on waiting lists for paediatric services across Cambridgeshire were on the increase, compared to the Bedfordshire and Luton where the situation had begun to stabilise. Once appointed, the new Director for Children’s Services would have oversight of this. An in-depth piece of analysis work on RTT and waiting times was underway in the Cambridgeshire and Peterborough system. There were many differences between the services delivered across both the Bedfordshire and Luton system and Peterborough and Cambridgeshire system, making it difficult for them to be compared.</li> <li>• The new rostering practices had had a positive impact across services, although had not been without some resistance.</li> </ul>
5.4	<p>It was agreed that:</p> <ul style="list-style-type: none"> <li>• The Board would be advised when the antenatal assessments would be returning to full service.</li> </ul> <p><b>Action: Kate Howard</b></p> <ul style="list-style-type: none"> <li>• The LSV service should be congratulated on being recognised as the most cost-effective operation in East of England.</li> <li>• Board members should send their comments in relation to the Patient Safety Strategy (Appendix 1 of the IGR report) to Kate Howard and Liz Webb by the end of March 2022.</li> </ul> <p><b>Action: Board Members</b></p>
5.5	<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"> <li>• Overall assurance rating remained the same as the previous reporting period.</li> <li>• Indicators updated – some could not be updated at the current time as linked to the NHS Staff Survey being published on 31 March 2022. A full update would be provided at the board meeting in May. The Trust had achieved 53% response rate.</li> <li>• The two Trust wide workforce risks remained rated at 20; the COB highlights outlined at the beginning of the report that current rates for both sickness and turnover were travelling in the wrong direction. A detailed 3 year analysis for each was currently taking place.</li> <li>• The Turnover chart would be added to the report and circulated to board members.</li> </ul> <p><b>Action: Anita Pisani</b></p> <ul style="list-style-type: none"> <li>• Areas of good practice included: <ul style="list-style-type: none"> <li>- 0-19 recruitment and retention planning work which had recently been highlighted by the CQC;</li> <li>- Luton District Nursing recruitment challenges; an international recruitment campaign was underway with the aim to recruit approximately 10 personnel. The Trust had dedicated resources and a programme structure in place to drive this piece of work forward.</li> <li>- Local retention offers were being pursued; conversations were being held with neighbouring partners to ensure that any decisions would not have an impact on them and their workforce policies.</li> <li>- Recent issues experienced with LSV shift changes had been resolved with the introduction of a 4-6 week pattern rota. Other mitigations put in place included a letter to all staff to provide additional assurance and gave a clear explanation of the Trust’s plans going forward.</li> <li>- The staff vaccination mandation process had been revoked. The Trust continued to encourage staff vaccinations, although it would not now be a condition of employment. The onset of the mandation exercise had had a</li> </ul> </li> </ul>

	<p>significant impact on morale; the Trust was working hard to build bridges to overcome this.</p> <ul style="list-style-type: none"> <li>- The Anti-Racism pledge was being reviewed by the Trust's Equality and Diversity networks. This would be brought to the board for sign-off in May and led by the Diversity and Inclusion Steering Group.</li> <li>- Bank spend – latest figures demonstrated an increase in spend (additional scrutiny was planned for 2022/23 at a national level owing to the high levels of spend).</li> </ul>
5.6	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> <li>• Anti-racism communications message from the Board could be produced at the April Board development session and the pledge would be made at the May Public Board.</li> </ul> <p><b>Action: Anita Pisani / Karen Mason</b></p> <ul style="list-style-type: none"> <li>• Risk ID: 3166 would be reviewed (assurance around CQC standards) – noted under section 4.7 of the minutes.</li> <li>• An immediate workforce review had been carried out to determine the impact of the Ukraine war on the workforce. The Trust was not aware of any staff who were personally affected by the war, although the situation was being monitored alongside existing pressures within services.</li> <li>• There was a comprehensive Health &amp; Well Being support programme for staff which included financial support and advice for those members of staff who were feeling the impact of rising costs. Some individual cases had also been supported directly by the Workforce Director and Director of Finance &amp; Resources. All staff employed by the Trust would be on, or above, the national living wage from 1 April 2022.</li> </ul>
5.7	<p>Anita Pisani briefed the Board on 'collaborate with others' section. The report outlined a list of collaboration activities to ensure the Board was sighted of the Trust's involvement at system level. The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The updates on the ICS arrangements across our systems and the CYP &amp; Maternity collaborative in Cambridgeshire &amp; Peterborough.</li> <li>• No further updates had been received for the PoW (Princess of Wales Hospital) Expression of Interest.</li> <li>• Various board members and senior staff were involved in the development of the Norfolk ICS; Mary Elford and Anna Gill had recently met with the new CEO, Tracey Bleakley, and were due to meet the Chair, Patricia Hewitt, in April, to seek further assurances.</li> </ul>
5.8	<p>In discussion, it was noted that:</p> <ul style="list-style-type: none"> <li>• Each section of the IGR report was based on the Trust's four overall objectives. The agreed strategic indicators were aligned, and reported on, within these.</li> </ul>
5.9	<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"> <li>• The level of overall assurance was 'Substantial' for the reporting period.</li> <li>• The Trust continued to meet its financial objectives and remained either at or below budget</li> <li>• A number of variances were reported for service performance (section 1.2) which were in the main due to challenges with vacancy levels and underspend.</li> <li>• The cash position had seen a slight decline which was mainly due to the delay in receiving LSV funding; a £5.5m backfill payment had since been received bringing levels back to an acceptable state.</li> <li>• Capital Programme spend was below target for the period; planned spend for Nash House, North Cambs Hospital and other smaller capital projects</li> </ul>

