

Group Trust Board Meeting in Public

Date: Wednesday, 21 May 2025

Time: 13:00 to 15:30

Location: Norfolk Community Health and Care NHS Trust, Woodlands House, Cavell Suite
Norwich Community Hospital, Bowthorpe Road, Norwich NR2 3TU

Members:

Lynda Thomas, Group Chair (Chair)
Sarah Buchan, Chief Information Officer
Laura Clear, Director of Strategy and Transformation
David Crawford, Non-Executive Director
Anna Gill, Non-Executive Director
Rachel Hawkins, Director of Corporate Affairs
Kate Howard, Chief Nursing and Allied Health Professional Officer
John Kennedy, Non-Executive Director
Graham Nice, Non-Executive Director
Matthew Winn, Chief Executive Officer
Njoki Yaxley, Non-Executive Director

In Attendance:

Anna Armitage, Physiotherapist (patient story)
Vicky Brooke, Associate Director of Marketing, Communications and Engagement
Sarah Feal, Company Secretary and Freedom to Speak Up Guardian
Lea Fountain, Associate Director of Communications
Angela Hartley, Deputy Director of Workforce
Krista Holten, Ward Manager (patient story)
Emma Lunny, Interim Director of Finance, Norfolk Community Health and Care NHS Trust
Lesley Luscher, Joint Staffside Secretary
Paula McGreavy, Quality Matron (patient story)
Mark Robbins, Director of Finance, Cambridgeshire Community Services NHS Trust

Apologies:

Steve Crowe, Non-Executive Director
Dr Caroline Kavanagh, Chief Medical Officer
Anita Pisani, Chief People Officer and Deputy Chief Executive

Minutes

0.0	Patient Story
0.1	<p>The Group Trust Board watched a video, which was prepared to highlight the care provided by Pine Cottage, the specialist amputee rehabilitation service.</p> <p>Tess shared her experience at Pine Cottage, highlighting the exceptional care and support she received from the team following her admission, including physiotherapy, occupational therapy, and emotional support. Tess emphasised the importance of achieving daily goals and the dedication of the staff.</p> <p>The follow-on care process and adapting homes with disabled facilities were discussed, and the team explained the seamless transition and the support provided by the discharge coordinator.</p> <p>The team discussed the lack of literature on sexual health support for amputees and the need for better resources. They considered adding information to their leaflet and linking with psychologists in the sexual health service.</p> <p>The team also highlighted the importance of psychological support for patients' post-discharge who face life-changing events and grieve for the loss of their 'old life'. They discussed the challenges in accessing specialist psychological support and the need for continuous assistance and it was agreed this would be investigated.</p> <p>ACTION: To review the challenges (waiting times, referral process and resources) for specialist psychological support (Chief Nursing and Allied Health Professional Officer).</p>
1.0	Welcome and apologies
1.1	The Chair welcomed all to the meeting and apologies were noted for Steve Crowe, Non-Executive Director, Dr Caroline Kavanagh, Chief Medical Officer and Anita Pisani, Chief People Officer and Deputy Chief Executive.
2.0	Disclosure of interests
2.1	<p>Members confirmed they had no additional declarations of interest in relation to items on the agenda or new interests to declare.</p> <p>They also reconfirmed current declarations on the Group Trust Board Register of Interests were accurate and up to date and confirmed that all offers of Gifts and Hospitality received in the last 28 days had been registered with the Company Secretary.</p>

3.0	Minutes of the previous meeting and matters arising
3.1	The minutes of the meeting held on 19 March 2025 for Norfolk Community Health and Care NHS Trust, 26 March 2025 for Cambridgeshire Community Services NHS Trust and 1 April 2025 for the Group Trust Board were approved as accurate records.
4.0	Review of action tracker
4.1	<p>There was one outstanding action from the Trust Board for Cambridgeshire Community Services NHS Trust and six outstanding actions for Norfolk Community Health and Care NHS Trust, which were recommended for closure and agreed.</p> <p>The Group Trust Board noted the updates provided and agreed the actions could be closed.</p>
5.0	Chair's Report
5.1	<p>An update was provided on the forthcoming Finance and Infrastructure Non-Executive Director recruitment. Stakeholder panels have been established 12 June 2025, and good applications have been received.</p> <p>The Group Trust Board noted the update.</p>
6.0	Chief Executive's Report
6.1	<p>The report was introduced, and the following points were highlighted.</p> <p>An update was provided on the likely composition of Integrated Care Boards across the East of England region, including the alignment of Norfolk and Suffolk and the changes expected in June 2025.</p> <p>The Group Trust Board were asked to approve the modern slavery and human trafficking statement, emphasising the importance of embedding this within the supply chain and subcontracts.</p> <p>The board discussed the importance of service visits and feedback, highlighting the need for qualitative insights and the impact on board assurance.</p> <p>The staff work was highlighted including Shine a Light awards.</p> <p>The Group Trust Board noted the update and approved the modern slavery statement.</p>

