

MINUTES

TRUST BOARD PUBLIC MEETING

Wednesday 17th March 2021

11.00 – 14.00

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
Anita Pisani	Chief Executive
Rachel Hawkins	Deputy Chief Executive/Director of Governance and Service Redesign
Mark Robbins	Director of Finance and Resources
Dr David Vickers	Medical Director
Kate Howard	Chief Nurse
Anne Foley	Director of Workforce, Business Development and Transitions

In Attendance:

Karen Mason	Head of Communications
Mercy Kusotera	Assistant Director of Corporate Governance
Lisa Wright	Patient Experience Manager (<i>Item 1</i>)
Jo Robertson	Senior Clinical Services Manager Service (<i>Item 1</i>)
Jenna Maclaren	Community Respiratory Clinical Nurse Specialist (<i>Item 1</i>)
Hayley Bradshaw	Community Respiratory Nurse Specialist Team Lead (<i>Item 1</i>)
Ellie Lyon	Community Respiratory Clinical Nurse Specialist (<i>Item 1</i>)
Shaheen Haider	Respiratory Administrator (<i>Item 1</i>)

Apologies:

Minutes:

1.	Patient Story - “How Pulmonary Rehab played a part in my return to work” (Luton Adult Services)
1.1	Lisa Wright, staff from Luton Community Respiratory Team and David joined the meeting.
1.2	The Board was informed that David had attended and benefited from the pulmonary rehabilitation programme; an online programme ran by the Trust Community Respiratory Team.
1.3	The following points were noted: <ul style="list-style-type: none"> The pulmonary rehabilitation programme had improved David’s overall wellbeing. He had lost weight, could breathe better and was confident the programme had an impact on his quality of life. The respiratory team worked with physio, occupational and exercise therapists to film exercise and education videos to enable the programme to continue during the pandemic. David had returned back to work at Age Concern Luton. He would recommend the programme to other people because it was very informative and good for people’s mental health.

1.4	<p>In discussion the Board noted the following points:</p> <ul style="list-style-type: none"> • David's story was just one example of how Trust services had been able to adapt and continue to deliver services in different ways during the pandemic. • Digital service provided an opportunity to access patients who would be difficult to reach with a face to face appointment. • Post Covid; the service considered giving patients a choice using a blended approach; some patients would prefer face to face whilst others could be accessed virtually. • The service was working on making the videos accessible in other languages. Action: Karen Mason and Jenna MacLaren to hold an offline discussion on how to translate the video into other languages using ReciteMe app. • To explore whether Charitable Funds could be used to support patients who needed digital equipment and access to IT. Action: Mark Robbins • To discuss the impact, cost implications and learning on services Action: to be captured during Board Development session.
1.5	The Board congratulated Hayley Bradshaw, Jenna MacLaren, Jo Robertson and the entire team for the fantastic work in supporting patients keeping healthy whilst at home.
1.6	On behalf of the Board, the Chair thanked David for sharing such a valuable story.
2.0	Chair's welcome, apologies and additional declarations
2.1	No new declarations were noted.
3.0	Minutes of previous meeting and matters arising
3.1	The minutes of the meeting held on 20 th January 2021 were approved as a correct record of the meeting.
3.2	The Board received an update on the action relating to care for oncology (1.5). The Bedfordshire Children's Community Nursing Service was now operating over 7 days. Additional staff had been recruited to be able to do that and that included specialist oncology provision.
4.0	Chief Executive Report
4.1	<p>Anita Pisani briefed the Board on progress and key issues, events and activities since the last Board meeting. The following key headlines were noted:</p> <ul style="list-style-type: none"> • The NHS level 5 was downgraded to level 4 for the Covid pandemic on 25th February 2021. Nationally the NHS was still under pressure. • The Trust continued to respond to the COVID-19 pandemic. • Incident Management Team (IMT) would move from meeting twice to once a week. • Lateral flow testing had been rolled out across the Trust. • Personal Protective Equipment (PPE) continued to be available for all staff that needed it. • No concerns relating to EU exit had affected the Trust to date. Staff would be reminded via Comms Cascade this week that the EU Settlement Scheme deadline was 30th June 2021. Action: Anita Pisani
4.2	<p>Mass vaccination update</p> <ul style="list-style-type: none"> • The Trust had been appointed the 'Lead Provider' for Cambridgeshire & Peterborough and Norfolk & Waveney for the roll out of the mass vaccination programme. • Thirteen large scale vaccination centres had been opened across Cambridgeshire & Peterborough and Norfolk & Waveney. • Risks relating to mass vaccination were reviewed in line with Trust processes. • Ongoing challenges with workforce remained the main risk to the delivery of the programme.

