

**Minutes of the Public Meeting of the Board of Directors  
held on Tuesday 8 February 2022, 14:00hrs  
via MS Teams LIVE**

<b>Members:</b>	<p>Rob Hughes Beverley Shears Caroline Walker Kanchan Rege Joel Harrison Louise Tibbert Phil Walmsley Arshiya Khan Joanne Bennis Gareth Tipton Ray Harding Mark Sanderson Christine Hill Carmel O'Brien James Rolfe Tariro Matanga</p>	<p>Chairman Non-Executive Director – Deputy Chair Chief Executive Chief Medical Officer Chief Finance Officer Chief People Officer Chief Operating Officer Chief Strategy &amp; Transformation Officer Chief Nurse Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director NExT Non-Executive Director</p>
<b>In attendance:</b>	<p>Taff Gidi Dr Catherine Maxey</p> <p>Gwen Hughes Sylvia Zuidhoorn</p>	<p>Company Secretary &amp; Head of Corporate Affairs Consultant Liaison Psychiatrist Clinical Director, Adult and Specialist Directorate, CPFT Service Manager Liaison Psychiatry, CPFT EA to Chairman &amp; Chief Executive - <i>Minute Taker</i></p>
<b>Observing:</b>	<p>Eleanor Anderson Katie Tarleton</p>	<p>Communications Team 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. Rob Hughes welcomed Dr Catherine Maxey (Consultant Liaison Psychiatrist Clinical Director, Adult and Specialist Directorate, CPFT) and Gwen Hughes (Service Manager Liaison Psychiatry, CPFT) to the Trust Board in attendance for agenda item 2.0.
- 1.1 Apologies received**
- 1.1.1 Rob Hughes noted apologies have been received from Penny Snowden Director of Maternity.
- 1.1.2 Rob Hughes noted there were no new declarations of interest. Joanne Bennis raised a new declaration of interest being she has been appointed as Governor for the Anglia

Ruskin University (ARU) for Peterborough. Rob Hughes congratulated Joanne Bennis on this appointment.

## MAIN MEETING

### 2.0 Presentation : Mental Health update

Kanchan Rege introduced Dr Catherine Maxey and Gwen Hughes to the Trust Board who were in attendance to provide a Mental Health update presentation to the Trust Board.

- 2.0.1 Gwen Hughes and Dr Catherine Maxey presented the Mental Health update for information to the Trust Board, in which key areas were highlighted in more detail. This noted the liaison psychiatry referral activity by year, 1 hour response time in the Emergency Department doing well against the national average of 85% which has been maintained throughout COVID; inpatient response where compliance has reduced during periods of high demand and increased complexity of cases. Business is back to usual activity, if not busier, with all contacts face to face. It was further noted the Staff Mental Health Service are working well with the Occupational Health at North West Anglia NHS FT (NWAngliaFT), with funding agreed for a further 3 years. The contribution to the Critical Care Unit with a senior psychologist has been continued for a second year, contributing to multidisciplinary team meetings and assessing patients. The CPFT Staff Mental Health Service has seen double the number of referrals, of which 22% are from NWAngliaFT. More work is ongoing to understand the percentage by profession, the treatment received, along with the outcome at discharge. Work being undertaken in close collaboration with the Occupational Health team at both Peterborough City Hospital and Hinchingsbrooke Hospital.
- 2.0.2 Rob Hughes asked if it can be explained if the difference between Cambridge University Hospital (CUH) and NWAngliaFT is based on patient numbers or investments and is it very similar. Gwen Hughes queried if this is for patient or staff care. Rob Hughes confirmed for patient care. Gwen Hughes confirmed the Emergency Department at Peterborough City Hospital (PCH) is as busy as the Emergency Department at Cambridge University Hospital, if not sometimes busier. In terms of Psychiatry Clinicians, there are more at CUH because the commission rates are different to those used at PCH, with PCH using block contracts and there is definitely more in the South in terms of specific areas.
- 2.0.3 Beverley Shears noted the referrals of staff are nearly double to that of CUH and also investment in the South of the patch. She further noted it is known from other areas the liaison cars are really critical from diversion from hospital in terms of mental health inpatients and emergency within acute and questioned why there is not a car in the North of the patch. Gwen Hughes confirmed there is more investment in the South of the patch, with the population is higher, and at the moment we are seeing CUH and NWAngliaFT proportionate. She continued to confirm in regards the mental health joint response care it is understood a plan will be developed in Peterborough that will work alongside the Police.
- 2.0.4 Louise Tibbert questioned whether the referrals are likely to continue to rise. Gwen Hughes confirmed the original perception was all referrals received were directly linked to COVID. However it is now known COVID is a trigger point and staff are being seen who have pre-existing illness which have not been treated or identified and exacerbated further by the COVID pandemic. There will be more conversations with

