

## MINUTES

### TRUST BOARD PUBLIC MEETING

Wednesday 20<sup>th</sup> May 2020

9.30 – 11.40

#### 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
Mark Robbins	Director of Finance and Resources
Dr David Vickers	Medical Director
Rachel Hawkins	Director of Governance
Julia Curtis	Chief Nurse

#### In Attendance:

Karen Mason	Head of Communications
Lisa Wright	Patient Experience Manager (Item 1)
Zoe Gibson	Baby Friendly Advisor (Item 1)
Mercy Kusotera	Assistant Director of Corporate Governance

#### Apologies:

Judith Glashen	Associate Non-Executive Director
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#### Minutes:

<b>1.</b>	<b>Patient Story - Children's Community Nursing Team</b>
1.1	Lisa Wright, Zoe Gibson and service user joined the meeting.
1.2	The Chair welcomed board members and attendees to the meeting; she informed all that the meeting was being recorded.
1.3	Lisa Wright reported that the Baby Friendly Team were part of Bedfordshire Community Health Services (Children and Young People Services). One of the service's key functions was to ensure complex breast feeding problems were supported and resolved to enable Mums to breast feed as long as they wished.
1.4	The Board was informed that before Covid-19 pandemic, breast feeding service could be accessed via a variety of ways for example pop in sessions, telephone services and support services which were always face to face. However due to Covid-19, the service was now accessed virtually. The story related to a service user's experience of accessing Baby Friendly Team for infant feeding through video consultation.
1.5	The Chair introduced the service user to the Board and encouraged her to share her story. The service user reported that she started having breast feeding problems due to tongue tie six weeks after the baby was born. After every feed, the service user experienced a lot of pain which kept her awake at night. She spoke to her health visitor about the problems and was referred to Baby Friendly Team for support.

1.6	The service user met Zoe Gibson face to face; Zoe visited the service user and carried out some assessments. A week after the meeting, the nation went into lockdown and it was no longer possible for the service user to meet Zoe face to face. The service user was due to visit a tongue tie consultant but because of Covid, the procedure was deemed 'non-essential.'
1.7	Zoe Gibson organised video meetings and offered the service user support virtually. The service user received practical support and suggestions to improve the baby's latch and was now able to feed her baby without pain. Without the emotional support provided by Zoe, the service user could have felt quite isolated due to lockdown.
1.8	The service user reported that using ZOOM was quite different from face to face; however ZOOM provided the following advantages: <ul style="list-style-type: none"> <li>(i) Continuous support from Zoe</li> <li>(ii) Times of the meetings were more flexible when compared to face to face.</li> <li>(iii) Seeing Zoe on the video felt more personal.</li> </ul>
1.9	In terms of things which did not work so well, the service user reported that video consultation required one to be more organised and competent with technology; this could be challenging for a new mum. She added that if one was struggling with the latch, it could be challenging to find the correct position of the camera to show the feed. The service user also commented that some people might have concern feeding in front of the camera.
1.10	Regarding using video consultation post Covid, the service user highlighted that her first face to face meeting was useful but she also commented that follow – ups on video were helpful.
1.11	The Chair thanked the service user for sharing her story. She congratulated the service user on her first child and acknowledged how difficult it was, going through breast feeding problems and the current challenges with no access to a network. The Chair commented that the Trust was currently exploring ways of capturing learning through increased use of digital consultations and ensure lessons were learnt from both what worked well and what did not work well.
1.12	Zoe Gibson briefed the Board on how the team adapted to providing virtual support. She reported that organising virtual meetings was quicker than arranging face to face meetings, for example it took her five days to coordinate diaries for the first face to face visit. Video consultation enabled her to 'model' the correct position needed for breast feeding.
1.13	Zoe Gibson expressed her desire to continue with video consultation after lockdown. In response to a question about training and additional input to the new way of working, Zoe explained that she did not require any training for face to face over the video. However training was needed for understanding the new platform; the team practised video consultation with team members to ensure all worked well. Video consultation could be challenging when logged on mobile; for example adjusting and getting the correct angle caused problems for some mums.
1.14	Dr Anne McConville thanked the service user and Zoe. She commented that the story was a good example of how services had adapted to the new way of working. She then asked about the availability of the right device to be able to work on; whether one needed a laptop or a mobile phone. She also sought clarity on issues relating to access and equity in order to offer the service to those who needed it. Zoe responded that a safari or chrome browser was needed. She added that the team had made some provisions; as a general rule the team did not carry out home visit. However there were some patients who did not have the required technology; she gave an example of a colleague who had to arrange home visit with Personal Protection Equipment because the patient did not have the required device.

