

## MINUTES

### TRUST BOARD PUBLIC MEETING

Wednesday 17<sup>th</sup> May 2023

13:00 – 16:25

Microsoft Teams

#### Members:

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

#### In Attendance:

Lea Fountain	Associate Director of Communications
Mercy Kusotera	Trust Secretary and Freedom to Speak Up Guardian
Lisa Wright	Patient Experience & Participation Manager ( <i>item 1</i> )
John Peberdy	Service Director Children and Young People's Health Services ( <i>item 1</i> )
Lisa Ives	Family Nurse Partnership Supervisor ( <i>item 1</i> )
Sarah Kilby	Patient Experience Advisor ( <i>item 1</i> )
Sophie Stevenson	Deloitte (shadowing)

#### Apologies:

Jots Sehmbi	Associate Non-Executive Director
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#### Minutes:

<b>1.0</b>	<b>Patient Story: A young father shares his experience of working with the Family Nurse Partnership in Cambridgeshire</b>
1.1	Lisa Wright, John Peberdy, Sarah Kilby, Lisa Ives and Eddy (patient) joined the meeting.
1.2	<p>The following key points were noted from the story:</p> <ul style="list-style-type: none"> <li>• Summary of the Family Nurse Partnership (FNP) role.</li> <li>• Positive support received by Eddy from FNP.</li> <li>• Film including Eddy's inspirational song 'Try'. Eddy is a song writer.</li> <li>• Eddy had worked with Joe, one of the FNP nurses. Areas discussed during FNP sessions included food and healthy diet.</li> <li>• Eddy felt comfortable with the informal approach of the FNP and this enabled him to talk about things that concerned him.</li> </ul>
1.3	The following points were noted in discussion:

	<ul style="list-style-type: none"> <li>Eddy and Jay’s mum accepted the FNP offer because both were young and first-time parents.</li> <li>The FNP support normally stops when the child turns two, however in this case FNP had offered to continue supporting Eddy until he had full custody of his son.</li> <li>Eddy had a great experience of the FNP. His confidence levels had improved during the time he worked with FNP. However, more FNP visits would have been welcomed.</li> <li>The Board commended Eddy’s commitment and courage.</li> <li>FNP service supported mothers, fathers, partners and other people significant in the children’s lives.</li> <li>FNP visits provided opportunities to engage with parents. The service was less target driven and more informal making it easier to engage with parents; for example, in the story, the patient felt comfortable to talk to the nurse about his music.</li> <li>FNP was part of the Healthy Child Programme. A process was in place to manage the transition from FNP support into a wide range of support from people in different services going forward.</li> <li>The value of the FNP is in developing self-sufficiency and supporting people to build strengths in other areas of life.</li> <li>Eddy had agreed to be a story champion for the Trust and would work with the patient experience team to create digital films to support other service users.</li> <li>Healthy Child Programme support to a family was offered according to the needs of the family. <b>Action: Lisa Wright and team to work with Eddy and explore the support needed going forward.</b></li> <li>The Trust had a re-imburement policy in place for service users’ expenses which included involvement in interview panels.</li> <li>A link to Eddy’s music on Youtube to be shared with Board members for information. <b>Action: Mercy Kusotera to get the link from Dr Richard Iles and circulate it to Board members.</b></li> </ul>
1.4	<p>The Board thanked Eddy for:</p> <ul style="list-style-type: none"> <li>sharing the story and his music.</li> <li>agreeing to work with the Trust to support other service users who faced challenges.</li> </ul>
2.0	<b>Chair’s welcome, apologies and additional declarations</b>
2.1	The Chair welcomed all to the meeting.
1.2	<p>Apologies for absence were received from Jots Sehmbi.</p> <p>Fazilet Hadi would leave the meeting around 3:50p.m.</p>
1.3	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	<b>Minutes of previous meeting and matters arising</b>
3.1	The minutes of the meeting held on 22 <sup>nd</sup> March 2023 were <b>approved</b> as a correct record of the meeting.
3.2	<p>The Board <b>reviewed</b> and <b>noted</b> updates to the action log. The following points were noted:</p> <ul style="list-style-type: none"> <li>Action 3.1 – 7<sup>th</sup> bullet point relating to sharing an overview of the role of the NED – this would be part the announcement of any changes to Board members.</li> <li>Action 6.3 – 10<sup>th</sup> bullet point relating to reviewing of complaints would be presented to the Quality Improvement and Safety Committee (QISCOM) and should be moved to QISCOM actions. It was agreed to close the action from the log.</li> </ul>
4.0	<b>Chair’s update</b>
4.1	The Chair provided a verbal update to the Board from the following recent visits:

