

Trust Board Meeting in Public

Wednesday 17 July 2024

13:00 – 15:35

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
Anita Pisani	Deputy Chief Executive
Mark Robbins	Director of Finance and Resources
Gary Tubb	Non-Executive Director
Dr David Vickers	Medical Director
Anna Gill	Non-Executive Director
Rachel Hawkins	Director of Corporate Affairs

In Attendance:

Michelle Robinson	Assistant Trust Secretary (Minutes)
Lea Fountain	Associate Director of Communications
Lisa Wright	Patient Experience and Participation Manager (item 1)
Sarah Kilby	Patient Experience Adviser (item 1)
Caroline Coster	Patient
Helen Thomas	Head of Bedfordshire Neuro Therapy Services
Katrina Harrison	Specialist Occupational Therapist

Apologies:

Matthew Winn	Chief Executive
Aliyyah-Begum Nasser	Non-Executive Director
Sarah Feal	Trust Secretary and Freedom to Speak-up Guardian

Minutes

1.0	Patient Story: Journey of Recovery by Caroline
1.1	The board heard a powerful story from Caroline and the challenges that she had faced after becoming a quad amputee as a result of contracting covid and then sepsis. She outlined the positive impact of the support she had received from the Bedfordshire Neurotherapy services, under the Environmental Control Pathway, as she tried to adjust

	to the challenges of life without feet or hands. In helping Caroline to adapt her home environment, the service was able to introduce her to a number of digital solutions to help with daily routine tasks working in partnership with other services and organisations.
1.2	Members learnt that, overall, there were approximately 100 clinicians across the country that provided similar support. Resources varied and the Bedfordshire service was extremely small compared to some other similar areas. There were also organisations which provided support and advice if any adaptations to equipment or accessories were needed, for example Caroline had received support from REMAP which was a group of retired engineers that provided custom-made equipment for disabled people.
1.3	The Board thanked Caroline for sharing her story and took away that more could be done to promote, share and explain the services on offer through the Environmental Control Pathway.
2.0	Welcome, apologies, and Register of Interests
2.1	The Chair welcomed all to the meeting. Apologies were noted as listed.
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.
3.0	Minutes of previous meeting and matters arising
3.0	The minutes of the meeting held on 22 May 2024 were approved as an accurate record.
3.1	<p>The action points from previous meetings were reviewed and the following confirmed as complete:</p> <p>May 2024</p> <ul style="list-style-type: none"> • 5.1 • 7.2 (VII) • 8.2 (II) • 8.2 (III) • 8.5 (III) • 8.5 (IV) <p>The Trust Board noted the update. No further matters were raised.</p>
4.0	Chair's update
4.1	<p>The Chair provided a verbal update to the Board on recent visits to services. These included:</p> <ul style="list-style-type: none"> • A visited to the Arthur Rank Hospice, which provided an opportunity to discuss the work around palliative care pathways. • Welcoming Julian Hartley, CEO of NHS Providers to iCaSH (Integrated Contraception and Sexual Health) and Dental services at the Peacock Centre in Cambridge, joined by Matthew Winn, John Peberdy, Julia Hallam-Seagrave and Tracey Cooper. • A visited to The Poynt in Luton and learning about: <ul style="list-style-type: none"> - the personal journey over the last 12 months of one the Trust's recently recruited international nurses and the exceptional support that she had

