

MINUTES

TRUST BOARD PUBLIC MEETING

Wednesday 19th July 2023

13:00 – 16:10

Microsoft Teams

Members:

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

In Attendance:

Lea Fountain	Associate Director of Communications
Sarah Feal	Trust Secretary and Freedom to Speak Up Guardian
Michelle Robinson	Assistant Trust Secretary
Lisa Wright	Patient Experience & Participation Manager (<i>item 1</i>)
Simon Harwin	Service Director, Bedfordshire & Luton Children and Young People's Health Services (<i>item 1</i>)
Anna Hailes	Baby Friendly Support Worker, Children & Young People's Services (Luton) (<i>item 1</i>)
Sarah Kilby	Patient Experience Advisor (<i>item 1</i>)

Apologies:

Gary Tubb	Non-Executive Director
Catherine Dugmore	Non-Executive Director
Aliyyah-Begum Nasser	Non-Executive Director
Dr David Vickers	Medical Director
Jots Sehmbi	Associate Non-Executive Director

Minutes:

1.0	Patient Story: A story of volunteer to career – working with the Baby Friendly Team in Bedfordshire
1.1	Lisa Wright, Simon Harwin, Sarah Kilby and Anna Hailes (patient) joined the meeting.
1.2	The following key points were noted from the story: <ul style="list-style-type: none"> • Summary of the journey of a volunteer Breastfeeding Buddy (Anna Hailes) to becoming a Baby Friendly Support Worker within the Trust. • The volunteer buddy role was a success owing to the support and training provided by the Baby Friendly Team. • All of the Baby Friendly Support Workers across Bedfordshire and Luton started out as volunteers within the team.

	<ul style="list-style-type: none"> • The role provided an important stepping stone and bridge between a vulnerable new mum and baby and a specialist team. • Anna felt valued and an integral part of the team and received a Valuing Volunteers Award in Spring 2022. • Anna was encouraged to apply for a permanent role within the team and was successful. • The team had encouraged and supported Anna to mould the role around her family life and commitments which made the transition from volunteer to a permanent member of staff much easier. • Opportunities for people to volunteer were vital as these roles were flexible and provided a sense of purpose.
1.3	<p>The following points were noted in discussion:</p> <ul style="list-style-type: none"> • Breastfeeding Buddies were provided with a safe environment and never left alone with new mothers and their babies, with sessions being conducted mainly within Children's Centres. • The support provided was very much a team effort. • There was a clear escalation process. • Positive feedback had been received from UNICEF (United Nations Children's Fund), in particular about how volunteers were given the same level of training as permanent team members. • The Baby Friendly Team worked closely alongside specialist teams to support pre-term babies or babies with a disability. • There were no time restrictions for the support given to families. • The Trust's systems (in particular, SystemOne) could be overwhelming for new members of staff; full support and reassurance was key to helping individuals settle into a new role. • Work was underway to extend the support offered by the Baby Friendly Teams into Neonatal Wards. • The Team had received extensive equality and diversity training, enhancing the level of support it provided.
1.4	<p>The Board thanked Anna for:</p> <ul style="list-style-type: none"> • Sharing her story. • Agreeing to share the experience and story with colleagues across the Trust to support current recruitment and retention work.
2.0	Chair's welcome, apologies and additional declarations
2.1	The Chair welcomed all to the meeting.
2.2	Apologies for absence were received from Gary Tubb, Catherine Dugmore, David Vickers, Aliyyah-Begum Nasser and Jots Sehmbi.
2.3	There were no new declarations of interest in the current agenda. Any previously made declarations did not conflict with the meeting agenda items.
3.0	Minutes of previous meeting and matters arising
3.1	The minutes of the meeting held on 17 th May 2023 were approved as a correct record of the meeting.
3.2	<p>The Board reviewed and noted updates to the action log. The following points were noted:</p> <ul style="list-style-type: none"> • Action 6.10 – 3rd bullet point relating to sharing information on rolling contracts. It was agreed to close the action from the log. • Action 6.2 – 5th bullet point relating to sharing the Ombudsman slides had been completed. It was agreed to close the action from the log.
3.3	No further matters were raised.
4.0	Chair's update

