

Trust Board Meeting in Public

Wednesday 20 March 2024

13:00 pm – 16:00 pm

Units 7-8, Meadow Park, Meadow Lane, St Ives PE27 4LG

Members:

Mary Elford	Trust Chair (Chair)
Steve Bush	Director of Children and Young People's Services
Catherine Dugmore	Non-Executive Director
Fazilet Hadi	Non-Executive Director
Kate Howard	Chief Nurse
Dr Richard Iles	Non-Executive Director
Aliyyah-Begum Nasser	Non-Executive Director
Anita Pisani	Deputy Chief Executive
Mark Robbins	Director of Finance and Resources
Gary Tubb	Non-Executive Director
Dr David Vickers	Medical Director
Matthew Winn	Chief Executive

In Attendance:

Sarah Feal	Trust Secretary and Freedom to Speak-up Guardian (Minutes)
Lea Fountain	Associate Director of Communications
Julia Hallam-Seagrave	Deputy Medical Director
Gemma Manning	Director of HR at Arthur Rank House Hospice
Angela Hartley	Deputy Director of Workforce [item 1]
Jenny Williams	Resourcing and Retention Business Partner [item 1]

Apologies:

Anna Gill	Non-Executive Director
Rachel Hawkins	Director of Corporate Affairs

Minutes

1.0	Staff Story: Learning from Leavers
1.1	<p>The Board heard from Jenny Williams, Resourcing and Retention Business Partner who provided an update on work underway looking at ‘the learning from leavers’ pathway, from recruitment through to exiting the organisation. The aim is to help the Trust to identify and understand, what would make an individual remain with the Trust, to help inform future planning and decision-making.</p> <p>As a result of this, the existing exit interview process has been amended to be anonymised and centralised. Job descriptions have been streamlined. Applicants are now supported in how to complete an NHS application form and their interview skills. Monthly webinars have been introduced, which helps to widen the recruitment pool to candidates with non-NHS experience, where transferable skills can be matched to vacancies.</p> <p>The Board commended Jenny for her hard work and contribution to the Trust.</p>
2.0	Welcome, apologies, and Register of Interests
2.1	The Chair welcomed all to the meeting and it was noted there were apologies received from Anna Gill, and Rachel Hawkins.
2.2	Members confirmed they had no additional declarations of interest in relation to items on the agenda, and their register entries for the register of interests and gifts and hospitality were accurate and up to date. Aliyyah-Begum Nasser, Non-Executive Director advised she had updated the register entry 19 March 2024.
3.0	Minutes of previous meeting and matters arising
3.0	<p>The minutes of the meeting held 24 January 2024 were approved as an accurate record subject to the following amendments:</p> <ul style="list-style-type: none"> ▪ 4.1 to amend Anna Gill to Ann Darvill. ▪ 6.1 amend ‘Trust’ to ‘Luton Adults’. ▪ 10.1 ‘Child to Adult transition’ to be removed as is duplicated text.
3.1	<p>The action points from previous meetings were reviewed and the following confirmed as complete:</p> <p>January 2024</p> <ul style="list-style-type: none"> ▪ 6.0 Integrated Governance Report – This will be aligned to the next financial year 2024-25 reporting period. <p>The Trust Board noted the update.</p>

4.0	Chair's update
4.1	<p>The Chair had spent a day in Wisbech visiting sexual health, dentistry, musculoskeletal and paediatric occupational therapy services. She had spoken to staff about increasing levels of violence and aggression. The impact that the new telephony system has had was noted; this has been well received as telephone calls are now being recorded and call handlers know how long a caller has been waiting on the line. Dentistry staff highlighted the lack of high street NHS dentistry in the area and the impact this has on both the urgent access and special care dentistry services run by the Trust.</p> <p>There was an NHS England Chair's meeting last month.</p> <p>Fazilet Hadi, Ann Darvill and Amande Browne recently visited the mental health support team and heard about their valuable preventative work with young children, including how to manage their emotions and anxiety.</p> <p>The Trust Board noted the report.</p>
5.0	Trust Ambitions 2023-26
5.1	<p>The report was introduced, which summarised progress with the Trust's 12 strategic ambitions during the first year of implementation.</p> <p>Board members has previously questioned whether there was a case for rewording of Ambition number 4 'All our services are tied into formal partnerships that improve outcomes for local people'. However following reflection, the executive recommendation was that this ambition should not be amended. Further mapping analysis had been undertaken on this against the spectrum of collaboration diagram, which outlined different collaborative arrangements and it was found that the majority of services mapped.</p> <p>The confidence levels were discussed, and it was noted that the targets for 'Be Sustainable' ambition 10 and 11 are lower than expected, and this was because of the current financial sustainability challenges. Confirmation was given the horizontal colour coding in Table 2 – Progress with Ambitions did not relate to a 'RAG' rating.</p> <p>ACTION: Annex D – The Be Sustainable Strategic Objective to be further reviewed at the next Infrastructure Committee by the Chair of Infrastructure and Director of Finance and Resources.</p> <p>ACTION: The colour coding in Table 2 – progress with Ambitions to be amended so it is clearer and then recirculated to the Trust Board.</p> <p>The Trust Board noted the report and agreed Ambition number 4 does not need to be re-worked and for the Be Sustainable strategic objective to be further reviewed by the Infrastructure Committee.</p>