more staff who are becoming more open and able to reflect, which will enable us to be more able to de-stigmatise mental health issues. Louise Tibbert asked whether during triage whether everyone is being treated or are some are turned away. Gwen Hughes confirmed 82% of all referrals seen and assessed, only 18% are declined. The team are able to offer a one comprehensive assessment in the first instance which helps to signpost the best way to get the best help possible.

2.0.5 Arshiya Khan asked for a point of clarification, and noted when the response times shown are above the national average of 85%, and questioned if this is for only the days the service is being provided for as there is no service at HH on weekends. Arshiya further questioned what the team's role is in advising and meeting the demand in the North and what help is given to address the gap. Gwen Hughes confirmed the response times shown are for the hours worked which are Monday to Friday 9am to 5pm and is something that needs to be understood more when developing the services in the future. She continued to confirm there are significant differences between the South and North with data being reviewed to try to identify some of those gaps, with some priority areas identified in the process such as the neurology and stroke pathways.

2.0.6 Caroline Walker noted her thanks for the presentation and noted she was pleased to hear of the Hinchingsbrooke 7 day service from 1 March 2022 and questioned if this is something that will remain in place and be a permanent feature. She continued to note the issues about PCH having block contracts as being part of the problem and CUH having more detailed contracts and questioned if there is any reason why the Trust cannot increase its contract. Gwen Hughes confirmed it is the intention the 7 day service is to be the substantive first step in trying to meet core 24hour demand and it will be helpful to understand what the data tells us at the end of 6-12 month period, to inform the next stages. It is always a difficult challenge and data does not always support and know once the service expands the numbers are likely to increase, and we will then be able to review and flex around operational hours and maybe expand the service further. She continued to confirm the block contracts at NWAngliaFT have primarily been focussed on the core 24hour and psychiatric element and have not considered the psychiatric needs. It is different at CUH as the services have been developed with distinct divisions managing the budgets within certain areas and sits differently in NWAngliaFT.

2.0.7 Rob Hughes noted his thanks for the presentation and noted this demonstrates mental health is very important to this Trust Board and its patients and staff. The journey is the service has grown, we have seen collaboration increased and the breadth of this increase in terms of patients and staff. He further thanked for all is being done.

2.0.8 Dr Rege thanked Gwen Hughes and Dr Catherine Maxey and noted she is very grateful for all their efforts, including the proposed service developments.

### **3.0 Minutes of the meeting held on 14 December 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 presented the Chairman's Review of the month for information to the Trust Board and took the paper as read. He highlighted key areas and noted after 9 years as the Trust Chair he shall be stepping down and welcomed Professor Steve Barnett to the Trust as from 1 April 2022. Conversations are being had to ensure a smooth handover. Rob Hughes noted Professor Steve Barnett has the skills and experience are ideally suited to lead the Board in response to the challenges and opportunities that lie ahead for the Trust and the Cambridgeshire and Peterborough System. He reassured the Trust Board during the next 8 weeks remaining in office he will remain focussed on serving the Trust through what continues to be challenging times.
- 4.0.2 Rob Hughes noted the Trust Board have maintained focus on Board Learning and Development and is progressing as the new Chair takes over the leadership.
- 4.0.3 Rob Hughes noted as part of the ongoing Governor Development and to support their effectiveness and understanding of the role, he is looking forward to an "Effective Questioning" Course, which will take place on 11 February, facilitated by NHS Providers. The course is aimed at recently elected Governors but will also be a refresher for all Governors.
- 4.0.4 Rob Hughes personally and on behalf of the Trust Board thanked all of our staff for how they have responded to the pressures of Winter, which are compounded by COVID. He thanked especially for everyone's flexibility, teamwork and resilience, doing all they can to provide care safely to our patients in very demanding and limiting circumstances. He noted the Trust Board recognise the need to continue focus on staff wellbeing, recognition and recruitment, as we not only work together in our hospitals but also the collaboration with our partners.
- 4.0.5 Rob Hughes noted he is proud reported the Trust have relaunched the Trust Charity on 24 January 2022 and congratulated Philip Fearn, Charity Project Manager and all those involved, for persuading a high profile celebrity to become a Patron of the Trust's Charity.
- 4.0.6 Rob Hughes noted he had the pleasure to attend the NHS Retirement Fellowship Annual Lunch on 10 January to not only share a wonderful lunch provided by the Students from Peterborough Regional College but to also hear their stories of how they have coped during the pandemic.

