

**Minutes of the Public Meeting of the Board of Directors
held on Tuesday 10 August 2021, 14:00hrs
via MS Teams LIVE**

Members:	<p>Rob Hughes Beverley Shears Caroline Walker Kanchan Rege Joel Harrison Louise Tibbert Phil Walmsley Arshiya Khan Mike Ellwood Ray Harding Mary Dowglass Mark Sanderson Christine Hill Carmel O'Brien Tariro Matanga</p>	<p>Chairman – Chair Non-Executive Director – Deputy Chair Chief Executive Chief Medical Officer/Deputy Chief Executive Chief Finance Officer Chief People Officer Chief Operating Officer Chief Strategy & Transformation Officer Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director NEXt Non-Executive Director</p>
In attendance:	<p>Taff Gidi Jack Stevens Dr Rosanne Sterry-Blunt Sylvia Zuidhoorn</p>	<p>Company Secretary & Head of Corporate Affairs Deputy Chief Nurse Junior Doctor EA to Chairman & Chief Executive - <i>Minute Taker</i></p>
Observing:	<p>Jack Knight</p>	<p>Communications Team</p>

WELCOME, APOLOGIES AND DECLARATION OF INTEREST

- 1.0 Welcome, Apologies for Absence and Declarations of Interest**
- 1.0.1 Rob Hughes welcomed members to the meeting. He continued to welcome Jack Stevens, Deputy Chief Nurse in his attendance deputising for Joanne Bennis, Chief Nurse. Welcome to Carmel O'Brien latest Non-Executive Director.
- 1.0.2 Rob Hughes noted apologies had been received from Joanne Bennis, Chief Nurse and Gareth Tipton, Non-Executive Director.
- 1.0.3 Rob Hughes noted that there were no new declarations of interest.

MAIN MEETING

- 2.0 Staff Story – From Microbiology Biomedical Scientist to Junior Doctor : two careers at Peterborough City Hospital**
- 2.0.1 Kanchan Rege introduced the Staff Story to the Trust Board on “from Microbiology Biomedical Scientist to Junior Doctor : Two careers at Peterborough City Hospital” and introduced Dr Rosanne Sterry-Blunt.
- 2.0.2 Dr Rosanne Sterry-Blunt presented her highlights and lowlights of her career progression to the Trust Board.
- 2.0.3 Mark Sanderson thanked Dr Rosanne Sterry-Blunt for her inspiring story and congratulated her on her journey so far, noting that she had an exciting career to look forward to. He questioned how she found the transition from lab to the ward. Dr Rosanne Sterry-Blunt replied that she felt it was a very interesting transition, noting that the lab is a very controlled environment with a lot of quality controls, set routines and is quite autonomous, whereas the clinical front is a huge system of different cogs turning at one time.
- 2.0.4 Kanchan Rege commended Dr Rosanne Sterry-Blunt on the several years of study and her continuing success.
- 2.0.5 Caroline Walker thanked Dr Rosanne Sterry-Blunt and asked if she could share the 5 question framework with herself and Kanchan Rege.
- 2.0.6 Beverley Shears thanked Dr Rosanne Sterry-Blunt for her very inspirational presentation which demonstrated the value of anchor organisations and the impact on patients and staff and local citizens. She asked if she could further explain the 5 question framework and how this is built into the people and culture. Dr Rosanne Sterry-Blunt noted that she felt from the anchoring aspect it has been a motivational and rewarding part of her job and is a big part of the enjoyment of working at the Trust. In terms of the 5 question framework, an idea from a junior doctor colleague who has worked in another Trust, is that one thing that did make him feel supported, listened to and heard, was when a consultant lead sent out a short questionnaire every week, which asked about what grade people were, how they were feeling today and to give one good and one bad thing that had happened that week. This was then analysed to identify areas where there were recurrent themes emerging which could then be addressed.
- 2.0.7 Arshiya Khan thanked Dr Rosanne Sterry-Blunt for her presentation and for joining NWAngliaFT and felt that it was important that the Trust Board invite other junior doctors to share how the Trust can implement changes and engage more.
- 2.0.8 Rob Hughes thanked Dr Rosanne Sterry-Blunt and echoed the comments of gratitude already given. He noted that he welcomed staff attending Public Trust Board to share their stories. He felt that the Governors will be very interested in this story as well and wished her all the best in her future career.
- 3.0 Minutes of the meeting held on 8 June 2021**
- 3.0.1 The Minutes were agreed to be a true and accurate record of the meeting and officially approved by the Trust Board.

