

## MINUTES

### TRUST BOARD PUBLIC MEETING

Thursday 20<sup>th</sup> May 2021

11.00 – 14.00

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> )
Michelle Hill	Co-production and Service User Lead ( <i>(Item 1)</i> )

#### Apologies:

#### Minutes:

<b>1.</b>	<b>Patient Story - “Having Vedha during lockdown’ – Norfolk Children and Young People’s Health Services</b>
1.1	Lisa Wright and Michelle Hill from Norfolk Children and Young People’s Services and Prathima joined the meeting.
1.2	The Board was informed that Prathima had her baby, Vedha during the pandemic.
1.3	The following points were noted: <ul style="list-style-type: none"> <li>• Vedha had a heart condition and was taken to NICU.</li> <li>• Due to the pandemic, only one parent was allowed to see Vedha for only two hours.</li> <li>• As new parents, who were unable to have reassuring face-to-face contact with family, friends and health professionals, it was an emotional time.</li> <li>• Vedha was given expressed milk and bottle fed in the hospital.</li> <li>• The Health Visitor made phone contact to reassure the parents but Prathima felt that face-to-face would have been helpful.</li> <li>• Prathima got in touch with JustOne Norfolk team who provided her with virtual support.</li> <li>• Prathima was concerned about Vedha’s weight and she was not able to get regular weight checks. Vedha’s breathing seemed very fast and there were conflicting messages from the GP and A&amp;E.</li> <li>• It would have been helpful if the baby was checked to find out what was</li> </ul>

	<p>happening.</p> <ul style="list-style-type: none"> <li>• A routine NICU follow up found that the Vedha had Coarctation and he was referred to Great Ormond Hospital for heart surgery.</li> <li>• After the surgery, Prathima had lots of support from the Health Visitor, JustOne Norfolk and the Infant Feeding Team.</li> <li>• January appointments were cancelled due to the pandemic.</li> <li>• The baby was now well and happy.</li> </ul>
1.4	<p>In discussion the Board noted the following points:</p> <ul style="list-style-type: none"> <li>• Face-to-face and an option to breastfeed the baby would have provided an opportunity to know how the baby was feeding and developing.</li> <li>• The Board was pleased to know that the baby was now doing well.</li> <li>• Listening to parents' concern was important; parents were experts in their children.</li> <li>• A number of technologies for monitoring were available for mothers. Missing in the story was face-to-face clinical assessment and being alert to the triggers.</li> <li>• Personal contact with patients both face-to-face and digital was important; the approach needed to be tailored to the patient's needs.</li> <li>• It was acknowledged that face- to-face was important but due to the pandemic, virtual support was provided to reduce the Covid-19 transmission risk to staff and patients. <b>Action: Kate Howard - the service would explore if there were other options to support new mothers and what a patient centred approach would be during a similar crisis.</b></li> <li>• Query about lack of continuity of care with multiple use of Just One Norfolk. <b>Action: Kate Howard - to look at lack of continuity of care with multiple use of Just One Norfolk as a system issue and to help target and personalise care.</b></li> </ul>
1.5	The Board thanked Prathima for sharing such a valuable story. The story provided an opportunity for the Trust to learn and improve to meet its ambition to always provide outstanding care.
<b>2.0</b>	<b>Chair's welcome, apologies and additional declarations</b>
2.1	No new declarations were noted.
<b>3.0</b>	<b>Minutes of previous meeting and matters arising</b>
3.1	The minutes of the meeting held on 17 <sup>th</sup> March 2021 were <b>approved</b> as a correct record of the meeting.
3.2	The Board received an update on the action regarding the risk relating to the impact of Covid-19 (5.3 -7 <sup>th</sup> bullet point). The risk was recently reviewed and the score was reduced to 12.
3.3	The Board was informed that the Homeworking policy (action 6.2 – 2 <sup>nd</sup> bullet point) was being finalised and the Trust was engaging with the unions in developing the policy.
<b>4.0</b>	<b>Chief Executive Report</b>
4.1	Matthew Winn briefed the Board on progress and key issues, events and activities since the last Board meeting.
4.2	The Board was informed that the Head of Internal Audit Opinion (item 6.2) was being finalised and had not been circulated to the Audit Committee as yet. The Audit Committee Chair would lead on the formality of signing the annual report and the accounts. <b>Action: Mercy Kusotera - Board meeting pack would be amended to reflect that the Head of Internal Audit Opinion had not been circulated to the Audit Committee as yet.</b>
4.3	<p>The following key headlines were noted:</p> <ul style="list-style-type: none"> <li>• The Trust continued to deliver 9 large scale mass vaccination sites in</li> </ul>