	<p>received during this period.</p> <ul style="list-style-type: none"> - the benefits of the additional support packages recently put in place to help the District Nursing Team Leaders to manage sickness absences. - the ongoing success of the Trust's work with pressure ulcers. • Attending the Bedfordshire Children's Services Celebrations Event with Vice Chair, Anna Gill – key messages from staff about the Trust included, a) flexibility, b) support for veterans and feeling valued, c) good visibility of board members, d) great welcome/introductions into the service for new staff. • The Vice Chair had also attended a co-production focus workshop on constipation which was attended by a number of parents with children of varying needs and ages. A key message to take away was how would families in Bedfordshire know to contact Cambridgeshire Community Services for specialist support instead of waiting weeks to be advised by a GP (General Practitioner).
5.0	Chief Executive's Report
5.1	<p>The report was taken as read. Key highlights were presented by the Deputy Chief Executive, Anita Pisani:</p> <ul style="list-style-type: none"> • The report highlighted the three strategic areas of focus for the new government; since writing the report, Matthew Winn had attended a regional CEO (Chief Executive Officer) briefing with Clare Panniker, Regional Director, NHSE (National Health Service for England), where it was emphasised that nationally the focus would be on performance and delivery (in particular waiting times), the delivery of the health and care mission (publicised pre-election), the development of a 10 year plan initiated by the Department of Health and Social Care as well as a productivity review. Additional briefing would be provided following the King's speech should anything further be added in relation to the delivery of community health services. • The report included a link to a recent blog on community services, written by the CEO of NHS Providers, which members were encouraged to read. • The board were asked to approve some recent alterations to the Trust's corporate governance arrangements: <ul style="list-style-type: none"> - the creation of a new Quality Improvement Group. The group would report into the Quality, Improvement and Safety Committee (QIScom) and would have delegated operational responsibility for quality improvement activities, leaving the QIScom to focus more on assurance. - to dissolve the Joint Children's Partnership Board, a joint committee with Cambridgeshire and Peterborough NHS Foundation Trust, and transfer activities into to the organisation's relevant operational Boards. • Nominations were being sought for the 2024 Staff Awards (15 in total); board members were encouraged to put forward nominations. A celebration event would be held in October to present the awards.
5.2	<p>In discussion, the board noted that:</p> <ol style="list-style-type: none"> I. Key words used to identify any of the Trust's services through worldwide web searches were under review as part of the Digital Platform project. II. The recent podcast delivered by Matthew Winn with Michael West portrays an important message that staff survey results should be seen as a predictor rather than a historic piece of information.

5.3	<p>The Trust Board:</p> <ol style="list-style-type: none"> I. Approved the revisions to the corporate governance arrangements for the Trust. II. Noted and discussed other elements contained within the report.
6.0	Integrated Governance Report (IGR)
6.1	<p>The Trust Board received 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 & Young People's report provided 'reasonable' assurance and the Adults and Ambulatory reports provided 'substantial' assurance for Luton & Bedfordshire Adult services and Dynamic Health and 'reasonable' assurance for iCaSH and Dentistry.</p> <p>The reporting period covered the quality, performance, workforce and finance information for April and May 2024 and included the key risks and issues, to provide the Trust Board with assurance of delivery against the agreed strategic objectives and indicators. The assurance reporting framework had been reviewed and refreshed for the new reporting year (some indicators were greyed out as they did not apply until later in the year).</p> <p>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> <ul style="list-style-type: none"> • The overall assurance ratings were 'substantial' for Safe, Effective and Responsive and 'reasonable' for Caring. • One Patient Safety Incident Investigation (PSII) for Norfolk had been reported in May 2024; further updates would follow. • The Cambridgeshire & Peterborough MASH (Mult-Agency Safeguarding Hub) continued to face pressures. A system-wide task force had been created to help to alleviate this; focus work included the creation of a separate MASH for Peterborough, development of new specifications for the two new hubs for Cambridgeshire and Peterborough and a trusted set of data which describes performance. The Trust had been asked to be the interim 'lead provider' until a future provider had been agreed. • Work was ongoing in relation to the future delivery model for Child Protection Medicals. The service had had to expand its reach which was having an impact on Neurodevelopmental Disorder waiting times. • The Infection, Prevention and Control (IPaC) team's current focus was on Measles and Pertussis (Whooping cough); prevention work was underway with Occupational Health to ensure that vulnerable staff were vaccinated against Pertussis. • Overall waiting times for dentistry had declined and significant progress had been made with the long-acting contraceptive waiting times. • Early concern pilots were progressing well in Bedfordshire and Luton. • A review of the Harm Review process had taken place; any developments on future outcomes would continue to be reported through QIScom and then on to the Board.