3.1 Matters Arising and Action Tracker

3.1.1 The Action Tracker was reviewed and completed actions discharged. There were no new matters arising.

4.0 Chairman's Review of the Month

4.0.1 Rob Hughes verbally presented the Chairman's Review of the month to the Trust Board. He welcomed Carmel O'Brien to the meeting who is the newest appointment to the Trust Board as Non-Executive Director. He noted that she has a range of experience as an Executive Director at Queen Elizabeth II, Kings Lynn Hospital.

4.0.2 Rob Hughes expressed his sadness to saying goodbye to Mike Ellwood, Non-Executive Director and Chair of the Audit Committee, who leaves the Trust at the end of August, with today being his last Trust Board meeting. On behalf of the Trust Board he wished Mike Ellwood all the very best for the future.

4.0.3 Rob Hughes reported that he had met this month with Mike More, the Chair of Cambridge University Hospitals NHS FT (CUH NHS FT) and Chair of the Integrated Care Service (ICS). He confirmed the dialogue to be around looking forward and ahead for acute collaboration between NWAngliaNHS FT and CUH NHS FT and transition into an ICS.

4.0.4 Rob Hughes reported that in terms of an update on Healthwatch he and Caroline Walker had met with Sandie Smith CEO of Healthwatch Peterborough and Sarah Fletcher CEO of Healthwatch Lincolnshire. He noted feedback received, is that all is going well within the regions and is pleased to hear that colleagues are linking with Healthwatch on a regular basis. He confirmed that regular meetings have been reinstated with Caroline Walker for a CEO update.

4.0.5 Rob Hughes reported that there are still challenges on demand due to COVID. He is pleased to report that Caroline Walker is providing additional assurance updates to the Non-Executive Directors and on behalf of Non-Executive Directors thanked Caroline Walker for the well briefed updates.

4.1 Well-Led Update

4.1.1 Taff Gidi presented the Well-Led Update for information to the Trust Board, highlighting key areas. He noted there were two parts to this paper, one in relation to the Improvement Plan, which provides an update on the progress the Trust is making. He further noted that within the Improvement Plan where actions have not be delivered by the previously agreed deadline, an update is provided on progress and a revised deadline date is proposed. The second part of the paper is in relation to the CQC inspection of the Trust, which is anticipated will occur before the end of this financial year. It is important for the Trust Board to be aware that the CQC have published a revised strategy for how they will approach inspections in the future, which is yet to be translated into what this will mean for inspections in practice. However, they have already indicated that they will be moving to a digital solution for collating and managing document requests from Trusts. Therefore, the Trust will need to be ready to respond to any changes in approach in an effective way.

4.1.2 Carmel O'Brien questioned how the Trust Board can be assured that items RAG rated green are in fact green, as she noted there to be dates within columns but description of a process. Taff Gidi confirmed that there are a lot of governance systems and processes in place that ensure this is designed for our organisation and culture. Rob

Hughes acknowledged Carmel O'Brien's view and her experience from other Well Led reviews will be helpful. Arshiya Khan confirmed that more information can be given to provide a more balanced view.