	<ul style="list-style-type: none"> <li>• Integrated Contraception &amp; Sexual Health (iCaSH) conference held on 10<sup>th</sup> May 2023. The Chair had sent a letter to Ellen Ballantyne thanking her for organising the conference. The whole team was commended for their contribution to the conference.</li> <li>• Thanked Board members for their involvement in the video about listening to patient stories during Board meetings. On 11<sup>th</sup> May 2023, the Chief Executive shared a link to the video in his Communications Cascade to staff. Board members were encouraged to watch to the video.</li> <li>• Visit to Children’s Rapid response specialist nursing service in Luton. The following key headlines were noted: <ul style="list-style-type: none"> <li>- The impact of the team providing a responsive and easily accessible service, impact; this included reaching out to families referred through 111.</li> <li>- Good examples of career progression and support from the Trust.</li> <li>- The nurses commended the Trust’s culture of openness.</li> </ul> </li> </ul>
4.2	The Board <b>noted</b> the Chair’s verbal update.
<b>5.0</b>	<b>Chief Executive Report</b>
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"> <li>• There were a number of union ballots that were taking place. All the ballots outlined in the reports were England-wide as opposed to previous ballots which were Trust-by-Trust. At the time of reporting, the Trust had not been informed of any further industrial action and would continue to have regular discussions with the staff side chair and to support staff and services as required.</li> <li>• Every Integrated Care Board (ICB) was required by NHS England to produce a 5-year Joint Forward Plan (JFP) to bring together the health and wellbeing plans for the Councils and the NHS to develop over the next five years to meet the needs of local people. The JFPs were due to be signed off by all ICBs by end of June 2023. The Board was requested to support the development and detail within the JFPs. The Trust had received JFPs for Cambridgeshire and Peterborough and Bedfordshire, Luton and Milton Keynes (BLMK) ICBs but had not received the JFP for Norfolk and Waveney; this would be tracked outside the meeting to ensure the Board had sight of it. <b>Action: Steve Bush to track the Joint Forward Plan for Norfolk and Waveney and ensure it was shared with the Board.</b></li> <li>• Reference to Primary care recovery plan published by the Government and NHS England. The Royal Academy of Medical Colleges had produced a report which was aligned to the primary care recovery plan. <b>Action: Dr David Vickers to share with Board members a report from the Academy of Medical Royal Colleges.</b></li> <li>• The Board Assurance Framework (BAF) had been updated to ensure it was aligned to strategic risks facing the organisation for financial year 2023/24. Annex A outlined all strategic risks faced by the Trust and had been discussed by the Board at the Board Development Session which was held on 19<sup>th</sup> April 2023.</li> <li>• Communications update including social media campaign.</li> <li>• Governance documents: <ul style="list-style-type: none"> <li>- Annual update to the Annual Slavery and Human Trafficking Statement. Once approved, the statement would be published on the Trust website. The statement outlined steps the organisation was taking to ensure modern slavery was not taking place in the Trust’ services or supply chains. <b>Action: Mercy Kusotera to publish the Annual Slavery and Human Trafficking Statement on the Trust website.</b></li> <li>- Compliance to Condition G6 (3) and Condition FTA (8) – this was linked to the Annual Governance Statement confirming that the Trust had proper governance and internal arrangements in place to manage the Trust.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Recommendations to the Board to: <ul style="list-style-type: none"> <li>○ Approve the Annual Slavery and Human Trafficking Statement for use and publication on the Trust website.</li> <li>○ Review the annual self-certification and authorise the Chair to sign on behalf of the Board after the External Audit Report is issued; unless material concerns are identified by the auditors that would materially affect the Trust's compliance.</li> <li>○ Consider if the Board Assurance Framework accurately describes the main risks facing the organisation.</li> </ul> </li> </ul>
5.3	<p>In discussion, the following points were noted from the Chief Executive's report:</p> <ul style="list-style-type: none"> <li>• In the Trust's Communication Cascade shared on 11<sup>th</sup> May 2023, the Chief Executive had set out the Trust ambition to make life easier for Trust staff by improving how people were supported. Staff were encouraged to use 'MySBSPay' app to address some of the issues relating to Payroll. There would be other initiatives focussed on making working life easier. <ul style="list-style-type: none"> <li>- Query on IT and equipment issues - the Board was assured that the recruitment team and IT team were working hard to ensure new staff received their IT equipment and login details as part of the starter package. However, some issues were system related and would take a bit longer to be solved, for example a lot of progress had been made around Shared Care Record, but some areas were still being developed. Sharing of real time electronic data in clinical information would not be sorted quickly.</li> <li>- The Trust IT infrastructure solidity had improved when compared to two or three years ago, however there were some areas requiring improvement for example deployment of software and peripherals.</li> </ul> </li> </ul>
5.4	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the content of the report.</li> <li>• <b>Approved</b> the Annual Slavery and Human Trafficking Statement for use and publication on our website.</li> <li>• <b>Delegated</b> approval of the Annual Report to the Trust's Chair and Chief Executive in line with the timetable outlined in section 3.3.</li> <li>• <b>Reviewed</b> the annual self-certification and <b>authorised</b> the Chair to sign on behalf of the Board after the External Audit Report was issued; unless material concerns were identified by the auditors that would materially affect the Trust's compliance.</li> <li>• At the end of the meeting, to <b>consider</b> if the Board Assurance Framework accurately described the main risks facing the organisation.</li> </ul>
<b>6.0</b>	<b>Integrated Governance Report (IGR)</b>
6.1	<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 caring and effective</li> <li>- Reasonable for safe and responsive.</li> </ul> </li> <li>• There were two ambers for the following (Section B – Measures for Achieving Objective): <ul style="list-style-type: none"> <li>- Our staff recommend the Trust as a place to receive treatment (1c)</li> <li>- Deliver the locally agreed patient related annual Equality Delivery System objectives (1d).</li> </ul> </li> <li>• No serious incident was reported or declared during the reporting period.</li> <li>• Thirteen moderate harm incidents were reported, which was a decrease of three incidents on the previous two-month period. All had been reviewed and outcomes had been implemented.</li> <li>• One national patient alert was issued, which was not directly relevant to the Trust but was shared with relevant services for information and awareness.</li> </ul>

