

**Minutes of the Public Meeting of the Board of Directors  
held on Tuesday 12 April 2022, 14:00hrs  
via MS Teams LIVE**

<b>Members:</b>	Professor Steve Barnett Beverley Shears Caroline Walker Kanchan Rege Joel Harrison Louise Tibbert Phil Walmsley Arshiya Khan Joanne Bennis Ray Harding Mark Sanderson Christine Hill Carmel O'Brien James Rolfe Tariro Matanga	Chair Non-Executive Director – Deputy Chair Chief Executive Chief Medical Officer Chief Finance Officer Chief People Officer Chief Operating Officer Chief Strategy & Transformation Officer Chief Nurse Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director NExT Non-Executive Director
<b>In attendance:</b>	Sylvia Zuidhoorn Maria Finch Laura Stent Penny Snowden Denise McMurray  Paul Denton Geraldine Wingfield-Hill	EA to Chairman & Chief Executive - <i>Minute Taker</i> Head of Patient Experience Assistant Chief Nurse Director of Midwifery People & OD Director/Deputy Chief People Officer Associate Director of Governance & Risk Chief Digital and Information Officer
<b>Observing:</b>	Mandy Ward  Jack Knight	Associate Director of Communications & Engagement Digital & Communications Specialist

**WELCOME, APOLOGIES AND DECLARATION OF INTEREST**

- 1.0 Welcome, Apologies for Absence and Declarations of Interest**
- 1.0.1 Steve Barnett welcomed members to the meeting, noting this to be his first Public Trust Board meeting and he is absolutely delighted to be here and have this opportunity to contribute to the leadership of his local hospitals, which have played an important role for him and his family for many years.
- 1.1 Apologies received**
- 1.1.1 Steve Barnett noted apologies have been received from Gareth Tipton, Non-Executive Director and Taff Gidi, Company Secretary.

- 1.1.2 Steve Barnett asked the Trust Board members if there were any new declarations of interest. James Rolfe expressed a Declaration of Interest between his role of Chief Operating Officer at the Anglian Ruskin University and the NWAngliaFT People Strategy. This was duly noted.

## MAIN MEETING

### **2.0 Presentation : Digital Communication Tools**

- 2.0.1 Joanne Bennis introduced Maria Finch, Head of Patient Experience and Laura Stent, Assistant Chief Nurse to the Trust Board who were in attendance to provide a Digital Communication Tools presentation to the Trust Board.
- 2.0.2 Maria Finch and Laura Stent presented the Digital Communication Tools presentation to the Trust Board, in which key areas of how the Trust has moved forward over the past 2 years were highlighted, and patient stories shared.
- 2.0.3 Steve Barnett thanked Maria Finch and Laura Stent for the presentation and for sharing the innovative and important ways of connecting patients with their loved ones.
- 2.0.4 Mark Sanderson thanked Maria Finch and Laura Stent for the presentation which shows the clear difference being made to patients' lives. He questioned if these methods will still be used in the future. Laura Stent agreed that they will.
- 2.0.5 Beverley Shears noted it was good to see this work and was really pleased to hear of the difference being made to patients and their families.

### **3.0 Minutes of the meeting held on 8 February 2022**

- 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 Chair's Review of the Month**

- 4.0.1 Steve Barnett presented the Chair's Review of the Month for information to the Trust Board, highlighting key areas and taking the paper as read. He continued to note his first few weeks in post have involved meeting fellow board members, our Governors, groups of staff, volunteers, local health and care partner colleagues and some of our key stakeholders. This will continue as part of a planned induction programme that spans the next few months. Q&A sessions with staff members and our Council of Governors have given Steve Barnett a greater understanding of the challenges particular service areas are facing at the moment.
- 4.0.2 Steve Barnett noted that he is looking forward to seeing how we can continue to support staff and build on the existing culture, engagement and behaviours, making sure we are properly aligned to the delivery of the highest possible standards of care for our patients. The Trust's ongoing drive to improve quality will be particularly pertinent to this as we move increasingly to system and partnership based delivery of more integrated services within the emerging Cambridgeshire and Peterborough Integrated Care System (ICS). He added that he is looking forward to future Trust

Board meetings and adding more detail around his own priorities and was happy to take any comments or observations on his report.

