

MINUTES

TRUST BOARD PUBLIC MEETING

Wednesday 26th January 2022

10:35 – 12:30

Microsoft Teams

Members:

Mary Elford	Chair
Geoff Lambert	Non-Executive Director
Gary Tubb	Non-Executive Director
Dr Anne McConville	Non-Executive Director
Oliver Judges	Non-Executive Director
Fazilet Hadi	Non-Executive Director
Anna Gill	Non-Executive Director
Matthew Winn	Chief Executive
Anita Pisani	Deputy Chief Executive
Rachel Hawkins	Director of Governance and Service Redesign
Mark Robbins	Director of Finance and Resources
Dr David Vickers	Medical Director
Kate Howard	Chief Nurse

In Attendance:

Karen Mason	Head of Communications
Mercy Kusotera	Trust Secretary and Freedom to Speak up Guardian
Claire D'Agostino	Assistant Director of Allied Health Professionals
Lisa Wright	Patient Experience Manager (<i>Item 5</i>)
Ellen Ballantyne	Interim Head of Service, iCaSH (<i>item 5</i>)
Verity Trynka - Watson	Programme Lead, Service Redesign (<i>item 5</i>)

Apologies:

Minutes:

1.0	Chair's welcome, apologies and additional declarations
1.1	The Chair welcomed all to the meeting. Claire D'Agostino joined the meeting as part of her Trust induction.
1.2	Dr Anne McConville declared that she had attended some sessions relating to the large-scale vaccination programme. Any previously made declarations did not conflict with the meeting agenda.
2.0	Minutes of previous meeting and matters arising
2.1	The minutes of the meeting held on 24 th November 2021 were approved as a correct record of the meeting.
2.2	The Board noted updates on the actions from previous Board meetings. The following updates were noted: <ul style="list-style-type: none"> Discussions had taken place in relation to looking at other methods for gaining feedback and using patients' experience in line with Trust Indicator 1b (in the report). Action had been delayed due to team sickness and re-deployment and would be included in the next report to the Board. Action: Kate Howard to incorporate into the next Integrated Governance Report, other methods for gaining feedback and using

	<p>patients' experience.</p> <ul style="list-style-type: none"> The Executive Team would be reviewing the Trust indicators relating to the Trust's four objectives in mid-February 2022. Action: Anita Pisani to bring an update on the Trust indicators to the Board in March 2022. The Green plan was discussed during the December 2021 Board Development Session. There was a revised timetable for submission of the final approved plan. Action: Mark Robbins to ensure there was an opportunity for the Board to comment and feedback into the final Green Plan prior to submission. The NHS national strategy for human resources and organisational development launched in November 2021 (7.2) had actions that Trusts should undertake between January and March 2022 but due to national NHS pressures, the actions were paused. The actions would be picked up between April and June 2022.
3.0	Chief Executive Report
3.1	Matthew Winn briefed the Board on progress and key issues, events and activities since the last Board meeting.
3.2	<p>The following key headlines were noted:</p> <ul style="list-style-type: none"> By late November 2021, over a million Covid 19 vaccine doses had been delivered across Cambridgeshire, Peterborough, Norfolk and Waveney large vaccination sites. Celebrations including thank you letters from the Chair/Chief Executive along with cake/balloons being delivered to all sites. Due to the request by the Prime Minister that as many eligible adults should receive their Covid 19 booster jab before the end of 2021, most of the Trust's normal business was stopped or de-prioritised. As the NHS started to focus on recovering from the ongoing Covid pressures, it would be vital that national, regional and local planning took into consideration that NHS staff needed time to recover from the onslaught of the pandemic before being expected to catch up on issues, for example the waiting lists that had accrued without time and resources to support them. The City Hall site in Norwich replaced the Castle Quarter large scale vaccination site and was successfully opened on 10th January 2022. The Board Assurance Framework reflected the strategic risks currently facing the Trust and how the Trust managed the risks. The risks were reviewed and discussed in detail during Clinical Operational Boards (COBs) and were included in the Integrated Governance Report. Following Board conversation of the Integrated Governance Report, the Board would confirm that the BAF was an accurate reflection of the Strategic risks currently facing the Trust and whether there were any risks which needed to be added to the risk register. The Trust had two strategic risks scored 20 related to workforce challenges and staff morale (risks 3163 and 3164). Communications work included: <ul style="list-style-type: none"> Filming activities including the launch of a short film with thank you messages for staff and people who had been vaccinated across Cambridgeshire, Peterborough, Norfolk and Waveney. Media connected with the vaccination programme - during October to December 2021; Look East and ITV Anglia filmed at various sites on 14 separate occasions. Eight interviews were broadcast on local radio (BBC Radio Norfolk and BBC Radio Cambridgeshire).