	<ul style="list-style-type: none"> <li>• Update on the Patient Safety Incident Response (PSIRF). The PSIRF plan had been shared with the Executive Team and Quality Improvement and Safety Committee (QISCOM). The final sign-off, of the plan and policy would be presented to QISCOM in June and to the Board in July 2023. <b>Action: Kate Howard to schedule the PSIRF plan and policy for QISCOM and Board.</b></li> <li>• Completed scoping exercise of safer staffing processes. A project plan had been developed using Think Quality Improvement (QI) methodology to track the project's progress. Priority areas for the project would be: <ul style="list-style-type: none"> <li>- Luton Adults</li> <li>- Children's Community Nursing</li> <li>- 0-19 services.</li> </ul> <p>The plan would be presented to the Executive Committee in June 2023. <b>Action: Kate Howard to present Safer Staffing project plan to the Executive Team in June 2023 for review.</b></p> </li> <li>• Safeguarding remained challenged across the Trust in terms of work volume and complexity. The Trust continued to prioritise statutory safeguarding priorities.</li> <li>• The introduction of the implementation of Liberty Protection Safeguards (LPS) had been delayed until the end of the term of the current government. However, plans to upskill the workforce by offering Mental Capacity Act (MCA) assessment training in case-based workshop style would be continued.</li> <li>• Information Sharing Agreements for Norfolk and Bedford borough had been signed off by the Trust and all other partners.</li> <li>• Two new Trust wide policies relating to 'Think Whole Family' had been approved.</li> <li>• Flu campaign officially ended at the end of March 2023. Over 60% of staff received the flu vaccine. This was a reduction when compared to previous years' uptake rate but when mapped against regional colleagues, the Trust was one of the highest performing Trusts. The national average for flu vaccination was 49.9% and East of England region average was 54.5%. New campaign would commence in Quarter 3 for 2023-24.</li> <li>• As reported at the previous Board meeting, Infection and Prevention Control (IPaC) training would (from May 2023) change from three-yearly to once a year. This would mean a drop in compliance while staff would be catching up with their training requirements.</li> <li>• A plan was in place to increase Ultraviolet (UV) hand hygiene compliance and would be presented to QISCOM in June 2023. <b>Action: Kate Howard to present UV hand hygiene compliance to the next QISCOM meeting.</b></li> <li>• Average number of days to respond to standard complaints in March was skewed by one complaint which took 139 days due to complainant's availability and booked holidays.</li> <li>• Referral to Treatment Targets (RTT) were discussed in detail during Clinical Operational Boards (COBs). Highlights were included in the report, for example, an improvement to the current Long-Acting Reversible Contraception (LARC) waiting list.</li> <li>• The CQC statement of purpose was updated following changes to the Large-Scale Vaccination arrangements. The Board was asked to approve the updated statement.</li> <li>• Areas of outstanding practice were included in the report for noting.</li> </ul>
6.2	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> <li>• Safeguarding and waiting lists continued to be key areas of focus for the Board.</li> <li>• Discussion on the risk relating to Safeguarding (risk 3227). The following points were noted: <ul style="list-style-type: none"> <li>- The risk remained high scoring 16.</li> <li>- A new data set would be included in the quality dashboard from July onwards (incorporating data from April and May). It was noted that this data development</li> </ul> </li> </ul>