## **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, highlighting key areas and taking the paper as read. She welcomed Steve Barnett to the Trust who joined us on Friday 1 April 2022 as Chair of our Trust. This is his first Public Trust Board meeting and knows she speaks on behalf of all Trust Board members when she says we are looking forward to working with him.
- 5.0.2 She reminded the Trust Board of the operational pressures the Trust is under, as are the whole of the NHS at the moment, noting three weeks' ago the NHS recorded its busiest day ever since 1948. This activity is taking its toll on urgent care performance and she reported that the Trust is doing all it can to reduce waiting times. Part of the pressures include absence rates of staff, which are high, with staff still being impacted by COVID infections.
- 5.0.3 Caroline Walker reported that Inspectors from the Care Quality Commission (CQC) visited the Trust for an unannounced inspection on Monday 28 February and Tuesday 1 March 2022 as part of an overall Cambridgeshire and Peterborough Health System Urgent and Emergency Care inspection. Inspection teams visited both Peterborough City and Hinchingsbrooke Hospitals to look at care delivery in the emergency, urgent care and medical departments. An action plan is being worked on that accentuates the positives raised and tackles the issues highlighted by the inspection team that require prompt and improved action.
- 5.0.4 Caroline Walker reported that Kanchan Rege will be retiring from her role as Deputy Chief Executive in the summer, and thanked her for her support and wise council over the past few years. She was pleased to report that Arshiya Khan will be taking over the role.
- 5.0.5 Caroline Walker highlighted some of the positive news stories, with huge congratulations to nurse Sharon Maywood who has been named Breakthrough Apprentice of the Year in the national Our Health Heroes Awards for successfully completed her nursing apprenticeship degree while being treated for breast cancer and for the Obstetric and Gynaecology department, who out of 184 Obstetrics and Gynaecology training units in the country, our Trust has been ranked top for overall performance, obstetric training and gynaecology.
- 5.0.6 Steve Barnett thanked Caroline Walker for her kind welcome and added on behalf of the whole Trust Board their thanks and gratitude to Kanchan Rege for her contribution to a number of achievements within the Trust.

## **INTEGRATED PERFORMANCE REPORT**

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

- 6.0.0.1 Steve Barnett noted that the Integrated Performance Report is very detailed and impressive and passed on this thanks to those involved in its production.

#### **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 Carmel Obrien asked if assurance can be provided around the escalation process in place for those patients who have waited for a long time, as well as assurance that the basic fundamentals of care are in place. Joanne Bennis confirmed from the corridor care perspective, this space is a designated area with a clear standard operating procedure in place identifying clear expectations. Staffing and the care delivered, can be dependent on whether ambulance crews or ED nursing teams are undertaking corridor care due to competencies and skill mix. There is a challenge whenever care for patients is delivered in the corridor around maintenance of privacy and dignity, as it is not a designated area for care delivery. However, this is maximised as much as possible and is reviewed hour by hour. There is an expectation that reverse cohorting occurs where possible – more acutely unwell patients are put into majors and those patients who are waiting for ward beds are moved into the corridor or boarded onto inpatient areas, where a discharge is expected. All cases are entered into the Datix system so that these can be triangulated for any potential harms and monitored. We have also used the corporate practice development team to undertake daily reviews and audits. These have demonstrated improvements.

## **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 further noted that even with the very intense pressures the NHS and NWAngliaFT are seeing around emergency care, the Trust is maintaining elective waiting lists (mainly surgery) which have been at the same level since September 2021. The Trust has reduced patients waiting over two years, which is in line with the national ask and have reduced the waiting list from 1600 patients to 36 patients as of yesterday. This is a real tribute to the whole Trust managing those patients whilst under very intense emergency pressures.

6.0.2.2 Steve Barnett thanked Phil Walmsley for his report and echoed and recognised the incredible contributions from all staff. He commented that there are still some areas where performance is not acceptable and he was pleased to recognise the considerable amount of work being undertaken to improve for our patients.

## **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 Steve Barnett noted that on looking at some of these statistics the impact on COVID is still felt in very acute terms.

## **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 additional funding had been secured and is being directed to the winter elective programme to support additional activities in terms of insourcing and

further weekend internal organisational activity. He passed on his thanks to all those who were involved in securing the additional income.