1.15	Geoff Lambert asked whether there were any privacy and data protection issues relating to taking videos of patients with babies latched on. Julia Curtis explained that the Trust used recommended 'platforms' which had extra security built in with a software that was checked and tested to ensure the consultation remained safe and completely confidential. She explained that the Caldicott Guardian (Dr David Vickers) had an independent role to be a patient advocate ensuring patient information was kept safely; he worked closely with the IT team.
1.16	Gary Tubb recalled that when he had children, group dynamics was very important to him and his partner; he asked whether during lockdown, having access to a group or having access to someone with lived experience via video would have the same value. The service user responded that before the lockdown she had attended a group. She added that video call could not provide the same dynamics; it was difficult to replicate what one could get from a group. She also commented that she would not feel comfortable feeding her baby in front of strangers.
1.17	In response to a question about talking to someone with lived experience (outside the Trust), the service user felt that it could be helpful talking to someone who had experienced similar issues.
1.18	Regarding access to the team, Anna Gill asked whether the service user was made aware of the special support before she needed it. The service user confirmed that her health visitor had made her aware of the support available during the routine check-up.
1.19	In response to a comment about translation and sign language, Zoe Gibson highlighted that on attend anywhere, there was an option to have one to one consultation; patient could also bring others into the room for example, they could bring along a translator.
1.20	Oliver Judges felt that it could be difficult to get full sense of well-being of the new mother over video, for example emotional well-being and he asked whether this was the case. Zoe responded that because she had initial face to face contact with the service user had helped to develop the relationship. A combination of face to face and video follow-ups was helpful. The team also liaised with midwives; any emotional issues would be known.
1,21	Regarding access to device comment raised earlier, Anita Pisani highlighted that to ensure the new way of working was accessible to everyone who needed it; the Trust had rapidly introduced video consultation and other virtual platforms due to the pandemic. The Trust would be reviewing the use of technology ensuring correct devices were accessible to enable practitioners to provide required support to patients.
1.22	Julia Curtis observed that the service user's son had tongue tie and would have gone for a procedure and that was cancelled; however because of the support offered to the service user, the problem was resolved without that procedure. She noted the need to look for the evidence of this. The service user expressed her disappointment for not getting the procedure; however highlighted that the support she received from Zoe was helpful. Zoe commented that tongue tie was tricky; there was need for working out the right option for each case.
1.23	Matthew Winn noted that there were lots of peer volunteers in Bedfordshire and he asked whether the Trust was making use of its volunteers. He commented that volunteers could be engaged and supported with video technology and they could provide the peer support mentioned in 1.14 above. Zoe Gibson concurred and added that there were lots of Bedfordshire Baby Friendly Buddies who were not currently being used. She explained that buddies were normally supported by a member of staff; if they were at home they would be using their personal equipment and therefore there were technical issues to be sorted first for example ensuring correct devices were being used.