	<p>was in its infancy, but it was anticipated that it would provide a more rounded view of workload and risk management.</p> <ul style="list-style-type: none"> <li>- Current challenges in relation to staffing due to some resignations across safeguarding teams. There was some complexity in Cambridgeshire and Peterborough in relation to the Multi-Agency Safeguarding Hub (MASH) model. The Board was assured that there were plans in place to mitigate the risk. A safe staffing plan for safeguarding was in place. The team had recently reviewed the business continuity plans to ensure there was a clear plan for each of the services.</li> <li>- At the recent Safeguarding Board meeting, it was agreed to split the risk into different risks: staffing and complexity of safeguarding cases. The risks had similarities but there were differences in mitigation.</li> <li>- The Trust continued to work proactively with partners around a full review of the MASH within Cambridgeshire and Peterborough.</li> </ul> <ul style="list-style-type: none"> <li>• Discussions with colleagues across the region showed that safeguarding appeared on other Trusts' risk registers and scored as high as 20. This suggested that the Trust was not an outlier.</li> <li>• The Board was assured that waiting lists continued to be an area of focus across services and were discussed in detail during COBs. There was significant improvement in some areas, for example in iCaSH. The Ambulatory report to the COB showed an improved position due to the mitigation the team had put in place. For Dynamic health, a number of actions were in place to reducing waiting lists over the coming months. Dentistry waiting lists were reducing, however referrals into dentistry remained fairly high.</li> <li>• Waiting well initiatives continued, a triage process was in place.</li> <li>• Brief discussion on the Ombudsman report relating to capacity resources and issues in some Trusts. <b>Action: Anna Gill to share Ombudsman slides with Steve Bush.</b></li> <li>• The Board was informed that the CQC inspector linked to the Trust had retired and the Trust was waiting for confirmation on the new key contact. The Chief Nurse and the Medical Director had recently met with the CQC, there was no indication that the CQC felt a visit to the Trust was currently needed.</li> </ul>
6.3	<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>• Report covered February and March 2023 performance in relation to strategic objective to be an excellent employer.</li> <li>• Two further detailed reports; Bi-Annual People Strategy Update and Annual Freedom to Speak Up Report on the agenda would provide further assurance across the people agenda.</li> <li>• Assurance ratings were reasonable for safe and effective domains and substantial for well led. Rationale for the assurance levels was outlined in the report.</li> <li>• The following objective measures for achieving 'Be an excellent employer' were rated amber / red: <ul style="list-style-type: none"> <li>- Staff having an appraisal in the last 12 months (indicator 3c) - the end of year rate was 90%. This was below the Trust target set at 94% or above. The Board was assured that the Trust had a good process in place to manage and monitor appraisals. Detailed discussions on the rates were held during COBs. Leaders received monthly compliance reports including details of staff who were due for appraisal.</li> <li>- Monthly sickness absence (3e) was 5.8%, this was higher than 4.5% target. Reasons for sickness absence and some of the challenges within services were discussed through COBs. The area remained a focus for health and well-being leads and HR business Partners.</li> <li>- Indicator 3f relating to 'Reduce Annual Staff Turnover' (excluding those leaving</li> </ul> </li> </ul>

	<p>for reasons beyond the Trust's control) was 11% against 10.5% target. The turnover rate for the Trust was lower when compared to other community Trusts. The Board was assured that there was focus on areas picked up through staff survey results, for example work life balance and career progression.</p> <ul style="list-style-type: none"> <li>• Further assurance relating to appraisals, sickness rates and stability would be provided in the Bi-Annual People Strategy Update (item 7 on the agenda).</li> <li>• The Board was reminded that there continued to be a particular focus on international recruitment within Luton Adult services. This had culminated in the reduction of risk 3337 from 20 to 12 as significant number of the vacancies had now been recruited to via this route. There was a reduction of sickness absence within the service.</li> <li>• Recap on the positive staff stories by new international nurses shared at the COBs.</li> <li>• The Trust continued to focus on delivery of the recruitment and retention plan for our 0-19 Healthy Child Programme services across the Trust.</li> <li>• The Trust had commissioned a coaching support programme which would enable up to 32 operational leaders to access two coaching sessions from an external provider. The focus would on health, wellbeing, and resilience.</li> <li>• As at end of March 2023, risks 3163 and 3164 scores remained at 12. The rationale was outline in the report and discussions at COBs.</li> <li>• The Trust would be implementing the national Agenda for Change pay award for all staff on Bands 2 to 9. All staff on fixed term or permanent would receive their lump sums and salary uplift in June 2023; this would be back dated to April 2023. The Trust had written to all staff asking them to confirm whether receiving the lump sum worked for them.</li> <li>• Two professional development days were scheduled in May 2023: (i) iCaSH Conference (ii) Dynamic Health where all staff within those services learned and developed together. Positive feedback was received from both days.</li> </ul>
6.4	<p>In discussion, the following points were noted:</p> <ul style="list-style-type: none"> <li>• It was anticipated that there would be a decline in agency spend due to: <ul style="list-style-type: none"> <li>- The Large-Scale Vaccination services closure. The services closed at the end of March 2023.</li> <li>- International recruitment for Luton Adults services reduced the number of vacancies within the service.</li> <li>- Confirmation of recurrent funding enabled for Luton Community Paediatric services.</li> </ul> </li> <li>• The majority of the Trust's agency staff was usually long term and that reduced the risk relating to the quality of care and safety of patients. There was a process in place to monitor the quality of care provided by agency staff; if any concerns were identified, the Trust would stop the agency member of staff.</li> <li>• The Board commended Anita Pisani, Pete Reeve and the team for successful international recruitment to address staffing challenges across Bedfordshire and Luton Adults services.</li> </ul>
6.5	<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 format of 'collaborate with others section' was changing as previously agreed.</li> <li>• Substantial assurance for both well led and effective domains.</li> <li>• All the five indicators agreed for the year had been achieved.</li> <li>• Update on the agreed priority areas for Children's and Young People and maternity Collaborative.</li> <li>• Update on work relating to the Princess of Wales Hospital (POW) development plan.</li> <li>• Update on research activities.</li> <li>• The finance team continued to work closely with the teams and services to ensure</li> </ul>

