

MINUTES

TRUST BOARD PUBLIC MEETING

Wednesday 15th September 2021

12.30 – 15.15

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
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>)
Angela Hartley	Assistant Director of Workforce

Apologies:

Anita Pisani	Deputy Chief Executive
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Minutes:

1.	Patient Story - “Our battle to get help and support for Oscar” Bedfordshire and Luton Children’s Services.
1.1	Lisa Wright and Leah joined the meeting.
1.2	<p>The following points were noted:</p> <ul style="list-style-type: none"> • Leah had an IVF pregnancy with no complications with Oscar. • During labour, Oscar was deprived of oxygen and suffered long term brain damage. He was in hospital for about three weeks. • Prior to lockdown, Oscar was diagnosed with Cerebral Palsy and Leah was not provided with any information or signposted to anyone. • Leah battled to get access to services because most of them were stretched due to the pandemic. • A number of people were involved in providing Oscar’s care for example community paediatrics, health visitors and occupational therapist. • There was a delay in getting required equipment for Oscar. • Haidi from occupational therapy was supportive in getting Leah the right chairs for Oscar. • Community paediatrician was helpful, but it was difficult to get hold of him.
1.3	<p>In discussion the Board noted the following points:</p> <ul style="list-style-type: none"> • The story highlighted challenges faced by parents with children with complicated disabilities; the challenges included:

	<ul style="list-style-type: none"> ○ Lack of coordination, systems not linked. ○ Information not shared and delayed responses ○ The impact of the pandemic on care provided ● Having a centralised system would help service users to avoid repeating the same information. ● Sharing Leah's story with other partners would help to share the learning and improve the pathways. ● Most of the challenges highlighted in the story could have been predicted and sign-posted to relevant services earlier. ● People arguing about budget for Oscar's chairs in the presence of Leah, was not helpful.
1.4	The following two actions were noted from the patient story: (i) Kate Howard to share Leah's story with partners for shared learning (ii) Anna Gill to hold an offline conversation with Lisa and Leah re-what could be done to make changes.
1.5	The Board thanked Leah for sharing such a valuable story. With Leah's permission, the Trust would explore how the story could be shared for learning purposes.
2.0	Chair's welcome, apologies and additional declarations
2.1	Dr Anne McConville declared her involvement with Public Health England.
3.0	Minutes of previous meeting and matters arising
3.1	The minutes of the meeting held on 21 st July 2021 were approved as a correct record of the meeting.
3.2	The Board noted updates on the actions from previous Board meetings.
4.0	Chief Executive Report
4.1	The Board noted the substantive appointment of Kate Howard as Chief Nurse following Remuneration Committee approval on 18 th August 2021.
4.2	Matthew Winn briefed the Board on progress and key issues, events and activities since the last Board meeting.
4.3	The following key headlines were noted: <ul style="list-style-type: none"> ● The Trust continued to respond to COVID-19 pandemic. ● The Board Assurance Framework was an accurate reflection of the strategic risks currently facing the Trust and how the Trust managed the risks. The risks were discussed in detail during Clinical Operation Boards (COBs) and were included in the Integrated Governance Report. The risk regarding workforce challenges would be reviewed by the Service Directors and Anita Pisani. Action: Anita Pisani and the Service Directors to review the risk relating to availability of workforce and the impact on the care provided by the Trust. ● In collaboration with other providers, staff had been instrumental in supporting the system wide response to the Afghan evacuees. The Chair on behalf of the Board had extended thanks to the staff involved. ● An overview of the Integrated Care System (ICS) update: <ul style="list-style-type: none"> - List of key ICS documents were included in the pack for members to read. - The Bill was going through Parliament and relevant parliamentary processes; the Board would be briefed on future guidance in due course. ● The Trust Communications Team had been shortlisted in the NHS Communicate Awards in the Health and Wellbeing category. The winner would be announced on Wednesday 15th September 2021.