	<ul style="list-style-type: none"> ○ Trust-wide project to improve the Trust's digital offer continued with a range of staff engagement sessions held and co-production sessions planned.
3.3	<p>In discussion the following points were noted from the Chief Executive report:</p> <ul style="list-style-type: none"> • The Communications team were commended for all their work and continuous support for the vaccination programme. • The Board formally thanked all staff for their response and contribution to the large-scale vaccination; some staff were re-deployed whilst some had to manage work with less colleagues to provide essential cover of functions. Action: Matthew Winn, on behalf of the Board, to send a thank you message to all staff for their contribution to the large-scale vaccination programme. • Services and teams were managing communications relating to expectations on people on the waiting lists. • The BAF assurance matrix had not been updated. Action: Rachel Hawkins to update the Appendix A of the CEO's report and re-circulate the updated version to the Board.
3.4	The Board received, discussed and noted the Chief Executive's report.
4.0	Integrated Governance Report (IGR)
4.1	Kate Howard introduced the Integrated Governance Report for the reporting period October 2021 and November 2021.
4.2	<p>The key highlights from the outstanding care section included the following:</p> <ul style="list-style-type: none"> • Overall assurance rating remained the same as in previous reporting. • One Serious Incident (SI) was reported in October and one in November. Investigations were underway. • Action plans from Serious Incidents were reviewed via panel meetings. Six panel meetings were held in October and seven panel meetings were held in November. • There was an increase in incident reporting in October and November; this was mostly in relation to skin integrity issues in Luton Adults services. This reflected an increase in demand for services across the system and a higher level of patient acuity. • One patient alert was received, which related to ultrasound gel to reduce infection risk. Closure date for the alert was 31st January 2022. • Safeguarding, remained challenging both locally and nationally. Partnership work continued. • The Liberty Protection Safeguarding process was due to be implemented in April 2022. However, the Trust was informed in December 2021 that this was to be delayed. • Norfolk and Waveney Named Nurse worked with wider safeguarding partners to promote the importance of safer sleeping. Videos were produced in various platforms across Norfolk. • The Trust reported one Covid 19 outbreak in November in the Adult Rapid Response team in Luton. The incident was reported via the national system and had subsequently been closed. Three further outbreaks were reported since November: one related to mass vaccination, one in dental and one in 0-19 services. All were being managed in line with the national guidance. • As of 7th January 2022, flu vaccination uptake was 69.14%. The Trust was ranked second in the region. • Complaints and PALs remained busy. A skill mix evaluation was recently undertaken, and the team successfully recruited into all the posts. • Additional information relating to average waiting times for Cambridgeshire and Peterborough Community Paediatrics included following Children's and

