East of England Community Health and Care NHS Trust

Trust Board Meeting in Public

Date: Wednesday, 30 September 2026

Time: 13:00 to 15:35

Location: Cavell Suite, Woodlands House, Norwich Community Hospital, Bowthorpe Road, Norwich NR2 3TU

Members:

Lynda Thomas	Trust Chair (Chair)
Sarah Buchan	Chief Information Officer
Laura Clear	Director of Strategy and Transformation
David Crawford	Non-Executive Director
Anna Gill	Non-Executive Director
Dr Caroline Kavanagh	Chief Medical Officer
John Kennedy	Non-Executive Director
Dr Ursula Montgomery	Associate Non-Executive Director
Angela Moodie	Chief Finance and Resources Officer
Anita Pisani	Chief People Officer and Deputy Chief Executive
Jayne Sharma	Associate Non-Executive Director
Mani Sharma	Non-Executive Director
Matthew Winn	Chief Executive Officer
Njoki Yaxley	Non-Executive Director

In Attendance:

Tracey Bensley	Head of Urgent Community Response *(Patient Story)*
Vicky Brooke	Associate Director Communications and Marketing
Claire D'Agostino	Assistant Director of Allied Health Professionals
Felipe Figueiredo	Integrated Service Lead *(Patient Story)*
Sarah Kilby	Co-production Specialist *(Patient Story)*
Christine Little	Co-production Specialist *(Patient Story)*
Lesley Luscher	UNISON Branch Secretary and Staffside Secretary
Lucy McNeill	Board and Committee Support Officer
Dr Duduzile Musa	Deputy Medical Director
Garrett Turbett	Associate Director of Estates *(item 7)*
Liz Webb	Deputy Chief Nurse (Safety & Safeguarding)

Apologies:

Charlotte Black	Non-Executive Director
Sarah Feal	Company Secretary and Freedom to Speak Up Guardian
Rachel Hawkins	Director of Corporate Affairs
Kate Howard	Chief Nursing and Allied Health Professional Officer

DRAFT

Minutes

-	Patient's Story
	Virtual Ward Patient Experience: The patient described receiving hospital-level treatment at home after a leg injury, including intravenous antibiotics, daily clinical visits, equipment, explanations for his daughter, manageable recovery goals, and support with Chronic Obstructive Pulmonary Disease (COPD) inhalers and spacers. The patient said the service helped prevent an early return to work, provided reassurance through a clear point of contact, and allowed family and friends to visit at home rather than leaving him isolated in hospital. **Service Model:** The urgent community response team explained that referrals are assessed using a home-first approach where safe, acute treatment can be delivered at home, including IV antibiotics and other elements of hospital care. Patients who cannot safely be treated at home are referred to community hospitals, inpatient beds, or other appropriate services. **Coverage And Capacity:** In response to questions from the Board, the urgent community response team said demand exceeds available virtual ward capacity. Funding discussions with Integrated Care Board (ICB) colleagues are continuing to extend the service into South Norfolk, while urgent community response teams and advanced clinical practitioners provide as much support as possible in areas without a fully functioning virtual ward. The longer-term aim is coverage across all relevant areas. **Technology And Communication:** The patient said the monitoring equipment was straightforward to use, including for people who are less confident with technology, and that a technical problem during the five-week period was resolved the same day. The patient's daughter reported difficulties obtaining antibiotics and a newly prescribed inhaler, including long journeys to collect medication and a three- to four-day gap without the inhaler because the GP had not received or acted on the information. The urgent community response team noted this as learning, is reviewing admission and discharge communications with primary care, and is developing a broader logistics solution for medicines, including in rural areas.
1.0	Welcome and apologies
1.1	The Chair welcomed all attendees to the meeting, and apologies for absence were noted as recorded above.
2.0	Disclosure of interests
2.1	Members confirmed that they had no additional declarations of interest in respect of the items on the agenda and the current Register of Interests was **approved**.