	<p>all invoices were processed promptly. Further processes were being implemented to increase the monitoring of invoices and improve their allocation to services.</p> <ul style="list-style-type: none"> <li>• Update on ongoing work on the next steps to address health inequalities.</li> </ul>
6.6	<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'.</li> <li>• The Trust achieved a surplus position for 2022/23 of £103k.</li> <li>• Risk 3488 linked to 'sustainable organisation' would be closed because the Trust had achieved the financial position; a new financial risk for 2023/24 would be identified.</li> <li>• An overview of the financial position and main areas of movement.</li> <li>• Income and expenditure increased at year end; this was due to the requirement to recognise in financial reporting, allocations which came through, for example additional employer's pension contribution which was paid directly by NHS England.</li> <li>• Improved financial position of some of the Trust services as explained in section 1.4 and 1.5 of the report.</li> <li>• Main reasons for cumulative underspend for Ambulatory Care services were due to: <ul style="list-style-type: none"> <li>- vacancies across the division</li> <li>- Additional income received in March to support in-year cost pressures in iCaSH services.</li> <li>- Non-pay expenditure services in Dynamic Health and iCaSH services. The issues were reported and discussed in detail at the Adults COB.</li> </ul> </li> <li>• The Trust's cash position had improved over the period due to payments being received from the Trust's debtors and additional system capital funding.</li> <li>• Cost efficiency plans were achieved. Recurrent schemes had been delivered and would be developed for further delivery during 2023-24.</li> <li>• With additional allocations coming through, there was need to reset the budget to understand the efficiency target for the year. <b>Action: Mark Robbins to take a re-set budget to the Board after receiving the allocation.</b></li> <li>• Capital underspend (section 4) was due to delay in progressing phase four work relating to North Cambs hospital. The work had been delayed to next financial year and that was due to ongoing conversations with lead providers of those services on site. These would be projected into future financial capital programmes.</li> </ul>
6.7	<p>The following points were noted in discussion:</p> <ul style="list-style-type: none"> <li>• The Board was pleased that the Trust met its financial plan for the end of the year to deliver a balanced financial position; this was subject to Audit.</li> <li>• Disappointment about North Cambs hospital Phase four work delays. It was important to ensure there was no slippage again.</li> <li>• The Trust had met its target to deliver cost efficiency; this was the first year of having to deliver efficiency programme in this way having come out from emergency funding from the previous two years. The Trust would put additional focus on the efficiency programme this year and look at medium term programmes.</li> </ul>
6.8	<p>The Board thanked the authors of the IGR and:</p> <ul style="list-style-type: none"> <li>• <b>Confirmed</b> that the information contained in the Report.</li> <li>• <b>Approved the</b> updated CQC Statement of Purpose</li> </ul>
6.9	<p>The Board noted the following from Quarter 3 Learning from Deaths report:</p> <ul style="list-style-type: none"> <li>• Discussion on preferred place of death and understanding why some patients did not die in their preferred places of death. The Board was assured that there was ongoing work to analyse the data relating to preferred place of death.</li> <li>• It would be useful for future reports to be clearer about the outcomes and the learning from the cases. <b>Action: Dr David Vickers to include the outcome and learning from reported cases.</b></li> </ul>
6.10	<p>The Board <b>approved</b> Quarter 3 Learning from deaths report.</p>