- 4.1.3 Arshiya Khan noted that as some of the items are red and amber due to no progress from a few months ago and questioned if more information can be added to these to give a more balanced view. Taff Gidi confirmed that these items needed to be red and amber this time and that progress is being made on the Quality Inspection (QI) Strategy.
- 4.1.4 Rob Hughes questioned where Jo Bennis is with the preparations for this and whether a Non-Executive Director is involved in that. Jack Stevens confirmed the QI methodology process and how this is tracked and mapped and that this is something that Jo Bennis is working through, and knows that conversations have been held, but does not have a specific update. Rob Hughes asked Jack Stevens to further liaise with Jo Bennis and that he is happy to offer up any Non-Executive Director support.
- 4.1.5 Mark Sanderson noted that he felt uncomfortable that the deadline has been missed and that that the QI have a number of factors, where maybe some have been completed and this is good for the Trust to reflect that within the comment. Taff Gidi agreed that in terms of level of detail QI is a good example to include.
- 4.1.6 Rob Hughes noted that this item has stimulated some good questions and assurance points.
- 4.1.7 The Trust Board noted the report.

5.0 Chief Executive Officer's Report

- 5.0.1 Caroline Walker presented the Chief Executive Officer's Report to the Trust Board taking the paper as read, highlighting key areas which were discussed in more detail.
- 5.0.2 Caroline Walker reported that the Trust have seen an increase in the number of patients with the COVID-19 infection needing hospital care in July and as a result the Trust have opened additional beds on both the Peterborough and Hinchingsbrooke Hospital sites to enable our staff to safely care for our COVID-positive patients in isolation. There is significant pressure on the Trust's clinical services and the hospitals which is having a high impact. This is combined with the recovery of waiting lists and different activity being undertaken to do all that can be done to reduce these lists, however even with all these actions our waiting lists are still increasing.
- 5.0.3 Caroline Walker reported that there has been staffing challenges due to the impact of staff absences during peak holiday time combined with "pingdemic" affected staff. There is continued pressure on the Trust's maternity services and shortages of midwifery staff across the East of England region, with has sadly resulted in the temporary suspension of the Trust's homebirth service. She thanked the Peterborough and Hinchingsbrooke Maternity Voice Partnership for their support who are working closely with the maternity services.
- 5.0.4 Caroline Walker reported the great achievement of the development of the Urgent Treatment Centre (UTC) at Peterborough City Hospital which has combined the successful reconfiguration for the Emergency Department and Out of Hours GP service. There is still some building work to be undertaken but this remains on track.

- 5.0.5 Caroline Walker reported that the enabling building works for Phase II Hinchingsbrooke Hospital Development have commenced with the Full Business Case being approved today at Private Trust Board. She further reported that the Trust has been invited to develop a bid for Hinchingsbrooke Hospital to be one of the eight hospitals to join the Hospital Improvement Programme (HIP2) new hospital build list.
- 5.0.6 Caroline Walker continued to highlight the great things that have happened and are happening this month. She further highlighted the Walls of Reflection boards that capture what a challenging and emotional time it has been for our Staff and encouraged staff to stop, reflect and appreciate the fantastic range of images that combine to tell a truly impressive story Team NWAngliaFT COVID-19 response.
- 5.0.7 Rob Hughes noted that the development of the UTC is a great success and questioned how the public are responding to this. Phil Walmsley confirmed that the UTC is seeing on average 130 patients a day through the UTC and these patients are being managed well. This is still settling down as we see more use of the service.
- 5.1 Health Care Bill**
- 5.1.1 Caroline Walker presented the Health Care Bill and reported that the new Health and Care Bill is currently going through Parliament and will legislate how the NHS is governed going forward. The Bill has been through the first and second reading in the House of Commons and is now at the Committee stage. This will go back for a third reading before going to the House of Lords and then back to the House of Commons for final approval. The Trust Board will have an opportunity to discuss this further as part of the System Oversight and Governance workshop later this year.
- 5.2 Integrated Care System : Joint Accountable Officer Report**
- 5.2.1 Caroline Walker presented the Integrated Care System : Joint Accountable Officer Report, took this paper as read and highlighted key areas.