3.0	Minutes of the previous meeting 22 July 2026 and matters arising
3.1	The minutes of the meeting held on 22 July 2026 were **approved** as an accurate record.
4.0	Review of action tracker
4.1	The action points from previous meetings were reviewed and the following confirmed as complete: There were no outstanding actions from the previous meeting. The committee **approved** the update. No further matters were raised.
5.0	Chair's Update
5.1	**Board Departures:** David Crawford attended his final Public Board meeting after serving as a Non-Executive Director and contributing to technology leadership and recruitment. Anna Gill also attended her final Public Board meeting and was thanked for her clinical, children's services, patient, vice-chair and staff perspectives. **Board Roles Recruitment:** The Board appointed Njoki Yaxley to take on vice-chair responsibilities following Anna Gill's departure. The Board has requested that NHS England extend Njoki Yaxley's term by one year while she completes the NHS Aspiring Chair Talent Programme. Jayne Sharma, Associate Non-Executive Director will be replacing David Crawford. **Recruitment Progress:** The new Trust Chair recruitment process is on track, with a longlist established, a shortlist process and panel interviews planned. The Board **noted** the update.
6.0	Chief Executive Officer's Report
6.1	The Chief Executive Officer (CEO) introduced the report and highlighted the organisation had been approved as an Advanced Foundation Trust, formally taking effect on 1 October 2026. The Trust had reviewed its previous Provider Capability Self-Assessment and concluded that its overall outcome remained consistent with the prior good rating, so it would not submit a separate self-assessment. **NHS Staff Standards**: the Board **agreed** to the proposed Board leadership roles in section 6.1.2.
6.2	**Annual Safeguarding Report:** The Board discussed lessons from the Thirlwall Report concerning safeguarding, harm, duty of candour, and accountability. The CEO indicated safeguarding is reviewed through committees, external review, and an annual Board report, while the Board emphasised that assurance must demonstrate effective safeguarding for children and adults rather than only describe processes.

6.3	**Winter Plan Board Assurance Statement**: The CEO and the Board reframed winter planning as year-round contingency planning, noting improved inpatient resilience but continuing workforce, urgent response, virtual ward, and ambulance pressures. **ACTION:** The Director of Corporate Affairs to work towards twice-yearly reviews of anticipated peak periods in early spring and autumn to prepare for winter pressures and summer heat. The Board **approved** the Winter Board Assurance Statement for submission to NHS England.
6.4	**Governance Manual** – The Trust Board **approved** the minor amendments to the Governance manual (section 6.3.5).
6.5	**Medical Revalidation and Guardian of Safe Working Hours**: all doctors were engaged with the appraisal and revalidation process, and are safe, up to date and fit to practice. There were no exception reports made by doctors to the Guardian of Safe Working Hours within the last 12 months.
6.6	**Flu campaign**: the Trust are aiming for 60% uptake in staff flu vaccination.
6.7	**Financial Flexibilities:** The Board agreed that NDS remains the highest clinical-risk priority because of their waiting-list impact and relevance to the recovery plan. The CEO clarified that the £3.2m was a maximum gross requirement for NDS; if Integrated Care Board funding or service improvement reduced the need, unused money would return to reserves and could be considered for other priorities without requiring a new external approval. The Board **approved** an approach allowing prior-year surpluses of £3.2m to support waiting list initiatives and transformation in the Children's Neurodevelopmental (NDS) programme 2026/27.
7.0	Green Plan update
7.1	The Associate Director of Estates updated the Board on delivery of the Green Plan highlighting the continuing solar rollout and exploration of battery storage to buy and retain electricity at cheaper times. LED lighting is also reducing electricity use, maintenance frequency, and disruption in clinical areas. Board members identified medical-equipment waste, particularly inhaler waste, and contaminated recycling streams as opportunities that may not require significant new funding to help the Trust reach its Green Plan objectives. **ACTION:** The Associate Director of Estates agreed that communication of the Green Plan needs to improve. A plan will be put in place for quarterly updates through individual stories, social media, recruitment channels, and collaboration with communications colleagues. The Board **noted** the Green Plan update.

