

## Group Trust Board Meeting in Public

**Date:** Wednesday, 24 September 2025

**Time:** 13:00 to 15:40

**Location:** Units 7-8 Meadow Park, Meadow Lane, St Ives PE27 4LG

### Members:

Lynda Thomas, Group Chair (Chair)  
Charlotte Black, Associate Non-Executive Director  
Sarah Buchan, Chief Information Officer  
Laura Clear, Director of Strategy and Transformation  
Anna Gill, Non-Executive Director  
Rachel Hawkins, Director of Corporate Affairs  
Kate Howard, Chief Nursing and Allied Health Professional Officer  
Dr Caroline Kavanagh, Chief Medical Officer  
John Kennedy, Non-Executive Director  
Angela Moodie, Chief Finance and Resources Officer  
Graham Nice, Non-Executive Director  
Mani Sharma, Non-Executive Director  
Anita Pisani, Chief People Officer and Deputy Chief Executive  
Matthew Winn, Chief Executive Officer  
Njoki Yaxley, Non-Executive Director

### In Attendance:

Sarah Feal, Company Secretary and Freedom to Speak Up Guardian

### Apologies:

David Crawford, Non-Executive Director

## Minutes

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| 0.0 | Patient Story  |
| 0.1 | <p>The Group Trust Board heard from Marvin who shared their experience with the Dynamic Health Service, discussing the effectiveness of simple, tailored exercises for nerve pain.</p> <p>The broader applicability of digital Musculoskeletal solutions like the Flock app were explored, including their benefits, limitations, and the importance of balancing technology with human contact.</p> <p>Marvin described his treatment journey with nerve pain, highlighting the mental and physical impact, the confusion caused by conflicting online advice, and the relief found through Dynamic Health's simple, daily exercises demonstrated by his healthcare professional.</p> <p>Marvin emphasised the importance of exercises being manageable and fitting into daily routines, contrasting this with less practical, time-consuming regimens suggested elsewhere.</p> <p>The patient-initiated follow-up (PIFU) pathway was discussed, which allows patients to trigger follow-up appointments as needed, and the 'waiting well' approach, which provides resources and exercises to patients while they await specialist care, aiming to prevent deterioration and reduce anxiety.</p> <p>The importance of safeguards in digital pathways, including pilot results showing Flock's effectiveness in identifying serious cases, and the need for ongoing clinician oversight. The group acknowledged the challenge of ensuring patients do not feel 'palmed off' to technology and the necessity of clear communication about the process.</p> |
| 1.0 | Welcome and apologies  |
| 1.1 | The Chair warmly welcomed everyone to the meeting and apologies were given by David Crawford, Non-Executive Director.  |
| 2.0 | Disclosure of interests  |
| 2.1 | <p>Members affirmed that they had no additional declarations of interest regarding items on the agenda or new interests to declare.</p> <p>They also confirmed the current declarations on the Group Trust Board Register of Interests were accurate and up to date and confirmed that all gifts and hospitality received in the last 28 days had been registered with the Company Secretary.</p>  |

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| 3.0 | Minutes of the previous meeting and matters arising  |
| 3.1 | The minutes of the meetings held on 16 July 2025 were <b>accepted</b> as a reliable record.  |
| 4.0 | Review of action tracker   |
| 4.1 | <p>The action tracker had three action status updates (1, 6 and 10), and it was agreed to close 1 and 10. Action 6 was agreed to be carried forward, as an ongoing piece of work.</p> <p>The Group Trust Board <b>noted</b> the updates provided and <b>agreed</b> the actions could be carried forward.</p>   |
| 5.0 | Chair's Update   |
| 5.1 | <p>The Chair provided an update on the ongoing recruitment for two clinical Non-Executive Directors and highlighted that Charlotte Black had been appointed to fulfil one of those roles, and that Anna Gill had agreed to continue in post for another 12 months whilst recruitment continues.</p> <p>The Group Trust Board <b>noted</b> the update.</p>  |
| 6.0 | Chief Executive's Report   |
| 6.1 | <p>The impact of flu and the flu campaign was highlighted, including the provision of vaccinations to all staff.</p> <p>The Oversight Framework was introduced, and it was noted that the Group were in the top quadrant of their performance and would continue to be monitored on this.</p> <p>Planning for Winter was discussed, and the Trust(s) Winter plans were also presented for agreement. There is a strategic focus on admission avoidance, including enhanced hospital-at-home services and targeting ambulance callouts for falls. Funding from the ambulance service is being used to expand frontline initiatives, with ongoing development of similar approaches in Norfolk.</p> <p>It was noted that the Group Governance Manual had been undergoing a 6-month review and the changes in the committee membership by the Group Trust Chair were observed.</p> <p>The board commended the work of Clare Dinnick and the work she had completed for the armed forces, and noted the system were collaborating on developing an access policy.</p> <p>The Group Trust Board <b>noted</b> the updates provided and <b>agreed</b> the Winter Plans.</p> |