	<ul style="list-style-type: none"> • Mass vaccination governance had been established and embedded; the Executive Team and weekly Programme Board meetings provided oversight to the programme. • The Trust's work had received positive and extensive media coverage, for example in relation to the Duke of Cambridge's visit to King's Lynn on 22nd February 2021. • Two deputies to Mike Passfield had been appointed into mass vaccination operational team. • About 80% of Trust staff had confirmed they have had the Covid 19 vaccine. • Dr David Vickers and Kate Howard were offering 1:1 consultation to staff on vaccination. • Second vaccination was now in progress. • A film was developed to promote vaccine update amongst ethnic minority communities. • Validated information and resources on vaccination were available on Trust website • BAME staff had undertaken a survey on vaccination. Results were not known as yet. Action: Anita Pisani – to be picked up at the next BAME network meeting scheduled for 24th March 2021.
4.3	The Board commended all staff involved in the mass vaccination programme and the Communications Team. Action: Anita Pisani to convey the Board's thanks to staff.
4.4	Trust Board and Committees Terms of Reference (TORs) The following comments were noted: <ul style="list-style-type: none"> • The TORs were reviewed annually and brought to the Board for approval. • Following national guidance to reduce the burden on staff, the Trust had stood down some committees during the pandemic. Some would therefore not meet the number of meetings set out in the TORs. • An audit trail for the items stood down was kept. • Addition of the Mass Vaccination Clinical Operational Board (COB) Terms of Reference; the TORs were presented and discussed at the first meeting of the COB held on 4th March 2021.
4.5	The following actions were noted: <ul style="list-style-type: none"> • Comments from Dr Anne McConville would be incorporated into the TORs: Mercy Kusotera • Anna Gill to share with Mercy Kusotera re- comments on Cambridgeshire and Peterborough and CCS Joint Partnership Board TORs: Anna Gill/Mercy Kusotera • Freedom to Speak Guardian and Wellbeing Champions leads to be added to leads roles: Mercy Kusotera. • The details of meetings that had not met would be documented and presented to the Audit Committee. Mercy Kusotera
4.6	The TORs would be amended and circulated to the Board for approval. Action: Mercy Kusotera
4.7	The Board noted that the reducing the burden plan would be reviewed again in June 2021 so the board was clear about the steps to reinstate the annual schedule of meetings: Action – Rachel Hawkins.
4.8	The Board noted the Board Assurance Framework as an accurate reflection of the strategic risks currently facing the Trust.
4.9	The Board agreed to delegated approval for the Chair and Chief Executive to sign off the final version of the Annual Report prior to submission to the Auditors and Audit Committee.
4.10	The Board received, discussed and noted the Chief Executive's report.

5.0	Integrated Governance Report
5.1	Kate Howard introduced the Integrated Governance Report for the reporting period December 2020 and January 2021.
5.2	<p>The key highlights from providing outstanding care section included the following:</p> <ul style="list-style-type: none"> • No serious incident was reported in December 2020; 3 were reported in January 2021. • No never event was reported during the reporting period. • There were two reported staff outbreaks of Covid 19. • Infection Prevention and Control (IPAC) and the Board Assurance Framework (BAF) had been reviewed as part of the IPAC cycle of business. • The safety team carried out a review of Healthcare Safety Investigation Branch (HSIB) never event report. One of the outcomes of the review was that from 1st April 2021 wrong site tooth removal would be removed from the never event list. • Top three themes of all incidents were identified in the report. • Safeguarding referrals continued to increase; the Trust was working proactively with partners to ensure statutory commitments were maintained. • A review of the Health and Safety Executive findings published in February 2021 was being undertaken by IPAC and would be escalated to the Quality Improvement and Safety Committee and then to the Board in May 2021. <p>Action: Kate Howard</p> <ul style="list-style-type: none"> • Complaints response time had been temporarily increased to 35 days due to staffing issues. • An updated CQC plan was being developed to incorporate challenges identified during and post Covid 19. This would come back to the Board in July 2021. Action: Kate Howard. • A CQC ‘table-top’ assessment of the mass vaccination programme was held and there were no issues raised.
5.3	<p>In discussion the Board noted that:</p> <ul style="list-style-type: none"> • The more detailed safeguarding data was included in the report was welcome. Action: Kate Howard to convey thank you message from the Board to the team. • Service Directors had completed Quality and Equality Impact assessments for their services. • The Trust was well sighted on key pressure points for Trust services; detailed conversations were held during Clinical Operational Board meetings. • Board Assurance Framework levels were refreshed in June 2020; areas which were no longer relevant during the pandemic were greyed out. • COBs were sighted on the risks and noted mitigation in place. Assurance and risk review at COB level would focus on individual services but at Board level the focus was on the overall picture for all services. • Assurance mechanisms, mitigation on strategic and operational risks were outlined in the Integrated Governance Report. • To reflect on the risk grading for the risk relating to the impact of Covid 19 on health outcomes (risk 3260) and ensure the risk was correctly scored. <p>Action: Kate Howard/David Vickers</p>
5.4	<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"> • Reasonable assurance for safe and effective; substantial assurance for well led domains as previously reported. • End of year position on achieving excellent employer objectives were updated.

