

## Group Trust Board Meeting in Public

**Date:** Wednesday, 18 March 2026

**Time:** 13:00 to 16:00

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

### Members:

Lynda Thomas	Trust Chair [Chair]
Charlotte Black	Non-Executive Director
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
Dr Caroline Kavanagh	Chief Medical Officer
John Kennedy	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:

Sarah Feal                      Company Secretary and Freedom to Speak Up Guardian

### Apologies:

Laura Clear                      Director of Strategy and Transformation  
Jayne Sharma                      Associate Non-Executive Director

## Minutes

-	Staff Story
	<p>A comprehensive overview of the various staff networks, including their roles, recent achievements, and upcoming initiatives, with contributions from advocates and chairs representing networks such as LGBTQI+, Armed Forces, Carers, Cultural Diversity, Disability, Menopause, and Pride Plus Community was presented.</p> <p>The workforce demographic analysis was explained, highlighting that the staff population is predominantly female and at least as ethnically diverse as the general population, with notable gaps in disability and sexual orientation disclosure, which impacts support provision.</p> <p>The organisation's approach to annual recognition days, including National Staff Network Day, Equality, Diversity and Human Rights Week, and International Inclusion Week, which are used to celebrate diversity and raise awareness of staff network provisions was described.</p> <p>Plans for a wellbeing festival, a formal staff network launch during Inclusion Week, development of allyship training, and the establishment of a spirituality, faith, and belief network, while maintaining and pursuing various accreditations were outlined.</p> <p>Current accreditations across the Group are being reviewed, to determine their tangible impact on staff experience and alignment with staff survey results.</p> <p>The Group Trust Board <b>noted</b> the updates from the Staff Networks.</p>
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	<p>Members confirmed that they had no additional declarations of interest in respect of the items on the agenda.</p> <p>The Register of Interests was confirmed as accurate.</p>
3.0	Minutes of the previous meeting [insert date] and matters arising
3.1	The minutes of the meeting held on 28 January 2026 were <b>approved</b> as an accurate record.

4.0	Review of action tracker
4.1	<p>The action points from previous meetings were reviewed and the following confirmed as complete 6, 7 and 12.</p> <p>The Group Trust Board <b>noted</b> the update. No further matters were raised.</p>
5.0	Chair's Update
5.1	<p>The Chair expressed thanks to all those who contributed to the process of securing a 'clean bill of health' from NHS England for the merger. It was acknowledged that this achievement reflects the dedication and sustained effort of many individuals over the past few years.</p> <p>Special recognition was given to Anne Foley for her significant contribution and leadership throughout this work.</p> <p>The Chair also extended appreciation to all staff involved, noting the considerable effort represented around the table. Members expressed their enthusiasm for the establishment of the new organisation.</p> <p>The Chair closed by reiterating thanks on behalf of the Group.</p>
6.0	Chief Executive's Report
	<p>The report was introduced, outlining key proposals relating to changes in the Special Educational Needs and Disabilities (SEND) system for children and young people, including high-level implications for NHS provision.</p> <p>It was noted that the Trusts have received authorisation from NHS England to proceed with the merger of the two organisations with effect from 1 April. This represents the final stage of national decision-making in the transaction and concludes several months of engagement with regional and national teams.</p> <p>The board was asked to note and, where appropriate, approve a range of regulatory statements and processes. These included:</p> <ul style="list-style-type: none"> <li>▪ Delegation arrangements for the approval of the Annual Reports and Accounts.</li> <li>▪ Updates to the Governance Manual; and,</li> <li>▪ Confirmation that the financial plan for 2026-27 has been agreed by NHS England.</li> </ul> <p>The board also noted that there has been no exception reporting to the Guardian of Safe Working Hours in either organisation over the past two years.</p>

	<p>It was noted that the Trust is developing a clinical and care strategy for the new organisation to establish clear priorities and maintain focus on key areas of delivery over the coming years. The board will actively monitor progress against these priorities, ensuring oversight of improvements in patient experience and the quality of care throughout the lifespan of the strategy.</p> <p>The Group Trust Board <b>approved</b> the Governance Manual and agreed to recommend this to the East of England Community Health and Care NHS Trust for adoption on 1st April 2026.</p> <p>The Group Trust Board noted the update and <b>approved</b> the delegation of the preparation of the annual report and accounts and submission to NHS England to the Chief Executive Officer and the Director of Finance and Resources. Final approval and sign off is reserved to the Trust Board.</p>
7.0	Integrated Governance and Performance Report
	<p>The report was presented with a recommendation of reasonable assurance, informed by the Service Assurance Committees' ratings. It was noted that the reporting format continues to be developed and will be further refined to align with the Trust's strategy and annual plan.</p> <p>The board was advised that all high-level risks are being appropriately reported through committees, with no areas of significant omission. Eleven operational issues scoring 4 or above were highlighted and summarised within the report.</p> <p>In relation to quality and safety, the board noted:</p> <ul style="list-style-type: none"> <li>▪ Continued focus on pressure ulcer and wound care incidents, with work underway to consolidate improvement actions into a single, impact-focused plan.</li> <li>▪ Monitoring of a recent increase in pressure ulcer incidents in Luton.</li> <li>▪ Ongoing work to address patient non-compliance in complex cases, including safeguarding considerations.</li> <li>▪ Development of a single, organisation-wide violence prevention and reduction plan.</li> <li>▪ Stable medicines safety reporting, with improvement work focused on key themes such as prescribing and administration.</li> <li>▪ No significant concerns arising from infection prevention and control, with compliance improving.</li> </ul> <p><b>Workforce and effectiveness:</b></p> <ul style="list-style-type: none"> <li>▪ Sickness absence remains a key challenge across both organisations, with a multifactorial set of contributing factors.</li> <li>▪ Appraisal compliance is below target in reporting terms, though survey data suggests higher completion rates in practice.</li> <li>▪ Positive feedback was noted from GP trainees.</li> </ul>