INTEGRATED PERFORMANCE REPORT

6.0 Integrated Performance Report (IPR)

6.0.1 Quality

6.0.1.1 Jack Stevens presented the Quality Performance section to the Trust Board, taking the report as read and highlighted the key areas within the summary section of the report, which were discussed in more detail by the Trust Board.

6.0.1.2 Carmel O'Brien questioned whether the number of Serious Incident (SI) investigations are a true picture and queried the thresholds and whether the themes of learning are analysed and if these will be linked into the QI project once QSIR is rolled out. Kanchan Rege confirmed that the Trust has a high reporting culture which is very healthy and err on the side of caution with a lot of duty of candour. She further confirmed that the SIs are a true and accurate number. Arshiya Khan further confirmed that the Trust have a good reporting culture and that the Trust is not an outlier.

6.0.2 Operations

6.0.2.1 Phil Walmsley presented the Operations Performance section to the Trust Board, taking the report as being read and highlighted the key areas within the summary section of the report, which were discussed in more detail by the Trust Board.

- 6.0.2.2 Carmel O'Brien noted that accepting the challenges around flow specifically around ambulance delays, questioned if there is a process for clinical review triage. Phil Walmsley confirmed that there is an arrangement with the East of England Ambulance Service NHS Trust (EEAST) which is being revisited to ensure it is current and up to date.
- 6.0.2.3 Mark Sanderson noted in terms of emerging issues and staff being tired which activity really busy, questioned whether it is our staff are getting more tired or is it the affect fatigue is having on staff that is affecting the quality of care. Phil Walmsley confirmed it to be both as more is asked of our staff who had little or no time to stop and think and are working flat out, which also increases the potential for staff to be off sick or to take leave. A lot of work is ongoing to support staff and recruit as fast as is possible, and as activity is managed, which is proving most difficult.
- 6.0.2.4 Rob Hughes noted the pressures around that certain part of the organisation and questioned how the Trust is checking that all is being done that can be done. Phil Walmsley confirmed that all Executive Directors and the Triumvirate team have a programme of getting out and meeting staff more regularly.
- 6.0.2.5 Kanchan Rege noted that she undertook a morning shift in the Emergency Department last week and is undertaking another one this week on Thursday, spending time shadowing and being helpful clinically to guide and gently support.
- 6.0.2.6 Caroline Walker noted that lots is being done to support with health and wellbeing initiative leading through G2O Health and Wellbeing week, with various events happening on each site.
- 6.0.2.7 Rob Hughes noted that the Executive Directors and Non-Executive Directors will hopefully be undertaking ward visits again shortly.
- 6.0.3 Workforce and Organisational Development**
- 6.0.3.1 Louise Tibbert presented the Workforce and Organisational Development Performance section to the Trust Board, noting the report as read. She continued to highlight the key areas within the summary section of the report, which were discussed in more detail by the Trust Board.
- 6.0.4 Finance**
- 6.0.4.1 Joel Harrison presented the Finance Performance section to the Trust Board noting the report as read. He continued to highlight the key areas within the summary section of the report, which were discussed in more detail by the Trust Board.
- 6.0.4.2 Rob Hughes questioned whether a plan is in place to complete the Cost Improvement Plan (CIP) over the next months and deliver. Joel Harrison confirmed that the emphasis is on the recurrent underlying financial position, looking ahead to future years. In terms of timescales we are building into the development of the second half of the year and picking up as part of the escalation meetings with the Triumvirates. Ray Harding confirmed that this is followed through in the Finance and Digital Committee.
- 6.0.5 Strategy & Transformation**
- 6.0.5.1 Arshiya Khan presented the Strategy & Transformation Performance section to the Trust Board noting the report as read. She highlighted key areas within the summary section of the report, which were discussed in more detail by the Trust Board.

