

**Minutes of the Public Meeting of the Board of Directors
held on Tuesday 31 March 2020, 14:00hrs
Board Room, Peterborough City Hospital
(Dial in facilities in use due to COVID-19)**

Members:	Mr Rob Hughes	Chairman - <i>Chair</i>
	Mrs Sarah Dunnett	Non-Executive Director - <i>Deputy Chair (dial in)</i>
	Mrs Caroline Walker	Chief Executive
	Mrs Joanne Bennis	Chief Nurse
	Mr David Pratt	Director of Finance
	Dr Kanchan Rege	Medical Director
	Mrs Louise Tibbert	Director of Workforce & OD
	Mr Graham Wilde	Chief Operating Officer
	Mr Mike Ellwood	Non-Executive Director (<i>dial in</i>)
	Mr Ray Harding	Non-Executive Director (<i>dial in</i>)
	Mr Gareth Tipton	Non-Executive Director (<i>dial in</i>)
	Ms Mary Dowglass	Non-Executive Director (<i>dial in</i>)
	Ms Beverley Shears	Non-Executive Director (<i>dial in</i>)
In attendance:	Mr Taff Gidi	Company Secretary & Head of Corporate Affairs
	Mrs Sylvia Zuidhoorn	EA to Chairman and Chief Executive (<i>Minute Taker</i>)
Observing:	Miss Katie Lonslow	Communications

1.0 Welcome, Apologies for Absence and Declarations of Interest

- 1.0.1 Mr Hughes welcomed members to the meeting. Mr Hughes passed on his congratulations to Mrs Zuidhoorn who has been successfully appointed into the role of Executive Assistant to the Chairman and Chief Executive.
- 1.0.1 Mr Hughes noted that there were no apologies.
- 1.0.2 There were no new declarations of interest noted.

MAIN MEETING

2.0 Patient Story

- 2.0.1 Mr Hughes noted that the Patient Story agenda item due to the current COVID-19 crisis is to be deferred until further notice.

3.0 Minutes of the meeting held on Tuesday 28 January 2020

- 3.0.1 The Minutes were agreed to be a true and accurate record of the meeting and were 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 Mr Hughes verbally presented Chairman's Review of the Month to the Trust Board, noting and acknowledging the scale of change the Executive Directors and their teams have undergone in the last couple of weeks and on behalf of the Non-Executive Directors expressed how appreciative and heartened they are of the amount of work being done as well as the work about to face into. Mr Hughes noted that within this the Trust Board are to work out how to function going forward, providing the right level of governance with freedom of the Executive Directors to act and remain at a level of governance that is appropriate in a lighter way. Mr Hughes confirmed that a paper has been published and approved at Private Trust Board and shall be discussed further at the Governors meeting on 8 April 2020. Mr Hughes noted the Board will follow guidelines set out by NHSI/E Trust Board meetings are to continue in Private with a focussed agenda and to stand down all Board sub-committees apart from QAC which will also have a more focussed agenda. Mr Hughes noted streamlining will allow for focussing on what is more important and not letting go of running the hospital and focus on supporting patients, as more things continue to happen on the COVID front. Mr Hughes confirmed that an agreed financial governance approach has been approved. He also noted that there will be a Governors debrief on a monthly basis, with the first one happening on 8 April 2020, noting it is important to keep everyone informed, updated and be open. The paper on the new governance arrangements will be put on the Trust Website and will remain in place until 30 June 2020.

- 4.0.2 Mr Hughes explained that our priorities are largely with patients and staff and confirmed that a lot of work has been undertaken to prepare for the surge that is expected. Mr Hughes gave his thanks to all staff and for all the work they are doing on the front line and to those behind the front line in supporting the organisation and wished all well going forward. Mr Hughes continued to thank all those who have come forward and volunteered, as well as all local companies and businesses who are offering support and how the Trust truly appreciate how the community are assisting at all of our sites.

5.0 Chief Executive Officer's Report

- 5.0.1 Mrs Walker presented the Chief Executive Officer's Report to the Trust Board highlighting key areas and noting that the main focus is around briefing on the COVID update as these are exceptional times and we are in a national crisis. Mrs Walker confirmed that as an organisation we are working to our Pandemic Policy, and noted that the main highlight is our amazing staff and how they cope with this pandemic. Mrs Walker confirmed that we are organising ourselves in a command and control structure both inside and outside of the Trust, with Bronze, Silver and Gold daily meetings.