	<p>Cambridgeshire, Peterborough and 6 Norfolk and Waveney. 311,000 Covid vaccinations doses had been delivered to date.</p> <ul style="list-style-type: none"> <li>• Details on mass vaccination operational delivery were now incorporated into the Integrated Governance Report and would not feature as a separate item in the Chief Executive report.</li> <li>• The Trust continued to respond to the COVID-19 pandemic.</li> <li>• Since the last report to the Board, there were no issues relating to EU Exit.</li> <li>• The Board Assurance Framework was an accurate reflection of the strategic risks currently facing the Trust.</li> </ul>
4.4	<p>The Board <b>reviewed</b> and <b>approved</b>:</p> <ul style="list-style-type: none"> <li>• The Annual Slavery and Human Trafficking Statement for 2021/22.</li> <li>• The Annual self-certification and authorised the Chair to sign on behalf of the Board after the External Audit Report was issued.</li> <li>• Board Assurance Framework.</li> </ul>
4.5	<p>The Board noted that the risk table on the BAF included information relating to Quality impact assessment. <b>Action Rachel Hawkins to provide an update to the Quality Improvement and Safety Committee on Quality Impact Assessment.</b></p>
4.6	<p>The Board <b>received, discussed</b> and <b>noted</b> the Chief Executive's report.</p>
<b>5.0</b>	<b>Integrated Governance Report</b>
5.1	<p>Kate Howard introduced the Integrated Governance Report for the reporting period February and March 2021.</p>
5.2	<p>The key highlights from providing outstanding care section included the following:</p> <ul style="list-style-type: none"> <li>• The Infection Prevention and Control (IPAC) Board Assurance Framework was reviewed and updated in April 2021; no new risks were identified.</li> <li>• No issues or gaps had been identified from the Health Safety Executive Report 'Summary of findings' and subsequent gap analysis.</li> <li>• No never event was reported during the reporting period.</li> <li>• No serious incident was reported in February and one was reported in March 2021.</li> <li>• One low level notification relating to legionella was reported but was now resolved.</li> <li>• Needle stick injuries mainly from Mass Vaccination Centres were reported. All the reported injuries were reviewed, guidance was updated and support mechanisms were put in place where needed.</li> <li>• 81.3% staff had received their Covid 19 first vaccination. The Trust continued to support staff. Individual support and conversations were being offered to staff who would like to discuss any issues relating to the vaccine.</li> <li>• Pharmacy team support for mass vaccination was applauded.</li> <li>• Mandatory training was over the target at 95% at the end of the financial year. There were slight issues relating to moving and handling of patients; one of the key sites was currently being used as a mass vaccination centre.</li> <li>• Continued work of the co-production leads during the pandemic; examples of outstanding practice from services were included in the report.</li> <li>• Safeguarding induction would go live on ESR.</li> <li>• There were no reported staff outbreaks of Covid 19.</li> </ul>
5.3	<p>In discussion the Board noted that:</p> <ul style="list-style-type: none"> <li>• Safeguarding continued to be challenging nationally and locally. The Trust continued to work with partners to ensure delivery against Trust statutory requirements. There had been an increase for families requiring support from the Universal Plus services for health visiting.</li> <li>• Mitigation, challenges and actions in place to address issues relating to safeguarding were discussed in detail during Clinical Operational Boards.</li> <li>• Safeguarding policies had been reviewed and updated against the New</li> </ul>

	<p>Domestic Abuse Bill.</p> <ul style="list-style-type: none"> <li>• The Board was assured that there was focus at system level on safeguarding; for example Luton and Bedfordshire Children’s services were holding conversations on how to safeguard children and young people across Bedfordshire and Luton.</li> <li>• More clarity was needed re- incidents relating to Bedfordshire 0-19 and an increase in the patient safety incidents reported in February and March 2021 (section 2.6 and 2.7). <b>Action: Kate Howard to provide context and baselines for incidents relating to Bedfordshire 0-19 and an increase in the patient safety incidents reported in February and March 2021.</b></li> <li>• The Trust communicated with patients who were on the waiting list.</li> <li>• The Trust was engaging with staff who were not yet vaccinated and encouraged them to speak to the Medical Director and Chief Nurse Staff. Weekly updates on vaccines were shared with staff via Comms Cascade.</li> <li>• Staff continued to have access to lateral flow test twice a week.</li> <li>• <b>Action: Kate Howard and David Vickers to reflect on how to communicate messages relating to vaccination and symptoms re- people who had been vaccinated.</b></li> </ul>
5.4	<p>The Board <b>noted</b> the following key points from the Learning from Deaths Report:</p> <ul style="list-style-type: none"> <li>• Good practice around advanced care planning and place of death.</li> <li>• Improvement in data quality.</li> <li>• End of Life Care template was now in place.</li> <li>• Increase in collaborative work across the system during COVID-19 pandemic.</li> <li>• There was a focus on end of life pathway at system level.</li> </ul>
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"> <li>• The report confirmed end of year position on achieving excellent employer objectives.</li> <li>• Reasonable assurance for safe and effective; substantial assurance for well led domains as previously reported.</li> <li>• Assurance levels were linked to the Board Assurance Framework.</li> <li>• Top three objectives linked to the NHS Annual Staff Survey were achieved.</li> <li>• The objective relating to improving experience for Black, Asian, Minority Ethnic (BAME) staff in relation to discrimination at work from manager/team leader or other colleagues was not achieved and was the focus of ongoing work.</li> <li>• Appraisal rates and monthly sickness would be the focus for management attention.</li> <li>• The Trust partially met the Equality Delivery System (EDS) objectives; the item was discussed in detail at the People Participation Committee in May.</li> <li>• Staff engagement continued but the impact on morale across the Trust was variable.</li> <li>• There were waiting list pressures in Ambulatory services and this was discussed in detail at the Adults COB.</li> <li>• The BAME Network and Long Term Conditions and Disability Networks continued to meet on a regular basis. The Trust was also looking to establish a LGBTQ+ network.</li> <li>• Three key objectives relating to staff survey improvement action plan were identified and would be taken forward by the Trust partnership group during 2021/22.</li> </ul> <p>Service level improvement plans would be developed and HR Business Partners were working with teams to identify these.</p>