4.4	<p>In discussion the following points were noted:</p> <ul style="list-style-type: none"> • In some areas, waiting lists were not associated with workforce challenges. • In services with waiting list pressures, specific risks would be identified and detailed discussions were held during Clinical Operational Boards (COBs) Action: to schedule for October Board Development Session, a deep dive on cumulative risks relating to workforce; this would provide assurance on medium and short term strategy around workforce. • Indicators and mitigation on whether or not services could continue to be safely delivered were provided in business continuity plans. • There was an escalation process for triggers at system level; for example Gold Command. • NHSE/I were conscious about the pressures on acute care and the impact on patients and service users.
4.5	The Board received, discussed and noted the Chief Executive's report.
5.0 Integrated Governance Report (IGR)	
5.1	<p>The IGR for the reporting period June and July 2021 had been revised to incorporate comments from the previous Board discussion in relation to COBs escalation and improve the assurance process. The following changes were noted:</p> <ul style="list-style-type: none"> • A summary on level of assurance • Additional Executive summary • Outstanding practices discussed during COBs
5.2	<p>The key highlights from providing outstanding care section included the following:</p> <ul style="list-style-type: none"> • The Patient Safety team had reviewed the Patient Safety Strategy. Action: Kate Howard to schedule within the next six months, a session for the Board on its roles and responsibility in regard to the Patient Safety Strategy. • No serious incidents or never events were declared in June and July 2021. • There was an increase in low or no harm categories especially in June 2021. • There was a decrease in moderate harm incidents. • The Trust had a robust process in place for managing and acting on alerts • Pharmacy team continued to support mass vaccination; however this reduced the senior pharmacists' capacity to resume to business as usual. • Safeguarding remained challenging both locally and nationally. Three safeguarding risks scoring 16 (risk ID 3182, 3227 and 3250) 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. • Work continued with partners to embed ICON (a programme that provides information about infant crying and how to cope) into the Healthy Child Programme. • Adult Safeguarding Team were reviewing information relating to the newly published Liberty Protection Safeguarding process. Action: Kate Howard – the Adult Safeguarding Team to provide an update on Liberty Protection Safeguarding process to the Safeguarding Board. • Safeguarding training was reviewed in relation to Mass Vaccination programme. • Safeguarding team had been supporting the Afghan evacuees programme. • A revised version of the Infection Prevention and Control (IPAC) Board Assurance Framework was provided. Work was underway to close any gaps identified and would be monitored by the IPAC Committee. • No staff Covid 19 outbreaks had been reported in June and July 2021. • Trust seasonal flu staff vaccination programme was on track to commence in October 2021.

	<ul style="list-style-type: none"> • The Trust had won a contract for IPAC for Each Hospices across the region and would commence on 27th September 2021. • There was an increase in the number of informal and formal complaints received. Responses to all formal complaints were provided within expected timelines. • Waiting lists challenges were discussed in detail during COBs. In particular, there were pressures in Bedfordshire and Luton Occupational Therapy Service. Mitigation was in place. • There was a reduction in mandatory training compliance in June and July 2021 due to bank staff on mass vaccination programme and the Trust staff bank. • Areas of outstanding practice were outlined in the report for noting.
5.3	<p>In discussion the following points were noted:</p> <ul style="list-style-type: none"> • The Board congratulated Kate Howard on her appointment as Chief Nurse. • There was system working in relation to non-accidental child injury; key themes included drugs and alcohol abuse. • The Board was assured that risk 3260 was kept under constant review to ensure any impact due to emerging pressures was covered. • Dental challenges were discussed in detail during Adult COB. <p>Action: The Executive Team to reflect on the query relating to the assurance matrix not including specific metrics for Well-led against the outstanding care objective.</p>
5.4	<p>Angela Hartley 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. • The section provided more detail on workforce pressures and challenges highlighted in earlier discussions. • Mandatory training, appraisal rates and monthly sickness rates would continue to be the focus for management attention. • Regarding national concern about NHS staff retiring, the Trust was aware of the challenges and continued to explore ways of supporting staff.
5.5	<p>In discussion the following points were noted:</p> <ul style="list-style-type: none"> • It was important to understand workforce challenges both at Trust level and across employers in the same geography. Some areas were difficult to recruit into both locally and nationally. • There were plans to retain some staff from mass vaccination; this was a positive move. • Mandating Covid – 19 vaccination for NHS workers for care homes was a national guidance and was an issue both locally and nationally.
5.6	<p>Matthew Winn briefed the Board on 'collaborate with others' section.</p> <p>The report outlined a list of collaboration activities to ensure the Board was sighted of the Trust's involvement at system level. This included the following:</p> <ul style="list-style-type: none"> • The Trust contribution to Cambridgeshire and Peterborough and Bedfordshire, Luton and Milton Keynes ICS activities. • The Trust was well-linked with social services within the system (BLMK and Cambridgeshire and Peterborough) and had good working relationship with local authorities. • Research activities – there were a total of 12 Portfolio research studies running within the Trust and three were currently in set up. • Risks relating to collaborate with others were outlined. • Public sector payment - the finance team continued to work closely with

