

MINUTES

TRUST BOARD PUBLIC MEETING

Wednesday 16th September 2020

12:00 – 15:20

Microsoft Teams

Members:

Mary Elford	Chair
Oliver Judges	Non-Executive Director
Geoff Lambert	Non-Executive Director
Gary Tubb	Non-Executive Director
Dr Anne McConville	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
Dr David Vickers	Medical Director
Rachel Hawkins	Director of Governance
Julia Curtis	Chief Nurse

In Attendance:

Karen Mason	Head of Communications
Kate Howard	Northamptonshire Healthcare NHS Foundation Trust
Liz Webb	Deputy Chief Nurse
Lisa Wright	Patient Experience Manager (<i>Item 1</i>)
Hannah	Service User (<i>Item 1</i>)
Hazel Dean	Clinical Service Manager, Beds (<i>item 1</i>)
Michelle Robinson	Governance Support Officer (<i>minutes</i>)

Apologies:

Judith Glashen	Associate Non-Executive Director
Mercy Kusotera	Assistant Director of Corporate Governance

Minutes:

1.	Patient Story - Bedfordshire Community Health Services
1.1	Lisa Wright, Hazel Dean and Hannah joined the meeting.
1.2	The Chair welcomed Hannah to talk about her experience of the support she had received from Bedfordshire Community Health Services.
1.3	<p>Hannah talked about the impact of the nursing support she had received for her son, James; she highlighted that:</p> <ul style="list-style-type: none"> • James was born with acute lymphoblastic leukaemia and received treatment at Addenbrookes Hospital for the first 10-11 months of his life; James has been an outpatient for 14 months and would continue to receive chemotherapy until November. • Once home, support was provided by an oncology nurse from Bedford Hospital for a few months until the nurse left and was not replaced. • The family were then faced with a long trip to Addenbrookes as treatment was not available at Bedford Hospital – it felt like the two Trusts were blaming each other. • No additional support was provided for Hannah since leaving Addenbrookes.

	<ul style="list-style-type: none"> • Owing to covid-19, business continuity measures were put into place and it was arranged for the Children's Community Nurse's to visit weekly to provide the care and support James and his family needed. • The family have been extremely grateful for the support they have received from the team of nurses, whose care has been outstanding; one Health Visitor, who had previous experience of oncology nursing, even tied the two roles together when she visited.
1.4	<p>In discussion the Board noted that:</p> <ul style="list-style-type: none"> • The Trust had been unsuccessful in securing the contract for Oncology Services in Bedfordshire and had not been able to obtain POSCU (Paediatric Oncology Shared Care) status so had joined links with Addenbrookes Hospital. • Although the Trust had not been commissioned to deliver oncology services however, owing to covid-19, it had been approached to deliver services within the community to reduce the number of children having to go to hospital. • A business case has been developed for the CCN service to continue in the future. •
1.5	<p>The Board agreed that it was important for the Trust to continue to work with both Addenbrookes Hospital and Bedford Hospital to formulate the right package of care for oncology services in the community going forward.</p> <p>Action: Matthew Winn with Service Directors</p>
1.6	<p>On behalf of the Board, the Chair thanked Hannah for sharing her experience. She highlighted how important it was for the Board to hear and learn from people with lived experience. In addition, the Chair passed on the Board's thanks to Hazel Dean and her team in Luton who have been working tremendously hard during the covid period.</p>
2.	Chair's welcome, apologies and additional declarations
2.1	The Chair declared that she was still the vice chair for East London NHS Foundation Trust (ELFT).
2.2	Julia Curtis declared that she was a Trustee for Stars Charity in Cambridgeshire.
2.3	Dr Anne McConville declared that she continued to work for Public Health England.
2.4	Apologies were received from Judith Glashen.
3.0	Minutes of previous meeting and matters arising
3.1	The minutes of the meeting held on 15 th July 2020 were approved as a correct record of the meeting.
3.3	<p>The following updates for the Action Log were noted:</p> <ul style="list-style-type: none"> • <i>Action 7.3:</i> this action was still ongoing; Public Health England had been commissioned to undertake some work on mental health which may be worth monitoring. • <i>Action 8.4:</i> Links had been made with ELFT; any opportunities would be reported back in a future update.
4.0	Chief Executive Report
4.1	<p>Matthew Winn briefed the Board on progress and key issues, events and activities since the last formal Board meeting. The following key headlines were noted:</p> <ul style="list-style-type: none"> • Sadly this would be the last Board meeting for Julia Curtis, Chief Nurse, who would be leaving the Trust at the end of September. Julia had been an amazing nursing leader in the Trust since it was formed and, on behalf the board, Matthew Winn thanked Julia for her incredible work and gave heartfelt thanks and admiration for her work, humble leadership style and contagious love of the job.

