

Group Trust Board Meeting in Public

Date: Wednesday, 28 January 2026

Time: 13:00 to 15:15

Location: Unit 7-8 Meadow Park, Meadow Lane, St Ives. PE27 4LG

Members:

Lynda Thomas	Group 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
Rachel Hawkins	Director of Corporate Affairs
Kate Howard	Chief Nursing and Allied Health Professional Officer
John Kennedy	Non-Executive Director
Angela Moodie	Chief Finance and Resources Officer
Jayne Sharma	Associate Non-Executive Director
Matthew Winn	Chief Executive Officer
Njoki Yaxley	Non-Executive Director

In Attendance:

Heather Bennett	Staffside Business Partner, CCS
Lea Fountain	Head of Communications, CCS
Deborah Goodland	Co-Production Lead for Ambulatory, CCS (<i>Service Story</i>)
Angela Hartley	Deputy Director of Workforce, Cambridgeshire Community Services NHS Trust
Sarah Kilby	Co-production Specialist (<i>Service Story</i>)
Lucy McNeill	Board and Committee Support Officer
John Peberdy	Director, Cambridgeshire and Peterborough Children's Services
Lisa Wright	Patient Experience and Participation Manager, CCS (<i>Service Story</i>)

Apologies:

Sarah Feal	Company Secretary
Anna Gill	Non-Executive Director
Dr Caroline Kavanagh	Chief Medical Officer
Anita Pisani	Chief People Officer and Deputy Chief Executive Officer
Mani Sharma	Non-Executive Director

Minutes

0.0	Service Story – Dental Healthcare Working Together Group
0.1	<p>The Group Trust Board heard from the Dental Healthcare Working Together Group.</p> <p>Initiatives: The discussion focused on the formation of the Group, ongoing projects, and impact of the Dental Healthcare Working Together Group, highlighting patient involvement, co-production efforts, and the development of resources such as the dental passport and informational videos.</p> <p>Group Formation and Membership: Debbie Goodland explained that the Dental Working Together Group was established in 2023 and continues to invite new patients monthly from various dental healthcare services, including special care, minor oral surgery, and the dental access centre. Membership includes patients, carers, and family members, ensuring diverse perspectives.</p> <p>Co-Production and Patient Involvement: Sarah Kilby and other participants described how the group serves as a platform for patient advocates to collaborate with staff, ensuring services are viewed through multiple lenses. The group values contributions from all members, fostering an inclusive environment where everyone feels listened to and respected.</p> <p>Development of the Dental Passport: The group collaborated to create a dental passport, a tool designed to communicate patients' specific needs and preferences to dental teams. The process involved reviewing existing forms, consulting practices from other counties, and ultimately designing a custom solution that addressed the unique requirements of their patient population.</p> <p>Creation of Informational Videos: Members contributed to the production of videos aimed at reducing patient anxiety by showcasing facilities and procedures, such as Wisbech site video and an upcoming project on inhalation sedation. These resources are intended to improve patient experiences by providing clear, accessible information before appointments.</p> <p>Impact and Group Dynamics: Members of the group emphasized the positive atmosphere, sense of achievement, and tangible impact of the group's work. The group encourages more participants to join, focussing on service improvement rather than complaints, and values the diversity and mutual support among its members.</p>
1.0	Welcome and apologies
1.1	The Chair welcomed all to the meeting and apologies were noted for Sarah Feal, Anna Gill, Anita Pisani and Mani Sharma.
2.0	Disclosure of interests
2.1	Members confirmed they had no additional declarations of interest in relation to items on the agenda, and their entries on the register of interests and gifts and hospitality were accurate and up to date.

3.0	Minutes of the previous meeting 19.11.2025 and matters arising
3.1	The minutes of the meeting held on 19.11.2025 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 are no outstanding actions. The Group Trust Board noted the update. No further matters were raised.
5.0	Chair's Update
5.1	The Chair updated that the Chair and the CEO are meeting the new Chair of the Norfolk and Waveney University Hospital Group in March 2026.
6.0	Chief Executive's Report
6.1	<p>Section 75 Arrangements and Integration: The CEO reported on the imminent signing of the Section 75 agreement with Norfolk County Council, which facilitates integrated health and care services. The Board discussed the importance of understanding and tracking the impact of these joint arrangements, including the delegation of functions between councils and providers.</p> <p>ACTION: Director of Corporate Affairs to invite external partners responsible in local authorities to participate in focus sessions do discuss Section 75 arrangements as part of the Board's development programme.</p> <p>Policy Harmonisation and Merger Preparation: The Board approved the following policies: (1) Managing Conflicts of Interest Policy, (2) Fit and Proper Person Policy and (3) Quality Committee Terms of Reference. These have been approved ahead of the merger on 1 April 2026.</p> <p>Freedom to Speak Up: The Freedom to Speak Up report was discussed, noting the transition from using the process as a first point of contact for concerns to focusing on whistleblowing and significant issues. The Board acknowledged the need for ongoing process refinement and the recruitment of a new trust-wide guardian.</p> <p>Board Assurance Framework and Strategic Risks: The 13 strategic risks including cybersecurity and long waits for children's assessments were highlighted to the Board. The Board agreed to review and refresh the framework in line with the new strategy and operational plan post-merger.</p>
7.0	Integrated Governance and Performance Report
7.1	The Integrated Governance and Performance Report covered safety incidents, infection control, waiting times, financial performance and the approval of the Norfolk Community Health and Care NHS Trust Statement of Purpose.

