

MINUTES

TRUST BOARD PUBLIC MEETING

Wednesday 21st July 2021

13.30 – 16.10

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
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	Assistant Director of Corporate Governance
Lisa Wright	Patient Experience Manager (<i>Item 1</i>)
Debbie Nutkins	Special Needs Nurse Coordinator (<i>Item 1</i>)

Apologies:

Minutes:

1.	Patient Story - “My Experience of the Brief Observation of the Symptoms of Autism (BOSA)” Bedfordshire and Luton Children’s Services.
1.1	Liz Webb, Debbie Nutkins and Eva joined the meeting.
1.2	The Board was informed that Eva had two sons (D and G) both diagnosed with Autism and ADHD.
1.3	The following points were noted: <ul style="list-style-type: none"> • D aged 11 attended a BOSA clinic in October and was diagnosed with Autism and ADHD and learning difficulties. • Diagnosis of Autism was sent by email in November. The letter helped Eva to understand the problem with D but no further contact was made after the clinic. • Eva was still waiting for the next appointment and the medication needed. • Eva found BOSA assessment to be much more helpful than the assessment based method used to diagnose her eldest son.
1.4	In discussion the Board noted the following points: <ul style="list-style-type: none"> • A BOSA was a tool used to help assess children’s social communication difficulties and help come to the conclusion as to whether diagnosis would be appropriate. • Giving a diagnosis by an email was not the normal procedure but this could

	<p>be due to the pandemic. Face-face or a video meeting were usually used to give diagnosis to parents.</p> <ul style="list-style-type: none"> • Eva's experience would help the Trust to check whether other parents had been in similar positions during lockdown. • The link between getting the diagnosis and getting support from school was important. Schools were encouraged to engage with parents and information from schools would be used to make referrals where needed. • The school helped Eva to signpost her to get the diagnosis for her elder son and supported Eva to understand the services available because English was Eva's second language. • Not every child who was diagnosed with Autism would require future follow up.
1.5	<p>The following two actions were noted from the patient story:</p> <p>(i) To follow up with the service:</p> <ul style="list-style-type: none"> • To understand why the diagnosis was given to Eva by email • To check with Eva whether D's needs required a follow up. • To find out when medication appointment for D would be scheduled. If not booked in as yet, they would get one booked in: Kate Howard and David Vickers <p>(ii) To share the learning from Eva's experience and the impact of communicating diagnosis by letter: Anita Pisani</p>
1.6	The Board thanked Eva for sharing such a valuable story and her support to the co-production team.
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 May 2021 were approved as a correct record of the meeting.
3.2	The Board received an update on the action regarding the Board and Committees Terms of reference (4.5 -1 st -3 rd bullet points). The terms of reference would be updated after September 2021 to incorporate future arrangements for the Ethics Committee.
3.3	The Board received a verbal update on conversations regarding the deficit position of Bedfordshire Community; there were positive conversations regarding funding arrangements.
3.4	The Board was pleased to note the patient story actions response from the Children's and Young People's Services (actions 1.4 – 6 th and 7 th bullet points). Action: Kate Howard to convey a formal thank you message from the Board to the Children's and Young People's service for providing a comprehensive response to the actions relating to the patient story.
3.5	The context and baselines for incidents relating to Bedfordshire 0-19 (action 5.3- 5 th bullet point) had not been included in July Board Integrated Governance Report. Action: Kate Howard to circulate the update after the meeting.
4.0	Chief Executive Report
4.1	Matthew Winn briefed the Board on progress and key issues, events and activities since the last Board meeting.
4.2	<p>The following key headlines were noted:</p> <ul style="list-style-type: none"> • The Board Assurance Framework was an accurate reflection of the strategic risks currently facing the Trust and how the Trust managed the risks. • Following the Board Development session in June, the Trust strategic indicators were revised and were included in the Board pack for Board approval.