	<ul style="list-style-type: none"> • Kate Howard would be joining the Trust as the new Chief Nurse on 19th October on a one year secondment. Kate is currently the Deputy Director of Nursing, Allied Healthcare Professionals and Quality at Northamptonshire Healthcare NHS Foundation Trust. • As part of the third phase of recovery planning from covid-19, the Trust had been working on building recovery plans for services and in conjunction with local health system partners to support system wide plans. • Services were not currently impacted by the pressures on covid tests, although the situation was ever-changing. • Paragraph four of the report highlighted a number of examples of the great things that staff were doing in the community, locally, regionally and nationally. A great deal of work was happening behind the scenes with the Communications team and clinicians to enable these to be communicated more widely.
4.2	<p>In discussion, the board noted that:</p> <ul style="list-style-type: none"> • The Clinical Audit column of the BAF summary at the end of the report appeared to be incomplete; further investigation was needed. Action: Rachel Hawkins • Funding received by the Trust from Luton Borough Council, to deliver services in Luton, would not be affected by the shortfall in revenues currently being faced by the council as this was ring-fenced for statutory purposes only. • Access to covid tests in the Luton area was currently challenging. • Staff risk assessments continued to be regularly reviewed and updated for all vulnerable staff and Black, Asian and Minority Ethnic (BAME) staff and would be focussing on tackling inequalities.. • David Vickers had been appointed as the Board's Inequalities lead and would be addressing the focus of tackling inequalities across our workforce and communities as outlined in the NHS Phase 3 Recovery Planning letter; this would include leading the development of a five year action plan that will be received by the Board at a future meeting. • Assurance had been provided in the approach being taken by the Trust in inequalities.
4.3	The Board received, discussed and noted the Chief Executive report
5.0	NHS People Plan
5.1	<p>Anita Pisani presented the report and gave the following highlights:</p> <ul style="list-style-type: none"> • The report provided assurance that the Trust had picked up all of the actions outlined in the People's Delivery Plan. • All seven elements of the People's Promise were embedded into the Trust's People Strategy. • The Leadership Team had recently led a 130 person conversation to reflect with their own teams and highlight what was already happening and what improvements could be made. • Anita Pisani was the Executive Well-being Champion for the Trust; nominations were sought for a Non-Executive critical friend role. Action: Non-Executive Directors
5.2	<p>In discussion the board noted that :</p> <ul style="list-style-type: none"> • CPD funding was on track to be spent this financial year; a review would take in place in November/December 2020. • An update on what actions the Trust is taking to improve BAME diversity across all levels of leadership, including our Trust Board would be included in future board reports. • The Trust was working collaboratively with Health Sector partners to hold a

