

Trust Board Meeting in Public

Date: Wednesday, 22 July 2026

Time: 13:00 to 16:00

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

Members:

Lynda Thomas	Trust Chair [Chair]
Charlotte Black	Non-Executive Director
David Crawford	Non-Executive Director
Anna Gill	Non-Executive Director
Rachel Hawkins	Director of Corporate Affairs
Kate Howard	Chief Nursing and Allied Health Professional Officer
Angela Moodie	Chief Finance and Resources Officer
Anita Pisani	Chief People Officer and Deputy Chief Executive
Mani Sharma	Non-Executive Director
Matthew Winn	Chief Executive Officer
Njoki Yaxley	Non-Executive Director

In Attendance:

Sarah Feal	Company Secretary and Freedom to Speak Up Lead
Lea Fountain	Associate Director for Communications and Engagement
Duduzile Musa	Deputy Medical Director
Stephanie Williams	Freedom to Speak Up Guardian

Apologies:

Laura Clear	Director of Strategy and Transformation
Sarah Buchan	Chief Information Officer
Dr Caroline Kavanagh	Chief Medical Officer
John Kennedy	Non-Executive Director
Jayne Sharma	Associate Non-Executive Director

Minutes

0.0	Staff Story
0.1	The Freedom to Speak Up Guardian provided a comprehensive update on the role, outlining recent changes following the merger, new data collection and reporting measures, efforts to address detriment, and initiatives to increase visibility and inclusivity. The transition to a single Freedom to Speak Up Guardian role following the merger of legacy organisations was explained, highlighting the closure of the National Guardian's Office and the shift of oversight to NHS England and the Department of Health and Social Care. The opportunity to personalise the service to the Trust and its staff, building on the strong culture established by predecessors was noted. The expansion of data collection beyond national requirements was described, including tracking who is affected by concerns, patient safety risks, previous use of the service, barriers to speaking up, and whether cases are resolved to the reporter's satisfaction. Additional data sources such as staff surveys, sickness absence, and mortality data are being analysed to identify areas for improvement. The importance of capturing feedback from all staff was emphasised, including those with protected characteristics and those in different regions, to ensure proportional representation. Plans include refining equality monitoring questions and promoting the anonymous feedback form. Steph also outlined a proactive approach to detriment, proposing a risk assessment at first contact and integrating detriment awareness into training. Initiatives to increase service visibility include updating digital resources, distributing new posters, and leveraging desktop backgrounds. The Guardian is collaborating with the communications team and has established a Teams chat for Freedom to Speak Up Champions, standardising induction and refresher training, and planning group supervision to support champions and staff. The Guardian committed to tracking engagement from bank, agency, and insourcing staff, ensuring they are included in communications and have access to the service. The importance of demonstrating how speaking up improves patient outcomes was raised. The Guardian acknowledged the challenge of directly measuring this but cited research linking a positive speak up culture to reduced sickness absence and improved service quality and discussed plans to use available data to target areas for improvement. The Trust Board noted the update.

1.0	Welcome and apologies
1.1	The Chair welcomed all attendees to the meeting, and apologies for absence were noted as recorded above.
2.0	Disclosure of interests
2.1	Members confirmed that they had no additional declarations of interest in respect of the items on the agenda. The Chief People Officer and Deputy Chief Executive advised they would amend their register entry.
3.0	Minutes of the previous meeting and matters arising
3.1	The minutes of the meeting held on 20 May 2026 were approved as an accurate record. The Chief Executive provided an update on the Advanced Foundation Trust application. The Trust has undertaken its Board-to-Board interview with NHS England on Thursday 9th July 2026, and the application is now being considered through their Board approval processes.
4.0	Review of action tracker
4.1	It was confirmed action number 14 could be closed, as this had been completed. The Trust Board noted the update.
5.0	Chair's Update
5.1	The Chair formally acknowledged the team's efforts in the Advanced Foundation Trust process and recent submissions to NHS England, expressing gratitude for collaborative work. The Trust Board noted the update.
6.0	Chief Executive Officer's Report
6.1	The Chief Executive introduced the report advising on the inclusion of maternity in the board pack due to its significance for the NHS and the Trust's interface with maternity services, particularly in health visiting and sexual health. The board reviewed and approved the assurance statement in Appendix A, noting the Trust's limited direct provision of maternity services.