	<ul style="list-style-type: none"> The Trust Disciplinary policy was reviewed and updated to ensure it adhered to best practice. NHS England/Improvement had requested that all NHS organisations should review their investigation and disciplinary policy and procedures to make sure that they were as compassionate, supportive and inclusive as they could be. An overview of the recently published NHS System Oversight Framework for 2021/22. The Trust continued to respond to the COVID-19 pandemic.
4.3	<p>In discussion the following points were noted:</p> <ul style="list-style-type: none"> The Trust had reviewed the Trust processes in line with the current national guidance regarding staff isolation following close contact with a Covid positive case. A risk assessment tool and a flow chart had been developed for managers to use when assessing whether staff would come into work or isolate. Action: Kate Howard and David Vickers to share with staff the information on Trust position regarding staff isolation following close contact with a Covid positive case. Narrative relating to non-safeguarding serious incidents offer and the response (indicator 1f) to be included in future Board reporting. Lateral flow reporting process had been enhanced to increase reporting rates. Weekly emails and texts were sent to staff regularly. Weekly reports from the lateral flow team were shared with Service Directors. Backlog data was discussed during Clinical Operational Boards (COBs) and included in the Integrated Governance Report. Action: Rachel Hawkins to explore how information from the COBs could be explicitly escalated to the Board and ensure there was transparency on backlog information; this could be included on the Integrated Governance Report cover sheet. Services had targeted work on waiting lists and recovery of services. Action: Rachel Hawkins to schedule discussion on how health inequalities were being addressed in the restoration and recovery plans for the Board Development session. With regard to Indicator 4c relating to ‘increasing the number and added value of digital interactions with patients’ the Board was assured that patients’ choices would still be respected. A number of measures would be used to ensure that the Disciplinary Policy was effective; this would include soft intelligence, feedback and constant review.
4.4	<p>The Board discussed and approved:</p> <ul style="list-style-type: none"> The Board Assurance Framework. The revised strategic indicators.
4.5	<p>The Board noted:</p> <ul style="list-style-type: none"> The new NHS System Oversight Framework for 2021/22. The adoption of the revised Disciplinary Policy.
4.6	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 April and May 2021.
5.2	<p>The key highlights from providing outstanding care section included the following:</p> <ul style="list-style-type: none"> One serious incident was declared in April and none were declared in May 2021. There was an increase in moderate harm incidents especially in May 2021. Increase in pressure ulcers was linked to the number of referrals to Trust

	<p>services.</p> <ul style="list-style-type: none"> • There was a new section in the report for central system alerts; the Trust had a robust process in place for managing and acting on alerts. The process was overseen by the Deputy Chief Nurse. • Safeguarding remained challenging both locally and nationally. Two safeguarding risks both scoring 16 (risk ID 3182 and 3227) were included in the report; there were controls in place to mitigate the risks. • The Trust was working proactively with partners to align the processes in Cambridgeshire and Peterborough MASH health. • ICON – a programme that provides information about infant crying and how to cope; was now being embedded into the Healthy Child Programme. Work continued with partners to promote the need for a system wide public health approach. • The Domestic Abuse Bill had received Royal Assent; the Trust was reviewing internal implications of the Bill on staff and services. Further guidance was expected in due course. • There were system conversations across the Integrated Care Systems regarding future safeguarding processes, accountability and responsibilities. • Referral to treatment challenges were discussed in detail during COBs. • There was an increase in the number of children waiting for occupational therapy in Cambridgeshire. This was linked to an increase in referral from local schools. New local authority funding was expected; this would help recruitment to expand service. • The work against CQC ‘must do’ actions continued during the pandemic. • There was a typo in the report; statement on recruitment consultant was cut off (item 10.8). The statement related to recruitment consultant to support CQC actions. • Challenges to 0-19 services and how they could be mitigated, were discussed in detail during the CCS and CPFT Children’s Partnership Board. • Areas of good practice were noted; these include Luton and Bedfordshire Adult services involvement in the National Community Safer Staffing Tool. • With restrictions being lifted nationally on 19th July 2021, there were no changes to the Trust infection prevention and control advice for example wearing of masks; patients would be asked to continue wearing masks and keeping social distances when using Trust services. • An updated version of the Infection Prevention and Control (IPAC) Board Assurance Framework was published on 30th June 2021 and was currently being reviewed and would be coming to the Board in September 2021. Action: Kate Howard to present to the Board in September 2021 the revised Infection Prevention and Control (IPAC) Board Assurance Framework.
5.3	<p>In discussion the Board noted that:</p> <ul style="list-style-type: none"> • Joint recruitment and skills mix were being explored. • The Service Redesign Team had recruited a Data Scientist; the role would strengthen the Trust’s use of data to design healthcare solutions. • Some areas were difficult to recruit into both nationally and locally; the issue was discussed during COBs. There were conversations with services on exploring possible options to resource such areas. • E-rostering team were working on mass vaccination e-rostering; Luton Adults would be the second on the list after mass vaccination. • There was ongoing work on pathways to improve waiting lists and ensure patients received the support they needed as early as possible. • The Service Directors for Bedfordshire and Luton were pulling together the