7.	<b>Bi-annual People Strategy update</b>
7.1	<p>Angela Hartley joined the meeting to present the item.</p> <p>The following points were noted:</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 for 2023-26 was refreshed and approved by the Board in April 2023.</li> <li>• The report had five programmes: <ul style="list-style-type: none"> <li>- A highly engaged workforce</li> <li>- Equality and inclusion for all</li> <li>- Retaining our people</li> <li>- Maximising our recruitment and supply opportunities</li> <li>- Continuous improvement in supporting people’s health and wellbeing.</li> </ul> </li> </ul> <p><i>Programme 1: A highly engaged workforce</i></p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• An implementation plan was in place to address the areas prioritised based on feedback from Staff Opinion Survey 2022.</li> <li>• There was correlation between the themes from staff survey feedback and feedback from other areas, for example learning from leavers’ survey. Key areas identified were: <ul style="list-style-type: none"> <li>- Lack of development opportunities</li> <li>- Management support and capability</li> <li>- Fairness of processes</li> </ul> </li> </ul> <p>The Board was assured that there was focus on addressing those three areas.</p> <ul style="list-style-type: none"> <li>• There were plans to offer career development conversations with all Black and Asian minority ethnic (BAME) staff this year.</li> <li>• The Trust continued to support managers by developing both new managers’ induction programme and a development programme for existing line managers.</li> <li>• Ongoing work around fairness of processes.</li> </ul> <p><i>Programme 2: Equality and Inclusion for all</i></p> <p>The following key points were noted:</p> <ul style="list-style-type: none"> <li>• The Trust continued to support the three staff networks. A fourth staff network: ‘Carers Network’ for staff on maternity, paternity or adoption leave, pregnant or having caring responsibilities was being established. The new network’s first meeting was scheduled for 14<sup>th</sup> June 2023. Menopause cafes continued.</li> <li>• A reminder had been embedded in appraisal documentation for managers to discuss with staff about protected time for staff network attendance and involvement.</li> </ul> <p><i>Programme 3 and 4: Retaining our people and maximising our recruitment and supply opportunities.</i></p> <p>The following key headlines were noted:</p> <ul style="list-style-type: none"> <li>• Continued focus on staff retention: <ul style="list-style-type: none"> <li>- The Trust continued to offer a wide range of training and development programmes for staff.</li> <li>- Regular management sessions took place to support managers on a range of topics.</li> <li>- To attract and retain staff, several local Recruitment and Retention Premia were in place and the effectiveness of these was regularly reviewed.</li> <li>- Success around international recruitment. Luton Adults’ services had previously struggled to recruit and retain staff; however, the Trust had successfully recruited over 15 overseas nurses in the past year to address recruitment</li> </ul> </li> </ul>

	<p>challenges for the service.</p> <ul style="list-style-type: none"> <li>- Enhancing the support for people who applied from overseas to normal Trust job adverts. The Trust would apply the learning from the Luton cohort to support both onboarding and support for overseas candidates.</li> <li>• A plan was in place to implement actions relating to the 'No More tick boxes review.' One of the key actions was to have diverse panels for all interviews by 1<sup>st</sup> April 2023, this was now in place.</li> </ul> <p><i>Programme 5: Continuous improvement in supporting people's health and wellbeing.</i></p> <p>The Board was reminded that the Trust continued to focus on health and wellbeing of staff. A number of initiatives were in place to support the wellbeing of staff.</p>
7.2	<p>The following points were noted in discussion:</p> <ul style="list-style-type: none"> <li>• Positive feedback on the quality of appraisal (2.1.9). Nearly 80% of the staff who provided feedback on the quality of their appraisal confirmed that the appraisal made a positive difference to them in understanding their role.</li> <li>• Dr Richard Iles had agreed to be the Trust's Wellbeing Guardian and had recently attended an NHS England sponsored wellbeing Guardian Forum.</li> <li>• The Bi-annual People Strategy update was quite detailed. However, it was important to note that some of the issues were covered and discussed in detail during sub-committees. A list of all the groups and sub-committees who were responsible for overseeing the delivery of the key work areas were outlined on the first page of the report.</li> <li>• Sub-committee escalation reports highlighted the areas discussed by the committee. <b>Action: Rachel Hawkins to reflect on how the information coming to the Board could be more agile; there was need to draw a clearer connection between what was discussed by sub-committees and the information included in Board reports.</b></li> <li>• Leaver information (2.1.4) – there were no surprises on the themes mentioned earlier. The Trust had no influence on some of the themes, for example retirement or promotion. Some teams were small and therefore opportunities for promotion could be limited.</li> </ul>
7.3	<p>The Board:</p> <ul style="list-style-type: none"> <li>• <b>Noted</b> the Bi-annual People Strategy update</li> </ul>
<b>8.0</b>	<b>Committee Escalation Reports</b>
8.1	<p>The Trust Board noted the report from:</p> <p><b><i>People Participation Committee (PPC) held on 10<sup>th</sup> May 2023</i></b></p> <p>The following key headlines were noted:</p> <ul style="list-style-type: none"> <li>• Acknowledged progress made by the PPC over the last three years in terms of people participation and diversity and inclusion work relating to workforce.</li> <li>• Update on People Participation Plan</li> <li>• Received the anti-racism Plan which, the plan would come to the Board.</li> <li>• Discussion on Trust Wide Working Together Group.</li> <li>• PPC committee effectiveness report review.</li> <li>• Positive contribution from the Patient Safety Partners.</li> </ul> <p><i>Fazilet Hadi left the meeting.</i></p> <p><b><i>Quality Improvement and Safety Committee held on 30<sup>th</sup> March 2023</i></b></p> <p>The following key headlines were noted:</p> <ul style="list-style-type: none"> <li>• Substantial assurance could be taken from the information presented to the Committee.</li> <li>• Update from the Clinical and Quality Strategy and People Strategy Implementation</li> </ul>