- 6.0.4.2 Steve Barnett commented the next 2 to 3 years will be particularly challenging financially in the NHS and recorded his appreciation to all involved in delivering the numbers in the last financial year.

## **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 Steve Barnett reminded the Trust Board that every NHS Trust with building projects may be adversely affected this year by the shortage of building materials and workforce.

## **6.0.6 Governance**

*Paul Denton joined the meeting at this point.*

- 6.0.6.1 Paul Denton 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.

## **6.1 IPR Annex : Maternity Board Report**

*Penny Snowden joined the meeting at this point.*

- 6.1.0.1 Penny Snowden presented the Maternity Board Report for discussion to the Trust Board, taking the report as read and highlighted the key areas. She noted that the Trust is currently on the National Safety Support Programme and the Maternity Improvement Advisor is supportive of the Maternity Service applying to exit the National Maternity Safety Programme and seeks support from the Trust Board to apply to exit the programme.
- 6.1.0.2 Steve Barnett congratulated Penny Snowden, the Maternity Services and the Trust for bringing added focus to this area which is critical to the patients we serve and is such high profile.
- 6.1.0.3 Carmel O'Brien confirmed this report has been discussed in detail at the Quality Assurance Committee. She reported that the NED/Chief Nurse Safety walk-around had recommenced, with a visit having been completed at the Impatient ward in Peterborough Hospital this week. Staff were positive about the new style feedback from lessons learned and the staff she spoke to were clear about the escalation process. They reported that they were aware of the new divisional posts that had come into place, Consultant Midwife, Risk Midwife and PMA. Staff did highlight that there remained challenges with culture and being heard when they escalated concerns. This is being taken forward with the Director of Midwifery and Occupational Development team. She had the opportunity to meet some mums and their new born babies who were on the whole positive, but she reflected that there is still some work to be done. She reported she had met with one Chair of the Maternity Voices Partnership (MVP) to support the Trust in ironing out issues and working on reaching out to the diverse population we serve, and intends to arrange quarterly meetings with the MVP Chairs going forward.

- 6.1.0.4 Joanne Bennis noted her full support to exit from the National Maternity Safety Programme and thanked the team for all the work being undertaken.
- 6.1.0.5 Beverley Shears questioned what is the Trust's stance, on the findings of the Ockenden report, on over promotion of 'normal' birth, and the harm it had done. She further asked whether the emphasis should be on safe birth. Penny Snowden confirmed that this was the case and women have a choice at our Trust and it is about giving great and high quality care.
- 6.1.0.6 Penny Snowden noted the papers around Ockenden One need to be submitted to the Local Maternity Neonatal Service and Regional Maternity Team, which requires support and approval from the Trust Board ahead of that submission.
- 6.1.0.7 The Trust Board gave that approval and support.

### **6.1.1 IPR Annex : Ockenden One and Kirkup Report**

- 6.1.1.1 Penny Snowden presented the Ockenden One and Kirkup Report for discussion to the Trust Board, taking the report as read and highlighted the key areas.

*Penny Snowden left the meeting at this point.*

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

- 6.2.1 Paul Denton presented the Strategic Risk Register to the Trust Board, and noted the paper as read. He highlighted the key areas within the report which were discussed in more detail by the Trust Board. He reported these to be largely unchanged with two slight amends to Risk 013346 and 013352.
- 6.2.2 Steve Barnett questioned if Risk 013343 incorporates the RAAC plank issues. Paul Denton confirmed that it does. Steve Barnett further suggested that the risk is rated lower in other RAAC hospitals and is interested to know whether their mitigating circumstances allowed them to mark the risk lower. Phil Walmsley confirmed there to be two elements being reviewed as part of the end of year process which are part of a more comprehensive piece of work. This is also about oxygen and ventilation which is a wider piece of scoring with significant other issues running alongside RAAC which leave a higher risk. Steve Barnett requested the RAAC plank issues be isolated so that the risk score can be understood and how that compares. Phil Walmsley confirmed the RAAC team are undertaking this as part of the end of year summary and will share this information in due course.

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

- 6.3.1 Paul Denton presented the Board Assurance Framework to the Trust Board, and noted the paper as read. He highlighted the key areas within the report which were discussed in more detail by the Trust Board.
- 6.3.2 Steve Barnett noted he presumed this to be fully aligned with sources of assurance similarly linked. Paul Denton confirmed this to be the case.
- 6.3.3 Steve Barnett thanked Paul Denton for all his work and for attending the meeting today.