	demand and capacity business case across Bedfordshire and Luton; this would maximise economies of scale by working with one commissioner.
5.4	The Board noted that the Learning from Deaths Report Quarter 3 and 4 was presented to the Board in May 2021. Quarter 1 for 2021/22 was not yet available.
5.5	<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. • Objectives and measures were updated to reflect end of May 2021 position. • Appraisal rates and monthly sickness would continue to be the focus for management attention. • Risks 3163 and 3164 relating to staff morale and workforce challenges which might impact delivery of care had been increased to 16. • The Trust launched a new staff network; LGBTQ+ on 14th July 2021; the network was well attended. Anita Pisani chaired the meeting and staff had been asked to take up network officer roles. Terms of reference for the network were agreed. • Quarter 1 staff friends and family feedback was received. A new process for the survey was expected to be published by end of July 2021. • On the 73rd NHS birthday of the NHS the Chair and Chief Executive wrote to all staff to thank them for their dedication and commitment over the recent challenging months. Staff were given a voucher and an extra day's leave. This was well-received by staff. • East of England launched the regional anti-racism strategy on 1st July 2021. The Trust had started conversations regarding establishing the Trust anti-racism strategy. • Action: Anita Pisani to schedule anti-racism strategy item for October Board development session and invite Austin Chinakidzwa (BAME network Chair) to the session. • The Trust was advertising 12 'kickstart' roles to help people with employability skills. • Agency spend increase was due to mass vaccination.
5.6	<p>In discussion the following points were noted:</p> <ul style="list-style-type: none"> • The Trust continued holding IMT meetings every Thursday; any critical areas for example business continuity issues would be picked up during those meetings. • Action: Anita Pisani to liaise with Angela Hartley and schedule staff story for a future board meeting. • Reverse mentoring programme was valuable and the Trust was expanding the opportunity to all Trust leaders. • All services had business continuity plans and the plans should provide the indicators on whether or not services could continue to be safely delivered. • Action: Rachel Hawkins to ensure that the Trust Business Continuity plans at service level were specific on when business could not be delivered safely.
5.7	<p>Anita Pisani briefed the Board on 'collaborate with others' section noting the following points:</p> <ul style="list-style-type: none"> • The report included Trust contribution to Cambridgeshire and Peterborough and Bedfordshire, Luton and Milton Keynes ICS activities. • The Trust continued to work in collaboration with health and local partners to deliver Covid 19 mass vaccination in Cambridgeshire and Peterborough and Norfolk and Waveney for large scale mass vaccination. • Included information on Princess of Wales (PoW) hospital, Ely.

	<ul style="list-style-type: none"> The finance team continued to work closely with teams and services to ensure invoices were processed promptly. Action: Anita Pisani to continue getting feedback on the format for the ‘collaborate with others’ section and reflect on future role of ICS and how it would be reported to the Board. Action: September Integrated Governance Report would be in line with the four agreed ‘collaborate with others’ indicators. The Trust was well-linked with social services within the system (BLMK and Cambridgeshire and Peterborough) and had good working relationship with local authorities. The Trust was awarded £20,000 Research and Capability Funding (RCF) for performing well during 2019/20 period. Two innovation ambassadors were recently appointed. The Board commended collaborative work across dental care; details were included in the Adults COB report. The Trust would keep an eye in terms of capacity and Trust representation on ICS meeting attendance and prioritise.
5.8	<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"> Internal Auditor’s assessment during 2021 concluded that the Trust had an adequate and effective framework for risk management, governance and internal control. It was confirmed that for 2020/21 accounts, the Trust had received ‘Unqualified’ opinion from External Auditor for its value for money. Monthly financial monitoring of cash continued from 2020/21. Cash was higher than plan. Cash funding regime was changing, would be funded quarterly in arrears. The main areas of planned capital spend were the continued development of North Cambs Hospital, Wisbech and planned refurbishment of Nash House in Suffolk. The Trust would keep an eye on recovery and backlogs. There had been conversations with Public Health commissioners regarding recovery expectation.
5.9	The Board noted the Integrated Governance Report and thanked the Executive Team for pulling together such a comprehensive Report.
6.	Annual Budget 2021/22
6.1	<p>The following points were noted from the report:</p> <ul style="list-style-type: none"> The report was delayed due to guidance on funding arrangements not being confirmed. No material risk was caused by the delay. Arrangements for the first half of 2021/22 were released in late March 2021 and guidance for the second half of the year was expected between September and November 2021. The budget had been established following engagement with service leads. Implied efficiency target - 3% was already factored into the proposed budget. The Trust would continue to identify existing and new efficiency schemes alongside the service restoration and transformation plans. The NHS pay award and how it would be funded had not been agreed as yet. To deliver the plan, the Trust needed to deliver cost improvements totalling £4.2m. This excluded the mass vaccination services. There were potential risks in delivering the plan for example, identifying efficiency savings totalling £4.2m.