## **5.0 Chief Executive Officer's Report**

- 5.0.1 Caroline Walker presented the Chief Executive Officer's Report for information to the Trust Board taking the paper as read. She highlighted some key areas which were discussed in more detail. She reported the peak winter pressures inside the hospitals were as expected and as planned for. She noted January is always a busy month inside the hospitals and the current wave of COVID is affecting this with 119 cases in total, 80 patients at Peterborough City Hospital and 39 patients at Hinchingsbrooke Hospital. This wave is very different to previous waves in January 2021 where the peak waves were higher, with the pressure on general acute and less on intensive care. She further noted more than half of patients do not know they have COVID when they come into hospital, as they have no symptoms upon arrival. This is something the Trust is adapting to and very different to previous waves. The hospitals are very busy and very full as the Trust has inevitably needed to reduce some non-urgent planned activity again, whilst the care of clinically-urgent patients is prioritised and assured

these are temporary measures. She noted staff absence has been a feature of this wave, with the COVID wave within the community slighter higher which affects staff and their ability to come into the workplace.

- 5.0.2 Caroline Walker announced the new Chair of North West Anglia NHS Foundation Trust, is Professor Steve Barnett who will join the Trust on 1 April 2022, taking over from current Chair Rob Hughes, who has completed his full nine-year term in the role
- 5.0.3 Caroline Walker welcomed James Rolfe to the Trust Board as new Non-Executive Director and that she is looking forward to working with him.
- 5.0.4 Caroline Walker announced the start of the building work at Hinchingsbrooke Hospital to create new, purpose-built operating theatres building. This is a major step and an exciting time for the Trust patients and staff.
- 5.0.5 Caroline Walker reported that on Thursday 6 June 2022, herself and Chair Rob Hughes attending an on-line meeting with the Prime Minister, Boris Johnson, which coincided with his visit to one of Peterborough's vaccination centres in Queensgate Shopping Centre. The Prime Minister passed on his personal thanks to all our staff for the way they have gone above and beyond the line of duty during the pandemic.
- 5.0.6 Caroline Walker announced the relaunch of our Trust Charity having secured celebrity Craig Revel Horwood as the Patron and is looking forward to updating the Trust Board on the progress with the charity over the coming year.
- 5.0.7 Caroline Walker noted the Trust Board have agreed the 3 priorities for the year around which the Board Assurance Framework is built.
- 5.0.8 Caroline Walker continued to note the Trust News Highlights and the fantastic achievements of our staff.
- 5.0.9 Rob Hughes noted his thanks for the report and further noted his thanked for comprehensive report recognised James Rolfe as new Non-Executive Director to the Trust Board.
- 5.1 Trust Strategy 2022-25**
  - 5.1.1 Caroline Walker presented the Trust Strategy 2022-25 for decision to the Trust Board taking the paper as read. She highlighted key areas which were discussed in more detail. She reported it is 5 years since the Trust merged and became NWAngliaFT and noted this feels exactly right for where the Trust are within the local system to delivery care for our patients and is looking forward to being part of the delivery. She confirmed the Trust Strategy 2022-25 was approved in January Private Trust Board.
  - 5.1.2 Arshiya Khan noted there has been a lot of engagement from internal stakeholders and development by our staff, including service users and System partners. Since Private Trust Board approval last month this has been presented to three groups at System level.
  - 5.1.3 The Trust Board gave their formal ratification of the Trust Strategy 2022-25.

## INTEGRATED PERFORMANCE REPORT

### **6.0 Integrated Performance Report (IPR)**

#### **6.0.1 Quality**

6.0.1.1 Joanne Bennis presented the Quality Performance section to the Trust Board, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board.