Plan – Quarter 3 and 4.

- Clinical Audit 6-monthly review and annual plan for 2023-24 assurance was lowered from substantial to reasonable due to volume of workload.
- Substantial assurance for Professional Education report, Learning from Deaths, Medicines and Safety Group and EPRR.
- Reasonable assurance provided for Information Governance 6-monthly report and Safeguarding sub-group report.
- Assurance for Infection Prevention and Control (IPaC) report remained substantial.
- Verbal update on the Draft Quality Account 2022-23.
- Update on quality metrics and CQC self-assessment.
- New risk- 3527 relating to power loss. This was added as a result of the EPRR and national risk register via the Infrastructure Committee.
- Risk 3250 relating to Safeguarding was moved from the risk register to the issues log.
- Approved of QISCOM cycle of business.
- Areas of outstanding practice included list of assurance reports received with their assurance levels.

The following points were noted in discussion:

- In response to a query relating to risk 3250 being moved to an issues log, the Board was informed that Trust had updated the Risk Management Policy to separate risks and issues to enable the Trust to report and manage risks and issues in a robust way.
- Recommendation of the Quality Account to the Board. The following points were noted:
  - Draft copy of the Quality Account had been shared with all QISCOM members and various people across the Trust including patient representatives.
  - Feedback received had been incorporated into the version of Quality Account shared with partners and stakeholders including ICBs and various local authorities. The stakeholders had 30 days to provide feedback.
  - Once feedback was received, the Trust would finalise the Quality Account for internal approval and next steps. **Action: Kate Howard to share with Board members the final version of the Quality Account.**
  - For Foundation Trusts, the Quality Account would go through audit process, but the process was not required for non-Foundation Trusts. **Action: Mark Robbins to check if there was value in getting the Auditors to assess the Quality Account and consider building that process into future arrangement.**

#### ***Extraordinary meeting held on 28<sup>th</sup> March 2023***

The following key points were noted from the report update:

- Received the External Audit Plan for 2022-23 from Bishop Fleming. The Committee was content with the plan and transition arrangements.
- Discussed Internal Audit Plan 2023-24. The Plan was shared with Board members ahead of April Board Development session.

#### ***Audit Committee held on 17<sup>th</sup> April 2023***

- Clinical Audit discussion. Kate Howard attended the Committee meeting to present the item. Clinical audits were paused during the pandemic but had been stepped up again during 2022-23.
- Clinical audit was formally reported and discussed in detail through QISCOM.
- The Audit Committee would receive assurance on the audits.
- Reviewed BAF. However, the BAF was further reviewed after the Committee meeting to align it to 2023-24 strategic objectives and was discussed at the April Board Development session held on 19<sup>th</sup> April 2023.