	future joint workforce event.
6.0	Integrated Governance Report
6.1	Julia Curtis introduced the Integrated Governance Report for the reporting period June 2020 and July 2020.
6.2	<p>The key highlights from providing outstanding care section included:</p> <ul style="list-style-type: none"> • There had been no staff outbreaks of covid-19. • CQC had reviewed the Trust's Infection prevention & Control arrangements in August through a desk top review and advised of their assurance that the Trust is assured through the Infection, Prevention and Control Board Assurance Framework; full details were included in Appendix 2 of the report. • Compliance with the NHSE/I staff Flu programme best practice was included as appendix 3. The Board was assured that all recommendations were in place for CCS and an update would come to the November Board. <p>Action: Chief Nurse</p> <ul style="list-style-type: none"> • There were currently three risks which were linked to safeguarding and supporting staff during the pandemic, particularly as a spike in activity was anticipated. • There had been one SI (Serious Incident) which was being jointly investigated with Bedford Hospital.
6.3	<p>In discussion the Board noted that:</p> <ul style="list-style-type: none"> • The current pressures, around RTT compliance, being faced by the Luton and Bedfordshire Paediatric teams were also being faced by the Cambridgeshire Paediatric teams and that the issue was a nation-wide one. Given the current concerns, further assurance was requested by reviewing how the RTT performance data was best presented. <p>Action: David Vickers</p> <ul style="list-style-type: none"> • The recruitment of locum paediatricians was now a clinical priority. • Additional assurance was requested for the Bedfordshire paediatric teams recovery plans. <p>Action: David Vickers</p> <ul style="list-style-type: none"> • Where safeguarding issues were present, face-to-face consultations were the default approach. • Full recovery was more challenging. • Further discussion was needed with the lead regional commissioner for dental services as the full recovery of services were more challenging due to the impact of COVID-19..
6.4	<p>Anita Pisani briefed the Board on the level of assurance regarding the strategic objective to 'Be an excellent employer' and gave the following highlights:</p> <ul style="list-style-type: none"> • Staffing pressures were being adequately controlled • Appraisal rates had dipped below target owing to Covid; these were now being resurrected. • Staff turnover levels had reduced slightly in the month; no emerging patterns had been identified to date. • Staff morale issues were being closely monitored during the pandemic. • Virtual Trust-wide induction days had been put in place. • The 2020 Staff Survey would be launched towards the end of September 2020; extra questions would be added around covid support and safety culture. • The BAME network was now fully operational and key priorities would be identified in the form of an action plan over the coming months; special thanks to Mercy Kusotera, Assistant Director of Corporate Governance, for

	<p>leading on this valuable initiative.</p> <ul style="list-style-type: none"> A lot of hard work had recently taken place to build a resilient pool of bank staff for the Luton Adults service; thanks to Peter Reeve, Service Director, Luton Adults.
6.5	<p>In discussion the Board noted that:</p> <ul style="list-style-type: none"> The Trust's HR Partners were working closely with services at a local level which would help to identify any common themes around equality and diversity issues. Staff-side representatives were actively involved at team level to help address any well-being issues. Non-Executive Directors could be more involved with the virtual induction sessions. <p>Action: Anita Pisani</p>
6.6	The Board received, noted and endorsed the staff flu vaccination plan for 2020/21.
6.7	Anita Pisani presented the 'collaborate with others' section of the report.
6.8	<p>The Board noted that:</p> <ul style="list-style-type: none"> Strong collaborative links remained with the Bedfordshire Health Cell; the Bedfordshire, Luton and Milton Keynes Partnership Board; and the Bedfordshire Care Alliance. Trust representatives had been involved with vaccine trials for covid-19. A glue ear study had received fast track approval and funding as a Covid related research project; congratulations were given to those staff involved. Financial pressures may be more prominent in the second half of the financial year; prioritisation of services would be reviewed later in the year.
6.9	The Board received and noted the 'sustainable organisation' section of the report.
Key issues from other Board Sub-Committees	
7.	Infrastructure Committee key issues
7.1	<p>Gary Tubb reported on the last Infrastructure Committee meeting held on 7th September 2020. The Board noted the following key points;</p> <ul style="list-style-type: none"> The committee had received two comprehensive reports from both the Estates and ICT teams. Two main themes of conversation focussed on digital developments and equality and diversity. Managed kiosks were being considered. The committee received a presentation on the Princess of Wales (PoW) Hospital development project and learnt that there may be the opportunity to lead nationally as an innovative, fully digitised healthcare environment.
8.	Quality Improvement and Safety Committee (QISCO) key issues
8.1	<p>Dr Anne McConville briefed the Board on the last QISCO meeting highlighting the following:</p> <ul style="list-style-type: none"> The committee had received five annual reports which all had a marked change, with more of a focus on assurance. The Clinical Audit Plan was reviewed and referred on to the Clinical Operational Boards (COBs). The committee learnt that work had begun on an action plan to improve the delivery of safeguarding improvements. The EPRR core standards 2020/21 were approved, with the Trust now being substantially compliant. It was noted that Business Continuity Plan review would be complete by the end of September.
9.	Charitable Funds
9.1	Gary Tubb provided an overview of the last Charitable Funds Committee Meeting,