1.24	With reference to security of information, Dr David Vickers confirmed that 'attend anywhere' had end to end encrypted; there were no concerns regarding the information captured.
1,25	The Chair thanked the servicer, Lisa Wright and Zoe Gibson for sharing such a great the story. She echoed the need for capturing the learning going forward. <i>The service user and Zoe Gibson left the meeting.</i>
<b>2.</b>	<b>Chair's welcome, apologies and additional declarations</b>
2.1	The Chair welcomed the Board to the first virtual Trust Public Board meeting. On behalf of the Board the Chair placed on record her thanks and admiration for the enormous task that was being undertaken by the Executives and everyone across the Trust in response to the pandemic. She praised the Executive Team for supporting the staff during this difficult period; she highlighted that staff have echoed this during webinars. The Chair also thanked everyone for a warm welcome and for providing her with all the information she needed when she joined the Trust in April 2020.
2.2	Apologies were received from Judith Glashen
2.3	The Chair declared that she was still the vice chair for East London Foundation NHS Trust.
<b>3.0</b>	<b>Minutes of previous meeting and matters arising</b>
3.1	The minutes of the meeting held on 15 <sup>th</sup> January 2020 were approved as a correct record subject to the following comment: Gary Tubb asked whether the following action on 1.10 had been completed as yet: <i>'Matthew Winn commented that it would be helpful to invite some female GPs to the classes'</i> Julia Curtis responded that a report on all actions from Patients Story would be presented to the Board once a year.
3.2	The Board received and noted updates from previous meetings.
<b>4.0</b>	<b>Integrated Governance Report</b>
4.1	Julia Curtis introduced the Integrated Governance Report for the reporting period February 2020 and March 2020.
4.2	The Key highlights from the report included: <ul style="list-style-type: none"> <li>• That the end of Quarter 4 was dominated by the global Covid-19 pandemic and this had brought major changes to the Trust performance -non-essential services were suspended in line with the national guidance.</li> </ul>
4.3	The report provided an overview of quality, performance; workforce and finance and was assessed in relation to the Trust's strategic objectives and associated risks to achieving those objectives. Exceptions were reported against each of the four strategic objectives. The report comprised of two sections: <ul style="list-style-type: none"> <li>• Overarching summary of assurance, performance and risks in relation to achieving each strategic objective during February 2020 and March 2020.</li> <li>• Additional supporting information for the reporting period.</li> </ul>
4.4	Julia Curtis briefed the Board on the assurance relating to the Trust's objective to provide outstanding care. She reported that the level of assurance around 'safe' had changed from reasonable to substantial due to the improved staffing position overall since reprioritisation of Trust services in line with the national directive (reported in the Excellent Employer objective) and the absence of Serious incidents and reported Health Care Acquired Infections. In addition, the Board could take the following levels of assurance relating to provide outstanding care: <ul style="list-style-type: none"> <li>• <b>Caring</b> – substantial assurance due the Trust wide CQC rating of Outstanding. The patient story shared earlier demonstrated outstanding caring attitude.</li> <li>• <b>Effective</b> – reasonable assurance due to the suspension of routine safeguarding supervision, limited level 3 safeguarding training available</li> </ul>