	<p>Young People’s services COB request.</p> <ul style="list-style-type: none"> • Bedfordshire Paediatrics services successfully recruited to a consultant paediatrician and two additional specialist nurses. • Mandatory training compliance was currently 88%. • Further work had been undertaken to develop an action plan to support the recruitment and retention of Health Visitors across the Trust. • Areas of outstanding practice were outlined in the report for noting. • The CQC statement of purpose had been reviewed and re-submitted to the CQC. The document was included in the Board pack for Board approval.
4.3	<p>In discussion the following points were noted:</p> <ul style="list-style-type: none"> • Equality was central to Trust values. It was important to ensure relevant equality objectives for reports were highlighted on reports. Action: Rachel Hawkins / Mercy Kusotera to ensure that relevant equality objectives boxes were ticked on the report cover and explained how the report supported achievement of the objectives. • A detailed equality, diversity and inclusion annual report to the Board outlined the Trust work relating to workforce and service user equality, diversity, and inclusion elements. The workplans were regularly monitored and updates were provided to the People Participation Committee. • Detailed discussions relating to managing waiting lists continued to be held during COBs. Waiting lists were service specific and were being managed differently. Action: COB chairs to ensure that during March COB meetings there was a discussion on the need to manage waiting lists with the staff resource required. • The table outlining measures for achieving objectives 2021/22 needed to be updated. Action: Kate Howard to ensure the table detailing measures for achieving objectives for 2021-22 was updated. • It was important to track progress against Trust equality delivery systems. Action: the next Integrated Governance Report to include progress against the Trust equality delivery objectives (i) two for service users (ii) two for workforce. • Recap on previous Quality Improvement and Safety Committee (QISCO) discussion relating to equality and equity and whether the feedback from patients’ experience could be broken down by protected characteristics or demographic factors. This would provide better insight and ensure feedback was received from all groups. This would continue to be reviewed at QISCO. The patient story (later on the agenda) highlighted issues relating to equality and equity of access to services. • It was important for the Trust to influence and ensure system conversations highlighted the impact of the current pressures and constraints on providers. • In BLMK the Commissioner was funding a developmental transformation post for the whole system to ensure the right pathway for children and young people was in place; this would reduce pressures relating to Community Paediatrics services. • Luton Healthy Child Programme retained their Baby friendly accreditation. Action: Karen Mason, on behalf of the Board to write a thank you letter to Luton Healthy Child Programme service. • The Trust held a Board session with Norfolk Children’s Services team on 16th December 2021. The Commissioners commended the Trust for the children service work in Norfolk.
4.4	<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. • National staff survey was now closed; the Trust response rate was 53%. This was lower than the previous year's response rate (58%), but considering the impact of the pandemic, the rate was good. Generally, the response rates across other Trusts were lower this year. National feedback was expected in February 2022 and would be presented to the Trust Board in March 2022. • Action: Anita Pisani to present 2021/22 staff survey results to the Board in March 2022. • Risk scores for risks 3163 and 3164 relating to staff morale and workforce challenges had been increased from 16 to 20 due to ongoing workforce challenges. • A variety of actions were being taken to address current workforce challenges; the actions included: <ul style="list-style-type: none"> ○ Proactive recruitment plan was in place for 0-19 services across the Trust ○ Launched Trac recruitment system on 25th January 2022. ○ Appointment of a consultant and two additional specialist nurses for Bedfordshire and Luton Community Paediatric services. ○ The Trust was successful in a collaborative bid with East London Foundation Trust to recruit ten international nurses over the next twelve months for Luton Adults. • The Trust was in the process of implementing the Vaccination as a Condition of Deployment for Healthcare Workers national guidance. This had been issued nationally from NHS England and NHS Improvement during December 2021 and January 2022. • Individual conversations were being held with staff who were not yet vaccinated. Conversations were compassionate and supportive. Staff were being sign-posted to webinars put in place by NHS England / Improvement. Drop-in sessions for staff to meet with Kate Howard and David Vickers were in place. • Equality Impact assessment was carried on the implementation of the mandation. • The Trust currently had 3400 individuals on its payroll.
4.5	<p>In discussion the following points were noted:</p> <ul style="list-style-type: none"> • Annual staff turnover had increased. The Board was assured that divisions reported monthly on staff turnover; the details were not included in the IGR but was monitored at service level. There was continued focus on staff health and well-being; staff were encouraged to take their annual leave and maintain a work life balance. • There was no evidence to support vaccination concerns relating to fertility or pregnancy. The information was regularly shared with staff. • A new risk relating to mandation of Covid vaccination had been identified and added to the BAF (risk 3436).
4.6	<p>Anita Pisani briefed the Board on 'collaborate with others' section. The report outlined a list of collaboration activities to ensure the Board was sighted of the Trust's involvement at system level. The following key points were noted:</p> <ul style="list-style-type: none"> • The work relating to 'Recite Me' tool which translated texts into many different languages. The tool would be used in research to access participants where English language was not their first language. • The Finance team would continue to work closely with the teams and services to ensure all invoices for suppliers were processed promptly.
4.7	<p>Mark Robbins briefed the Board on the 'sustainable organisation' section of the</p>