	<ul style="list-style-type: none"> <li>• Risk Management Policy approval. The key change was the separation of risks from issues.</li> <li>• Update of progress today on External Audit work. There were no areas of concern flagged.</li> </ul> <p><b>CCS and CPFT Joint Children’s Partnership Board held on 17<sup>th</sup> January 2023</b> The following key points were noted from the report update:</p> <ul style="list-style-type: none"> <li>• The meeting was short because CPFT colleagues had to leave the meeting to attend an urgent matter.</li> <li>• Joint Venture review being led by Steve Bush and Debbie Smith. The review would be completed by end of September 2023.</li> </ul>
8.2	The Board <b>noted</b> the escalation points from Committees.
<b>9.0</b>	<b>Freedom to Speak Up (FTSU) Annual Report 2022-23</b>
9.1	The Board was informed that Mercy Kusotera would be leaving the Trust and her role as Freedom to Speak Up Guardian at the end of July 2023. Anita Pisani, the Executive Lead for FTSU thanked Mercy Kusotera for her hard work and contribution as the Trust FTSU Guardian over the past four years.
9.2	<p>The following key headlines were noted from the report:</p> <ul style="list-style-type: none"> <li>• The report provided an overview of concerns raised formally from 1st April 2022 - 31st March 2023 and speaking up arrangements / activity during the year.</li> <li>• 18 concerns were reported and were reviewed and closed within the reporting period. Feedback was provided to staff who raised the concerns.</li> <li>• Key themes from the concerns raised included attitude and behaviour and staff morale.</li> <li>• Overview of professional groups of staff who raised concerns. Medical and dental staff accounted for the greatest proportion of speaking up cases raised during the reporting period.</li> <li>• FTSU Guardian reported to the Trust Board on a six-monthly basis through the Chief Executives report. Quarterly data returns were made to the National Guardian Office.</li> <li>• During 2022/23 the Trust had 19 FTSU champions (Appendix 2) across the various services; all were appointed through an open invitation for expressions of interest from staff.</li> <li>• The Trust launched speaking up e-learning training for all staff which followed the National guidelines on FTSU published by the NGO in 2019. To date, 97% of all staff had completed the FTSU Core Training.</li> <li>• Board members had completed the follow-up training which was developed for senior leaders throughout healthcare. There were plans to promote the ‘listen up’ module for managers.</li> <li>• In October 2022, the Trust was invited by the National Guardian’s Office (NGO) to participate in one of the key themes for the NGO speak up month. The Trust filmed why civility and respect was important for a speaking up culture and the article was widely shared on social media both internally and externally.</li> <li>• The Trust had also undertaken a self-assessment using a new reflection and planning tool which was published by the National Guardian’s Office in June 2022. The assessment was included in the meeting pack. Areas of outstanding practice and those requiring improvement were identified.</li> </ul>
9.3	<p>The following points were noted in discussion:</p> <ul style="list-style-type: none"> <li>• The Board was reminded that when recording data, each individual speaking up was counted as a separate case even if they were speaking about the same issue together or separately. The Trust had kept standard professional groupings; this provided assurance to staff that it was safe to speak up. Identifiable data would not be reported in public domain.</li> </ul>

	<ul style="list-style-type: none"> <li>The Trust PALs service enabled service users to raise or share their concerns about the service offered by the Trust. The PALs team would signpost or provide guidance to service users.</li> <li>FTSU processes were promoted to volunteers. Recording professional groups for volunteers was done in a way that would not make the volunteer easily identifiable. The Board was informed and reassured that Lisa Wright, who managed the volunteer processes was one of the Trust's FTSU Champions. This provided volunteers an opportunity to raise their concerns through the FTSU Champion they knew.</li> </ul>
9.4	<p>The Board:</p> <ul style="list-style-type: none"> <li><b>Noted</b> the FTSU annual report.</li> <li><b>Supported</b> substantial assurance for the report.</li> <li><b>Endorsed</b> improvement areas identified in the report.</li> </ul>
<b>10.0</b>	<b>Reflection on the Board Assurance Framework</b>
10.1	<p>The Board reflected on the BAF and noted the following:</p> <ul style="list-style-type: none"> <li>The approach being undertaken to review the risk relating to safeguarding (3227) was appropriate; this would provide more granularity on how the risk was expressed.</li> <li>The Board had previously agreed to separate risks from issues. There was currently no Trustwide risk relating to waiting lists because waiting lists were issues. It was anticipated that the next report to the Board would capture issues management.</li> <li>The Infrastructure Committee had oversight of cyber security, but since risk 3514 relating to cyber security was now on the BAF as a high scoring risk, it was important for the Board to discuss the risk on a regular basis.</li> <li>Recap on earlier conversation on how sub-committee conversations would be fed into IGR (item 7.2). The Infrastructure Committee discussion relating to cyber security should be reflected in 'Sustainable organisation' section of the IGR. The Board recommended that the wording for the cyber security risk needed to be further clarified. <b>Action: Mark Robbins to ensure that Infrastructure Committee discussion relating to cyber security (risk 3514) was incorporated into 'Sustainable Organisation' section of the IGR).</b></li> <li>No changes to the ratings.</li> </ul>
10.2	<p>The Board:</p> <ul style="list-style-type: none"> <li>Was <b>satisfied</b> 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><b>Confirmed</b> that the IGR provided a <b>reasonable</b> assurance.</li> </ul>
<b>11.0</b>	<b>Any other Business</b>
11.1	The Board noted that this was the last Public Board meeting for Mercy Kusotera and thanked her for her contribution to the Trust over the years.
<b>12.0</b>	<b>Questions from members of the public</b>
12.1	There were no questions received from members of the public.

*Date of next Public Trust Board Meeting: 19<sup>th</sup> July 2023*  
*Venue: Microsoft Teams*