7.0	Freedom to Speak Up Annual Reports
7.1	<p>The annual reports were introduced by the Chief Executive Officer and Freedom to Speak Up Guardian, and the changes in the Norfolk Community Health and Care approach, and the importance of supporting managers in listening and acting on concerns raised were highlighted.</p> <p>The Group Trust Board noted the update.</p>
8.0	Update on the Group People Priorities 2025-26
8.1	<p>The report was introduced, and the shared people priorities were highlighted, which are key areas each Trust will work on during 2025-26. Both organisations are in year-3 of each of their people strategies and the next refresh in 2026 will be a Group People strategy.</p> <p>The board queried the use of the language ‘purple flag’, and it was agreed to amend the language, so it is widely understood.</p> <p>The importance of taking action to meet sexual misconduct legislation requirements, ensuring staff are trained in raising concerns and managing them effectively was discussed, however, the shared people priority regarding sexual misconduct was queried, as it was felt this had already previously been agreed in both Trusts. This will be investigated.</p> <p>ACTION: To update the Shared People Priorities language ‘national Purple Flag process’ so it is widely understood (Chief People Officer and Deputy Chief Executive).</p> <p>ACTION: To review the shared priority ‘Agree action to meet the sexual misconduct in the workplace legislation’ (Chief People Officer and Deputy Chief Executive).</p> <p>Confirmation was provided a regular report will be provided with updates.</p> <p>The Group Trust Board noted the update.</p>
9.0	Norfolk Community Health and Care NHS Trust Operational Plan 2025-26
9.1	<p>The Operational Plan was introduced, which outlined the national and local Integrated Care Board priorities for Norfolk and Waveney, and the vision and strategic objectives.</p> <p>A ‘break-even’ plan is projected by 31 March 2026.</p>

	<p>The board considered where ‘waiting times’ would be reflected, and it was agreed these could be added to the individual sections of the plan. It was also agreed to update the document to ensure the patient benefits were more prescriptive.</p> <p>ACTION: To consider where waiting times could be reflected in the operational plan (Director of Strategy and Transformation).</p> <p>ACTION: To update the operational plan to ensure the patient benefits were more prescriptive ((Director of Strategy and Transformation).</p> <p>The Group Trust Board approved the Operational Plan.</p>
10.0	Cambridgeshire Community Services NHS Trust Integrated Governance Report
10.1	<p>The report is based on the Service Assurance Committee Reports covering the period February to March 2025. A rating of Substantial assurance is recommended, and the future structure of the report will be amended, which is currently being developed. For each chapter, the following points were highlighted:</p> <p>Outstanding Care</p> <p>Substantial assurance is being recommended for safe, caring and responsive and reasonable assurance for effective due to one action not been completed in the equality and diversity domain.</p> <p>There have been no declared never events or patient safety investigations during this time. There is one outstanding action to review a diagnostic pathway, which has been delayed due to capacity issues in partner organisations, but this is now underway.</p> <p>There is a focus on violence and aggression with patient safety reporting, and it is believed these are under reported.</p> <p>There is an additional question being asked within the Friends and Family Test regarding care being delivered with care, dignity and respect.</p> <p>There has been an increase in waiting times, but these are regularly discussed in the board committees where there is a strong focus.</p> <p>Be an Excellent Employer</p> <p>Substantial assurance is being recommended for effective and well-led and reasonable assurance for safe.</p> <p>The equality delivery system has been achieved, and continuous improvement is planned for the coming year.</p>

	<p>Sickness absence continues to be high across both Trusts, and there is collective effort being made to reduce them and support staff with long-term conditions.</p> <p>A new national nursing profile template is due to be published, which may impact on job evaluations and extra staff are being trained in readiness for this to increase capacity in this area.</p> <p>Be Sustainable Reasonable assurance is being recommended for well-led.</p> <p>The Trust's financial performance for the year April 2024 to March 2025 was a £53k surplus operating position being delivered against a year-to-date Trust wide revenue totalling £180.1m. As a result of the Trust's full valuation of its Non-Current Assets as of 31st March 2025, an overall net Impairment of £6.035m was written down into the Income and Expenditure account as a non-operating expense.</p> <p>The Group Trust Board agreed the rating of substantial assurance.</p>
11.0	Children and Young People's Service Assurance Committee
11.1	<p>The key matters and escalation report to the Group Trust Board was introduced. The committee chair wanted to highlight the over reliance on non-recurrent vacancies to be cost improvement projects and agenda for change pay uplifts. Two risks which had been rated 16 have subsequently been lowered to 12.</p> <p>The Group Trust Board noted the update.</p>
12.0	Luton and Bedfordshire Adults & Older People Services, and Ambulatory Care Service Assurance Committee
12.1	<p>The key matters and escalation report to the Group Trust Board was introduced. The committee chair wanted to highlight safeguarding level 3 mandatory training compliance levels below target; however, the Chief Nurse and Head of Safeguarding are leading improvements in this area. Waiting lists have improved in the Integrated Contraception and Sexual Health services. There were many areas of good practice and innovation to note.</p> <p>The Group Trust Board noted the update.</p>
13.0	Norfolk Community Health and Care NHS Trust Performance Report and Finance Report Month 12 2024-25
13.1	The report was introduced, which recommended a rating of reasonable assurance due to an under delivery on current efficiency schemes, which was offset by additional non-recurrent efficiency.