	<p>through this period.</p> <ul style="list-style-type: none"> <li>• <b>Responsive</b> – reasonable assurance maintained due to 89.5% of complaints responded to on time (17/19).</li> </ul>
4.5	Julia Curtis explained to the Board that the Quality and Equality Impact Assessment framework would be adapted to assess the impact on services which the Trust had posed, changed or done differently due to Covid-19 pandemic
4.6	The Trust was now moving into stage 2 planning on how services would be re-introduced safely and the framework would therefore be used to risk assess the potential impact of the changes already made and those planned to the delivery of care for example, video calls instead of face to face appointments, reduction in the interaction with service users and increase in self-management. A more detailed template which would be used by services was being developed over the next few weeks to look at the impact. <b>Action: To develop a more detailed Quality and Equality template for which would be used by services.</b>
4.7	Julia Curtis briefed the Board on the strategic risks relating to Outstanding Care objective. Three new strategic risks were identified since the last report to the Board. Two risks related to Personal Protective Equipment (PPE) were around supply of PPE and staff anxiety. The risks were monitored through the Incident Management Team on a weekly basis with daily escalations if required.
4.8	The Board was informed that the Trust followed all national guidance relating to Infection, Prevention and Control; no member of staff had been asked to undertake clinical care without appropriate PPE. Staff were kept updated on any changes to the guidance.
4.9	Julia Curtis briefed the Board on the risk relating to potential negative impact to patients and service users due to re-prioritisation of services; the risk was rated 16. The risk had been discussed in detail at the Clinical Operational Board meetings.
4.10	With reference to the patient story shared earlier Julia Curtis commended the IT team for working hard to ensure services had the right equipment.
4.11	Dr Anne McConville observed that the report stated that assurance ‘taken from the Quality Improvement and Safety Committee update’ and queried that the Committee had not met since December. Julia Curtis explained how assurance measures were described in the framework; the section was a routine regular assurance element throughout the year); it was agreed to clarify that the assurance period was for April to December 2019. <b>Action: To clarify the assurance period.</b>
4.12	Dr Anne McConville sought clarity on why the risk relating to PPE was a strategic risk and not operational whereas IT provision risk was operational. Rachel Hawkins explained that it was agreed to have a Trustwide risk on PPE and the impact of PPE on all services. All individual service risks that relating to PPE were linked to that Trust wide risk.
4.13	Dr Anne McConville commented that the Quality and Equality Impact Assessment was clear; well-structured and a useful tool as the Trust planned for recovery. She asked whether the scores were tracked on individual services over time. Julia Curtis confirmed that the scores would be tracked. Julia Curtis thanked Amy Edwards and the service redesign team for their help in the Quality and Equality Impact Assessment process.
4.14	With reference to the Friends and Family studies Gary Tubb asked how granular someone’s experience via video consultation could compare to face to face experience. Julia Curtis responded that a number of methods were used by services to collect feedback. Lisa Wright commented that virtual platforms were working with services to have specific Friends and Family elements linked to video consultation.
4.15	Geoff Lambert asked whether there was any evidence for patients not being able to get consultation because staff did not have the correct PPE. Julia Curtis confirmed that there was none in the Trust.

4.16	Fazilet Hadi appreciated that the Trust delivered outstanding care, however due to the pandemic the Trust was not able to deliver outstanding care to everyone and she queried that the Trust was providing outstanding care to everyone under the current circumstances. Regarding Quality and Equality Impact assessment, Fazilet commented on the importance of co-production for example with community partners and involving patients Trustwide. She also commented on issues that could be taken corporately for example digital communication and those which could be taken by individual services. Fazilet Hadi sought clarity on how the Trust could get the balance between local and Trustwide projects and whether any digital engagement to be used to inform the learning.
4.17	The Chair explained she had spoken with Julia Curtis on how the assurance summary in outstanding care in particular how the section could be improved to reflect the changes the Trust had to make due to follow national guidelines. Julia Curtis summarised her discussion with the Chair and noted the following points: <ul style="list-style-type: none"> <li>• The Trust was instructed nationally to re-prioritise community services in relation to the national guidance</li> <li>• The Trust had a public duty to deliver those services in the safest way possible</li> <li>• Within what the Trust had been asked to do and what was in Trust remit, the Trust had put controls, new processes and support in place for example around staff position to be able to deliver the services required during the pandemic.</li> </ul> She highlighted that the substantial assurance was provided on t what the Trust had been asked to deliver, and what had been put in place to keep patients safe during the pandemic.
4.18	Dr David Vickers acknowledged Fazilet's comment echoed Julia Curtis' comment that the assurance was around the care the Trust delivered in such a constraint situation.
4.19	The Chair highlighted that she felt uncomfortable about the way the Trust had improved its self-assessment of care over the period. She added that there was need to reflect on how useful the colour coding was. <b>Action: To review whether we would have the current colour coding moving forward.</b>
4.20	In response to Fazilet's comment about involving patients and the public and whether digital engagement could be used to bring together patients and the public, Julia explained that all services were exploring any learning, what worked well, barriers and the impact. This would help to inform the risk assessment.
4.21	Anita Pisani reminded the Board that the Trust had a People Participation ambition setting session scheduled for 3 <sup>rd</sup> June 2020; she added that it would be useful to discuss about the QIA in detail. <b>Action: To discuss in detail our ambition at the People Participation session scheduled for early June.</b>
4.22	Regarding Fazilet's comment about the QIA approach, Julia explained that QIA were locally managed but the Executive Team had oversight of the process.
4.23	The Chair commented that digital provided an opportunity to address equality issues and she asked how teams would ensure particular issues affecting specific groups were picked up. Julia Curtis responded the QIA would capture this. Dr David Vickers commented that digital had both positives and negatives and there was need to be mindful of that and in the context of the Long Term Plan.
4.24	Anita Pisani briefed the Board on the level of assurance regarding the performance for February and March 2020 and the strategic objective to 'Be an excellent employer.' She noted typos and apologised that the graphics for the section had not been updated since the March Board meeting. During this reporting period there were two substantial and one reasonable assurance relating to excellent employer.
4.25	The Board was informed that well-led assurance had changed from reasonable to substantial because the Trust agency spend had moved from above the Trust