6.2	<p>The following comments were noted in discussion:</p> <ul style="list-style-type: none"> • It was anticipated that digital working and freeing up non-clinical estates could offer some opportunities to deliver efficiencies. • Mass vaccination was funded differently through a direct national route and it was agreed that it would be helpful that this message was clear for staff working within the mass vaccination service. Action: to work out some messaging to clarify that mass vaccination was a national programme. • Mass vaccination Phase 3 arrangements including structures needed and the cost to deliver would be clearer by end of July.
6.3	The Board approved the Revenue budget plan for 2021/22 with potential risks to delivery.
7.	Committee Escalation Reports
7.1	<p>The following points were noted from the reports:</p> <ul style="list-style-type: none"> • Audit Committee - The issues raised by the External Auditor were now resolved. • Substantial assurance could be taken from a number of annual reports and updates presented to the Quality Improvement and Safety Committee (QISCOM). • There were two safeguarding risks to be escalated to the Board (risk ID 3182 and 3327). Both risks were rated 16. • QISCOM received reasonable assurance on safeguarding reports on the actions and mitigation in place. • Outstanding practice for example development and roll out of the new co-produced supervision model for safeguarding was noted. • QISCOM received regular update on the NICE guidance and recommendations and how they were being implemented. • Items which had been deferred due to the pandemic were now being picked up for example; a review of all the risks relating to quality would be incorporated into the next QISCOM meeting.
7.2	The Board noted the escalation points from Committees
8.	Diversity and Inclusion Annual Report
8.1	<p>The following key points were noted from the annual report:</p> <ul style="list-style-type: none"> • 2020/21 Equality Delivery and Inclusion outcomes and proposed objectives for 2021/22 were presented to the People Participation Committee meeting in May 2021. • The publication of 2021 WRES, WDES and 2020 Gender Pay Gap data was delayed nationally. • Action: Anita Pisani to incorporate 2021 WRES, WDES and 2020 Gender Pay Gap data into the next bi-annual workforce review report to the Board. The report would include an improvement action plan. • The Trust relaunched the BAME and the Long Term Conditions and Disability staff networks during 2020/21. • Introduced the adjustment passport to support. • Proposed 2021/22 EDI objectives were outlined. There was a specific objective to support the development of a Trustwide Anti-Racism Strategy. • Action: to work with the Workforce Diversity and Inclusion Group to come up with proposals and recommendations re- meeting Model Employer Goals for 2025. This would be included in the bi-annual workforce review.
8.2	<p>In discussion the following comments were noted:</p> <ul style="list-style-type: none"> • The Trust met its public sector equality duty requirements for equality delivery. • It was not yet clear how health inequalities would be reported in future at ICS

	<p>level.</p> <ul style="list-style-type: none"> The staff networks provided a forum for opening new insights and initiatives for equality delivery.
8.3	<p>The Board:</p> <ul style="list-style-type: none"> Noted the Trust's performance against Equality Diversity and Inclusion outcomes for 2020/21 Approved 2021 Equality Diversity and Inclusion objectives for 2021/22
9.	Freedom to Speak Up Annual Report
9.1	<p>The following points were noted from the report:</p> <ul style="list-style-type: none"> 25 concerns were raised during 2020/21. Themes and divisions for the concerns were included in the report. Reviews for each concern were independent, fair and objective. The Trust currently had 18 Freedom to Speak up Champions; all had received FTSU Champion training delivered by the FTSU Guardian. Learning and sharing event for all the FTSU Champions was held in June 2021. The Executive and Non-Executive Leads also attended the event. The Freedom to Speak Up Index for 2020 staff survey results was published in May 2021 and the Trust was again ranked the highest NHS Trust in the country. Freedom to speak Strategy was refreshed and now included FTSU Communication Plan. The revised version was shared with the Joint Consultative Negotiating Partnership (JCNP) and was fully supported. Internal audit undertook a review of the Trust speaking processes for 2020/21; the audit received reasonable assurance. In 2020, the National Guardian Office conducted a FTSU Guardian survey; highlights on how the Trust compared to the survey headlines were identified in the report. Areas for learning and improvement from raised concerns were noted in the report.
9.2	<p>The Board:</p> <ul style="list-style-type: none"> Noted FTSU annual report for 2020/21 and the improvement plan. Approved the revised FTSU Strategy.
9.	Any other Business
9.1	There was no other business discussed.
10.	Questions from members of the public
10.1	There were no questions received from members of the public.

Date of next Public Trust Board Meeting: 15th September 2021

Venue: To be confirmed