5.6	The Board <b>noted</b> that the Trust was promoting a culture of ‘civility and respect’ for both staff members and Trust service users. Conversations were being held across the Trust. <b>Action: Anita Pisani would share with Board members, a ‘Ted Talk’ film from Chris Turner, an NHS consultant in emergency medicine. The film reiterated the shocking impact of rudeness in the workplace and how this could have a clinical impact for those who work in healthcare.</b>
5.7	The following points were noted in discussion on civility: <ul style="list-style-type: none"> <li>• NHS England and NHS Improvement had produced a toolkit for organisations to use to promote a culture of civility and respect.</li> <li>• The Trust would focus on policy and language shift from formal bullying and harassment process and policy to creating civility and respect.</li> <li>• Early intervention before issues escalate would be important.</li> <li>• Staff survey results and soft intelligence would be used as indicators for civility.</li> <li>• Freedom to speak up helped to promote a safe culture.</li> </ul>
5.8	The Board noted that the Trust was holding conversations regarding future working arrangements post Covid-19. It was unlikely that there would be a ‘one size’ fits all, approach to working and delivering services.
5.9	Trust policies, procedures and internal systems were being reviewed to address the recommendations from a review relating to a tragic incident at Imperial College Healthcare in 2016. The Trust was expected to publish the updated policy by 30 June 2021. <b>Action: Anita Pisani to bring a gap analysis and any improvement actions to a future Trust Board Development session for further discussion and sign off.</b>
5.10	The Board noted that issues related to BLMK were discussed earlier during the Private Board. The Trust was also a partner in Cambridgeshire and Peterborough ICS discussions. The following actions were noted: <ul style="list-style-type: none"> <li>• <b>The Board would spend more time on Cambridgeshire and Peterborough ICS at a future Board Development session. This would include the governance and reporting structures: Matthew Winn.</b></li> <li>• <b>Future Integrated Governance Report (collaborate section with others) to include the Princess of Wales (POW): Anita Pisani.</b></li> </ul>
5.11	Mark Robbins briefed the Board on ‘sustainable organisation’ section of the report highlighting 2020/21 financial position subject to Audit outcome. The following points were noted: <ul style="list-style-type: none"> <li>• The Trust achieved an overall balanced position for the year.</li> <li>• Income and expenditure increased at year end due to the reporting recognition of additional top up of employer’s pension contribution, additional PPE for mass vaccination income and expenditure.</li> <li>• Overall increase on cash position due to mass vaccination.</li> <li>• The Trust was in conversations with Commissioners regarding the deficit position of Bedfordshire Community.</li> </ul>
5.12	The Board <b>noted</b> the Integrated Governance Report and thanked the Executive Team for pulling together such a comprehensive Report.
<b>6.</b>	<b>Committee Escalation Reports</b>
6.1	The following points were noted from the reports: <ul style="list-style-type: none"> <li>• CCS and CPFT Joint Children’s Partnership Board provided a platform on which to build partnership work across the Cambridgeshire and Peterborough system and this should continue.</li> <li>• Infrastructure Committee discussion included Estate and ICT performance across vaccination centres. The collaboration between the stakeholders was commendable.</li> <li>• Substantial assurance could be taken from all the annual reports and bi-</li> </ul>

	<p>annual reports (except Safeguarding) received by the Quality Improvement and Safety Committee. Safeguarding report gave reasonable assurance.</p> <ul style="list-style-type: none"> <li>• A new Equality Delivery System (EDS) objective relating to Anti-Racism Strategy was identified and reported to the People Participation Committee in May 2021.</li> <li>• <b>Action: Mercy Kusotera to confirm to the People Participation Committee re- Trust assurance around Accessible Information Standards.</b></li> </ul>
6.2	The Board <b>noted</b> the escalation points from Committees
<b>7.</b>	<b>Any other Business</b>
7.1	There was no other business discussed.
<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: 21<sup>st</sup> July 2021*

*Venue: To be confirmed*