4.1	<p>The Chair provided a verbal update to the Board:</p> <ul style="list-style-type: none"> • Aliyyah Begum-Nasser had joined the board, as Non-Executive Director, with effect from 1 July 2023. She would be taking over from Gary Tubb as Chair of the Adults Clinical Operational Board (COB) from 1 September 2023. • Co-hosted a visit to The Poynt in Luton with the Chair of Bedfordshire Hospitals to see how joint working between the hospital and the team in Luton Community Services was progressing. The following key points were noted: <ul style="list-style-type: none"> - the positivity of staff with the new collaborative partnership working - the overall welcoming environment at The Poynt - a geriatrician from the hospital, along with other key hospital staff, were working alongside the rapid response and urgent community care teams as part of the joint working arrangement - an ambulance worker from EEAST (East of England Ambulance Service NHS Trust) was also co-located at The Poynt • A constructive meeting had taken place with all of the Norfolk and Waveney Trust Chairs where there was a real desire for organisations to work better together. There was also an acknowledgement that children should feature more prominently in conversations within the Norfolk and Waveney system. • Invited to join the East of England Productivity Forum, which is one of four national productivity forums. The forum is hosted by Cambridge University and is looking to develop research into how public sector organisations can improve their productivity.
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 annual report and accounts had been successfully completed and filed as well at the Trust’s Quality Account for 2022/23. Thanks were given to all colleagues involved. Board members were encouraged to read both in tandem. • Some adjustments had been made to the board reporting arrangements to ensure that conversations around integrated governance were effective. Changes had been made to the Trust’s approach to risk management with issues, in addition to risks, now being reported through the integrated governance report and will become a more prominent feature through committee reporting. • Joint Forward Plans for all of the systems which the Trust spans had been shared. The board would be sighted on progress against these through current reporting arrangements. • The NHS Long Term Workforce Plan had been published on 30th June 2023. This would be reviewed against the Trust’s People Strategy and updates on any proposed changes to current plans would be reported to the board as part of the People Strategy bi-annual update (scheduled for November 2023). • The Trust had received a letter from the National Guardian, Dr Jayne Chidgey-Clark, to say that it had scored in the top 5 nationally in the recent NHS Staff Survey 2022 – Fair and Futility. What does the staff survey tell us about Speaking Up in the NHS? • The Trust had been awarded a silver award in the 2023 Ministry of Defence Employer Recognition Scheme, which reflected the fantastic work taking place across the Trust to support veterans, reservists and their families. It would now be working towards achieving the Gold standard. • The communications updates within the Chief Executive’s report had been restructured to align with the Trust’s strategic communications priorities and