	<p>held on 10th September 2020:</p> <ul style="list-style-type: none"> The committee had received an update on Dreamdrops activities. A number of significant projects had been funded e.g., staff morale initiatives and a glue ear technology advancement project. Mark Robbins had secured a £50k grant from the NHS Charities Together fund to help provide additional wellbeing support to users of the Trust Type-2 Diabetes support services in Luton.
9.2	<p>The Board discussed and noted that:</p> <ul style="list-style-type: none"> Fundraising was challenging during the current pandemic The process to bid for funding was identified within Service Level Plans and subsequently managed by Service Directors. It was important to link funded projects to the Trust's strategic priorities. An update on charitable funds and partnership working would be provided at the November 2020 board. <p>Action: Mark Robbins</p>
10.	<u>CCS & CPFT Joint Children's Partnership Board</u>
10.1	Anita Pisani briefed the Board on the last meeting, held on 21 st July 2020.
10.2	The Board noted that pandemic had delayed progress with the introduction of further governance changes. It was anticipated that April 2021 would be a more realistic target.
10.3	The Board received and noted the four Board Sub-Committees reports.
11.	<u>Learning from Deaths Quarterly Report</u>
11.1	Dr David Vickers presented the report which had been discussed in detail by the Quality Improvement & Safety Committee on 3 rd September 2020.
11.2	<p>The following key points were noted:</p> <ul style="list-style-type: none"> A discussion around HIV deaths had taken place. A tremendous amount of work had gone into improving the quality of reporting 'place of deaths' in Luton; thanks were passed on to Liz Webb, Deputy Chief Nurse, for all her hard work. National engagement continued to develop with Mike Passfield, Head of iCaSH services, playing a pivotal role on the national Sexual Health Quality Committee. There were a number of learning outcomes following recent Care Home reviews.
12.	<u>Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2020/21</u>
12.1	Rachel Hawkins presented.
12.2	<p>In discussion the Board noted that:</p> <ul style="list-style-type: none"> The core standards had been reviewed for 2020/21 The Trust was now demonstrating full compliance. A meeting would be held on 5th Oct to confirm the results of the assessment and the Trust's current position. A review of the Trust's Business Continuity Plans were taking place as well as the Critical Incident policy; these would be presented at the November Board meeting.
	<u>Annual Reports</u>
13.	<u>Medical Validation Report</u>
13.1	<p>David Vickers presented the report and highlighted that:</p> <ul style="list-style-type: none"> The appraisal template form for Doctors had been reviewed in light of the pandemic. All of the Trust's doctors were now engaged in the appraisal process, including the use of patient and peer feedback.

13.2	The Board received, noted and approved the Medical Validation assessment report.
14.	<u>Claims and Litigation Annual Report</u>
14.1	The Board received and noted the Claims and Litigation report.
15.	Any other Business
15.1	The Board received and noted the full and final version of the IPaC Framework which had not loaded correctly at the July Trust Board meeting.
15.2	The Board received the Board Business Calendar for 2021 and noted that calendar invites would be circulated in due course.
16.	Questions from members of the public
16.1	There were no questions received from members of the public.

Date of next Public Trust Board Meeting: 18 November 2020
Venue: Microsoft Teams