	The board discussed the Lord Mann review on tackling racism and anti-Semitism, with the Chief People Officer summarising feedback from diversity networks and the approach to inclusivity. The board agreed to adopt the recommendations in line with existing diversity strategies, ensuring alignment with broader cultural and disability indicators. The publication of new NHS staff standards and the leadership and management framework were highlighted, noting their alignment with the Trust's current practices and plans to embed these standards into training and development programmes for leaders at all levels. The Trust Board confirmed its agreement to the Advanced Foundation Trust Letter of Representation requirement attached in Appendix B and authorised the Chief Executive to sign and submit the letter on behalf of the Trust.
7.0	Trust Strategy Update
7.1	The Chief People Officer and Deputy Chief Executive presented an update on the trust's five-year strategy, annual plan progress, qualitative and financial merger benefits, and post-implementation plans, with board members discussing calibration of progress reporting and the need for clear case studies demonstrating merger impact. The board reviewed updates from all clinical divisions and enabling teams, with reasonable assurance given on progress. The report included both quantitative and qualitative merger benefits, and a post-implementation transaction plan outlining outstanding integration tasks, particularly in digital and workforce systems. Board members discussed the need for consistent calibration of progress ratings across divisions, noting discrepancies in how different areas rated their progress (e.g., Luton and Bedfordshire adults vs. Norfolk adults). The board agreed to refine definitions and ensure cross-calibration in future reports. The inclusion of high-level case studies in future reports was requested, to clearly illustrate significant achievements made possible by the merger, linking back to the original case for change and providing tangible examples for staff and the public. The Trust Board noted the update.
8.0	Integrated Governance and Performance Report
8.1	The Director of Corporate Affairs introduced the new format of the integrated governance and performance report, covering balanced scorecard metrics, service assurance committee feedback, spotlight reports on key risks, and board-level horizon scanning.

	The report presented metrics across outcomes, workforce, finance, and patient feedback, with trend analysis and targets. Areas highlighted included incidents, waiting times, pressure ulcers, appraisal compliance, and sickness absence. The board discussed the need for further refinement in trend reporting and data harmonisation. Chairs of the service assurance committees reported on key issues, including ongoing challenges in special care dentistry (access to anaesthetic slots and funding), security incidents at the Peterborough Integrated Contraception and Sexual Health clinic, and the need for improved patient feedback collection, especially from children and young people. The Chief Nursing and Allied Health Professional Officer provided updates on incidents of harm, particularly pressure ulcers in Luton and Norfolk adults, and described new governance measures such as daily data checks and safety huddles. The board discussed the need for consistent harm categorisation and rapid response to emerging trends. The board reviewed progress on reducing 52-week waits in neurodevelopmental and wheelchair services, noting administrative and process challenges, especially in Norfolk. Funding uncertainties and the need for ongoing monitoring and process improvements were discussed, with assurance that trajectories are being closely managed. The Chief Finance and Resources Officer highlighted financial risks related to block deconstruction and the application of a national deflator, as well as ongoing cyber security concerns. The board discussed engagement with Integrated Care Boards and the need for evidence-based negotiation on funding adjustments. The Trust Board noted the update and the overall assurance level of reasonable.
9.0	Learning from Deaths Quarter 4
9.1	The Trust Board noted the update and received advice from the Chief Nursing and Allied Health Professional Officer that the overall assurance level was substantial.
10.0	Audit and Risk
10.1	Recent audit and risk committee meetings were summarised, noting substantial assurance on annual reports and a deep dive into cyber risk. The need to review supply chain risk with tier one suppliers was identified, and the board assurance framework was reviewed and rated as providing reasonable assurance. The Trust Board noted the update.

11.0	Charitable Funds
11.1	There were no matters that required escalation. The Trust Board noted the update.
12.0	Quality
12.1	The Chair highlighted productive discussions on risk visibility and the importance of the quality assurance group in providing detailed oversight. The committee is working to integrate learning from deaths across community and inpatient settings, with plans to expand reviews in line with resource availability. The Trust Board noted the update.
13.0	Finance and Infrastructure
13.1	The Chair reported reasonable assurance across finance, efficiency, productivity, estates, and digital, with fire safety and cyber security identified as ongoing risks. The new Associate Director of Estates is reviewing statutory compliance and landlord-tenant responsibilities. The Trust Board noted the update.
14.0	People Participation and Equalities
14.1	The Chair reported progress with violence prevention standards, workforce diversity and inclusion plans, and projects to improve accessible information for patients, including those with disabilities or communication needs. Lived experience partners are contributing to patient participation initiatives. The Trust Board noted the update.
15.0	Trust Board Assurance Framework
15.1	The inclusion of staff morale and fear of innovation on the emerging risk radar were welcomed, noting concerns about digital skills among older staff and the need to prevent early retirement due to de-skilling. The board acknowledged the importance of supporting all staff through technological changes. No new strategic risks had been added or closed since the last meeting, with changes to the emerging risk radar cross-referenced in the integrated governance report. The Trust Board agreed on a reasonable assurance rating for the framework.

16.0	Questions from stakeholders
16.1	There were no matters raised.
-	Any Other Business
-	There were no matters raised.
-	Date, time and location of next meeting
	The meeting closed at 15:25 Date of next meeting: 30 September 2026, Time: 13:00 Location: Woodlands House, Norwich