	provided a broad overview of what the organisation was delivering to improve patient outcomes and to support and celebrate the great work of its staff.
5.3	<p>In discussion, the following points were noted from the Chief Executive's report:</p> <ul style="list-style-type: none"> • The main pressures/concerns for the Trust (summarised in the Integrated Governance Report and scored high on the Trust's Risk Register) at present were: <ul style="list-style-type: none"> - Workforce supply - Demand and pressure into services - Current fiscal arrangements not aligned with current levels of demand and volume - Increase in abuse (physical, verbal and racial) on staff • A detailed report on the work being carried out by the Trust to support staff with violence and aggression would be presented to the board in November, as part of the bi-annual update for the People Strategy. • The main focus of the NHS Long Term Workforce Plan was creating a supportive culture across the workforce which aligns with the Trust's current priorities and achievements; £2.4 billion had been ring fenced by HM Treasury to support with the delivery of the plan for the next six years which would flow down to systems. There would be opportunities, both internally and externally, to shape curricula to ensure that the right training and staff were available to community services in the future.
5.4	The Board noted the content of the report.
Key Issues Reports and assurance from Board Sub-committees	
6.0	Extraordinary Audit Committee – held on 19th June 2023
6.1	The report was taken as read.
6.2	<p>The following key headlines were noted:</p> <ul style="list-style-type: none"> • The committee had received and discussed the Annual Report and Accounts for 2022/23, (draft prior to completion) Independent External Audit Annual Completion Report and Annual Report, Head of Internal Audit Opinion and the Local Count Fraud Service Annual Report. • An adjustment to the end of year surplus had been made on the advice from the external Auditor leaving the year end position at £429k, as opposed to the original submission of £109k. • The committee adopted the unqualified opinion reports, subject to any minor amendments which were delegated to the Executive and carried out by the Chief Executive Officer, Matthew Winn, and Director of Finance and Resources, Mark Robbins ahead of the submission on 30th June. • The final Head of Internal Audit Opinion concluded that the Trust continued to have an adequate and effective framework for risk management, governance and internal control.
7.0	Quality, Improvement and Safety Committee – held on 28th June 2023
7.1	The report was taken as read.
7.2	<p>The following key headlines were noted:</p> <ul style="list-style-type: none"> • One regulatory report was received – Quality Account – which provided substantial assurance. • One thematic report was received on Safeguarding and provided reasonable assurance owing to risk 3227, which scored at 16 and related to staffing. • Eight sub-group reports were received. • Updated Terms of Reference for the Medicine Safety and Governance Group and the Antimicrobial Stewardship Policy were approved by the committee.

	<ul style="list-style-type: none"> Annual reports were received by the committee and all provided substantial assurance. These included: IPaC (Infection Prevention and Control), Serious Incidents (SIs) and Incidents, Medicines Management and Patient Experience. There was one escalation for the board: risk 3227 which had now been closed and reframed into a new risk (ID: 3562) which is still rated at 16. Examples of outstanding practice included the work of the IPaC team during 2022-23 and the work undertaken by the Pharmacy team around V100 prescribing activity and the re-focus on the V300 workforce.
7.3	<p>In discussion, the following was noted:</p> <ul style="list-style-type: none"> The committee had recommended that the IPaC UV (Ultraviolet) hand hygiene audit would go down to 90% compliance rate. This would bring it into line with all mandatory training requirements apart from Information Governance which was 95%. Following discussions at QIScom (Quality, Improvement and Safety Committee) and with Service Directors, the safeguarding risk (ID: 3227) had been reviewed, closed and reframed into a new more generic risk (ID:3562) for safeguarding around staffing and the impact on performance across the Trust. In addition, all previous references to covid-19 had been removed.
8.0	Infrastructure Committee
8.1	The report was taken as read.
8.2	<p>The following key headlines were noted:</p> <ul style="list-style-type: none"> Reasonable assurance was taken from core reports presented on Estates Management and ICT (Information and Communications Technology) Management. The Community Diagnostics Centres (CDC) work remained on track. Works continued on the PoW (Princess of Wales) multi-storey car park, a key enabler for the planned additional activity at the hospital. The Shared Care Records project was now 'live' across the Cambridgeshire & Peterborough (C&P) system, as a soft launch whilst testing of the concept took place. The Trust's telephony transition was now complete and running in the first cohort of services. Feedback to date had been extremely positive. The development of the i-Hub Minimum Viable Product for iCaSH, a dashboard system for reporting, was a significant step forward in enhancing the service's infrastructure and would be shared with commissioners and used to strengthen future bids. Significant progress had been made in the quality of the committee reports which provided a substantial level of assurance on progress and how this impacted the performance of services.
8.3	<p>In discussion, the following was noted:</p> <ul style="list-style-type: none"> Mark Crannage, Associate Director of Business Information and Digital Systems, had been working closely with Sopra Steria and SBS (Shared Business Services) regarding cyber security mechanisms including software and firewall updates. A recent audit of the Trust's IT security infrastructure had concluded that robust systems were in place and there would be minimal impact to services from a cyberattack. As a result, the likelihood rating of the Trust's cyber risk (ID: 3514) had been reduced to 12.
9.0	People Participation Committee
9.1	The Board received and noted the report, which followed the verbal update provided at the last board meeting in May 2023.
9.2	In discussion, the following was noted:

	<ul style="list-style-type: none"> • A request from the Cultural Diversity Network to cease using the term 'BAME' and instead refer to colleagues as 'culturally diverse staff, workforce or individuals'. Assurance had been given to the network that this change in terminology would be communicated throughout the Trust.
10.0	Integrated Governance Report (IGR)
10.1	<p>Rachel Hawkins briefed the Board on the following changes to the format of the report:</p> <ul style="list-style-type: none"> • Reporting against the Trust's objective 'Be Collaborative' had been removed as the Board had agreed alternative methods to report on this. • Key Issues and Escalations reports for both the Adults and Children and Young People's COBs were now included as an appendix. • A revised Executive Summary with a clearer focus on those assurance ratings applied against the assurance measures. • An updated Assurance Framework (appendix 1) • An overview of key 'issues' with a consequence of 4 (major) or 5 (catastrophic) being reported through the board's sub-committees, as well as those risks rated 15 and above, in line with the Trust's recently revised Risks and Issues Management policy.
10.2	<p>Kate Howard briefed the Board on the level of assurance provided against strategic objective 'Provide outstanding care'. The following key points were noted:</p> <ul style="list-style-type: none"> • For the period April to May 2023 the evidence provided within the report provided 'substantial' assurance for Safe and Caring and 'reasonable' assurance for Effective and Responsive. • The Patient Safety Strategy and Implementation Plan were included as appendices to the report. These had been approved by QIScom and needed ratification from the Board. • The Trust now has in place an Antimicrobial Stewardship policy and plan which required Board approval. • Two core issues were included within the safeguarding element of the report (section 4.0) which related to staffing issues and the C&P MASH (multi-agency safeguarding hub) position. A number of appointments had recently been made, which would improve the overall staffing position across services going forward. In addition, work continued with colleagues across the C&P system to improve and develop the MASH both in terms of the way referrals are received and how these are responded to following either an investigation or health review. • A revised IPaC Assurance Framework had been included within the report and now focussed more on the generic principles of infection control rather than Covid which was in line with the national direction. Compliance would be monitored through both the IPaC committee and QIScom. • The Trust had retained its Gold status through a recent UNICEF Baby Friendly reaccreditation process. In addition, the Trust's breastfeeding buddies had been voted as regional winners in the volunteer category for the NHS Parliamentary Awards for the 75th anniversary. • There had been positive reductions in waiting times within both the Dynamic Health and iCaSH (Integrated Contraception and Sexual Health) services. However, challenges remained within the Bedfordshire and Luton Paediatric and Therapy services. It was likely that the forthcoming strike action planned by consultants would impact waiting times further. • New safeguarding metrics had been added to the Quality Dashboard (Appendix 1).
10.3	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> • The issues around MASH within C&P were owing to the introduction of some changes to the process by the local authority, which had been a unilateral