	trajectory to below the annual target. Anita Pisani reported that in accordance with the Assurance Framework; the effective domain remained as reasonable assurance as appraisal targets were not met.
4.26	The Board was informed that during 2019/20, the objective to be an excellent employer had four measures and the Trust had achieved three of them. Appraisal trajectory was not met as late in March 2020 appraisals were suspended due to Covid-19. However, staff who had the capacity to carry out their appraisals during the pandemic had been encouraged to do so.
4.27	Anita Pisani briefed the Board on staff survey results for 2019/20 which were published in February 2020. Five key priorities had been identified for 2020/21. Due to Covid-19 pandemic, the group had not met as yet to further discuss the priorities. However a discussion had been held at the Joint Consultative Negotiating Committee on 14 <sup>th</sup> May 2020.
4.28	The Chair formally acknowledged fantastic staff survey results and thanked Anita and the Trust for achieving such notable results.
4.29	Anna Gill recalled attending a staff huddle in Luton, when staff were asked to identify what was working well for them and what was not; she asked whether this was a Trustwide approach. Anita Pisani confirmed that this was a Trustwide
4.30	In response to a question relating to concern from mature staff who found IT more challenging, Dr David Vickers commented that some staff found technology easier than others. Anita added that James Gingell and the IT team had supported staff across the Trust for example by arranging IT sessions; this enabled delivery of learning.
4.31	Regarding the number of staff who were off with cold, cough or flu symptoms, Dr Anne McConville asked whether the staff were tested and whether they were getting results back from the testing. Anita Pisani confirmed that any staff who were symptomatic were referred for testing; there was a process in place. No major issues had been received regarding getting testing results back.
4.32	Dr Anne McConville recognised that the report (staff survey) mentioned providing information on 'How to Become Bully Proof' campaign and she queried the language; she felt it could be interpreted as victim blaming. Anita Pisani explained that the term referred to the campaign which the Trust used previously.
4.33	Regarding achieving the Trust Strategic objective to 'Collaborate with other organisations' The Trust had in place strong governance evidence of collaborations with Luton Provider Alliance, Joint Partnership Board with East London NHS Foundation Trust and Partnership Board with Cambridgeshire and Peterborough NHS Foundation Trust.
4.34	It was noted that due to Covid-19 the Cambridgeshire and Peterborough and the Trust Partnership Board had not met since 21 January 2020. However there had been comprehensive joint working arrangements agreed and implemented with both Trust safeguarding teams who were now working in an integrated way supporting each other and the system.
4.35	Joint working with East London Foundation NHS Trust (ELFT) continued although due to Covid-19 a slimmed down Joint Partnership Board took place on 27th March 2020. The Partnership Board discussed Covid-19 preparations and updates and 20/21 outcomes framework.
4.36	Due to Covid-19 no further Luton Provider Alliance meetings had taken place since 23rd January 2020, however, a number of other system meetings had taken place to manage Bedfordshire and Luton response to the pandemic.
4.37	Anita Pisani reported that the Trust ran virtual multi-agency discharge huddles three times each day in Luton. The purpose of these huddles was to ensure that any issues with rapid discharges were addressed quickly and effectively. It was confirmed that the meetings had been very effective.
4.38	The Board was informed that to enable video consultation to take place in Care

