Cambridgeshire Community Services NHS Trust

Norfolk Community Health and Care NHS Trust

Group Trust Board Meeting in Public

Date: Wednesday, 19 November 2025

Time: 13:00 to 15:40

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

Members:

Lynda Thomas	Group 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
Matthew Winn	Chief Executive Officer
Njoki Yaxley	Non-Executive Director

In Attendance:

Kate Ash	Special Palliative Care Nurse *(Patient Story)*
Tom Bamford	Communications Project Manager *(Patient Story)*
Vicky Brooke	Associate Director of Communications, Marketing and Engagement
Gail Clarry Johnson	Lived Experience Coordinator *(Patient Story)*
Jess Harrod	Clinical Quality Manager *(Patient Story)*
Tammy-Anne Hudson	Lived Experience Administrator *(Patient Story)*
Chrissy Irvine	Patient Story
Christine Little	Lived Experience Co-production Manager *(Patient Story)*
Lesley Luscher	Unison Branch Secretary
Lucy McNeill	Board and Committee Support Officer
Joanne Robertson	Senior Clinical Services Manager – Long Term Conditions, Luton *(observer)*
Thomas Trent	Quality and Governance Support, Quality Team *(Patient Story)*

Apologies:

Sarah Feal	Company Secretary and Freedom to Speak Up Guardian
Mani Sharma	Non-Executive Director

Minutes

0.0	Patient Story
0.1	The Group Trust Board heard from Chrissy about her mother, Mary. Chrissy shared a detailed account of her mother's sixteen-year journey through stroke recovery, rehabilitation, and ongoing care, highlighting the challenges and successes with various health and social care services. Chrissy shared her and her mother's story, supported by Christine Little, the Lived Experience and Co-Production Manager. **Initial Stroke and Rehabilitation:** Mary lives in a rural area. Chrissy described how Mary suffered a severe arterial stroke resulting in significant physical and speech impairments. Due to her rural location Mary was impacted by a delayed ambulance response time. Mary was initially treated at the Norfolk and Norwich University Hospital, then moved to a local rehabilitation centre and later to Foxearth Lodge Care Home, where the environment and equipment negatively impacted her mental health. **Transition to Home Care:** With support from Continuing Healthcare (CHC) and occupational therapists, Chrissy and her father trained to care for Mary at home, leading to notable improvements in Mary's recovery, including regaining some speech and increased independence. **Service Access and Rural Challenges:** Chrissy emphasised the difficulties of accessing essential therapies (speech and language therapy and physiotherapy) due to their rural location, noting that without personal transport and advocacy, Mary would have missed critical appointments, raising concerns about equity for those without similar support. **Continuity and Quality of Care:** Positive experiences were noted with occupational therapy and district nursing, particularly the continuity of care and personal relationships built with staff like Jenny Rogers, which were crucial for a nonverbal patient. In contrast, wheelchair services and GP support were criticized for lack of continuity, poor communication, and insufficient responsiveness to Mary's needs. **Personal Health Budget and Systemic Issues:** Chrissy recounted the challenges of managing a personal health budget, describing it as stressful and poorly supported, especially in rural areas. She also highlighted systemic issues with fragmented care between CHC and social services, difficulties in obtaining power of attorney, and the impact of these on both Mary and the family. **End-of-Life and Palliative Care:** As Mary's health declined, the palliative care team provided significant support, including counselling for Chrissy. The story concluded with reflections on the importance of honouring Mary's wish to remain at home, ongoing struggles with equipment and medication access, and the need for better integration and responsiveness in health and social care services.