6.0.1.2 Rob Hughes thanked Joanne Bennis for her report. He noted at System Chairs meeting discussions have been had given the challenges on quality and ensuring these do not impact severely. He noted issues are being reviewed on a regular basis and mitigations being put in place to ensure patients are kept safe. He questioned what does corridor care look like, are patients comfortable and what level of nursing care is being received. Joanne Bennis confirmed it depends on how long a patient is deemed to be having corridor care, which is in an identified area and not in a cubicle. Staffing is reviewed on a shift by shift basis and can be shared between Trust staff and ambulance staff. There is a procedure in place that clearly articulates staffing offered by both organisations and requirements for patient care delivery. The safety checklist should be completed for these patients and hourly reviews undertaken.

#### **6.0.2 Operations**

6.0.2.1 Phil Walmsley presented the Operations Performance section to the Trust Board, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board. He report it is worth noting the capacity of bed occupancy within the Trust remains a significant problem, often starting the day with 20 to 30 patients in the Emergency Department who are waiting for a bed. This does require the Trust to move to OPEL 4 and go on critical internal incident to try to improve the position.

6.0.2.2 Rob Hughes noted the cancer performance and the actions being taken to improve this and questioned if there are any indications when this plan is likely to be successful and on if it is on track and whether it has been reviewed in the Performance & Estates Committed. Phil Walmsley confirmed the detailed plans by each cancer speciality have not been reviewed, but confirmed he will circulate the plans, which will show an improvement over the next two months, and in particular when additional resourcing is brought in as the Trust bring on elective recovery plans. Rob Hughes noted the need for more visibility in terms of the plan and when likely to be on track.

#### **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, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board.

6.0.3.2 Gareth Tipton noted the emerging issues of 15% absence due to stress and anxiety and questioned if this is tracked and if staff are offered to undertake a stress risk assessment during work with their line manager. Louise Tibbert confirmed there is a stress risk assessment tool available for managers to use and to discuss possible mitigations with their staff. This may also include a referral to OH, who can also offer advice and/or provide access to support.

## **6.0.4 Finance**

- 6.0.4.1 Joel Harrison presented the Finance Performance section to the Trust Board taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board. He noted this is the time of year for the NHS Annual Planning and thanked the divisions in supporting this and working alongside System colleagues.
- 6.0.4.2 Ray Harding noted the 3 year capital plans and questioned the level of reduction and whether additional funding would be available. Joel Harrison confirmed systems have been issued 3 year allocations and are expected to live within the envelopes but there would also be additional opportunities to apply for national funding in addition to the envelopes.

## **6.0.5 Strategy & Transformation**

- 6.0.5.1 Arshiya Khan presented the Strategy & Transformation Performance section to the Trust Board taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board.
- 6.0.5.2 Rob Hughes noted it is pleasing to see developing work and the delivery of this and looks forward to seeing this progress.

## **6.0.6 Governance**

- 6.0.6.1 Taff Gidi presented the Governance Performance section to the Trust Board taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board. He reported 3 new Governors and noted his thanks to Paul Denton, Associated Director Governance & Risk who leads this for all the work undertaken. He further noted Kevin Burdett has been re-elected and re-appointed as Lead Governor for the Trust.
- 6.0.6.2 Rob Hughes congratulated Kevin Burdett on his re-appointment and re-election which shall be ratified at the Council of Governors meeting on 18 February 2022.
- 6.0.6.3 Carmel O'Brien noted the position around operational risks review/in date as currently 79% which is a deteriorating position and questioned what is the plan to get to where the Trust want to get to, what needs to be done differently, when will this be achieved and what is the plan for the moderate risks. Taff Gidi confirmed that a lot of work is still required on the low and moderate risks, specifically moderate risks. Changes have been made on how these are managed through the Trust policy and are reviewed more frequently. Work is being undertaken with risk owners to get to where need to be, which is likely to be around May before the compliance increases. For clarification he further noted if a risk is out of date there are different elements which affect this. Joanne Bennis noted there are quite a lot of low level risks and historic risks from the merger and the team are working closely with the Health & Safety lead Kate Hodge to take lower level risks (where appropriate) and put in the overarching Health & Safety risk assessment which sits in each ward area. The oversight for high risks, rely on the divisions through their governance, with work ongoing within the divisions and is hopeful an improvement is seen at least by May. Carmel O'Brien questioned if the expectation is that by March 100% will have been reviewed and will be sustained on a monthly basis. Taff Gidi confirmed this is expected to be the case.