6.0	National NHS Staff Survey Results 2023
6.1	<p>The report was introduced, which reflected a continuous improvement of our culture as a Trust. It was noted the Trust achieved a 53% response rate, which was a 6% improvement on the previous year and above the national response rate of 48% although lower than the community trust response rate of 60%. Further analysis had been undertaken on the staff groups by profession that had not used their opportunity to provide feedback. This highlighted that a blended approach could be used next year to promote feedback from staff who may not regularly use a computer in their day-to-day healthcare role.</p> <p>Other highlights included 75% of staff are saying they would recommend the Trust as a place to work and 81% of staff would recommend the Trust as a place for treatment. The Trust is the best performing community trust nationally for 6 out of 8 themes. Two sexual harassment questions have been included for the first time and the Trust is a signatory to the NHS England Organisational Charter 'Sexual Safety in Healthcare'. The Workforce Race Equality Standards and Workforce Disability Equality Standards were highlighted, and it was noted that more work needs to be undertaken in the way line managers implement 'Reasonable Adjustments'. The data related to the 'We are safe and healthy' response is awaited due to national data validation.</p> <p>The next steps were outlined. There will be a continued focus on career progression for culturally diverse members of staff and a review of the amount of unpaid overtime being worked to understand the underlying reasons for this. The Trust will also continue to support staff in relation to patients and service users' violence, aggression, bullying and harassment. An open discussion on cultural diversity will be held at the next staff Leadership Forum.</p> <p>The Trust Board discussed the report and agreed the proposed next steps in Appendix A.</p> <p>The executive team were commended for their achievement, and it was acknowledged this was also achieved through the hard work and support of the wider executive team.</p> <p>ACTION: The Trust Chair to write to members of the Wider Executive team to thank them and acknowledge their personal contribution.</p>
7.0	Chief Executive's Report
7.1	<p>The report was introduced, covering key national, regional, and local issues impacting on the organisation.</p> <p>The Board's attention was drawn to the fact that the King's Fund had published a report that calls for radical refocusing of the health and care system to put primary and community services at its core. A new board-level competency framework has been published to support NHS organisations to recruit, appraise and develop board members.</p>

	<p>The risk appetite statement for the Bedfordshire, Luton and Milton Keynes Integrated Care System was noted. The Chair of the Audit Committee would like to link with the Audit Chairs in Cambridgeshire and Peterborough and Norfolk and Waveney to collaborate to support the development of the system risk appetite for those Integrated Care Systems.</p> <p>Clare Panniker the NHS England Regional Director had attended the Trust for a service visit.</p> <p>The Suffolk Integrated Contraception and Sexual Health team are transferring to the new provider and the Board commended their valuable service during their time with the Trust.</p> <p>The Corporate Governance update was provided. The Trust Board approved the following amendments and noted the Terms of Reference for the Quality, Improvement and Safety Committee will be further revised following its recent development session:</p> <ul style="list-style-type: none"> ▪ The revised Terms of Reference document amendments for the Trust Board Committees (Appendix A). ▪ The Fit and Proper Person Test Framework Policy (Appendix B). ▪ Delegation of the Annual Report to the Trust's Chair and Chief Executive. <p>The Trust has been shortlisted for a Health Service Journal Award in the digital arena.</p> <p>ACTION: The Chair of the Audit Committee to explore with Audit chair colleagues in Cambridgeshire and Peterborough and Norfolk and Waveney Integrated Care Systems developing a system risk appetite approach.</p> <p>The Trust Board noted the report.</p>
<p>8.0</p>	<p>Annual Budget 2024-25</p>
<p>8.1</p>	<p>The Board considered the initial revenue budget for 2024-25. Planning Guidance has not been received and this draft was based on the assumptions made in December 2023. The budget has been informed from the current year's outturn position and the following national planning assumptions have been used: pay (2.1% inflation uplift), non-pay (1.7% average uplift).</p> <p>NHS contracted income will be increased by a minimum of 0.8% which has been derived from the average gross cost inflation of 1.9% and a reduction of 1.1% representing implied or minimum efficiency. Local authority commissioners have received an overall average increase in their grant of 2.64% for 2024-25. This is based on a general uplift of 1.36% and an additional uplift specifically for Agenda for Change pay award.</p> <p>To achieve the planned revenue target for 2024-25, the Trust needs to deliver cost and income efficiencies totalling £5.9m, or 3.7% of its total expenditure budget.</p>