- 5.0.2 Mrs Walker confirmed that we are at no means at the peak of our expected activity with the surge expected to be in a few weeks' time, which is being dealt with on a daily basis as we prepare for this. Mrs Walker noted that at the moment we have just over 1000 beds within our Trust sites and in the two hospitals, Hinchingsbrooke and Peterborough, we have 166 patients who are isolated and swabbed to see they are COVID patients. Results back so far are that we have 46 patients who have tested positive. Mrs Walker confirmed that sadly, that as of 8am this morning, the Trust had seen 8 deaths as a whole organisation. Mrs Walker noted that as our ITU capacity is 14 ITU beds we are expecting to increase these significantly as we plan for the peak in COVID activity. Mrs Walker confirmed that there are still non-COVID patients in our hospitals, we are still caring for patients with other conditions and babies are still being born in our hospitals. Mrs Walker confirmed that we have cancelled all non-urgent and non-essential activity and are still treating patients and as a county we are coordinating efforts.
- 5.0.3 Mrs Walker noted that the biggest issues revolve around staffing as we have close to 800 staff sickness, some isolating, some of these are clinical and some non-clinical staff. Staffing gaps are our biggest issue along with protecting staff to treat the patients, with Personal Protective Equipment (PPE) being a big issue as the NHS struggles to issue guidance in a timely way.
- 5.0.4 Mrs Walker reported that she was pleased to say that we have had some breakthroughs with the great news that all our swabs that were being tested at Addenbrookes laboratories and taking 5-7 days to turn the results around, we have now since Saturday started testing at our Labs here at Peterborough with a 24hr turnaround on testing results.
- 5.0.5 Mrs Walker noted that one of the biggest issues is preparing intensive care capacity and we are doing our best to massively increase our ITU capacity to meet the needs. Mrs Walker noted that a Nightingale Hospital is being looked at for the East of England region.
- 5.0.6 Mrs Walker reported that as Executive Directors we are working around the clock 7 days working and scheduling our time to get through the needs of the service. Mrs Walker noted that Communications are very key, communicating daily and keeping all staff informed. Mrs Walker recognises that our staff are very brave coming to work and that there are lots of staff who are scared, in particular with the issues we are experiencing with PPE.
- 5.0.7 Mrs Walker noted that the Executive Director team are walking about, being visible and available. Mrs Walker thanked the local community and businesses who have been helping and passing on amazing donations to the Trust. Mrs Walker noted that we are nowhere near to the worst position and confirmed that plans for the testing of staff and patients, is in place, in line with our Pandemic Policy. Mrs Walker is sure our staff will rise to this challenge.
- 5.0.8 Mrs Walker noted that the Stamford Site Redevelopment Update is within the paper and took this as read.
- 5.0.9 Mrs Walker noted that the Hinchingsbrooke Redevelopment Phase 1 Business Case was approved at Private Trust Board this morning and further information is within the

paper and took this as read.

- 5.0.10 Mrs Walker noted that there are many staff successes as we go through such a difficult period, and congratulated everyone on their achievement.
- 5.0.11 Ms Shears noted that the right decision had been made on the Stamford Site and the Hinchingsbrooke Phase 1 Business Case because of the essential construction work and resilience.
- 5.0.12 Mr Tipton thanked Mrs Walker for the update and questioned whether there are plans in place to allow staff to work from home. Mr Pratt confirmed that at the beginning we had only 70 facilities for remote access, which has since increased to 300 and we are in the process of allocating with next steps in place to rapidly move to 2000 potential remote access facilities. Mr Pratt noted that in accordance with this we have licence and security tokens and the server hardware will be with us next week, which will take a few days to configure. Mr Pratt expected that before Easter planning to have full capacity for 2000 staff to access applications at home on a PC or laptop. Mr Pratt noted that Procurement Team acted quickly and sourced locally 500 laptops which have arrived and are currently being configured and gave credit to the Procurement Team for managing to source these. Mr Pratt confirmed that we are well on the way to having a third of our staff having the facility to work from home which shall be future proofed going forward. Mr Pratt noted that in addition to that basic provision, an application called “attend anywhere” for clinical work to continue are being rolled out to clinicians to undertake remote video consultations with patients in their home. Mrs Walker noted and welcomed the significant work being done to get working at home mobilised.
- 5.0.13 Ms Dowglass questioned that with all the support from local business and the donations of food, whether there is a central point dealing with this. Mrs Walker confirmed that this is being coordinated by the Estates and Communications Team, which does provide its challenges as we have accepted donations of chocolates and sweets which the Executive Directors are delivering around to the wards and offices. Food parcels and milk are also being donated, we have however been unable to accept hot food at times.
- 5.0.14 Mr Hughes questioned what is happening with our volunteers. Mrs Bennis noted that we have written to a lot of our volunteers as a lot of these fit into the vulnerable groups and we are touching base with them every week.
- 5.0.15 Mr Hughes noted that swab testing is good news and questioned how quickly we will have more kits to test more staff. Mrs Walker explained that the NHS are not planning to test staff until next week and these shall be rolled out on a risk assessed basis.
- 5.0.16 Mr Hughes questioned whether we are logging all the companies and people who are offering free food. Mrs Walker confirmed that Communications are and that Communications released a press release.
- 5.0.17 Mr Hughes noted that we are changing the way we are working because we need to and it sounds like some of these ways of change we will maintain, we need to log this and what is the best way we can operate organisationally. Mrs Walker noted that the NHS have been trying to transform Outpatients over the last three years, we have now progressed this in the last few weeks. Mrs Tibbert noted that we clearly do need to take lessons from this going forward.