- 6.0.5.2 Arshiya Khan drew the Trust Board's attention to the QI update noting that Jo Bennis is the Executive Lead and a QI strategy has been developed which is awaiting ratification. Work is ongoing with our partners to develop a system community for QI. There are a number projects which are Trust led and moving towards productive workforce which much to be proud of. She noted that the United Lincolnshire Hospitals and EEASt have been approved for Quality Service Improvement and Redesign (QSIR) training and have asked if they can provide support and Jo Bennis has approached Gloucester and Sussex Hospitals as the Trust do not want to stop using QSIR.
- 6.0.5.3 Christine Hill questioned what category of staff are trained on QSIR and how will that enhance the future. Arshiya Khan confirmed that anyone in the Trust can show interest in being QSIR trained. It is several days of training and a rigorous process. Rob Hughes noted that he would look to put QSIR into a Board Learning and Development session.
ACTION : Rob Hughes to include QSIR in the 2021/22 Board Learning and Development Programme.
- 6.0.6 Governance**
- 6.0.6.1 Taff Gidi presented the Governance Performance section to the Trust Board noting the report as read. He highlighted key areas within the summary section of the report, which were discussed in more detail by the Trust Board.
- 6.0.6.2 Taff Gidi highlighted the successes and that the NHSEI have conducted a review of the Freedom to Speak Up arrangements whereby they review our Public Board papers and look for indicators of areas that can help us to improve. For assurance the detail behind this has been shared with Rob Hughes, Chairman and Gareth Tipton, Non-Executive Director responsible for Freedom to Speak Up. It is also important to note the success of the Annual Report thanks to all the teams involved. The Position in terms of clinical and non-clinical there is an improving picture and is trending positively. He further reported that the System Oversight Assurance Group (SOAG) will be replacing our previous Oversight Management Group (OSM).
- 6.1 IPR Annex A : Maternity Report**
- 6.1.1 Jack Stevens presented the Maternity Report to the Trust Board for information, noting the paper as read. He highlighted the successes within the report which were discussed in more detail by the Trust Board.
- 6.1.2 Rob Hughes thanked Jack Stevens for the comprehensive and full report.
- 6.2 IPR Annex B : Board Assurance Framework**
- 6.2.1 Taff Gidi presented the Board Assurance Framework to the Trust Board for information.
- 6.3 IPR Annex C : Strategic Risks**
- 6.3.1 Taff Gidi presented the Strategic Risks to the Trust Board for approval. The Trust Board gave their approval.

BREAK

GOVERNANCE AND ASSURANCE

7.0 Application for Associated University Status of the University of Leicester

- 7.0.1 Kanchan Rege presented the application for Associated University Status of the University of Leicester for approval to the Trust Board and took the report as read. She highlighted key areas, which were discussed in more detail by the Trust Board. She reported that this will formalise the Trust's links with the benefit of more medial and non-medical students and will also encourage the growth of our research portfolio, and enhance our reputation, making NWAnglia more attractive to clinicians.
- 7.0.2 Caroline Walker noted her support for this and that this is a positive step forward in NWAnglia's role as a teaching hospital.
- 7.0.3 Mark Sanderson questioned what needs to be done to become a full university hospital. Kanchan Rege confirmed that the Trust would have to have £300 - 400k of independent grants and that she felt that this is certainly a worthwhile ambition and very much the next stage.
- 7.0.4 The Trust Board gave their approval.