	<p><b>Operational performance and responsiveness:</b></p> <ul style="list-style-type: none"> <li>▪ Significant work is underway to address waiting lists, particularly in children’s services, including the use of external capacity and service redesign.</li> <li>▪ Early improvements have been achieved, though demand continues to grow.</li> <li>▪ Further work is planned to improve data transparency, trajectory modelling, and communication with patients and families.</li> </ul> <p><b>Finance:</b></p> <ul style="list-style-type: none"> <li>▪ Both Trusts are reporting a break-even position and remain on track to deliver this at year-end.</li> <li>▪ Cash positions are stable, with plans for a stronger combined position post-merger.</li> <li>▪ Efficiency targets are being met, though with a higher proportion of non-recurrent savings.</li> <li>▪ The capital programme remains balanced, with some reallocation to backlog maintenance.</li> </ul> <p>Next steps include further board development on reporting, continued focus on key risk areas (including waiting times and workforce), and a follow-up report to the board in May.</p> <p>The Group Trust Board <b>agreed</b> the reasonable assurance rating.</p>
8.0	Learning from Deaths Quarter 2 and 3
	<p>The board received an update on Learning from Deaths. It was noted that joint learning from deaths groups have been established across both organisations, with a recent workshop held to identify opportunities for improvement.</p> <p>The process for reviewing deaths was confirmed, including review of all unexpected deaths and a sample of expected deaths. It was highlighted that, within Norfolk Community Health and Care NHS Trust, deaths are predominantly hospital-based and tend to involve a younger population, which can be challenging for staff. Appropriate support mechanisms are in place. Key areas of focus and improvement include:</p> <ul style="list-style-type: none"> <li>▪ Development of a single, harmonised policy across the new organisation.</li> <li>▪ Strengthening engagement with Medical Examiners.</li> <li>▪ Improving support for staff, particularly in cases where patients are found deceased in the community.</li> <li>▪ Enhancing communication with partners following a patient’s death.</li> <li>▪ Ongoing work to address challenges in palliative and end-of-life care, particularly relating to access to medicines and equipment out of hours.</li> </ul>

	<p>Engagement with system partners, including hospices, is ongoing to support improvements in end-of-life care provision.</p> <p>The board noted four unexpected infant deaths, two of which were associated with co-sleeping. Continued emphasis is being placed on safe sleeping guidance through health visiting services, with wider safeguarding considerations under review. It was acknowledged that while assurance can be taken from established processes, further work is required to strengthen the linkage between learning and demonstrable improvements in care. This includes developing metrics and feedback mechanisms, particularly from families, to evidence the quality of end-of-life care and ensure learning is embedded within the Trust's integrated governance framework.</p> <p>The Group Trust Board <b>agreed</b> the substantial assurance rating.</p>
9.0	Care Quality Commission Statement of Purpose
	<p>The board received an update on the Care Quality Commission Statement of Purpose. It was noted that a draft has been prepared and submitted to the Care Quality Commission for feedback, with comments currently being addressed. The final version will be presented to the Board on 1 April for approval.</p> <p>The board also noted that the application to deregister Cambridgeshire Community Services NHS Trust with the Care Quality Commission has been submitted.</p> <p>It was emphasised that a robust regulatory transition plan is in place to ensure continuity of registration. All services will transfer from Cambridgeshire Community Services NHS Trust to the existing Norfolk Community Health and Care NHS Trust registration, prior to the organisation's name change, ensuring there is no gap in regulatory approval or licence to provide clinical services.</p> <p>The Group Trust Board <b>noted</b> the update.</p>
10.0	Quality
	<p>The board received an update on Quality. Appreciation was expressed for the clarity and conciseness of the report, which was noted to effectively summarise a wide range of detailed discussions.</p> <p>The board confirmed that the key issues had been covered within earlier agenda items. Attention was drawn to waiting lists and "waiting well", including consideration of differing trigger points for harm reviews across services (e.g. speech and language therapy, occupational therapy and physiotherapy). Further work will be undertaken to review these arrangements. The board noted the examples of good practice and innovation included within the report.</p> <p>The Group Trust Board <b>noted</b> the update.</p>