## **6.1 IPR Annex : Urgent Emergency Care Performance/Winter Plans**

6.1.1 Phil Walmsley presented the Urgent Emergency Care Performance/Winter Plans paper for information to the Trust Board, taking the report as read and highlighted the key areas. He noted the purpose of the report is that NWAngliaFT is required to deliver against a series of urgent and emergency care (UEC) standards. This paper is to provide the Trust Board with an overview of performance against current standards, progress made with plans for managing urgent and emergency care pressures over the winter surge period and our progress with implementation of the new urgent care standards expected to be in place from April 2022. The Trust Board are asked to note current urgent and emergency care performance against existing indicators, new CRS indicators that are currently being reported in shadow form and against national benchmarking data. The Trust Board are further asked to note the update on progress with implementation of the Trust's winter plan for 21/22 year to date and the risks associated with the plan as a result of the ongoing COVID-19 pandemic.

6.1.2 Caroline Walker note the Trust Board are all committed to making this implementation, and no-one is happy with this level of performance and with the support in place this will bring the Trust to where it needs to be. Some solutions do not just sit within the walls of NWAngliaFT, it is about the System working together to get to where we need to be. A regular report shall be brought to the Trust Board.

6.1.3 Rob Hughes thanked Phil Walmsley for the update and noted the multiple challenges the Trust is facing and it is clear this is the same for other similar Trusts, yet they do perform slightly better. There are a number of groups, teams and meetings to address these challenges to meet these challenges and requested site on progress and plans for the March Trust Board.

**ACTION : Phil Walmsley to bring update on progress and plans on the challenges the Trust is facing to the Private Trust Board in March.**

## **6.2 IPR Annex : Maternity Report**

6.2.1 Joanne Bennis presented the Maternity Report on behalf of Penny Snowden, Director of Midwifery to the Trust Board for discussion, noting the paper as read. She highlighted the key messages within the report

6.2.2 Carmel O'Brien noted maternity safety champion visits had not been completed since early December due to increase in COVID. She continued to attend the Maternity and Neonatal Safety meeting where it had been agreed the revised focus of the group would be on key issues of safety for mums and babies, and not duplication of existing Directorate governance arrangements. She reported the Divisional Triumvirate have been asked to undertake a culture survey, this had not been completed across both sites and is overdue; it is expected that the full publication of Ockenden, due in May will focus on culture within maternity units. The group also agreed that a piece of work will be undertaken using QI methodologies focussing on Transitional Care, this will include training for the team and aims to prevent avoidable admissions as it had been identified there were a number of babies who were admitted on both sites that could have been prevented. It was agreed Board Level safety walk-around will be re-established, with safety drop-in sessions re-launched.

## **6.3 IPR Annex : Year 3 CNST Correspondence and resubmission of compliance**

6.3.1 Joanne Bennis presented the Year 3 CNST Correspondence and resubmission of compliance to the Trust Board, and noted the paper as read. She highlighted the key areas within the report which were discussed in more detail by the Trust Board. She



further noted this has been submitted due to timeframes and is for information and assurance to the Trust Board.

6.3.2 Christine Hill assured the Trust Board this was discussed at the last Quality Assurance Committee meeting and approved the points noted by Joanne Bennis and the further evidence was submitted.

6.3.3 Rob Hughes noted this to be good news this was approved and thanked Joanne Bennis for all the work which has been undertaken.

#### **6.4 IPR Annex : Mortality Report**

6.4.1 Kanchan Rege presented the Mortality Report for discussion to the Trust Board, noting the paper as read. She highlighted the key areas within the report which were discussed in more detail by the Trust Board. She reported unfortunately the latest set of data has gone up and are unable to determine the exact cause of this. There are a lot of moving parts going into composite mortality rates which include a percentage of hospital coded and morbidity rates. It is interesting to note the position of the East of England and Midlands as we move as a block with neighbouring Trusts as we have all gone up along with our peer group, so something external is happening as well. A visit was undertaken to the Coding team in Kettering General Hospital who have brought mortality rates down and sustained a low rate. An agreement has been made for an external coding review to take place to look at the Trust's coding process, we have a traditional approach which is linked in the past with very good mortality rates. It is not certain of the reasons behind the mortality rates and are continuing deep dives by alerts from Dr Foster.

6.4.2 Rob Hughes questioned if this report has gone through the Quality Assurance Committee. Kanchan Rege confirmed it has.

6.4.3 Christine Hill noted the Quality Assurance Committee have noted the mortality rate has increased, however this is still lower than previous months. This has been discussed and have an important action plan in place detailing actions, deep dive reviews conducted by clinicians. Quality coding are looking at strengthening the link between clinicians and coding staff and staff welcome the coding review by the external reviewing team. As a committee, partial assurance was given and were happy with the action plan put forwards, which will be continuously monitored.