	would stabilise spending levels by March 2022.
5.10	In discussion, the following points were noted: <ul style="list-style-type: none"> <li>• Non-supported software had been addressed as part of the ICT migration project, which was due to be complete by April, ahead of schedule.</li> <li>• The Kwersky anti-virus software was the only Russian-based product used by the Trust; this had been removed from operations across the whole of the Trust.</li> <li>• Levels of outturn and income remained stable for the reporting period.</li> </ul>
5.11	Following the Integrated Governance report discussion, the Board were satisfied that the Board Assurance Framework was an accurate reflection of the strategic risks currently facing the Trust and was <b>assured</b> that there were mitigations in place to address the risks (taking into account agreed actions under 4.7).
<b>6.</b>	<b>2022/23 Annual Budget</b>
6.1	Mark Robbins introduced.
6.2	The following points were noted: <ul style="list-style-type: none"> <li>• Owing to Covid-19, for the previous two years the annual budget had been built around an emergency framework set at a national level.</li> <li>• The annual budget for 2022/23 would be based on the usual framework used before the pandemic with some adjustments.</li> <li>• An efficiency target had been set nationally which was expected but none-the-less challenging.</li> </ul>
6.3	In discussion, the Board noted the following points: <ul style="list-style-type: none"> <li>• Any high levels of risk identified would be transacted through the service operational plans.</li> <li>• The financial challenges brought on by covid-19 would have a minimal impact on the delivery of services compared to those faced by Acute Trusts.</li> <li>• Funding to deliver the LSV programme had been confirmed up to September 2022. Once further clarity on funding and delivery had been received beyond this, it would help the service to plan up to March 2023.</li> <li>• Systems were using similar estimation techniques to plan for the impact of price inflation, for example energy costs; mitigations had been proposed and were challenging.</li> <li>• The Trust Board <b>approved</b> the annual revenue budget for 2022/23 including the required CIP and agreed for the final budget to be delegated to the Executive directors.</li> </ul>
<b>7.</b>	<b>Green Plan</b>
7.1	The Board noted that owing to current pressures and time constraints, it had not been possible to share a draft version of the Green Plan prior to the meeting and it would instead be circulated to board members and agreed virtually. The final version would be attached to the Chief Executive's report for the public board meeting in May 2022. <b>Action: Mark Robbins</b>
<b>8.</b>	<b>Committee Escalation Reports</b>
8.1	<b>Audit Committee</b> The Trust Board noted the report from the Audit Committee meeting in January, that there were no points of escalation and that the Audit Chair had discussed with the Quality Safety and Improvement Chair the points raised regarding safeguarding risk assessments for staff undertaking lone working and had been assured that there was mitigation in place.
8.2	The Board <b>noted</b> the escalation points from Committees.
<b>9.0</b>	<b>Any other Business</b>
9.1	There were no other business items discussed.

<b>10.0</b>	<b>Questions from members of the public</b>
10.1	No questions were received from the public.

*Date of next Public Trust Board Meeting: 18 May 2022*  
*Venue: Microsoft Teams*