8.0	Integrated Governance and Performance Report
8.1	The CEO introduced the Integrated Governance and Performance Report. The performance areas highlighted were: • **Waiting-Time Performance:** The report identified 11 areas with waiting times, with NDS remaining the largest by volume. Cambridge was slightly ahead of trajectory and Norfolk slightly behind but catching up. MSK services secured just under £500,000 through the Getting It Right First-Time programme to eliminate waits exceeding 18 weeks by March 2027, supporting the broader ambition of 78% 18-week compliance. • **Incident Reporting:** The Trust combined two safety-reporting processes from 1 July and moved to a single data source from 25 September 2026. Historical differences in criteria mean some current comparisons are not like-for-like, particularly for Norfolk Adults services, but future reports will use a common basis. The Board was told that most moderate-harm incidents relate to pressure damage and wound care, while moderate or severe incidents in children commonly involve complex safeguarding cases. • **Pressure Care:** Norfolk Adults services have identified tissue-viability issues and agreed to increase tissue-viability nursing capacity and introduce an ambulatory clinic. Recruitment and training are underway, with improvement expected over the medium term rather than immediately. The Deputy Chief Executive Officer reported on Workforce Metrics**:** Sickness absence remains above target in some areas, although a temporary rise in Bedfordshire and Luton Adults was due to employees entering long-term sickness, most of whom had now returned to work. The workforce team is developing an organisational development plan for Norfolk Adults, reviewing long-term sickness cases more frequently, and examining whether recurring bank and overtime use would be better addressed through substantive, fixed-term, or annualised-hours recruitment. The Board discussed pressure on NDS, including staff morale and the challenge of changing from uniform pathways to care matched to each child's complexity. Additional organisational development support is being provided to leaders, while the service works toward a common operating model that remains locally managed and recognises different levels of need. The Chief Finance and Resources Officer reported financial performance in line with plan at the end of July. Norfolk Adults remains the main financial pressure; this year's overspend is being supported by underspends elsewhere, but the longer-term position remains unresolved. • **Planned Efficiencies**: The Trust is on track with delivery of its efficiencies year to date, however, only 55% - 60% are recurrent. The Board noted the need to create an early-year buffer because the remaining efficiency requirement is concentrated in the latter six months.

	• **Workforce And Vacancies:** The Board challenged whether using vacancies to close financial gaps could expose patients to risk. Management clarified that there is no vacancy freeze, recruitment continues where needed. • **Financial Oversight:** The Board emphasised the importance of recurrent versus non-recurrent savings, specific income opportunities, accurate service-line reporting, and linking financial decisions to quality and patient impact. The integrated reporting approach is intended to provide clearer evidence of whether services are sustainable. The Board **approved** the overall reasonable assurance rating.
9.0	Learning from Deaths, Quarter 1 (2026-2027)
9.1	The Deputy Chief Nurse (Safeguarding and Safety) presented the Quarter 1 Learning from Deaths report. The organisation is continuing to improve the collection of expected death data for adult patients and plans to finalise an integrated policy in the next quarter. The Deputy Chief Nurse (Safeguarding and Safety) stated the primary inquest process has been brought together centrally, improving oversight. Unexpected deaths remain under review, including one current investigation in an inpatient care service, and children's deaths are already monitored through the learning from deaths process with additional safeguarding review where concerns arise. The Board **noted** the report.
10.0	Key Matters and Escalations: Quality Committee
10.1	The Chair reported there were no escalations from Quality Committee. The Board were asked to note that the Infection Prevention and Control report received partial assurance. Quality Committee had received a Waiting Well report for the first time. A new Waiting Well policy and process will be developed following the release of new NHS minimum Waiting Well standards. The Board **noted** the report.
11.0	Key Matters and Escalations: Finance and Infrastructure Committee
11.1	The Chair reported there were no escalations from the Finance and Infrastructure Committee. The Board were asked to note the partial assurance rating for the Efficiency Programme Governance report. It is expected that the assurance rating will improve by the time of the November meeting. The introduction of the Digital Matron role, within Norfolk Adults, was welcomed. The Board **noted** the report.

12.0	Trust Board Assurance Framework
12.1	The CEO introduced the Trust Board Assurance Framework noting that the operational risks were reviewed in detail at the Service Assurance Committees. The Cyber security risk had been discussed in detail in the Private Board meeting earlier in the day. The Board **approved** the framework.
13.0	Questions from stakeholders
13.1	There were no questions from stakeholders.
14.0	Any Other Business
14.1	**Service Visit Framework:** The Chair of the Quality Committee identified a lack of a consistent framework for recording service-visit findings, actions, owners, and outcomes. **ACTION:** The Associate Director of Allied Health Professionals and the Associate Director of Communications and Marketing will establish a process for converting service-visit observations into concrete actions and feed team-level findings into Service Assurance Committees, with aggregate learning going to the Quality Committee.
	Date, time and location of next meeting
	The meeting closed at 15:15. Next meeting: 18 November 2026 Time: 13:00 Location: Kings House, 245 Ampthill Road, Bedford MK42 9AZ