*Paul Denton left the meeting at this point.*

## BREAK

### GOVERNANCE AND ASSURANCE

- 7.0 Urgent Emergency Care Performance/Ambulance Handover Delays**
- 7.0.1 Phil Walmsley presented the Urgent Emergency Care Performance/Ambulance Handover Delays for information to the Trust Board, highlighting key areas and noting the paper as read. He reported that within the East of England, NWAngliaFT is the second worst performing Trust in terms of hours lost on ambulance handover delays outside of our A&E department. He stated that this plan is a system wide plan and as such is an indicator to the whole System impact, which is now being monitored at the North Alliance System Group. This plan was discussed at the Performance and Estates Committee.
- 7.0.2 Caroline Walker noted this is not a unique plan to NWAngliaFT, it is a plan to our System, with the Trust plans combined inside and outside of the Trust to give an improvement on performance and waiting times which do need to improve.
- 7.0.3 Ray Harding noted that the current performance levels are not acceptable or sustainable. There are a number of factors ongoing in terms of the leadership of the Emergency Department and separating of divisional activities. He was pleased to note that the Trust has resisted the pressure from the region and national teams to erect an ambulance tent, which he felt would have made things worse. He confirmed that the discharge funds continued past year end.
- 7.0.4 Mark Sanderson questioned with regards to ambulance handovers, why the Trust is in the position it is, compared to other Trusts who are performing better. Phil Walmsley felt that the lack of alternatives to A&E were leaving us as the point of contact for the ambulance service, as there is a limited access to a primary care point of contact. The Trust does have an ability to cohort patients in corridors, but as we have a very busy A&E we are regularly finding it difficult to find staffing. On average our Emergency Department has 20 to 30 patients waiting to be admitted to a ward and there is a strong focus to reduce bed occupancy, which has benefitted Hinchingsbrooke Hospital which currently has bed occupancy below 95%.
- 7.0.5 Steve Barnett noted this is a System issue in which we clearly have an important role to play.
- 7.0.6 Caroline Walker noted there was a national meeting called with CEO's and Chairs last month because of the very difficult national picture and significant clinical risk to patients. All action was taken that could be as a System to share clinical risk across the System.
- 7.0.7 Steve Barnett commented that it would be useful and interesting to see what the impact of the initiatives of the action plan will have.  
**ACTION : Phil Walmsley to provide an update on initiatives of the action plan and the improvements made.**

## **8.0 CQC System UEC Inspection Report**

- 8.0.1 Joanne Bennis presented the CQC System UEC Inspection Report for discussion to the Trust Board, noting the paper as read which detailed high level feedback received and actions taken to date. She highlighted key areas, which were discussed in more detail by the Trust Board.
- 8.0.2 Mark Sanderson questioned how the Trust Board and patients can be assured these issues are not widespread, and are not typical of the care we like to deliver in our hospitals. Joanne Bennis confirmed that since the inspection, daily audits have been undertaken with data and trends collated evidencing improvements. Executive Directors and Senior Leaders have visited the Emergency Department, walked the floor with the teams and reviewed the patients to ensure the Trust is compliant on privacy and dignity (and other indicators). The feedback and need to be assured that this is happening for all patients across the Trust, has been shared across the organisation, with Matrons speaking to ward areas and reviewing to provide quality assurance. The challenge on over-crowding in the Emergency Departments is due to the sheer volume of patients at that time and the fact that the footprint at Peterborough City Hospital was designed initially for 70/80 patients and the Trust is often seeing 140 patients at any one time, which does have an impact on how patients are cared for, both from a space perspective and oversight/staffing perspective. There is support for the teams, with listening events with the Band 7's across both Emergency Departments, with feedback received on some of the challenges and experiences. There is a review of staffing a minimum of three times a day, moving the skill-mix around to minimise and mitigate any risk identified. There is a lot of work being undertaken to provide assurance.
- 8.0.3 Steve Barnett noted there are strong indicators of the pressures staff are feeling through freedom to speak up references, adverse comments, increased absence rates, high turn-over, increasing workload and COVID fatigue, which is a window into a group of people who may be struggling and asked Joanne Bennis if she could inform the Trust Board what the intervention should be to support staff in that environment. Joanne Bennis agreed there is a big piece of culture work to be undertaken to help the team re-set and re-focus. Steve Barnett questioned if there is an expectation that the CQC will visit again at some point in the near future. Joanne Bennis confirmed that potentially there is, but the final report has yet to be received for the whole System and the organisation. There could potentially be a delay, but she would expect another visit to gain some assurance of the actions taken against their inspection observations and findings.
- 8.0.4 Mark Sanderson noted there to be an internal assurance process and questioned if that is robust enough and if it needs changing in any way to ensure the care issues are being picked up at all levels of leadership. Joanne Bennis confirmed that an organisational development programme is being undertaken with Matrons with an external facilitator, along with a review of roles and responsibilities being undertaken alongside Phil Walmsley on how to define these and how to encourage all to step up and take on the accountability that sits within those roles. Another scheme to be reviewed, alongside the Non-Executive Directors, is how to utilise the Ward Accreditation Scheme to gain further assurance and an external peer review is currently planned to be undertaken within the Emergency Department at Peterborough City Hospital to gain and provide objective feedback and assurance.
- 8.0.5 Beverley Shears noted that on a day to day basis the Trust is over capacity for demand it was designed for and questioned what help is needed from the Trust Board to