11.0	Finance and Infrastructure
	<p>The board received an update from the Finance and Infrastructure Committee. It was noted that the paper introduced implied productivity metrics, which were considered by the Committee for the first time.</p> <p>The Committee discussed the need for greater clarity on the methodology, data inputs, and interpretation of these metrics, and agreed that a further detailed review (“deep dive”) would be undertaken. It was also noted that these metrics may be subject to scrutiny by NHS England, and the board will need to ensure readiness for this.</p> <p>The Committee highlighted that the introduction of productivity metrics adds a further layer of accountability for budget holders, alongside existing efficiency requirements. Further work is required to ensure clarity on priorities and expectations.</p> <p>In addition, the board noted that estates, digital, and the Green Plan are all progressing well and are increasingly being aligned in an integrated way, although further development is required.</p> <p>The Group Trust Board <b>noted</b> the update.</p>
12.0	People Participation and Equalities
	<p>The board received an update from the People Participation and Equalities Committee. It was noted that a positive and informative session had been held, including a presentation from the High Intensity User Service. This highlighted the challenges faced by highly marginalised individuals and the importance of multi-agency working to improve access to healthcare and address health inequalities.</p> <p>The Committee discussed progress on the Accessible Information Standard, recognising that further work is required to ensure services are accessible and easy to navigate for all patients.</p> <p>The board noted that both organisations are meeting requirements under the Equality Delivery System and remain on track.</p> <p>The Group Trust Board <b>noted</b> the update.</p>
13.0	Charitable Funds
	<p>The board received an update on Charitable Funds. It was noted that the Committee continues to review a range of positive initiatives supported through the charity. However, concern was expressed that there are relatively few funding requests being submitted.</p>

	<p>The board encouraged greater awareness and promotion of the charitable funds across the organisation to increase applications, including for smaller, community-based initiatives.</p> <p>It was acknowledged that there may be a perception within the organisation that funding requests are unlikely to be approved, and work is underway to address this and empower staff to bring proposals forward.</p> <p>The board noted that charitable funds remain significant (more than £1m), and that both charities will continue to operate in the short term, with a planned approach to alignment and potential merger over the coming months.</p> <p>The Group Trust Board <b>noted</b> the update.</p>
14.0	NHS Staff Survey Results 2025
	<p>The results of the NHS staff survey were presented, highlighting high response rates, strong performance in several domains, areas for improvement such as disability and race equality, and the next steps for targeted actions and ongoing engagement with staff networks were outlined.</p> <p>It was reported that robust participation rates and strong results in most domains, with both Trusts' scoring highly in staff recommending their organisation as a place to work and receive treatment and compared favourably to regional peers.</p> <p>The survey identified areas needing attention, including the experience of staff with disabilities and those from culturally diverse backgrounds, with some metrics showing decline, particularly in experiences of bullying and harassment. Plans are underway with HR business partners and service leads to develop local improvement plans, to continue to work with staff networks, and a focus on reasonable adjustments and cultural competency training.</p> <p>The board discussed and acknowledged the influence of external societal and political factors on staff experience, particularly regarding discrimination, and emphasised the importance of organisational support and zero tolerance policies.</p> <p>The Group Trust Board <b>noted</b> the update.</p>
15.0	Group Board Assurance Framework
	<p>The board received the Board Assurance Framework update. It was noted that the framework has been updated to incorporate the board's agreed risk appetite.</p> <p>The current approach to risk management was confirmed, with risks above the agreed threshold reported through committees. This approach will be reviewed in due course to assess alignment with the Trust's strategic risk appetite.</p>

	<p>The Board noted the following updates:</p> <ul style="list-style-type: none"> <li>▪ A correction to the closure date for Risk 3732.</li> <li>▪ An extension of the closure date for Risk 3751 to reflect the timeline for reducing waiting times.</li> <li>▪ A reduction in the risk rating for Risk 3699, relating to staff morale, reflecting improved position, although this will continue to be monitored.</li> </ul> <p>The board noted that further development of the Board Assurance Framework is planned, with additional work to take place in April.</p> <p>The Group Trust Board agreed the <b>substantial</b> assurance rating.</p>
16.0	Questions from Stakeholders
16.1	<p>A member of the public, raised concerns about long waiting times for his daughter's autism assessment, and a detailed response on current challenges, actions taken to reduce backlogs, and plans to improve communication and service delivery was provided.</p> <p>The use of generic text messages for updates was addressed, recognising their limitations, and the board committed to reviewing communication strategies with input from parent carer groups to provide more meaningful updates.</p> <p>The organisation aims to reduce waiting times to within 18 weeks over a two-year period, with ongoing efforts to mobilise additional support and improve transparency regarding assessment timelines.</p> <p>The board discussed ongoing efforts to reduce waiting times across services, including the use of skill mixing, external agencies, and improved modelling to address both backlogs and sustainable service delivery.</p>
17.0	Any Other Business
17.1	Non-Executive Directors were reminded to submit expenses claims ahead of the financial year end.
-	Date, time and location of next meeting
	<p>The meeting closed at 15:45.</p> <p>Date of next meeting: 1 April 2026, 10:00, Online</p>