	<p>The board discussed whether the ‘virtual ward’ was working and what the daily demand was like for an intermediate day care bed. It was agreed to add day care bed data to the future reporting, which is currently being updated.</p> <p>ACTION: To add to the new performance report numbers waiting for an intermediate day care bed and the duration of their wait (Chief Nursing and Allied Health Professional Officer).</p> <p>The Group Trust Board noted the update.</p>
14.0	Norfolk Adults Service Assurance Committee
14.1	<p>The key matters and escalation report to the Group Trust Board was introduced. The committee chair wanted to highlight an update on the regulation 28 coroner’s report will be received at the Quality Committee and good progress has been made on agreed actions. Level 3 Safeguarding Adults training compliance is lower than the compliance target and a plan is in place to improve access to training. A review of Section 42’s (Adult Safeguarding referrals) will be undertaken to understand the current Trust position.</p> <p>The board discussed the variance against plan for the wheelchair service, and despite service improvements, there are currently 96 individuals who are waiting longer than a year, and good progress on waiting time reduction continues. Access to the Adult Additional Support Needs service is not timely and this service will leave the Trust soon. The length of stay key performance target in the inpatient rehabilitation units was highlighted and the team commended for their work.</p> <p>The Group Trust Board noted the update.</p>
15.0	Group Audit and Risk (Committee in Common)
15.1	<p>The key matters and escalation report to the Group Trust Board was introduced. The committee chair wanted to highlight this was the first meeting of the committee in common and it worked well, and the information received by the committees was at the right level.</p> <p>It was noted that in the forthcoming year both Trust’s internal audit cycles would be aligned.</p> <p>The Group Trust Board noted the update.</p>
16.0	Group Finance and Infrastructure
16.1	<p>The key matters and escalation report to the Group Trust Board was introduced. The committee chair wanted to highlight that estates infrastructure and digital will be picked up at a forthcoming meeting.</p>

	<p>Cyber security was discussed including vulnerabilities and reliance on third party suppliers. Business Continuity Plans need to be an area of continued focus and learning for both Artificial Intelligence and Robotic Process Automation.</p> <p>The committee had escalated the risk of long-term financial sustainability to the board, which was now being addressed through the medium-term financial strategy.</p> <p>The Group Trust Board noted the update.</p>
17.0	Group Board Assurance Framework
17.1	<p>There are currently 14 risks on the Board Assurance Framework for 2025-26. The framework is a dynamic document, which has changed since the Audit and Risk Committee in April 2025, and a new Group risk has been added risk number 3699.</p> <p>It was noted risk number 3655 and 3654 had increased and it was agreed the risk regarding funding for the community hospital in Ely would be reclassified as an issue. The mitigation document will be distributed, and an issue log will be shared at the next board meeting. A new joint risk has been added regarding equality and safety of services.</p> <p>The approach to risk management across the two Trusts is being aligned, and it was agreed that some risks need to be calibrated, which was agreed.</p> <p>ACTION: To share the Board Assurance Framework mitigation document with the Group Trust Board and to include the issue log in the next reporting period (Director of Corporate Affairs).</p>
18.0	Questions from stakeholders
18.1	There were none received.
19.0	Any Other Business
19.1	<p>The quality of the papers being received by the board was acknowledged.</p> <p>ACTION: To send the sponsorship link for Leslie's skydive to all board members and encourage support for Charitable Funds (Joint Staffside Secretary).</p> <p>ACTION: To arrange service visits in Bedford for board members travelling for the next meeting (Associate Director of Communications).</p> <p>A thank you was given for Steve Crowe, Non-Executive Director for the positive contribution he had made. The meeting closed at 15:30.</p>

-	Date, time and location of next meeting
-	The next meeting will be held on 16 July 2025, 13:00 King's House, 245 Ampthill Road, Bedford MK42 9AZ