	<p>decision. The impact of these changes had led to an increase in the number of referrals and capacity having to be increased to meet the level of demand. The difficulties being faced by teams had been recognised by OFSTED (Office for Standards in Education, Children’s Services and Skills) following a review and a draft action plan had since been developed for system partners to work through together. This included a full review of the decision-making process and approaches to multi-agency working and the Trust was fully engaged with both local authorities to support with this.</p> <ul style="list-style-type: none"> • The issues currently faced with recruiting Speech and Language Therapists within Bedfordshire was, in the main, owing to a combination of funding and recruitment issues. The profession was difficult to recruit to, however recurrent funding from the local authority would help to stabilise recruitment. • The national issues being faced within the specialist paediatric hearing services, and the quality of tests, related to those services provided within acute service services for newborn babies. More locally, a review was underway of the overall pathway (which included audiology services provide by the Trust) which was currently disjointed. • Regular updates against the Trust’s Equality and Diversity objectives, including a focus on both the iCaSH and Respiratory services, would be provided through the People Participation Committee and bi-monthly IGR to the Board. A full overview would be provided to the Board at the end of the year as part of the Annual Plan update. • Further work was planned to achieve a unified position on reporting waiting times which would include automation of data onto the quality dashboards. This would incorporate standard definitions for patient need, aligned with a health inequalities perspective, to ensure the correct priority was given to individuals. Initially, this was being trialled within Children’s Services. Benchmarking was a challenge owing to the lack of national data and complexity of services delivered by the Trust, however work was underway with other community trusts to identify a common set of parameters. • Both, Dr David Vickers and Kate Howard, had regular clinical conversations with Service Directors and Leads around waiting times, which included reviewing risk strategies in place and Waiting Well initiatives. • Both the Norfolk and Cambridgeshire systems had received additional government ‘safety-valve’ funding for mainstream schools, to help to provide early intervention and support for children with additional needs and to alleviate current pressures on specialist provision. The Trust was working closely with the Directors for Education across all three of its systems to try and resolve these pressures and to reduce an over reliance on the diagnostic route. • Since launching on 1 April 2023, compliance levels for the two new mandatory Patient Safety training modules were already exceptionally high at 78% and 69% which demonstrated a high level of staff commitment and engagement. • Non-Executive Directors were reminded to check their current status with mandatory training, in particular Information Governance, to ensure that full compliance was maintained. <p>Action: Non-Executive Directors</p>
10.4	<p>Anita Pisani briefed the Board on the level of assurance provided against strategic objective ‘Be an excellent employer.’ The following key points were noted:</p> <ul style="list-style-type: none"> • For the period April to May 2023 the evidence provided within the report provided ‘reasonable’ assurance for Safe and Caring and ‘substantial’ assurance for Effective and Responsive. No assurance level rating had been assigned to ‘Well Led’ as the Agency Spend cap had yet to be confirmed. • The Trust had invested in a temporary staff services team which was helping to decrease agency costs.

	<ul style="list-style-type: none"> • Monthly sickness rates remained high, although below the benchmark for community trusts. HR Business Partners were working closely alongside service directors and managers to address this. In addition, the Trust continued to offer a comprehensive range of health and wellbeing support for staff which had been acknowledged through a recent internal audit. • Stability remained on track. • Conversations had taken place at the COBs to try address the issues behind current appraisal rates, which were just under 90%. • Turnover was just under 14% which was in line with Community Pride, a national benchmark. • A vast amount of work was underway around recruitment and retention, which was detailed in the report. • Work continued in relation to the EDS (Equality Delivery System) Domain 3 which focussed on inclusive leadership and achieving the Trust's Anti-Racism Pledge. Board members were reminded to continue to actively lead and role model personal pledges. Anita Pisani would work with any new Non-Executive Directors to make a personal pledge and to share these with the Trust's Cultural and Diversity Network and newsletter. Action: Anita Pisani • Four actions had been identified for the Trust Wide Staff Survey Improvement Actions which included a focus on supporting staff to work in a safe area and to protect them from any issues of violence or aggression from patients, service users and carers. In addition, there would be a real focus on staff involvement with decision-making (following feedback from the staff survey), reducing discrimination (particularly with disabled and LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual and more) staff members) and career progression and equal opportunities for culturally diverse members of staff.
10.5	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> • The main areas where staff are experiencing high levels of abuse were linked to access issues or clinic-based services, although cases were being reported across all services. A review of any recent changes in practice, processes or systems across all services was planned to ensure that these had not amplified the situation. • It was anticipated that forthcoming recruitment exercises, along with further development of the Health Rostering system, would help to reduce sickness levels. • The Staff Survey results would be used as a barometer for monitoring how the Trust was dealing with violence and aggression, as it contained a strong set of questions in relation to this subject area. • The outcomes of the work of the task and finish group set up to address staff abuse cases would be shared with the Leadership Forum.
10.6	<p>Mark Robbins briefed the Board on the level of assurance provided against strategic objective 'Be sustainable'. The following key points were noted:</p> <ul style="list-style-type: none"> • For the period April to May 2023, the evidence provided within the report provided was 'substantial' for Income and Expenditure, Delivery and Capital. • Additional assurance had been received from the recent Unqualified External Audit Opinion and overall conclusion. • The Year End position was on plan, although there was an element of risk around funding and demand management within the iCaSH services where mitigations were being developed with commissioners. • There had been a reduction in the overall cash position owing to the lag from the previous financial year as well as agreeing some contract values with