8.0 Workforce Race Equality Standard (WRES)

- 8.0.1 Louise Tibbert presented the Workforce Race Equality Standard for approval to the Trust Board, taking the report as read. She highlighted key areas, which were discussed in more detail by the Trust Board.
- 8.0.2 Louise Tibbert reported that this is an annual report which is sent to the NHSI and is part of a national programme to build on tackling race inequalities across the NHS. Data cut at point of time note narrative at end of report around actions. She reported that in context for NWAnglia, 9.5% of our local population are BAME and 25% of staff are from a BAME background. She noted that more work is to be done around representation and how the Trust supports and develops careers.
- 8.0.3 Caroline Walker noted that this is an important report that plans for engagement and improvement and wants to support this and its approval. She questioned whether the Disability Standard was considered at the People & Culture Committee. Louise Tibbert confirmed that they were.
- 8.0.4 Tariro Matanga noted this to be a great report and questioned how can the Trust Board be assured that there is a zero tolerance for bullying and antiracism as a lot of people tend not to speak out, what is the Trust doing when this happens within the Trust. Louise Tibbert confirmed that the Trust have a Freedom To Speak Up Guardian and make sure there are different avenues staff can take, as the Trust tries to make sure there is zero tolerance for bullying with matters being dealt with swiftly, as we are creating more expectation of managers to check and challenge.
- 8.0.5 Joel Harrison questioned whether the number of staff members employed detailed within page 3 of the report includes bank staff. Louise Tibbert confirmed that this does include bank on top of substantive staff. Joel Harrison questioned if staff from other categories such as those staff who work for Soft or Hard FM partners, are receiving the same level of communication from the Trust. Louise Tibbert agreed that the Trust

needs to be clear that our partner organisations align their standards with the Trust. She agreed to further follow up this particular point.

ACTION : Louise Tibbert to liaise with the Trust Partners with regards to alignment of staff communication.

- 8.0.6 Beverley Shears noted that this report has been through the People & Culture Committee and has been given reasonable assurance.
- 8.0.7 Arshiya Khan noted that from Band 6 and above BAME staff is very low and noted that staff from some other eastern European countries are not counted as BAME. Louise Tibbert confirmed that this is not a national requirement. There is no single thing to do to increase representation across all staff grades and groups other than encourage people to work in the NHS.
- 8.0.8 Rob Hughes noted he was encouraged by what he sees within this report and asked what is the thought from a patient perspective, what does it feel like for a patient who is BAME or eastern European. Louise Tibbert confirmed that some work is focussing on patient experience and giving a voice to that. The Trust Board gave their approval.

8.1 Workforce Disability Equality Standard (WDES)

8.1.1 Louise Tibbert presented the Workforce Disability Equality Standard for approval to the Trust Board, taking the report as read. She highlighted key areas, which were discussed in more detail by the Trust Board. She agreed to bring back an Action Plan to the Trust Board in October 2021.

ACTION : Louise Tibbert to bring an Action Plan to the Trust Board in October 2021.

8.1.2 Rob Hughes noted that in a world of agile working with technology changing and work place is case placed, does the Trust recruit disabled people as agile working is more in place. Louise Tibbert noted that one persons' disability is not someone else's and noted that conversations are being had with people, but we should not assume that agile working is the thing that can help, however it is one of things that can be put into play that may be of help.

8.1.3 The Trust Board gave their approval.

9.0 Annual Health & Safety Plan

9.0.1 Louise Tibbert presented the Annual Health & Safety Plan for approval to the Trust Board, taking the report as read. She highlighted key areas which were discussed in more detail by the Trust Board.

9.0.2 Louise Tibbert reported that this plan has been through the various governance committees and that it has been an incredibly challenging time during the COVID pandemic with the teams very much involved in infection control and the health and safety team. She noted that the report outlines the risks the organisation faces and that all the Executive Directors are very familiar with these as we have been working with the Health & Safety Executive throughout the year.

9.0.3 Carmel O'Brien noted the data on violence and aggression as being termed inappropriate behaviour and did not get the sense of difference from this of patients with delirium and aggression and questioned what is being done to support staff in managing these very frail people. Louise Tibbert noted this needs to be articulated differently that there are different forms of inappropriate behaviours. She confirmed

that staff are trained to provide additional support and will bring in additional staff to support. Kanchan Rege confirmed that the Trust dementia nurse undertakes training within the clinical teams to recognise and manage delirium. Caroline Walker confirmed that the Trust do have training on key learning lessons, dealing with a delirious patient and an aggressive patient, with a combination of training is response to learning lessons from what happens.