0.2	Board members reflected on the Patient Story. Board members acknowledged actionable insights from Chrissy's account, such as improving communication with service users, addressing rural access inequalities and ensuring that positive and negative feedback is shared with the relevant teams for service improvement. The Executive committed to discussing how improvements could be made with the relevant teams. The discussion highlighted the need for better integration between health and social care, especially for CHC funded individuals, and recognised the importance of supporting carers and giving them a stronger voice The Board committed to using the lived experience story to inform the development of neighbourhood teams and health inequality initiatives, with a focus on adapting services for rural areas and high-intensity needs.
1.0	Welcome and apologies
1.1	The Chair welcomed all to the meeting and apologies were noted for Sarah Feal 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 previous meetings and matters arising
3.1	The minutes of the following three meetings were **approved** as an accurate record. 3.1 Group Trust Board Meeting in Public 24.09.25 3.2 CCS Trust Board Annual General Meeting 24.09.25 3.3 NCHC Trust Board Annual General Meeting 24.09.25
4.0	Review of action tracker
4.1	The action points from previous meetings were reviewed and the following confirmed as complete: Action 6 - numbers waiting for an intermediate day care bed and the duration of their wait is checked daily at operational level. The data will feed into new reports and data sets for services / places and monitored at operational level. These reports can be brought to Board if required. The Group Trust Board **noted** the update. No further matters were raised.
5.0	Chair's Update
5.1	The Chair's update on the acute group would be delivered at a future date.

6.0	Chief Executive's Report
6.1	The report was introduced, and the following points were highlighted: The annual NHS Emergency Preparedness, Resilience and Response (EPRR) Core Standards self-assessment had been submitted for both Trusts with both reporting a position of Substantial compliance. It was noted that significant improvements had been made and further work was needed to integrate arrangements across the group. The Freedom to Speak Up update reported concerns raised during April-September 2025 through the Trusts' Freedom to Speak Up Guardians confirming no major concerns and ongoing efforts to foster a culture where staff feel safe to raise issues. Both organisations had submitted their anonymised reports to the National Guardian's Office on time and the lead Executive and Non-Executive Directors for Freedom to Speak Up continued to play an active role in this area. The Medical Appraisal and Revalidation Annual Reports for both Trusts had been submitted and there were no concerns that had required General Medical Council referral. The Group Trust Board **noted** the updates.
7.0	Group Integrated Governance and Performance Report
7.1	The report was introduced and the following key points highlighted. Risks and Issues: the report contains the levels of assurance reported through the three Service Assurance Committees (SACs). The key reports from the SACs also include matters for the Board to note and examples of outstanding practice that were discussed at the meetings. The risks and issues are reported through the SACs. Three operational risks score 15+ and three issues score 4 (Major) and above. The executive team will be updating the key metrics and developing the dashboards for the SACs and the metrics will be incorporated into the Integrated Governance and Performance Reports. The Board will have sight of the new metrics in early 2026. Neurodevelopmental Services Backlog: The board discussed the backlog of approximately 12,000 children awaiting neurodevelopmental assessment with 300 waiting over 156 weeks. Initiatives include outsourcing final diagnoses, early intervention teams, and skill-mix pilots to address the backlog and improve future capacity. The referral rate is flat so if the backlog could be cleared the number of referrals could be managed. Wheelchair and Equipment Waits: Updates were provided on efforts to reduce wheelchair waiting times, including staff training and action plans to bring waits under 52 weeks by April 2026 and to under 18 weeks by the end of 2026, with ongoing challenges in resource allocation and process improvement. Other Service Waits (Pulmonary Rehab, Audiology, Dental): Pulmonary Rehab and Audiology services are managing increased demand and inherited backlogs, with recruitment and action plans in place. Dental services face productivity issues due