challenge that. Joanne Bennis thanked Beverley Shears for the offer of support and noted it is a collective responsibility to support and agreed that the Trust Board can help by undertaking visits and feeding back. Both Caroline Walker and Steve Barnett take part in a lot of external meetings and communicate the challenges the Trust is facing. Phil Walmsley noted that the challenges are being articulated to the big System-wide plan, which needs to be driven through holding other parts of the System to account.

## **9.0 Gender Pay Gap**

9.0.1 Louise Tibbert presented the Gender Pay Gap report for March 2021 for information to the Trust Board, taking as it as read. She highlighted key areas, which were discussed in more detail by the Trust Board. She confirmed that the data was loaded onto the Government website and on 30 March 2022 has been through the People & Culture Committee.

9.0.2 Mark Sanderson questioned what the factors are that make male and female staff paid differently. Louise Tibbert confirmed that the Trust has more senior employees who are paid higher, with 70% of the workforce being women who are in lower paid roles. The Trust has nationally determined pay scales, however within that, historically, some individuals have pursued additional activities or have not taken a career break. The reason for the gender pay gap is for the opportunity for flexible working.

9.0.3 Steve Barnett noted the paper and the actions to continue to address the gender pay gap.

## **10.0 Annual Staff Survey 2021**

10.0.1 Louise Tibbert presented the Annual Staff Survey 2021 for discussion to the Trust Board, taking as read. She highlighted key areas, which were discussed in more detail by the Trust Board. She reported overall the scores across the country were lower than in 2020. There are some differences between the sites, with Stamford Hospital the highest and some differences between Peterborough and Hinchingsbrooke Hospitals, which are historic to those NWAngliaFT sites as we continue to engage and listen to staff about what makes a difference moving forwards.

10.0.2 Steve Barnett noted some areas to be positive and that these results are undoubtedly affected by COVID-based factors for all Trusts in the country. The NHS workforce generally is understandably stressed and tired but we must also acknowledge that many of our Trust's indicators are below average and we will want to ensure that we are looking to move the curve so that next time, our surveys will indicate actions taken to support staff are having the necessary impact.

## **11.0 Freedom to Speak Up Guardian Annual Report**

*Sally Mumford joined the meeting at this point*

11.0.1 Steve Barnett thanked Sally Mumford for attending the meeting and for the all the important work she and the network have undertaken.

11.0.2 Sally Mumford presented the Freedom to Speak Up Guardian Annual Report for discussion to the Trust Board, taking it as read. She highlighted key areas, which were discussed in more detail by the Trust Board. She noted that there has been a 15% increase year on year in contacts and there has been a decrease in the number of speaking up questions, with more work to be done around that. Priorities are to implement Year two of the Strategy to ensure training is implemented through the

organisation and the final module of three series with a further analysis of emerging themes.