	<ul style="list-style-type: none"> • Top three objectives linked to the NHS Annual Staff Survey were achieved. • Objective relating to improving experience for Black, Asian, Minority Ethnic (BAME) staff in relation to discrimination at work from manager/team leader or other colleagues was not achieved and was the focus of ongoing work. • Appraisal rates and monthly sickness would be the focus for the focus for management attention.
5.5	<p>The following points were noted in discussion:</p> <ul style="list-style-type: none"> • Sickness levels mainly related to stress, anxious/depression. • Quality of appraisal question was not included in the national survey. • The Trust had responded to the CQC consultation review. Action: Kate to share with the Chair the highlights of what the Trust submitted.
5.6	<p>The Board noted that the Trust was collaborating with others, linked into key system conversations and was taking leading roles in different system work streams. Action: Anita Pisani to review ‘collaborate with others’ reporting in the next report.</p>
5.7	<p>Mark Robbins briefed the Board on ‘sustainable organisation’ section of the report. The following points were noted:</p> <ul style="list-style-type: none"> • The Trust remained on track to deliver the financial plan for the year. • Overall decrease on cash position due to improved payables reported in the previous report. • Contract performance continued to be paused. To hold conversations with Commissioners once the operational planning guidance became available. Action: Mark Robbins • National operational plan guidance was expected at the end of March 2021.
5.8	The Board noted the Integrated Governance Report.
6.	Outcomes of the National Staff Survey 2020 and next steps
6.1	<p>The following key points were noted from the results:</p> <ul style="list-style-type: none"> • The results were positive and indicated that the Trust was performing well. Despite pandemic challenges the Trust achieved 58% response rate. • The Trust had top or joint top scores in the sector for 8 out of 10 themes. • There was a slight increase in staff reporting that they had experienced discrimination at work from their manager / team leader or other colleagues • More work was needed to improve areas where there was a slight drop in performance for example Quality of Care. • The Trust BAME and Long Term Conditions and Disabilities (LTCD) networks would be asked to discuss the staff survey results. Action: Angela Hartley
6.2	<p>In discussion the following points were noted:</p> <ul style="list-style-type: none"> • The establishment of the BAME and LTCD networks provided platforms for sharing staff experience and learning. • The Trust had a traditional working from home policy – this would be reviewed to mirror best practice for remote working. This would be part of the recovery plan. The review would also include taking some legal advice re-employment relationships. Action: Angela Hartley • The survey provided staff a safe place to raise their experience. The data would be triangulated with WRES data and would be shared with BAME network at a future meeting. • Action: Angela Hartley to hold an offline discussion with Fazilet Hadi re - WRES and WDES responses.
6.3	The Board noted the staff survey results.

7.	Workforce Review – summary of current activities
7.1	The following comments were noted: <ul style="list-style-type: none"> • There was a typo on 3.13.4: The title should read “Annual Trust Development Plan (Medical Workforce)” not ‘Medical Welfare’ • Support for diverse workforce was not just for BAME and LTCD staff but the Trust was committed to support all staff. • There was a new national guidance to change the terminology (BAME) to ethnic minority staff. The BAME network to propose the change for the network name during their next meeting on 24th March 2021. Action: Anita Pisani
7.2	The following actions were noted : <ul style="list-style-type: none"> • Next report to include as appendix evidence on the Trust response re-assurance on well-being Angela Hartley. • To hold an offline discussion on evidence of impact of the Baby Friendly initiative: Angela Hartley and Anna Gill.
7.3	The Board noted the workforce review.
8.	Any other Business
8.1	There was no other business discussed.
9.	Questions from members of the public
9.1	There were no questions received from members of the public.

Date of next Public Trust Board Meeting: 20th May 2021
Venue: Microsoft Teams