	to changes in general anaesthetic provision, prompting further investigation and action. Data Management and Right to Choose: Concerns were raised about the lack of feedback from private providers under the 'right to choose' scheme, leading to potential inaccuracies in waiting list data and the need for improved tracking and communication.
7.2	Workforce challenges - sickness absence rates and appraisal rates - were highlighted as areas for improvement. Compliance in turnover rates and mandatory training rates were noted. Staff survey results showed that 56% had responded in NCHC and 49% in CCS, with the survey open until Friday 28 November 2025. The Chief Medical Officer will lead for Resident Doctors on the improvement of working conditions as outlined in the 10 Year Health Plan for England.
7.3	Financial Performance and Planning: The board reviewed the financial risks, cash flow, efficiency targets, and budget planning. Board members discussed the aligning of financial and operational risks, addressing recurrent overspends, and preparing for organisational merger. Cash Flow and Budget Management: The board discussed low cash balances in CCS due to delayed payments from local authorities and contract sign offs, with assurances that monitoring and forecasting are in place to maintain positive balances until the organisational merger. Efficiency Targets and Recurrent Savings: There is a £6 million gap in recurrent savings, with a history of reliance on non-recurrent savings. The board aims to shift towards more sustainable, recurrent savings and better budget alignment with service needs. Resource Allocation and Service Impact: Discussions emphasised the need to review and resize budgets for inpatient units and other services, considering both cost and income generation, and to ensure that financial decisions do not negatively impact service quality or staff workload.
7.4	The Group Trust Board **noted** the update and **agreed** the reasonable assurance rating.
8.0	Quality Committee
8.1	The key matters and escalation report to the Group Trust Board was introduced. The committee chair highlighted that there were no formal escalations to report to the Group Trust Board. The Group Trust Board **noted** the update.
9.0	Finance and Infrastructure Committee
9.1	The key matters and escalation report to the Group Trust Board was introduced. The lead Executive for the Committee reported the following escalations: the CCS cash balance which is a material variance against the programme / plan and the

	efficiencies gap of £6m in recurrent schemes which is an adverse variance in the full year efficiency plan. The Committee will increase scrutiny, and this was escalated to the Trust Group Board for awareness. The Group Trust Board **noted** the update.
10.	Remuneration Committee
10.1	The key matters and escalation report to the Group Trust Board was introduced. The committee chair highlighted that there were no formal escalations to report to the Group Trust Board. The Group Trust Board **noted** the update.
11.	Group People Priorities
11.1	The outline of workforce priorities included health and wellbeing, digital skills development, leadership training and equality and diversity initiatives, as well as a focus on addressing sickness absence, supporting carers, and improving workplace culture. Health and Wellbeing Focus: the increase in sickness absence is being addressed through focussing on workplace facilities, psychological safety, and inclusive culture, recognising the impact of caring responsibilities and stress on staff. Digital Skills and Integration: the report focussed on the digital literacy surveys, the development of a digital library / academy, and projects to improve mobile working and system integration, including efforts to enable health and social care staff to access shared records and improve information flow. Leadership and Cultural Development: the launch of the Chrysalis leadership programme and cultural intelligence training aims to foster compassionate, collective leadership and support team-level conversations about workplace values and inclusion. Equality, Diversity and Safety: ongoing activities include partnership work with staff-side colleagues, a focus on workforce equality and diversity, and implementation of the sexual misconduct safety charter. The Group Trust Board **agreed** the substantial assurance rating.
12.	Future Focus – Summary of progress on actions supporting delivery of the Group's Strategic Priorities
12.1	The update on strategy implementation, highlighted progress in children's services, digital innovation and risk management, while board members discussed the need for clearer linkage between strategic objectives and operational actions. Children's Services and Digital Innovation: Progress was reported on the neurodevelopmental pathway transformation, AI technology pilots in adult services and digital tools for community nursing, with ongoing planning for future years. The Group Trust Board **agreed** the reasonable assurance rating.

13.	Group Board Assurance Framework
13.1	The board reviewed the Board Assurance Framework, noting the addition of three new risks and closure of Group Risk 3682 (Group model and transaction), with plans to improve specificity in future reporting. The Group Trust Board **agreed** the reasonable assurance rating.
14.	Questions from stakeholders
14.1	None were received.
15.	Any Other Business
15.1	It was reported that the Full Business Case for merger had been signed off and will be submitted by the end of November. Ongoing preparations for integration of systems, contracts and governance structures continues. Clear communication during the transition was emphasized to minimise confusion for stakeholders, patients and staff.
-	Date, time and location of next meeting
-	The next meeting will be held on 28 January 2026, Units 7-8 Meadow Park, Meadow Lane, St Ives PE27 4LG