	<p>teams and services to ensure invoices were processed promptly.</p> <p>Action: To review the measures, wording for strategic risks and objectives to ensure they reflect ICS plans and emerging risks.</p>
5.7	<p>Mark Robbins briefed the Board on 'sustainable organisation' section of the report. The following key points were noted:</p> <ul style="list-style-type: none"> • Levels of assurance remained unchanged for the reporting period. • Interim block funding continued to operate for 2021/22. Final confirmation was expected. • Agenda for change 3% pay uplift for NHS staff was confirmed nationally; would be backdated to April 2021 and to be paid in September 2021. • Income and expenditure main movement was due to large scale vaccination service.
5.8	<p>In discussion the following points were noted:</p> <ul style="list-style-type: none"> • Ambulatory Care had delivered an underspend; this was due to vacancies and redeployment and reduced non-pay structure. The item was discussed in detail during Adult COB. Contract discussions continued with the commissioners. • The revised IGR included a summary of assurance from each section of the report to provide a high-level assurance measured against the Trust assurance level previously signed off by the Board; this would be kept under review to reflect on any cumulative impact. Action: The Executive Team to review the assurance levels and reflect on the cumulative impacts of risk.
5.9	<p>The Board welcomed the revised Integrated Governance Report and thanked the Executive Team for pulling together such a comprehensive Report.</p>
5.10	<p>The Board approved:</p> <ul style="list-style-type: none"> • CQC Statement of Purpose • Infection, Prevention and Control Assurance Framework
5.11	<p>The Learning from Deaths Report for 2021/21 Quarter 1 was discussed during QISCOM. The Committee had noted the issue relating to involvement and engagement of the families regarding potential place of death and the Trust's approach to that. The Board noted the report.</p>
6.	Committee Escalation Reports
6.1	<p>Infrastructure Committee</p> <p>The following points were noted from the report:</p> <ul style="list-style-type: none"> • The Committee received assurance on key Estate and ICT programs and performance. • Update on IT infrastructure migration. • Positive progress on Princess of Wales redevelopment, NHSE / I had shared notification of the process for the next round of Expressions of Interest required to be made for new build hospital projects.
6.2	<p>Quality Improvement and Safety Committee (QISCOM)</p> <p>The following key points were noted from the report:</p> <ul style="list-style-type: none"> • QISCOM received reasonable assurance on safeguarding reports; key learning, actions and mitigation in place and actions were highlighted. The report provided clarity on actions needed moving forward. • The Committee received a positive Medical Education report. • Substantial assurance received on Emergency Planning, Resilience and Response Report. • The Committee noted the audit plan for 2021 - 2022. • Substantial assurance received on how the risks linked to 'provide outstanding care objective' were mitigated.

	<ul style="list-style-type: none"> The library report would be useful to increase the visibility of library resource to staff.
6.3	<p>People Participation Committee The following points were noted from the report:</p> <ul style="list-style-type: none"> The Committee commented positively on the overall quality of the reports received. The Committee was assured that the Trust was meeting Accessible information Standards and had processes in place to ensure services were accessible. Three Equality Impact Assessments were submitted to the Committee, two were approved, with one needing some further narrative prior to approval being provided. A session was scheduled for end of September to discuss and evaluate progress and the future of People Participation.
6.4	<p>CCS and CPFT Joint Partnership Board The following points were noted from the report:</p> <ul style="list-style-type: none"> Good examples of joint working were received. Discussions relating to workforce challenges provided a joint understanding and approach to the challenges. The Partnership Board received an update on Cambridge Children's hospital and noted the need for clarity on patient flow in and out of the hospital.
6.5	The Board noted the escalation points from Committees
7.	Assurance and Compliance Reports
7.1	<p>Emergence Preparedness, Resilience and Response (EPRR) Core standards The following points were noted:</p> <ul style="list-style-type: none"> The Trust had rated itself as fully compliant for 2021-2022 with an action plan which was aligned to the Trust EPRR work plans. The self-assessment had been ratified by the EPRR Operational Group and approved by QISCOM on 2nd September 2021. <p>Action: On behalf of the Board, Rachel Hawkins to convey thanks to Jo Downey and the team for their work regarding EPRR across the Trust</p>
7.2	<p>The Board noted:</p> <ul style="list-style-type: none"> Completion of EPRR Core Standards annual self-assessment. The Trust Work Plan & Schedule for EPRR Core Standards 2021 -2022.
8.	Medical Validation Report
8.1	The Board were informed that medical appraisal was formally paused by NHSE for seven months from end of March 2020 to end of October 2020 hence low numbers of appraisals completed. Action: Dr David Vickers to provide an update to the Board on medical appraisal for the rest of the year by end of March 2022
8.2	The Board approved the statement of compliance in the report. Action- Matthew Winn would sign the report on behalf of the Board prior to NHSE/I submission.
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: 24th November 2021
Venue: Microsoft Teams