- 11.0.3 Steve Barnett noted it is so important to have an open and transparent culture, where people can raise concerns and suggestions. Increasingly many more are doing so, but at the same time the key indicators incorporated into this paper need to be taken forward and triangulated with other relevant data.
- 11.0.4 Caroline Walker gave her full support to Sally Mumford as this is such an important topic. She commented on the toll this has taken on Sally Mumford as the Freedom To Speak Up Guardian as she takes on all the negativity and noted that psychological support has been offered to Sally Mumford and is thankful for all the work she does and takes on.
- 11.0.5 Kanchan Rege noted that this year there has been a focus on the difference between raising concerns confidentially and anonymously. She stressed the importance of the whistleblowing status but observed that feedback on actions was only really possible in response to confidential rather than anonymous concerns.
- 11.0.6 James Rolfe thanked Sally Mumford for her report and asked for clarification if this involves students or do they go through their relevant education provider. Sally Mumford confirmed that this is for all staff including those working for partner organisations.
- 11.0.7 Steve Barnett thanked on behalf of the Trust Board, Sally Mumford and the network of Champions for all they are doing.

*Sally Mumford left the meeting at this point.*

## **12.0 Digital Strategy**

*Geraldine Wingfield-Hill joined the meeting at this point.*

- 12.0.1 Joel Harrison introduced Geraldine Wingfield-Hill to the Trust Board.
- 12.0.2 Geraldine Wingfield-Hill presented the Digital Strategy for decision to the Trust Board, taking it as read. She highlighted key areas, which were discussed in more detail by the Trust Board.
- 12.0.3 Joel Harrison thanked Geraldine Wingfield-Hill and the whole team for the strategy, which reads well and looks smart. This has set the foundation for how the Trust can move forward around the pillars within the Strategy and looks forward to seeing the fruits of the efforts over the next few years.
- 12.0.4 Steve Barnett noted this was an impressive piece of work and without this the Trust would not be able to realise their objectives without the proper targeted support from digital intervention.
- 12.0.5 The Trust Board gave their approval to the Digital Strategy.

*Geraldine Wingfield-Hill left the meeting at this point*

## **13.0 Trust Annual Plan**

- 13.0.1 Arshiya Khan presented the Trust Annual Plan to the Trust Board, taking it as read. She highlighted key areas, which were discussed in more detail by the Trust Board. She noted this Plan continues to evolve with further check and challenge by the

System and National team. There are some changes in the activity plan at NWAngliaFT and unless there are any major changes or significant shifts, it is important that the Trust Board signs this off today.

- 13.0.2 Arshiya Khan drew the Trust Board attention to the changes that have been made and noted for assurance and context the Trust Annual Plan has been developed based on strategic priorities and in-line with national guidance issued. The objectives underpin each strategic priority which contribute directly to the Board Assurance Framework and as an organisation we must deliver on. She continued to note that the plan, as per national guidance, is based on a non-COVID scenario, but the Trust is not seeing that at the moment, with the real impact being staff absences. Inflation has also put a pressure on how the Trust will achieve the Plan and she asked the Trust Board to be aware of these challenges, which are not unique across the NHS.
- 13.0.3 Steve Barnett thanked Arshiya Khan for a very impressive piece of work which is a window into the sheer scale of the plan. The Trust Board needs to acknowledge the central thrust of the plan's delivery but also recognise that in keeping with most plans, changes may need to be made on an ongoing basis. Where these are materially significant the Board will be properly consulted on any decisions required.
- 13.0.4 Caroline Walker noted the paper to be very comprehensive and showing a vast range of issues and priorities to deal with. Some of this is about the organisation and progress as part of our role in the North. As part of this, she noted the Trust Board's commitment with other organisations, virtual wards and community hubs to help us achieve flow throughout the organisation. We are not yet where we want to be as a System on all of these things but our Plan assumes we are. Arshiya Khan confirmed that the Plan incorporates partnership working to support delivery of the plan and there is recognition at System level that we will deliver.
- 13.0.5 Steve Barnett thanked Arshiya Khan for the paper and for all the work that has gone into this.
- 13.0.6 The Trust Board gave their approval subject to the nuances noted.