5.0.18 Mr Hughes noted that there are staff who are not directly working for the NHS ie., Medirest cleaners who are doing an amazing job and providing a vital part of patient care as part of that. Mrs Walker agreed this and that this is cascaded at team meetings.

5.1 Pledge on Plastics

5.1.1 Mrs Walker presented a verbal update Pledge on Plastics to reduce plastics within the organisation, noting that in our Annual Plan it has been agreed, which has been paused, to reduce our carbon footprint and sustainability. Due to COVID crisis we have put this pledge on pause but wanted to assure the Trust Board that we are still doing all we can to reduce plastic usage and will ask the Trust Board formerly to make a pledge when get back to normal business. The Trust Board duly noted.

INTEGRATED PERFORMANCE

6.0 Integrated Performance Report (IPR)

6.1 Quality

6.1.1 Mrs Bennis presented the Quality Performance section to the Trust Board highlighting key areas for February, noting that the Trust had 38 more falls compared to February 2019. The rate of falls per 1000 bed days for the Trust is 7.0 and the rate of falls with harm is 0.1. The national average of an acute hospital falls per 1000 bed days is 6.6% and noted that although falls numbers gone up rate of falls with harm continue to be at a low level and not a cause for concern. There were three grade 3 and above falls and there were two category 3 pressure ulcers and above reported in February 2019. Sepsis training continues on the wards and at every CDU and RPI session. There were 5 Serious Incidents (SIs) reported to the CCG and the Trust submitted 5 completed SI investigations to the CCG. The Trust achieved 94% for complaints that were responded to within the 30 working day timeframe, compared to 98% in February 2019. Mrs Bennis noted that the narrative on friends and families will cease for the interim and will not be sending or receiving the data.

6.1.2 Mrs Bennis noted that the key areas of focus within QAC are around mortality data and the fact that we have seen a decline in hospital standards with the mortality rate over 4 months. Mrs Bennis noted that Infection Control is a challenge, with some concerns continuing around the level of CDIFF cases and areas of good practice.

6.1.3 Mrs Bennis confirmed that nurse recruitment is doing extremely well.

6.1.4 Mrs Dunnett thanked the team for pulling together the report for the Quality Assurance Committee, noting that the meeting was much shorter with a particular focus on the quality report, staffing and risk. All supporting documents were supplied to the Committee for review and triangulation. It should be noted that all Q3 reports on safeguarding, both adult and children, learning disability and autism and non-medical and medical education had all been through a governance process prior to QAC submission. A focus on FISS was deferred with maternity improvement plan being presented at Private Board.

6.1.5 Mrs Dunnett noted that the monthly Quality Report, incorporates DIPC and reported

that concern continues over pressure ulcers in the community, sepsis compliance, VTE assessment rates, capacity to respond to complaints, harm review process roll out and BCP compliance. Work on COVID is likely to keep a focus on many of these either directly through frontline monitoring or back office backlog work and code reviews.