6.4.4 Rob Hughes thanked Kanchan Rege for the update and the refocussed efforts to get to the bottom of this. He questioned in terms of timing, when is it expected some of the actions will take effect. Kanchan Rege confirmed the aim is to commission the external review within the next month or two, with the caveat that anything that is done now will only show up in 15 months' time, so cannot tell when there will be a beneficial effect. However, there will be more clarity to our procedures for coding.

#### **6.5 IPR Annex : Strategic Risk Register**

6.5.1 Taff Gidi presented the Strategic Risk Register for discussion to the Trust Board and took the paper as read. He highlighted key areas within the register which were discussed in more detail by the Trust Board.

## **6.6 IPR Annex : Board Assurance Framework**

6.6.1 Taff Gidi presented the Board Assurance Framework paper for discussion to the Trust Board. He highlighted the key areas which were discussed in more detail by the Trust Board.

Rob Hughes noted to be happy with the report and its status.

### **BREAK**

## **GOVERNANCE AND ASSURANCE**

### **7.0 Green Plan**

7.0.1 Joel Harrison presented the Green Plan for decision to the Trust Board, noting the paper as read. He highlighted the key areas within the report which were discussed in more detail. He noted the NHS have made national commitments to reducing carbon footprint and impact on climate change, and as an organisation it is good opportunity to do our bit. This is a starting point to get some momentum behind and highlighted the Green Travel Group, already established, with Phil Walmsley, Chief Operating Officer leading to work around the Trust Net Zero carbon focus in Estates & Facilities.

7.0.2 Rob Hughes thanked Joel Harrison for the report and the energy behind this. He noted this has been approved at Private Trust Board and this shall be shared with Trust Governors at their next meeting. He noted that the report was hereby ratified.

### **8.0 Annual Planning Process 2022/23**

8.0.1 This item was removed from the agenda.

### **9.0 Hinchingsbrooke Hospital Theatres Full Business Case**

9.0.1 Arshiya Khan presented the Hinchingsbrooke Hospital Theatres Full Business Case for information to the Trust Board, taking as read. She highlighted key areas, which were discussed in more detail by the Trust Board.

9.0.2 Rob Hughes thanked Arshiya Khan for the update and for the excellent work the team have undergone and achieved and looks forward to the implementation and new theatres.

## **BOARD SUBCOMMITTEE ASSURANCE REPORTS**

### **10.0 Assurance Reports from Board Subcommittees**

#### **10.1 Quality Assurance Committee**

10.1.1 Christine Hill 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.

#### **10.2 Finance & Digital Committee**

10.2.1 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.

### **10.3 Performance & Estates Committee**

10.3.1 Gareth Tipton 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.

### **10.4 People & Culture Committee**

10.4.1 Beverley Shears presented the People & Culture Committee 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 the pause on the VCOD rules having been changed on 25 January 2022 and the team gave substantial performance to the technical and procedural aspects of implementing this and gave credit to the team who are commended on an excellent piece of work.

### **10.5 Strategy & Transformation Committee**

10.5.1 Rob Hughes presented the Strategy & Transformation report to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation, taking the report as read.

### **10.6 Audit Committee**

10.6.1 Gareth Tipton 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.

## **FINAL ITEMS**

### **11.0 Any Other Business**

11.0.1 Rob Hughes reported 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.

### **12.0 Thank You to Rob Hughes**

12.0.1 Caroline Walker noted she would like to, as it was the last Public Trust Board meeting before Chair leaves to offer a very public thank you for all you have done for the Trust, patients and staff and for me personally. For all you have done for Peterborough and Stamford NHS FT and NWAngliaFT. We all will miss you and your guidance and wish you well for your next phase of retirement. Rob Hughes thanked Caroline Walker for her kind words and reflected upon joining 9 years ago the agenda today compared to then, is quadruple in size and complexity which is a great achievement. He noted this is not his final Public meeting, his last one will be on 15 March 2022 where he will meet the Council of Governors for the last time. It has been a great experience and thanked all for their warm comments.

### **13.0 Questions from the public**

13.0.1 Rob Hughes confirmed there were no questions received.

**The Chairman closed the Public Trust Board at 16:20hrs**

**Date of next meeting: Tuesday 12 April 2022 at 14:00hrs**

Signed.....

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