	Homes; iPads had recently been rolled out to the 15 Care Homes in Luton.
4.39	Anita Pisani reported that in April 2020, the Trust with ELFT set up a Strategic Out of Hospital Group across Bedfordshire and Luton. This had now become a formal part of the Bedfordshire Local Resilience Forum infrastructure and its purpose was to ensure a coordinated and effective system-wide approach across health and social care partners to respond to the COVID-19 pandemic; and was jointly chaired by CCS Deputy Chief Executive, ELFT Deputy Chief Executive and Director of Adult Social Services, Bedford Borough Council. The group met twice a week and was supported by a tactical group that was chaired by Clare Steward the Programme Director in Luton.
4.40	Regarding research, Dr David Vickers reported that most research was currently paused nationally. The Trust was currently not involved in any Covid-19 research. The Trust had promoted (i) Covid-19 symptom tracker app; this was promoted informally to staff (ii) staff experience on working during the pandemic in particular their mental and wellbeing.
4.41	Mark Robbins updated the Board on public sector prompt payments; a number of invoices were paid six or seven days later. For April, the Trust was at 93% and the process continued to improve.
4.42	<p>Gary Tubb observed that there were lots of press criticism of how health and social care had historically operated as 'silos, managing points of friction' rather than an 'integrated team' working together. He asked how valid the criticisms were in relation to the Trust's collaboration. Matthew Winn recalled that the Chair had asked whether the Trust had a vision regarding its relationship with Care Homes in future. He commented that Trust would not be able to pull up a vision without the support of the CCGs and Care Homes. He highlighted that it was important to be much clearer on:</p> <ul style="list-style-type: none"> <li>• Sustainability of workforce – the Trust shared common banded workforce and needed to be involved in recruitment, training and retention of staff.</li> <li>• Delivery and support of Infection Prevention and Control especially smaller homes.</li> <li>• Care Home framework – joint endeavour between Social Care, Primary Care and Care Homes on how to provide better care to residents.</li> </ul> <p>Matthew Winn added that End of life care would be a key clinical area going forward. Another area of focus would be on how to support the residents in homes ensure intervention was provided at the right time and how to use technology to build the relationship going forward; an example was provided in the report.</p>
4.43	Mark Robbins briefed the Board on Sustainable objective. All strategic risks for 2019/20 had been closed and new two strategic risks were identified for 2020/21.
4.44	Regarding assurance relating to value for money, the Board was informed that the Trust was awaiting External Auditor conclusion for 2019/20 and was expected to be positive.
4.45	<p>Mark Robbins summarised the following key points from the report:</p> <ul style="list-style-type: none"> <li>• Well-led domain assurance remained substantial</li> <li>• The Trust had achieved its surplus, slightly lower than plan</li> <li>• Income and expenditure slightly below plan due Commissioners' funding</li> <li>• The Trust maintained the highest score for use of resource of 1</li> <li>• Key objectives for the year were all achieved</li> <li>• The Trust had cash balance of £11.6m at month 12.</li> <li>• New risk relating to agenda for change – this was due to interim funding arrangements for all providers.</li> <li>• Assurance heatmap had not changed- this was due to Cost Improvement Plan.</li> </ul>
4.46	Oliver Judges sought clarity re- receivables (3.1 and 3.2). Mark Robbins agreed to