- 6.1.6 Mrs Dunnett noted that the Staffing report highlighted five areas which were alerting but no one area had an alert of more than 1:4 ratio, work is now ongoing to be able to minor this is an appropriate form through command route.
- 6.1.7 Mrs Dunnett reported that the Committee review the risk register noting that a number remained out of date with action being taken to rectify this. Significant work is being undertaken on COVID management, including a separate COVID risk register, DATIX reporting and adverse events, with the impact on risk registers needing to be reviewed, which is currently ongoing. Mrs Dunnett noted that new risks are to be considered and the Trust needs to ensure that risk management is a focus moving forward due to potential weak areas to escalate and recognised that this was with the Task and Finish Group.
- 6.1.8 Mrs Dunnett noted that the Committee spent time reviewing the Mortality report, in conjunction with Doctor Foster, recognising a number of coding backlogs and classification challenges the and agreed the importance of continuing with the action plan contained within the report.
- 6.1.9 Mrs Dunnett noted that the Committee agreed in principle the Quality Improvement Priorities for 2020/21, subject to minor post meeting comments and future changes given current circumstances.
- 6.1.10 Mrs Dunnett noted that for reporting purposes the Committee agreed to change to 2019/20 Q1 (10c) to reflect the actual ability to enact: involvement of 90% of families in SIs.
- 6.1.11 Mrs Dunnett noted that the draft terms of reference for the COVID Ethics Committee were agreed but the Committee recognised that they are work in progress and would be kept under review in light of comments and future national guidance, which is still awaited. The Committee questioned around; consistency and compliance with any national, professional, regional and local policy and guidance, clarity on rating system (RAG), independence and skill of members and clarity of the information and frequency with which the QAC will review.
- 6.1.12 Mrs Dunnett reported that a significant risk has been identified in the availability of the respiratory clinicians across the North and South of the Peterborough and Cambridgeshire patch which post meeting was immediately escalated.
- 6.1.13 Mrs Dunnett praised the speed, completeness and professionalism with which papers were produced in light of the national critical incident. Mrs Dunnett was pleased to note the potential redeployment of homeworking staff into coding reviews and harm review where backlogs exist. Mrs Dunnett reported that another positive note was the potential to fast track some transformation work.
- 6.1.14 Ms Shears noted that during the meeting it was identified that we keep the core services as robust and resilient as possible, with the lessons learned from SIs identified as even more critical at this time, to make sure these do not get lost. Ms Shears noted that there is potentially a significant pull on adult / children's safeguarding concerns and

increase in domestic violence during this pandemic and isolation. It is important that we heighten our awareness and will need (in the majority of cases) to rely on the public to escalate concerns and / or make a complaint to the Police. Our Safeguarding teams need to factor this into their working patterns during this pandemic and heighten awareness through our community colleagues and own teams.

6.1.15 Ms Dowglass highlighted that as the routine recording and documenting of VTE and Sepsis during the pandemic may be challenging, we need to continue to keep a close eye on Sepsis and other quality indicators.

6.1.16 Mr Hughes noted that we need to recognise that the normal scrutiny and depth of detail we can do is changing during this period, with VTE one example of that, with a lot of things changing with Adult Safeguarding concerns in the community and questioned where would that fit in. Mrs Walker confirmed that during the incident phase we are managing this and this has been discussed as a whole community and something to be on the watch for, with domestic violence becoming more of an issue. Mrs Bennis noted that Safeguarding Team both Children and Adult are not being redeployed to other clinical roles within the organisation as we need to have a good oversight and have the capacity to maintain a 7 day service and confirmed that the team have a really good eye on referrals and Datix that come in. Mrs Bennis reiterated that although we have a heightened focus on the risk of increase in domestic violence during the lock down phase of the pandemic, we need to be clear we also have 'looked after children' within the Community and within the safeguarding arena this is also an area of concern for the team. Ms Dowglass queried if this also included people with learning disabilities or respiratory infections for example. Mrs Bennis confirmed that they come within the Safeguarding Team remit as well. Mr Hughes requested that a small report more focused on this would be beneficial for the Trust Board.

Action : Mrs Bennis to bring a report to a future Trust Board meeting.