	<p>The strategic risks to achieving the planned financial position include the non-delivery of the financial plan due to not being able to identify 100% of the efficiency target; the additional impact of increases in cost in the non-pay expenditure; a requirement to proportionately support the Cambridgeshire and Peterborough system in the delivery of the overall system target, and the continued uncertainty regarding the extent of any additional funding received from Local Authorities.</p> <p>Confirmation was given the vacancies included in the planning assumptions would be looked at to identify if this is material, and the Trust Board noted they would receive an update on this in quarter 1 of 2024-25.</p> <p>ACTION: The Director of Finance and Resources to look at the materiality of vacancies within the draft revenue budget and to update the Trust Board.</p> <p>The Trust Board approved the following:</p> <ul style="list-style-type: none"> a. Draft Revenue Budget for 2024-25. b. Efficiency target required to deliver a balanced budget.
9.0	Integrated Governance Report
9.1	<p>The Trust Board discussed the report and reviewed the assurance summary for each objective as outlined in the report. The report included the Clinical Operational Boards' (Adults and Children & Young People) Key Matters and Escalations Reports. The Children and Young People's report provided reasonable assurance and the Adults and Ambulatory reports both provided substantial assurance as confirmed at the Clinical Operational Board meetings.</p> <p>The reporting period covered the quality, performance, workforce and finance information for December 2023 and January 2024 and included the key risks and issues, to provide the Trust Board with assurance of delivery against the agreed strategic objectives and indicators. An overall rating of Reasonable assurance was recommended and the rationale for this was provided in each chapter. The following points were highlighted:</p> <p>Outstanding Care</p> <p>Substantial assurance was recommended for safe and responsive and reasonable for caring and effective. There has been one safety incident declared in December 2023, and this is the first one declared using the new framework.</p> <p>The national alerts relating to medical beds, trolleys, bed rails, bed grab handles and lateral turning devices risk of death from entrapment or falls were highlighted.</p> <p>Business continuity plans were included in the report to demonstrate how these are triggered by a safer staffing alert.</p> <p>Measles remains a national incident although cases in the East of England are low. The Task and Finish Group has been stood down but could be stood up again if needed.</p>

A full update has been provided on the equality and diversity objectives.

Access to services including referral to treatment waiting times were highlighted.

Freedom of Information responses for December and January resulted in a 100% completion rate.

A discussion on pressure ulcers occurred and it was agreed to improve how this reported in the next Integrated Governance Report. The Chief Nurse agreed to review the reporting mechanisms for pressure ulcers and include severity and impact information.

ACTION: The Chief Nurse to amend the reporting of Integrated Governance Reports going forward for both the Trust Board and the Clinical Operational Board for pressure ulcers to include severity and impact information.

The opportunities of using technology as an early warning system to prevent infectious diseases were highlighted.

ACTION: The Chief Nurse to consider the opportunity for digital innovation in Infection, Prevention and Control.

Be an Excellent Employer

The assurance rating is reasonable for safe and effective and substantial for well led. There is a Workforce Directors Community Trust group now established and sickness management data is being provided to learn from each other.

The retention exemplar programme was highlighted, and a team has been selected based on the results of the NHS Staff Survey.

The Trust has been awarded the National Preceptorship Quality Mark, which is great recognition for the organisation and was jointly given to the Professional Education and Quality teams.

Agency and Bank spend is improving.