	<p>Be an Excellent Employer</p> <ul style="list-style-type: none"> • The overall assurance rating was ‘reasonable’ for Safe and ‘substantial’ for Effective and Well Led. • The Trust had joined a national HR (Human Resources) network for community trusts. Its current focus was to address sickness levels and any learning would be shared back into the organisation. • The focussed work being carried out within the Trust to address high sickness levels was having a positive impact within services. • Work continued to implement the ten national principles of the NHS England Sexual Safety in Healthcare Charter (which the Trust signed up to in July 2023) across the organisation. • Delivery of the Equality Delivery System (EDS) objectives were on track. • Cumulative bank spend for both agency and bank staff was below the previous year’s levels and moving along the right trajectory. <p>Be Sustainable</p> <ul style="list-style-type: none"> • The overall assurance rating for Well Led was ‘partial’. • No assurance was given for delivery against the new efficiency targets for 2024/25; improvement plans were underway to address this, including a wide range of pay and non-pay schemes and an increased focus on future year schemes, and it was expected that the position would improve as the year progressed. • The financial accounts for 2023/24 had been completed and delivered on time with an unqualified opinion. There were no further material amendments from external auditors. • The Internal Auditor’s assessments for 2023/24 concluded that the Trust had an adequate and effective framework for risk management, governance, and internal control. • The Trust had delivered a balanced budget position for 2023/24. • The Trust’s financial performance for the period April and May 2024 was on plan with a breakeven position being delivered against a year-to-date Trust wide Revenue budget totalling £26.9m. • The Trust’s Capital £10m programme for 2024/25 included the continuation of the Multi-Storey Car Park at the Princess of Wales Hospital in Ely, which is due for completion in the late summer, and the costs associated with the removal and demolition of a RAAC (Reinforced Autoclaved Aerated Concrete) affected building on the North Cambridgeshire Hospital site in Wisbech.
6.2	<p>In discussion, the board noted that:</p> <ol style="list-style-type: none"> I. The Trust was reporting weekly performance data for Child Protection Medicals (since the beginning of 2024) to the ICP (Integrated Care Partnership) and had received assurance that progress was good. Anomalies within the existing contract made it challenging to deliver within a community context and it was hoped that negotiations with commissioners would help to address this. II. The revised Harm Review SOP (Standard Operating Procedure) had been co-produced across all services and a) included all the learning since it was first created in 2020 and b) contained individualised advice unique to each service.

	<p>III. Waiting lists for community paediatric services had increased in both Bedfordshire and Luton and Cambridgeshire and Peterborough systems and continued to be a challenge, partly due to the withdrawal of non-recurrent funding. Improvement plans were currently under review to ensure that services remained robust; it was anticipated that waiting times would plateau by the autumn. Open and transparent conversations were taking place across both systems to try and resolve the issue. It was hoped that a patient story could be arranged for a future board meeting, so that the patient perspective on the impact of these challenges could be shared with members.</p> <p>IV. The impact of long-term conditions on sickness levels, including what support packages were available to this group of staff, would be explored further with the national HR network.</p> <p>V. A review of some of the assurance metrics which had been set for the Integrated Governance Report, for example around the links with sickness levels and bank/agency spend, would be carried out to try to establish full triangulation of the information being reported within the report. This would be explored further at the COB (Clinical Operational Board) development sessions planned for September. ACTION: Director of Corporate Affairs</p> <p>VI. Interventions to support staff who experienced incidents of violence and aggression were having a positive impact. A new policy had recently been agreed by the Executive Team to enhance the support mechanisms currently in place and existing training packages were also under review. An initial baseline audit of these incidents had recently been carried out and would be presented to the Health and Safety Committee at the end of July. Any learning would be shared across services.</p> <p>VII. The additional detail provided within the Well Led chapter on the Trust's efficiency plans was welcomed. It was agreed that it would be beneficial to ensure that future reports were open and transparent about the size of the gap in efficiency gains required of the organisation and should include a form of RAG (Red, Amber, Green) rating to demonstrate the position on delivery against these targets during the course of the year. ACTION: Director of Finance and Resources</p> <p>VIII. The Children and Young People's Key Matters and Escalations report highlighted the following points for the Board to note:</p> <ul style="list-style-type: none"> - Progress made in relation to the CQC (Clinical Quality Commission) action for Board oversight of the Paediatric Audiology service review. Actions identified for both the Bedfordshire and Cambridgeshire services sit with the respective ICBs. The final decision to complete the process would be presented to the Board in September. - Five services had a Quality Early Warning Trigger Tool (QEWTT) score above 16 in the reporting period.
6.3	The Trust Board agreed the overall assurance rating of 'reasonable'.
6.4	<p><u>Learning from Deaths</u></p> <p>The report was taken as read. Key points highlighted:</p> <ul style="list-style-type: none"> • Work continues around refining data within the Luton Adults service to try to gain a better understanding on preferred place of death.