	<p>report. The following key points were noted:</p> <ul style="list-style-type: none"> • Levels of assurance remained unchanged for the reporting period. • The Trust continued to deliver the required balance position. • Cash position was now back to a stable and normal level. The Trust had received reimbursement for the expenditure on the mass vaccination service in November 2021. • Capital Programme spend remained on target.
4.8	<p>Following the Integrated Governance report discussion, the Board were satisfied that the Board Assurance Framework was an accurate reflection of the strategic risks currently facing the Trust and were assured that there was mitigation in place to address the risks.</p>
4.9	<p>The Board discussed the Learning from Deaths Report and noted that 2 patients had difficulties in engaging with iCaSH and other healthcare services. The report had been submitted to iCaSH Operational and Performance Board. Action: David Vickers to follow up on feedback on iCaSH Operational and Performance Board discussion on two deaths relating to iCaSH services.</p>
4.10	<p>The Board:</p> <ul style="list-style-type: none"> • Approved the CQC Statement of Purpose which had been updated to include changes in large scale vaccination sites. • Discussed and noted the Learning from Deaths Quarter 2 report.
5.	Patient Story
5.1	<p>Lisa Wright, Ellen Ballantyne, Verity Trynka - Watson, Laura and her BSL interpreter joined the meeting.</p>
5.2	<p>The following points were noted:</p> <ul style="list-style-type: none"> • Laura had profound hearing loss. • She faced challenges accessing iCaSH services; for example, there was no email or text number option during that time, making it difficult for deaf people to access the service. • Laura emailed PALs to ask how deaf people would access the service. There was a time delay to get BSL interpreters. • Laura's experience once she had access to the service was good.
5.3	<p>In discussion the Board noted the following points:</p> <ul style="list-style-type: none"> • It was important to ensure the hearing community had access to the service. • Laura attended three online focus groups to share her thoughts on how iCaSH could improve access for deaf people. The focus groups were useful; some of the issues on the website were now resolved. • Suggestions for improvement into Trust Accessible Information Standards work programme included: <ul style="list-style-type: none"> ○ Information translated into BSL ○ An online form or email contact so people could get in touch in a different way. • Whilst some deaf people could have access to a telephone, a variety of options would help deaf people to access services. • The service had made the following improvements following Laura's feedback: <ul style="list-style-type: none"> ○ Email contact advertised on service website. ○ Direct messaging on Facebook and Twitter answered directly by members of the service. ○ The service was still running face-face and walk in clinics. ○ Exploring video consultation, this might help lip-readers. • The service agreed with Laura about the difficulty to access BSL translation; there was a long wait to get BSL translators. <p>Action: Mercy Kusotera to follow up on the following comments raised:</p>

	<ul style="list-style-type: none"> ○ Explore options for getting BSL interpreters in a timely way; for example, whether BSL video interpreters could help ○ Contact Signhealth organisation for advice on some of the issues raised. ○ Whether the Trust needed a separate contract for BSL to address the gap. <ul style="list-style-type: none"> ● The Trust was re-designing the Trust website to ensure the information was accessible to every community; building videos using BSL would be an area of focus.
5.4	The Board thanked Laura for sharing her valuable insights and her participation in focus groups to improve Trust access services.
6.	Committee Escalation Reports
6.1	<p>Quality Improvement and Safety Committee</p> <p>The following key points were noted from the report:</p> <ul style="list-style-type: none"> ● The Committee continued to receive substantial assurance from annual reports. ● Thematic reports provided insight on patient experience. ● Additional training was being provided on the Liberty Protection Safeguard Implementation. Continued support was provided to staff in relation to training and learning in safeguarding.
6.2	<p>People Participation Committee</p> <p>The following points were noted from the report:</p> <ul style="list-style-type: none"> ● People Participation and Improvement (PPI) strategy workshop was held in November 2021. Further session planned for 2022/23 with members of the community and Trust co-production leads. ● Positive reports received from Trust divisions.
6.3	The Board noted the escalation points from Committees.
7.0	Any other Business
7.1	There was no other business discussed.
8.0	Questions from members of the public
8.1	No questions were received from the public.

Date of next Public Trust Board Meeting: 16th March 2022

Venue: Microsoft Teams