6.1.17 Mr Hughes confirmed that the Trust Board support and approve the current process at the COVID Ethic Committee and that the Executive Directors recommend that we adapt these based on the national guidelines. Ms Dunnett confirmed that we have received and approved in principle at the Care Quality Committee yesterday with a number of comments which have subsequently been considered further by the team and all have recognise this very dynamic guidance. Mr Hughes requested that the Trust Board confirm supporting the current development of the COVID Ethics Committee when the national guidance arrives. Ms Dunnett noted that this was agreed in principal Terms of Reference, but did make a number of comments. Mr Hughes confirmed that we had a discussion in the Private Trust Board about this and it was understood that the COVID Ethics Committee had challenges and now we are in Public Trust Board we acknowledge that we have approved this on the basis that Mrs Bennis will return with further reassurance once further national guidance is received. Ms Shears commented that we discussed guidance emerging and will ensure with change in-line of guidance, and that we are as a Trust Board supporting this in the early stages. Mrs Walker noted that this is an essential requirement for this incident, we do already have an established Ethics Committee, but this Committee is slightly different to normal Committee due to the COVID incident. Mr Hughes noted that the Trust Board backing was given on the basis that once we receive the national guidance we will adjust and develop. Dr Rege noted that essentially this is a compressed version of what happens day in day due to the COVID crisis. Ms Dowglass noted that the Terms of Reference were sufficient to be agreed and operational on this basis and appreciated the subsequent work and that she is happy for this to operationalised now and make sure any significant alterations to be done as needed.

6.2 Operations

- 6.2.1 Mr Wilde presented the Operations Performance section to the Trust Board highlighting key areas, noting the report as read, with a summary on slide 4 and on slide 41 which picks up the key successes and issues. Mr Wilde noted that this is February's data and is performance pre-COVID the sustained Accident & Emergency (A&E) performance despite critical incidents/significant activity pressures and in context continue to see significant improvement on ambulance handover delays. Mr Wilde reported that the Hinchingsbrooke site is very responsive to critical incidents and the closure of 20 winter escalation beds. Mr Wilde confirmed that we are starting to see consistent improvement cancer diagnostic waiting times to 80% compliance, with an improvement in the 2 week wait (ww) and 62 day cancer performance. Mr Wilde noted the impact from COVID on all areas which has been discussed at the People & Performance Committee.
- 6.2.2 Mr Tipton reported that the People & Performance Committee are pleased and that we are starting to see the successes we promised with good planning, with COVID of course being a concern.
- 6.2.4 Ms Shears noted that is it a really good Committee where we saw shoots of improvement which were noted before the COVID incident. Mr Hughes noted that at the OSM the Regulators accepted the challenge and acknowledged the shift of recovery. Mr Hughes requested that there is a report focussed on key items for the next Trust Board in April. Mr Wilde commented that this will give the opportunity to highlight the COVID impact. Mr Hughes noted that we have moved a lot of operations and are being creative with our technology for outpatients and questioned if we are tacking what is happening for future reference. Mr Wilde confirmed that we are tracking for future reference.

6.3 Finance

- 6.3.1 Mr Pratt presented the Finance Performance section to the Trust Board highlighting key areas noting that within Month 11 has been reported in line with the revised Annual Plan which was submitted on 23 May 2019. The plan reflects a Control Total deficit for the year of £(35.3m) before MRET, PSF and FRF amounting to £29.6m. The net Control Total value is a deficit of £(5.7m). The financial out-turn to Month 11 is a £(9.4)m cumulative deficit which is in line with plan. A £2.8m surplus is reported in February against £2.8, targeted. Clinical income for the month has been reported using actuals. Performance in two clinical divisions declined again in February but was offset by improvements in corporate other, Emergency and Medicine and Surgery divisions continue to overspend, with Family Integrated Services (FISS) were underspent in the month and are underspent in the year to date. There is significant underperformance against contracted activity, mainly within electives, day cases and outpatients which are nonguaranteed income commissioners are impacting, particularly on Surgery's position. Clinical income in total is £2.5m below plan, after Guaranteed Income (GIC) protection and excluded drugs over performance of £2.9m.
- 6.3.2 Mr Pratt noted that the Cost Improvement Programme (CIP) did start to drop off slightly favourable in month, with the position year to date (ytd) as improved to £800k below the £15.8m target for ytd. Mr Pratt noted that we are intending to close accounts requirements despite the COVID period and have been given two slightly extended deadlines of the 27 April 2020 and 11 May 2020. Mr Pratt advised that the Finance

Team are at present favouring the earlier date for completion.