The Trust Board discussed the definition of long-term sickness and would like further assurance on how sickness absence management is being undertaken. It was agreed this would be looked at, but it may not be possible to provide absolute figures if this relates to a very small cohort and confidentiality is at risk.

ACTION: The Deputy Chief Executive to look at the granularity of long-term sickness numbers to identify where more assurance could be provided on sickness absence management.

	<p>Be Sustainable</p> <p>The overall assurance rating is reasonable for well led. However, Risk 3529 (failure to deliver our financial plan) has now reduced due to the stability in the financial position and is now scored at 8.</p> <p>The public sector payment policy remains positive and on target.</p> <p>Capital spend on core projects was £4.3m against a plan of £4.0m. The main area of spending is on the continued development works at North Cambridgeshire Hospital in Wisbech. The capital programme is expected to deliver within the plan for the year.</p> <p>The Community Diagnostic Centre works at Princess of Wales Hospital, Ely are due to be completed by the end of March 2024 and the accompanying multi-storey car park is due for completion in July 2024. The final total combined cost for the Community Diagnostic Centre projects is expected to be £27m.</p> <p>Demolition will begin in April 2024 for those sites impacted by Reinforced Autoclaved Aerated Concrete.</p> <p>The board reviewed the progress of the Cost Improvement Plans identified to date against delivery of the total target of £5.1m. Due to challenges managing the impact of increasing costs, the programme is behind the original plan, with £3.3m currently forecast to be delivered in year and a full year value of £3.5m.</p> <p>The Trust Board agreed the overall assurance rating of reasonable.</p>
<p>10.0</p>	<p>Equality Diversity and Inclusion</p>
<p>10.1</p>	<p>The report was introduced, and members were asked to receive the Equality Delivery System Report Domain outcomes for 2023-24 and their ratings for noting. The organisation has achieved the rating of 'Achieving' for 2023-24 following their self-assessment against 28 out of 33 overall standards an improvement in last year.</p> <p>The Trust Board noted the draft Equality Delivery System Report was published on the Trust's website in accordance with the regulatory timeframe 29 February 2024. Members reviewed the proposed Objectives for 2024-25 which had been recommended by the People Participation and Equalities Committee. A progress update towards the NHS England Equality, Diversity, and Inclusion Improvement Plan - 6 High Impact Actions, Workforce Disability Equality Standards, Workforce Race Equality Standards and Gender Pay Gap were noted.</p> <p>The progress on delivery of our year 1, 2023 – 24 anti-racism plans were noted, and the year 2 plan is currently being co-designed with our staff network advocates.</p>

	<p>A separate inclusion plan is proposed for this year, and it was agreed that other protected characteristics need to be included, for example, age and neuro diversity. Consideration will be given to developing a Trust 'vision for inclusion'.</p> <p>The Trust Board noted the report and approved the proposed Objectives for 2024-25.</p>
11.0	Audit Committee
11.1	<p>The Committee Chair confirmed there were no matters that required escalation to the Trust Board.</p> <p>Confirmation was provided that the preliminary work by the external auditors has gone to plan, and testing will begin the last week of April, first week of May and is on track.</p> <p>The Trust Board noted the report.</p>
12.0	Charitable Funds Committee
12.1	<p>The Committee Chair confirmed there were no matters that required escalation to the Trust Board.</p> <p>The Chair's Innovation Fund will be renamed.</p> <p>The Trust Board noted the report.</p>
13.0	Joint Children's Partnership Board
13.1	<p>The Committee Chair confirmed there were no matters that required escalation to the Trust Board.</p> <p>The Trust Board noted the report.</p>
14.0	Infrastructure Committee
14.1	<p>The Committee Chair confirmed there were no matters that required escalation to the Trust Board.</p> <p>The Trust Board noted the report.</p>
15.0	People Participation and Equalities Committee
15.1	<p>The Committee Chair confirmed there were no matters that required escalation to the Trust Board.</p> <p>The Trust Board noted the report.</p>

16.0	Board Assurance Framework
16.1	<p>The Trust Board reviewed the Board Assurance Framework and considered the Trust Board and Committee papers they had received, confirming these accurately described the main risks facing the organisation.</p> <p>The Trust Board agreed the assurance rating substantial.</p> <p>The Trust Board noted the report.</p>
17.0	Any Other Business
17.1	Date of next meeting in public: 22 May 2024
18.0	Questions from members of the public
18.1	There were none.
The meeting closed 15:50	