ACTION : Louise Tibbert to re-articulate the different forms of inappropriate behaviours within the report.

9.0.4 The Trust Board gave their approval.

10.0 **Annual Slavery and Human Trafficking Statement 2021/22**

10.0.1 Taff Gidi presented the Annual Slavery and Human Trafficking Statement 2021/22 to the Trust Board for information, and took this as having been read. He noted that this is a yearly statement and is updated reflecting all that the Trust is doing to combat slavery and human trafficking.

10.0.2 Beverley Shears questioned if enough is being done to pick up through safeguarding. Taff Gidi confirmed that he is happy to add some context picking up on patients who present in terms of exploitation and slavery or any other such behaviours and that there are systems in place for the Trust to manage these through our Safeguarding Team and the training that all the Trust staff undertake. Kanchan Rege reassured that the Trust have a strong safeguarding culture and there is quick alertness and management.

10.0.3 Phil Walmsley noted that it is possible that someone will present through the ED with suspected modern slavery safeguarding issues, however he has not seen any actual reports that identifying patients within the modern slavery category. He asked if this data can be pulled from DATIX to show a more specific report.

ACTION : Taff Gidi to pull a specific report off DATIX in relation to patients presenting under the modern slavery category.

10.0.4 The Trust Board gave their approval on the basis of the adjustment to the modern slavery safeguarding category.

11.0 **Freedom to Speak Up (FTSU) : Strategy Implementation and Update**

11.0.1 Sally Mumford presented the Strategy Implementation and Update for information to the Trust Board, taking the report as read. He highlighted key areas which were discussed in more detail by the Trust Board.

11.0.2 Sally Mumford reported that the FTSU national index score has been published by the National Guardians office, and noted that the Trust have slightly declined. She is currently working on this to understand why that picture is deteriorating. She further noted that the Trust policy for FTSU is to be updated with some interim changes to be made in the meantime whilst we wait for the national policy to come through.

11.0.3 Rob Hughes noted how the Trust has declined slightly and questioned where the Trust sat nationally. Sally Mumford confirmed that the Trust sits within the middle.

11.0.4 Taff Gidi thanked Sally Mumford for all her hard work being undertaken and it is evident the Trust has a very robust system. This report shall be taken to the Hospital Management Committee as it is important to remind that FTSU is a system issue and is

not something Sally Mumford can do alone, but will line managers, their managers dealing with concerns and is a reflection on the Trust as a collective leadership team.

- 11.0.5 Rob Hughes noted that Sally Mumford and Gareth Tipton meet up regularly, as do Caroline Walker, Sally Mumford and himself. There is a good measure of openness within the organisation to be able to speak up and be heard. He thanked Sally Mumford for all the work being done.

BOARD SUBCOMMITTEE ASSURANCE REPORTS

12.0 Assurance Reports from Board Subcommittees

12.1 Quality Assurance Committee

- 12.1.1 Mark Sanderson presented the Quality Assurance Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation, taking the report as read. He reported the main point for escalation to be that the Hospital Standardised Mortality Review (HSMR) Trust-wide has risen from 112.8 last month to currently 113.4 and remains statistically significantly high. This was discussed at length and it was agreed that the Board Assurance Framework (BAF) assurance rating should be changed from substantial to reasonable assurance as there continued to be no reduction in Trust HSMR and this will be reviewed monthly.

12.2 Finance & Digital Committee

- 12.2.1 Ray Harding presented the Finance & Digital Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation, taking the report as read. He reported that the main points for escalation relates to recommendation or approval of £7.5m investment RAAC Phase II and that this has been approved by the Trust Board.