- 6.3.3 Mr Pratt reported there are some earlier advance guidance around the initial revenue position from the Centre where they have taken the average of our first 9 months expenditure for this year, using that to provide us with up-front payment for the first few months of next year. Mr Pratt noted that the sum given us reflects our NHS Commissioner income and contracting is suspended in terms of the CCG and Trust contracting and will be one block payment from the Commissioner.
- 6.3.4 Mr Pratt reported that the Trust will receive a payment for COVID specific expenditure via a reclaim process which will form a part of the return and reclaim to the Centre and will be detailed in the report to Trust Board going forward.
- 6.3.5 Mr Pratt confirmed that the capital regime is still evolving with some certainty on cash within the early month in the first few days of the new financial year, with the aim to set budgets in terms of business as usual, with the stress that we make sure the front line has what it needs when it needs it, ensuring there is some core financial guidance underneath this.
- 6.3.6 Mr Harding noted the points of escalation from the Finance Committee who recommend a Cash drawdown of £2.8m, the 2020/21 Budget, the Hinchingsbrooke Hospital Phase 1 Development Full Business Case, the Financial Governance Procedures during the COVID-19 crisis and the Finance Committee terms of references be reviewed for approval by the Trust Board.
- 6.3.7 Mr Harding noted his support in Mr Pratt in that Month 11 is in line with budget which is a tremendous achievement, with actual outcome very different due to COVID-19 crisis, and congratulated the team on holding the line. Mr Harding noted that the CIP achievement of £2.9m in month is better than the budget of £2.7m, with ytd slightly below budget at £15m compared to £15.8m.
- 6.3.8 Mr Harding reported that the risks highlighted at the Finance Committee were that the full year budget remains a challenge with Month 12 surplus of £2.7m required. Mr Harding noted that the STP system total is a risk with discussions ongoing. Mr Harding continued to note that the risks are to be considered in context of the total organisation Risk Policy.
- 6.3.9 Mr Harding noted a final point that the Finance Committee gave support for actions to be taken for large scale purchase of equipment to enable remote working during this emergency. A Business Case has not been raised but the Finance Committee gave support where actions have been actioned quickly and covered by reporting in arrears. Mrs Walker noted that for the Public Trust Board record the draft Budget for 2020/21 was approved in the Private Trust Board session as was the Annual Plan 2020/21 and that under the current COVID-19 situation those plans are paused. Mr Hughes confirmed that he will share this with the Council of Governors on 8 April 2020.

Action : Mr Hughes to update Council of Governors of pause on Annual Plan 2020/21 and draft Budget for 2020/21 at next meeting on 8 April 2020.

6.4 Workforce and Organisational Development

- 6.4.1 Mrs Tibbert presented the Workforce and Organisational Development Performance section to the Trust Board, highlighting key areas, noting that at the end of February pre-COVID the Trust was in a reasonably good position apart from non-medical

appraisal which we are trying to take remedial action to take forward. Mrs Tibbert drew the Trust Board's attention to the vacancy rate which is a testament to the work being undertaken in recruitment and noted that it is useful to compare as it allows us some benchmarking with other Trusts. Mrs Tibbert report that she is pleased with the position overall, however is anxious where we are heading within the COVID crisis period. Mrs Tibbert noted that the Recruitment team are pushing hard on start dates, undertaking the risk process, however are anticipating at some point we will run out of interviewers.

- 6.4.2 Mrs Tibbert reported that decisions are currently being made based on national guidance on whether MPAs are to be suspended and communications update shall be sent out accordingly. Mrs Tibbert noted that taking of annual leave for staff has been prohibited until 30 June 2020. Mrs Tibbert noted that we are using a risk assessment process for all members of staff and as far as possible keep supporting staff where required. Mrs Tibbert confirmed that there are around 800 staff off sick or in isolation which we are tracking each day, encouraging back to work with staff fit testing.
- 6.4.3 Mr Tipton reported that the Workforce report reviewed the risk and the Board Assurance Framework (BAF) focused on getting assurance that the Trust is doing everything it can to support staff. Mr Tipton noted that a long discussion was had at the People & Performance Committee around the welfare and support for staff and felt assured that the Trust are doing everything they can to do this.
- 6.4.4 Ms Dowglass noted that the whole Performance report had more green shoots of progress which is the result of a great deal worth of work and there maybe the feeling that some of this will be lost on the recovery from COVID, but want to make sure the Executive Directors do recognise what has been done and that it will not be lost and is appreciated.