## **14.0 Ockenden Two Report**

*Penny Snowden attending the meeting at this point*

- 14.0.1 Penny Snowden presented the Ockenden Two Report for information to the Trust Board, taking it as read. She highlighted key areas, which were discussed in more detail by the Trust Board.
- 14.0.2 Steve Barnett thanked Penny Snowden for the work already initiated and as discussed this morning the ramifications for this report are not just internal and questioned what are the implications for potential patients and how they feel in light of Ockenden. He further questioned if the Trust Board will receive ongoing reports about compliance and recommendations where there has not yet been an opportunity to implement. Joanne Bennis confirmed that the Trust is still waiting for a letter from the National team to inform of timescales, which will be taken through the Maternity governance structure, to Quality Assurance Committee and then to Trust Board as appropriate. Penny Snowden confirmed that in terms of continuity of care, the Trust's continuity of care is aligned to achieve a specific midwife to birth ratio. She further confirmed that Pastoral support is already in place for staff.

## BOARD SUBCOMMITTEE ASSURANCE REPORTS

### **15.0 Assurance Reports from Board Sub-Committees**

#### **15.1 Quality Assurance Committee**

15.1.1 Mark Sanderson presented the Quality Assurance Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlighted outstanding practice and innovation, taking the report as read. He noted that Penny Snowden has been successful in obtaining the position as Chief Nurse at the Cambridgeshire & Peterborough Foundation Trust and thanked her for all the excellent work she has done in assuring the hospital and community and wished her good luck in her new role.

#### **15.2 Finance & Digital Committee**

15.2.1 Ray Harding presented the Finance & Digital Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlighted outstanding practice and innovation, taking the report as read.

15.2.2 Steve Barnett questioned what the estimated under-shoot of capital on year end and with RAAC is likely to be. Ray Harding confirmed this to be around £8-9m which is largely relating to the different waves of the Hinchingsbrooke Hospital Development.

#### **15.3 Performance & Estates Committee**

15.3.1 James Rolfe presented the Performance & Estates Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlighted outstanding practice and innovation, taking the report as read.

#### **15.4 People & Culture Committee**

15.4.1 Beverley Shears presented the People & Culture Committee report to the Trust Board. She highlighted the points of escalation, key issues, risks and spotlighted outstanding practice and innovation and took the report as read.

#### **15.5 Audit Committee**

15.5.1 The Trust Board noted that this item will be circulated post meeting.

## FINAL ITEMS

### **16.0 Any Other Business**

16.0.1 Joanne Bennis publically thanked Penny Snowden for all her support and hard work and commitment in turning around the Maternity unit and wished her the very best of luck in her new role as Director of Nursing, Quality and AHPs within the Cambridgeshire & Peterborough NHS Trust, and looked forward to working with her again in a different capacity.

16.0.2 Steve Barnett thanked the Trust Board for the meeting today and for the Public who had dialled in.

### **17.0 Questions from the Public**

#### **17.0.1 Question from Kevin Burdett, Lead Governor**

What are the predicted outcomes, if known, of joining the ICS Population Health and Place Development Programme, funded and led by NHSE/I and NHSX in partnership with the LGA?

Can you assure me, please, that this is not just another level of bureaucracy?

17.0.1.1 Arshiya Khan confirmed this is a National initiative which is being offered to only one Place in each System. It is unique that the ICS has been able to secure support for both places – the North and South. Intended benefit is to learn from very experienced and different stakeholders developing Place solutions, addressing health management and achieve a focus within Place. We welcome this support to help develop Place.

17.0.1.2 Steve Barnett confirmed that update sessions will be arranged for the Council of Governors to ensure they are fully briefed on the development.

17.1.2 **Question from Elaine Hooper, Cllr – Stamford Town Council**

17.1.2.1 I would like to be given a link to attend this meeting as I am a member of Stamford Town Council (St. Mary's Ward) so I am anxious to discover what are the plans for Stamford Hospital. My most pertinent question is when is the mobile Breast Screening unit being returned to Stamford or what is the latest update on this important service for ladies living in Stamford and the surrounding villages.

17.1.2.2 Kanchan Rege confirmed that the Breast Team plan to return to Stamford this year to offer full services again. There have been technical problems with the mobile screening van. She noted that 1453 letters were sent to ladies to attend an appointment at Peterborough of which 17 had expressed a desire not to come to Peterborough, so were offered appointments at either Market Deeping or Bourne.

**The Chair closed the Public Trust Board at 16:57hrs**

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

Signed.....

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