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| 7.0 | Group Integrated Governance and Performance Report  |
| 7.1 | <p>The report was introduced and the following key points highlighted.</p> <p>Incident rates remain steady, with 95-96% resulting in low or no harm. Moderate or severe harm incidents are escalated through safety hubs, and medicines-related incidents are similarly stable. The organisation encourages continued reporting to maintain safety oversight.</p> <p>There are two historic Regulation 28 notices, which is a Coroners notification to prevent future deaths, related to pressure ulcers, prompting significant cross-site learning and the introduction of new tools and standardisation. In Norfolk, the use of a mapping tool and camera has increased reported numbers, interpreted as improved detection. Falls rates have dipped slightly, with new guidance and ongoing review.</p> <p>There are marked improvements in waiting times for audiology and other services, with reductions in long waits. However, neurodevelopmental disorder (NDD) pathways remain a significant challenge, with thousands waiting and ongoing efforts to standardise data, increase clinical capacity, and explore external agency support.</p> <p>Enhancements to incident reporting for violence and aggression, including capturing personal harm and protective characteristics. Safeguarding referrals, including the rise in non-accidental injuries, are being reviewed with local authorities to improve communication and outcomes.</p> <p>Appraisal rates are high about 90% but not at target, and sickness rates remain above target, with some services experiencing rates as high as 11-12%. Initiatives to support staff well-being, review working environments, and share best practices are underway. The staff survey, Freedom to Speak Up week and Black History Month activities were also discussed.</p> <p>The financial performance and cash flow were discussed noting both Trusts are on track to deliver balanced positions for the financial year, with efficiency targets being met. Actions have been taken to recover a previously low cash balance of £1.6 million, attributed mainly to the timing of local authority contract payments. This is now about £7 million.</p> <p>Agency and bank staffing were considered noting agency spend is decreasing while bank spend is increasing, reflecting a strategic preference for bank staff as a more efficient and flexible solution. The board is closely monitoring this balance, with regular regional meetings to ensure compliance with financial targets.</p> <p>The Group Trust Board <b>noted</b> the update and agreed the rating of <b>reasonable Assurance</b>.</p> |

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| 8.0  | Learning from Deaths Q1 Report   |
| 8.1  | <p>The report was introduced, which considered both expected and unexpected deaths to seek to learn from care that could have been better and good care.</p> <p>The number of teenage suicides is increasing and there has been a national focus on this and the detrimental impact of social media platforms.</p> <p>Work continues to improve the explanations and clarity over the assurance in future Learning from Deaths reporting.</p> <p>The Group Trust Board <b>noted</b> the update.</p>  |
| 9.0  | Group Quality Committee  |
| 9.1  | <p>The key matters and escalation report to the Group Trust Board was introduced.</p> <p>The committee chair wanted to highlight:</p> <ul style="list-style-type: none"> <li>▪ Staffing capacity and the impact this has on patient care.</li> <li>▪ The rates of number of patients who are unexpectedly deteriorating in inpatient units are giving rise for concern over a long period of time and that hasn't diminished.</li> <li>▪ Maintaining level 3 safeguarding training.</li> <li>▪ The high-level of staff reporting incidents was commended because learning can happen from this.</li> </ul> <p>The Group Trust Board <b>noted</b> the update.</p> |
| 10.0 | Group Finance and Infrastructure   |
| 10.1 | <p>The key matters and escalation report to the Group Trust Board was noted.</p> <p>The Group Trust Board <b>noted</b> the update.</p>   |
| 11.0 | Group Audit and Risk   |
| 11.1 | <p>The key matters and escalation report to the Group Trust Board was introduced.</p> <p>The committee chair wanted to highlight the progress made around Emergency Preparedness, Resilience and Response core standards.</p> <p>The Group Trust Board <b>noted</b> the update.</p>  |

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| 12.0 | Draft Green Plan   |
| 12.1 | <p>The board reviewed the sustainability and green plan, discussing the integration of environmental targets with operational and clinical priorities, challenges in equipment recycling, and the need to assess the carbon impact of clinical interventions.</p> <p>Board members emphasised the need to align green plan metrics with broader strategic objectives, ensuring regular reporting and accountability. The challenge of quantifying certain targets, such as carbon footprint emissions, was acknowledged. Concerns were raised about the difficulty of recycling expensive community equipment due to health and safety policies. Projects in Norfolk prisons and contract reviews are exploring ways to improve recycling and reduce waste.</p> <p>The board discussed the significant carbon footprint of clinical interventions, such as asthma inhalers and mobile X-ray units, and the need to prioritise interventions based on both clinical need and environmental impact.</p> <p>The Finance and Infrastructure committee will monitor the implementation of the plan going forward and the frequency of reporting to this committee has increased.</p> <p>The Group Trust Board <b>approved</b> the Green Plan.</p> |
| 13.0 | Group Board Assurance Framework  |
| 13.1 | <p>Updates were presented on the Board Assurance Framework, highlighting changes in risk ratings, the removal and reduction of certain risks, and the need to escalate the strategic risk associated with neurodevelopmental waiting lists following completion of the current review of position and actions.</p> <p>Risk 3706 relating to intermediate care has been transferred to the Norfolk Adult Service Assurance Committee, and the following risks have reduced their rating; 3708 from 16 to 12, 3682 from 9 to 6 and 3707 from 16 to 12.</p> <p>The Group Trust Board <b>noted</b> the update and agreed the rating of <b>reasonable</b> Assurance and to include children’s neurodevelopmental waiting lists going forward.</p>   |
| 14.0 | Questions from stakeholders  |
| 14.1 | There were none received.  |
| 15.0 | Any Other Business   |
| 15.1 | The Chair reminded the board of the staff awards night in Norfolk on 25 September 2025.  |

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|   | <p>Graham Nice was also thanked for his outstanding commitment to the Trust(s), and the board acknowledged the positive impact and significant contribution his leadership and guidance had brought to the organisations.</p> <p>The meeting closed at 15:25.</p> |
| - | Date, time and location of next meeting   |
| - | The next meeting will be held on 19 November 2025, 10:30, Norwich NR2 3TY   |