The Trust Board held a break from 16:15 – 16:30hrs

6.5 Governance

- 6.5.1 Mr Denton presented the Governance Performance report to the Trust Board highlighting key areas, noting that the three draft reports issued to be favourable. Mr Denton reported that within the BAF there has been one improvement moving from red to amber and the remaining stayed consistent. Mr Denton confirmed that Mr Hughes, Mrs Walker and Mr Gidi have reviewed the bids for the Well-Led Independent Review and have appointed the provider named Arden & GEM CSU, and noted that it would be useful if this was paused for the next three months due to time and availability. Mr Hughes proposed to delay the Well-Lead Governance Review and that Mr Gidi and himself will work out a realistic time that this can be deferred to. The Trust Board were in agreement and approved this proposal to defer until further notice.

Action : Mr Hughes and Mr Gidi to review a realistic time for the Well-Led Governance Review to be deferred to.

- 6.5.2 Ms Shears commented that we must make sure we do not lose sight of the gaps within the Board Assurance, with some flags in internal audit, and to be clear about what risks we are looking at in Board level and how those risks are mitigated, making sure that we are clearly sited on risks facing the organisation. Mr Gidi noted that on a broader point around risks, we can see that the Task and Finish Group work is continuing with the next meeting on 15 April 2020, there is some additional work to be done by the divisions in response to the Risk Management audit with Mrs Bennis leading some of

this work alongside Mr Denton on how we manage risks during the COVID period, as ordinarily we are taking risks to the Hospital Management Committee, so are looking at a different way of responding to that. Mrs Bennis noted that for assurance to Trust Board some additional sections have been added to the Datix forms for risks with a specific COVID related section for adverse events that can be pulled off and review in its entirety. Mrs Bennis confirmed that we are working on how we approve those risks with some of the Committees not running during the Governance Light process, but will take to the weekly Executive Directors meeting for review and wider sharing.

- 6.5.3 Mr Gidi report that we are at present seeing an improved picture on non-clinical policies, however due to the current COVID situation it is expected we will see a dip again but this will pick up again once we are out of this crisis.
- 6.5.4 Mr Gidi reported that there is a positive, good news story as there is some work happening around the celebration of our Heritage and thanked Sharn Barcroft, Katie Tarleton and Caroline Woods at Stamford for all their hard work to make this possible, with the Heritage Fund Vivacity funding for this work, however this work has now been suspended for the next 6 months until the current COVID situation has passed.
- 6.5.5 Mr Harding questioned whether in the absence of a Finance sub-committee is there another way to look at financial controls coming to Trust Board. Mr Tipton queried whether risk is one of the exceptions of items that should come to Trust Board. Mr Hughes agreed that this will need to be reviewed and addressed.

Action : Mr Gidi to review risks coming to Trust Board.

ASSURANCE UPDATES

7.0 Quality Assurance Updates

7.1 Ward Skill-Mix Balance

- 7.1.1 Mrs Bennis presented the Ward Skill-Mix Balance report to the Trust Board, highlighting key areas, and that this shall be the last full report some months. Mrs Bennis noted that there are some issues moving staff around on an hourly and/or daily basis with the data upload not being very accurate and is checking with NHS digital whether we have to upload external reports as all data will be skewed as we go into the ITU surge. The Trust Board noted the report.

7.2 Gender Pay Gap Annual Report

- 7.2.1 Mrs Tibbert presented the Gender Pay Gap Annual Report to the Trust Board, highlighting key areas, noting that this was until last week a legal requirement, however this has now been lifted since 30 March 2020 and requested the Trust Board permission to publish and upload this to the Government portal, noting that this was agreed at the People & Performance Committee last Friday. Mrs Tibbert noted that this is good news for the Trust as our gender pay gap has improved slightly from 29.875% to 24.28% this year, being slow changes in the right direction. The Trust Board noted their approval and agreement.

7.3 Staff Survey and Action Plan

- 7.3.1 Mrs Tibbert presented the Staff Survey update to the Trust Board, highlighting key areas noting that this is for information sharing with work paused to come back to when the circumstances are right. Mrs Tibbert noted that on the back of the COVID crisis we are paying a lot of attention to staff communications and morale levels and doing even

more to make sure we are supporting people. The Trust Board noted the report.

7.4 Clinical Training Update

- 7.4.1 Dr Rege presented the Clinical Training Update to the Trust Board, highlighting key areas, noting that we have been pressed to receive more medical students from both universities with a view to increasing the numbers of doctors graduating. The GMC survey shows no red flags at Hinchingsbrooke and are continuing as we manage the rota gaps as best possible. Peterborough City Hospital received a net increase in junior doctors in medicine as previously Peterborough City Hospital had the lowest junior medical doctor to bed ratio in the East of England (and Hinchingsbrooke Hospital had one of the highest). The Trust Board noted the report.
- 7.4.2 Mrs Dunnett confirmed that we did receive both the medical and non-medical versions of the report at CQC.