7.2	<p>Quality:</p> <p>Safety Incidents and Reporting Trends: The Chief Nurse and AHP Lead reported that incident rates remain stable with most classified as low or no harm. A notable increase in NCHC incidents was attributed to improved reporting rather than increased risk, and the Board plans to further analyse low and no harm incidents for potential insights.</p> <p>Infection Prevention and Control: The Infection Prevention and Control teams Board Assurance Framework have merged, and recent data from the Minuteful app in Luton shows promising results in wound care. Two <i>Clostridium difficile</i> cases in NCHC prompted root cause analysis and any learning will be fed back to the teams. The flu vaccination rates are at 59.3% for NCHC and 62% for CCS.</p> <p>Waiting Times and Service Access: The report included updates on waiting times for various services, with a focus on achieving 18-week compliance. Specific attention was given to long waits in Neurodevelopment Services and Wheelchairs Services, with action plans in place to address these issues.</p> <p>Approval of Statement of Purpose: The Board approved the NCHC Statement of Purpose, with plans to develop a new joint statement for the merged organisation by April.</p>
7.3	<p>Finance:</p> <p>Financial Performance and Estates Framework: It was confirmed that financial performance is on track, with a focus on transitioning from leasehold to freehold properties to reduce costs. The Board discussed the opportunities to acquire NHS Property Company assets and the implications for capital planning.</p>
7.4	<p>Workforce: Staffing, Survey Participation, and Workforce Issues. The Board discussed staffing matters, including sexual safety initiatives, staff response rates, ongoing efforts to support staff wellbeing and workforce-related concerns.</p> <p>Sexual Safety and Investigations: Work is ongoing to prioritise sexual safety, including training staff to support investigations of misconduct allegations and encouraging a culture where staff feel confident to report concerns.</p> <p>Staff Survey Response Rates: The Board noted a decrease in staff survey participation, with no clear cause identified. Plans were made to analyse results by division and compare with national trends, with a commitment to develop action plans based on findings.</p> <p>ACTION: The Chief People Officer to prepare a report for the March Board meeting that reviews the 2024/25 staff survey results, compares them to previous years, and outlines actions taken in response to past findings.</p> <p>Workforce Processes and Fraud Prevention: Procedures for addressing long-term sickness and potential fraud were discussed, emphasising collaboration with finance and adherence to due process.</p>
7.5	<p>Performance:</p> <p>Service Visit Planning: The Communications team considered a more individualised approach to service visits, recommending that Board members select</p>

	<p>locations where their presence would add the most value, particularly in under-visited areas.</p> <p>Conference Scheduling: It was noted that innovation and quality improvement conferences typically occur biennially, with details to be finalised and shared with the Board as available.</p>
	Key matters and escalations (when required) from committees
8.0	Audit and Risk
8.1	It was noted that the number of auditors for external audit and internal audit would be reduced from two to one at the end of the financial year.
9.0	Finance and Infrastructure
9.1	It was noted that the Estates Framework and Digital Strategy were under discussion at every Finance and Infrastructure meeting and the Non-Executive Directors were supporting with further extrinsic meetings.
	Assurance and Compliance
10.	Group Board Assurance Framework
10.1	It was noted that two risks are rated 15+ and these have been discussed in the meeting (Cybersecurity and NDS waits). Two new risks have been added to the BAF since November: Risk 3770: Fraud (rated 12) and Risk 3837: AI (Artificial Intelligence) use and Third-Party Suppliers (rated 12). Group Risk 3654 (Group model organisational structure) has been closed and removed from the BAF.
	Other
11.	Questions from stakeholders
11.1	There were no questions from stakeholders.
	Closing Actions
12.	Any Other Business.
12.1	ACTION: Board members were asked to complete the HIV Confident survey to support the organisation's progress toward the HIV Confident framework and inclusive service provision.
	Date, time and location of next meeting
	<p>The meeting closed at 14:32.</p> <p>Next meeting: 18 March 2026, Unit 7-8 Meadow Park, Meadow Lane, St Ives. PE27 4LG</p>