	<ul style="list-style-type: none"> • Focused training was now in place across the Trust and had been well received. • The case referenced in paragraph 10.2 had been challenging, owing to the age of the patient, and involved a lot of hard work and partnership working across both Children's and Adult's services. Further work was underway to try and improve the support available for those young people who were dying and fell within the transition period between Children's and Adult's services. • There was a continuing trend for the majority of HIV (human immunodeficiency virus) deaths not being related to HIV care and treatment.
6.5	<p>In discussion, board members noted that:</p> <p>I. Each Learning from Deaths report included a thematic review on one of the nine protected characteristics. A review of the impact of disability on deaths would be explored further. ACTION: Medical Director</p> <p>II. Work was ongoing to standardise reports for both Adult's and Children's deaths, although reporting Children's deaths remained a challenge owing to the small numbers of deaths reported. An alternative approach to reporting child deaths would be explored, to align more with the detail provided on adult deaths within the report. ACTION: Medical Director</p>
6.6	The Trust Board noted and discussed the report.
7.0	Extraordinary Audit Committee
7.1	<p>The Committee Chair confirmed that there were no matters that required escalation to the Trust Board.</p> <p>The Trust Board noted the report.</p>
8.0	Quality Improvement and Safety Committee
8.1	<p>The Committee Chair confirmed that there were no matters that required escalation to the Trust Board.</p> <p>Key points to note:</p> <ul style="list-style-type: none"> • The first meeting of the Quality Improvement Group (QIG) had been held and terms of reference agreed. • Martha's Rule – work was ongoing to ensure that staff had sufficient training and competence to recognise sepsis. • The Patient Experience Policy had been approved. • The EPRR (Emergency Preparedness, Resilience and Response) Annual Report for 2023/24 was approved and provided 'substantial' assurance. • The Trust's annual assessment against the EPRR Core Standards for 2024/25 would be reported to the Board in September, prior to submission. <p>The Trust Board noted the report.</p>

9.0	Infrastructure Committee
9.1	The Committee Chair confirmed that there were no matters that required escalation to the Trust Board. The Trust Board noted the report.
	<i>15:30 – Gary Tubb left the meeting.</i>
10.0	People Participation and Equalities Committee
10.1	The Committee Chair had provided a verbal update at the previous board meeting. The Trust Board noted the report.
11.0	Board Assurance Framework
11.1	The Trust Board reviewed the Board Assurance Framework (BAF). Following a review, there were now nine strategic risks on the risk register. It was noted that: <ul style="list-style-type: none"> • Risk ID: 3467 - in relation to the development of children’s services across Cambridgeshire and Peterborough – the overall score had been increased to 16 and was under close observation given the recent challenges in this area. • The target scores for all nine strategic risks had been reviewed. • Risk ID: 3530 – in relation to CQC requirements – would be reviewed and closed. A new risk will be raised to take account of the new guidance recently issued by the CQC and would focus on the delivery of quality services across the whole of the community.
11.2	Having reviewed and considered the Trust Board and Committee papers they had received, members confirmed that the BAF accurately reflected the main risks currently facing the organisation. The Trust Board agreed the assurance rating of ‘substantial’ and noted the report.
12.0	Any Other Business
12.1	Date of next meeting in public: 25 September 2024
13.0	Questions from members of the public
13.1	No questions were raised.
The meeting closed at 15:35	