FINAL ITEMS

8.0 Any Other Business

- 8.0.1 No other business to discuss.

9.0 Questions from the Governors (related to agenda items)

- 9.0.1 Mr Lawson questioned whether the Governors meeting can be a video call such as Zoom or Skype. Mr Hughes noted that many do not have that facility and if we did it would be too many for that particular kind of facility, so have made the decision to use telephone conferencing facilities.
- 9.0.2 Mr Lawson questioned what was the decision around the Stamford site as he missed that part of the meeting. Mrs Walker confirmed that no decisions has been made yet as we are waiting for planning.
- 9.0.3 Mr Lawson noted that we heard that within the Finance section Month 11 is on track and that Month 12 will be extremely difficult, and questioned whether the Trust Board thinks that will be achievable under the current circumstances. Mr Hughes replied that we do not yet know. Mr Pratt confirmed that we will still try to pull all the stops out, making sure as much as we can we have identified all of the COVID expenditure. We are led to believe that there will be a reimbursement separately which will not impact on our bottom line. Mr Harding commented that even if not reimbursable this should be reported. Mr Pratt noted that we are not entirely clear of reclaim under COVID yet until we get this in writing. Mr Harding noted that we should still see what the position should be. The Trust Board agreed to this.
- 9.0.4 Mrs Prior commented that from a Governor observation it is very clear that the Non-Executive Directors have the full assurance and support the work the Executive Directors are doing. Mr Hughes thanked Mrs Prior.
- 9.0.5 Mr Mason noted that a weekly call system has been set up at Hinchingsbrooke to call volunteers to see if they are okay and if there is anything they need help with, as some are over 70 years old and live on their own. Mr Hughes thanked Mr Mason.
- 9.0.6 Mr Kevin Burdett commented that he is pleased to note the increase in staffing in nursing and midwifery, however, knows there is a lot of sickness and maternity leave

amongst maternity staff and questioned if the Non-Executives have sufficient assurance that the department is adequately covered. Ms Dowglass noted that this is something that is prevalent in Maternity services with their staff working very flexibly, there have been some consideration of requests of maternity staff being redeployed into the main hospital, and my understanding is that there is no indication that the service requires less staff and have the assurance it is as it should be. Mrs Bennis noted that we have oversight and that we were not thinking about moving midwives into general areas. We have some vacancies with a few being covered by bank staff. Mrs Bennis confirmed that during the COVID period we are working on the Business Continuity Plan (BCP) and if we needed to what will moving to one Maternity Unit look like. Mrs Bennis confirmed that we have our Midwifery Director in place and also a substantive Deputy Midwife with the leadership and improvement work we have good oversight and is as safe as it can be currently. Mrs Roulstone commented that there are some very concerned staff from this area who are worrying about redeployment. Mrs Bennis confirmed there are no plans to pull back into the main mix within the organisation and need to be clear that we have a maternity helpline set up for any antenatal ladies with any concerns, but we are trying to minimise the amount of time mum and new baby are in the hospital environment and ensuring it is safe when appropriate for them to go back to their own home.

- 9.0.7 Mrs Roulstone noted the good news around testing and to be able to have results back in 24hrs, and questioned how quickly the front line staff will all get tested, how quickly rolled out. Mrs Bennis confirmed that this will go live in the next couple of days, being mindful we do not have a huge number in the Lab, but this will be ramped up over the following couple of weeks. Mrs Bennis confirmed that we need to identify critical staff individuals and their family for testing and will use the pods for all staff and their family members will take a couple of weeks. Mrs Roulstone noted that she is impressed with all the work that everyone is doing, well done.
- 9.0.8 Mr Lawson noted that he had not seen the Integrated Performance Report on the Website. Mr Hughes confirmed that these were indeed on the Website.
- 9.0.9 Mr Hughes commented that what is ahead for the Leadership Team and Organisation is enormous and knows that we are ready for this and wished everyone the best, with all the support needed. Mr Hughes confirmed that he shall keep the Governors regularly updated.

The Trust Board closed on 17:10hrs

Date of next meeting: Due to COVID-19 crisis to be deferred until further notice.

Signed.....

Name.....

Date.....