12.3 Performance & Estates Committee

- 12.3.1 Mike Ellwood presented the Performance & Estates Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation, taking the report as read. He reported that the main item RAAC and Failsafe programme is to be completed by the end of August and investigation is being undertaken as to why this was missed within the first inspection. He further noted recognition for the great work undertaken by the delivery of the Urgent Treatment Centre (UTC) on time.

12.4 Strategic & Transformation Committee

- 14.4.1 Beverley Shears presented the Strategic & Transformation report to the Trust Board. She highlighted the points of escalation, key issues, risks and spotlight outstanding practice and innovation and took the report as read. She commended the team for their responsiveness to the external pressures. The Committee received reasonable assurance on almost every issue and is pleased to see there is an overall handling strategy in place and that the communication strategy will allow us to take local population with us.

12.5 People & Culture Committee

- 12.5.1 Beverley Shears presented the People & Culture Committee Assurance report to the Trust Board. She highlighted the points of escalation, key issues, risks and spotlight outstanding practice and innovation and took the report as read. She noted that the staff survey action plan was agreed at the last Trust Board where 5 priorities were agreed to look and focus on how the Trust respond over the next quarter. She further

noted that the Trust Board have full site of the Staff Survey Action Plan with some reflective time needing to be spent at Trust Board on how support can be provided for a coherent approach to this. Rob Hughes agreed to pick this up in a future Board meeting.

ACTION : Rob Hughes to include Staff Survey Action Plan in a future Board meeting.

12.6 Audit Committee

12.6.1 Mike Ellwood presented the Audit Committee Assurance report to the Trust Board. He highlighted the points of escalation, key issues, risks and spotlight outstanding practice and innovation and took the report as read. He further noted that he shall be handing over the Chair of this committee to Gareth Tipton.

FINAL ITEMS

13.0 Any Other Business

13.0.1 Rob Hughes reported that there was no other business to discuss. He continued to thank the Trust Board for the meeting today and for the Public who have dialled in.

14.0 Questions from the public

Rob Hughes noted that questions have been received from the Public.

14.0.1 Topic : WRES - from Councillor Dr Dharshana Sridhar

Looking at the Workforce Race Equality Standard (WRES) Summary Report, it clearly shows that amongst the workforce, above a certain band in the hierarchy, in both the clinical staff and non-clinical staff data, there is a significant drop in representation from BME workforce. What steps, if any, are being taken by the board to change this situation.

14.0.1.1 Louise Tibbert responded the Trust remain committed to improving staff experience including BAME colleagues. Some progress has been made in increasing BAME representation with oversight of sponsors and trust governance. Rob Hughes confirmed that he is very happy to discuss personally and he shall reach out to see if there is anything he can understand further from Councillor Dr Sridhar's perspective.

14.0.2 Topic : Appointment System Administration - from Sue Prior (Governor NWAFT)

I have been hearing via members, patients and Healthwatch Peterborough Public forum of patients receiving confliction letters regarding appointment times and dates regarding consultations at Peterborough City Hospital: with patients being called to ask why they have missed an appointment which is at different time to the letter they received whether it is face to face or video. This has caused frustration and in some cases distress.

Please Note most patients are reluctant to use the PALs system, despite being signposted to them as they have concerns it might adversely affect their situation, despite being reassured to the contrary.

Please could the Board advise on the possible cause and remedy to the appointment administration system (letters not Dr Doctor) which has caused this issue so that patients can be reassured of the certainty of their appointment

14.0.2.1 Phil Walmsley responded that thanked Sue Prior for picking this up. He noted that this a significant concern and an issue that the organisation are addressing as a matter of urgency and as part of the COVID and response to internal pressures. Some appointments are booked by specialities and noted in eTrack and not necessarily on the Medway system. He confirmed that a group are working on this and making sure speciality and centralised issue is coordinated properly. This has become a monthly reporting at the performance meeting to review appointments having to be rescheduled.

The Chairman closed the Public Trust Board at 17:20hrs

Date of next meeting: Tuesday 12 October 2021 at 14:00hrs

Signed.....

Name..... Date.....