	<p>Commissioners. Payments had since been received, putting the cash position back to normal levels.</p> <ul style="list-style-type: none"> • An evaluation report for capital spend to date in relation to the CDC work would be included in the report for the next reporting period. • There was a £6million unfavourable variance within the C&P system which was due to additional costs encountered by acute trusts following recent industrial action. The target for improvement for month 2 had since been reduced by NHS England and further advice would follow on how current months would be addressed.
10.7	<p>The following points were noted in discussion:</p> <ul style="list-style-type: none"> • Historic costs relating to the recent Agenda for Change uplift had been agreed to be paid by Cambridgeshire. The position for Bedfordshire, Norfolk and Suffolk had yet to be confirmed putting some risk against current projections. Current mitigations were being managed through the overall performance of the Trust. • A more detailed CIP (Cost Improvement Performance) report would be provided for the next reporting period in September which would be sighted through the COBs. • Risk ID: 3502 had been increased to a rating of 12 owing to the recent planned strikes by consultants and the potential impact on Children and Young People's Services where a decision had been made not to cancel any planned activity during these strikes, so to avoid impacting waiting lists any further for children. Activity had been reduced for iCaSH services, however, which would also be significantly affected by the forthcoming industrial activity. • The outcome of the recent tender exercise for Bedfordshire iCaSH services would be known in August. Decisions for the Norfolk and Suffolk iCaSH services would follow over the coming months.
10.8	<p>The Board thanked the authors of the IGR and:</p> <ul style="list-style-type: none"> • Confirmed that the information contained within the Report supported the summary and the overall assurance rating of SUBSTANTIAL assurance. • Approved the Patient Safety Incident Response Policy and Plan • Noted that the Trust had introduced an Antimicrobial Stewardship policy.
11.0	Learning from Deaths Report (Quarter 4 2022/23)
11.1	The Board noted the Learning from Deaths Report for Quarter 4 (2022/23).
12.0	Trust Quality Account (2022/23)
12.1	<p>The Board noted the final Quality Account for 2022/23. The following highlights were noted:</p> <ul style="list-style-type: none"> • The positive feedback received from stakeholders. • The Trust's compassionate culture. • Significant developments with co-production and patient participation. • Visibility of the work of Matthew Winn and David Vickers across the C&P system.
13.0	Board Assurance Framework (BAF)
13.1	<p>The Board reflected on the BAF and noted the following:</p> <ul style="list-style-type: none"> • The safeguarding risk (3227) had been reframed into a new risk (3562). • Cyber risk (3514) had been reduced from a rating of 15 to 12. • The industrial action risk (3502) had been increased from a rating of 8 to 12. • The Executive Team would review how best to highlight the key Issues being faced by the Trust within the public board reports. <p>Action: Executive Team</p> <ul style="list-style-type: none"> • A detailed report on the BAF would be presented to the Board in September.
13.2	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.
14.0	Any other Business
14.1	No further business items were discussed.
15.0	Questions from members of the public
15.1	There were no questions received from members of the public.

Date of next Public Trust Board Meeting: 27th September 2023
Venue: Units 7-8, Meadow Park, Meadow Lane, St Ives PE27 4LG