	confirm. <b>Post meeting note: Mark Robbins confirmed the figures to Oliver Judges.</b>
<b>5.</b>	<b>Key issues from other Board Sub-Committees</b>
	<u>Infrastructure Committee key issues</u>
5.1	Oliver Judges provided a verbal update from the previous meeting held on 18 <sup>th</sup> May 2020. This was the first meeting in the new structure including Digital.
5.2	The meeting was positive; outlining new projects and how Covid-19 had changed working arrangements and also how the changes would be monitored.
5.3	There were no points of escalation apart from the risk relating to IT (3192); the risk was included on the Integrated Governance Report.
<b>6.</b>	<b>Chief Executive's Report</b>
6.1	Matthew Winn briefed the Board on his report which covered the following key areas: <ul style="list-style-type: none"> <li>• Actions being taken by the Trust in response to the Covid-19 pandemic.</li> <li>• Refreshed Board Assurance Framework (BAF). The current BAF was reviewed by the Board on 29th April Private Board meeting.</li> <li>• Annual Slavery and Human Trafficking Statement</li> <li>• Annual Self-certification</li> <li>• Communication activities</li> </ul>
6.2	Matthew Winn reminded the Board on how the Trust had responded to Covid-19, for example establishment of an incident control centre 24/7, holding daily situation reporting discussions and a weekly review of all COVID-19 risks; there are currently 24.
6.3	Matthew Winn drew the attention of the Board to Black, Asian and Minority Ethnic (BAME) issues. He reported that the Trust met with the cultural ambassadors and diversity and inclusion steering group and agreed a number of actions that it would be taking forward to support BAME staff during Covid-19. A letter had been sent to all BAME staff and positive feedback was received from staff thanking the Trust for the support. Individual risk assessments as well as dedicated Questions and Answer sessions for BAME colleagues were arranged. Clinical BAME staff had joined the Incident Management Team. Matthew thanked David Vickers, Julia Curtis and Anita Pisani for taking the BAME work forward.
6.4	Fazilet Hadi sought clarity on shielding re- staff with conditions which made them vulnerable; she asked whether a similar approach used for BAME staff would be taken to support those staff. She added that when reviewing Workforce Race Equality Standard later on, it would be helpful to reflect on what had been learnt during Covid-19. Fazilet also commented on accessible information standards; she noted that the standard applied to digital and staff should note that the standard existed. Anita Pisani responded that she would pick the accessible standard issue.  Regarding shielding, Matthew Winn explained that BAME issue was coming to the Board as a specific initiative and that staff shielding issues were addressed initially when the guidance on Covid-19 came out and continue to be a key area of action to support staff who are shielding during the pandemic.
6.5	The Board was briefed on the learning so far from Covid-19, highlighting that the risk factors had not changed. The Trust was currently developing plans in conjunction with other health and partner organisations to stand back up services, in a timely and safe manner, that were stood down in March. In addition, staff anxiety was high and the Trust needed to pay attention to that and should ensure there was appropriate emotional and well-being support for staff.
6.6	The Trust Board approved: <ul style="list-style-type: none"> <li>• Approved the annual self-certification and authorise the Chair to sign on behalf of the Board after the External Audit Report is issued; unless material concerns are identified by the auditors that would materially affect the Trust's</li> </ul>

	compliance. • Approved the Annual Slavery and Human Trafficking Statement.
<b>7.</b>	<b>Any other Business</b>
7.1	The Chair formally welcomed iCaSH staff who joined the Trust from Milton Keynes on 1 <sup>st</sup> April 2020.
<b>8.</b>	<b>Questions from members of the public</b>
8.1	There were no questions received from members of the public.

*Date of next Public Trust Board Meeting: 15<sup>th</sup> July 2020*

*Venue: Microsoft Teams*