

**Minutes of the Public Meeting of the Board of Directors
held on Tuesday 28 July 2020, 14:00hrs
MS Teams LIVE**

Members:	Rob Hughes	Chairman - <i>Chair</i>
	Sarah Dunnett	Non-Executive Director - <i>Deputy Chair</i>
	Caroline Walker	Chief Executive
	Joanne Bennis	Chief Nurse
	Joel Harrison	Acting Director of Finance
	Kanchan Rege	Medical Director
	Louise Tibbert	Director of Workforce & OD
	Graham Wilde	Chief Operating Officer
	Arshiya Khan	Director of Strategy & Transformation
	Mike Ellwood	Non-Executive Director
	Ray Harding	Non-Executive Director
	Mary Dowglass	Non-Executive Director
	Bev Shears	Non-Executive Director
In attendance:	Taff Gidi	Company Secretary & Head of Corporate Affairs
	Sylvia Zuidhoorn	EA to Chairman & Chief Executive - <i>Minute Taker</i>
	Laura Stent	Assistant Chief Nurse (Item 2.0)
	Maria Finch	Head of Patient Experience (Item 2.0)
Observing:	Mandy Ward	Communications

1.0 Welcome, Apologies for Absence and Declarations of Interest

- 1.0.1 Rob Hughes welcomed members to the meeting noting this to be a MS Teams LIVE event.
- 1.0.2 Rob Hughes noted that apologies were received from Gareth Tipton.
- 1.0.3 Rob Hughes noted that there were no new declarations of interest noted.

MAIN MEETING

2.0 Patient Story – In-Patient Experience Survey Results

- 2.0.1 Rob Hughes welcomed Laura Stent and Maria Finch to the Public Trust Board, who together presented the In-Patient Experience Survey Results to the Trust Board.
- 2.0.2 Laura Stent and Maria Finch presented the In-Patient Experience Survey Results to the Trust Board for information only and noted that as in previous years, most of the questions in the questionnaires were ‘closed’ questions, where the respondent had to cross the option that corresponded most closely to their experience. However, there is a section for respondents to provide other comments (‘free text’ comments) at the end of the questionnaire. At a local Trust level, the survey required a sample of 1,250

consecutively discharged inpatients, working back from the end of July 2019. 584 completed questionnaires were returned for the sample with a final response rate of 49% (584 usable responses from a usable sample of 1,187). The scored survey data was standardised so the Trust's results can be fairly compared against others, with the intention to allow Trusts to identify areas of good performance and or highlighted challenges. The results for each question have been converted into a score out of 10. '0' being the poorest experience and '10' the most positive patient experience.

2.0.3 Laura Stent and Maria Finch highlighted key areas within the report in detail and noted that overall, the majority of scores for the 2019 National inpatient survey were within the intermediate range when compared to other Trusts. Satisfaction of service users continues to rate in the top 20% intermediate range with a result of 8.1 out of ten. This result has been consistent over the past three years and reflects the public's satisfaction of the NHS. The majority of respondents in this survey felt they were treated with dignity and respect with an overall score 9.0 out of 10.0. The Trusts' results were **better** than the majority of trusts for 2 questions:

- 1, Did you have confidence and trust in any other clinical staff treating you (e.g. physiotherapists, speech therapists, psychologists)
2. Beforehand, were you told how you could expect to feel after you had the operation or procedure.

2.0.4 Respondents stated that they had confidence in medical (doctors 8.7 and nurses 9.0) and clinical teams (9.1) as well as non-clinical hospital staff (9.2). The patient's experience of care at the end of their hospital stay is greatly affected by delays at discharge. On discharge, 67% of respondents listed the delay was due to a 'wait for medication' with the remaining 33% being evenly split between waiting to see a doctor and waiting for transportation. The delay to discharge for the majority was within 2 – 4 hours at 40%. Whilst satisfaction amongst the respondents was high, only 56 respondents (11%) were given the opportunity to feedback about their care and only 15% understood how to complain should they wish to.

2.0.5 Beverley Shears noted her concern of the response rate of 45% and that 95% of those that responded were white. She asked what plans were in place to tackle the diversity issues of voices not being heard. Laura Stent reported that the patient groups are not as active as they were pre-COVID pandemic and confirmed that these patient groups are starting to be reinstated with the use of MS Teams giving people the opportunity to voice themselves whilst not having to venture out into the hospital.

2.0.6 Joanne Bennis thanked Laura Stent and Maria Finch for their presentation and in which they clarified the issue around same sex accommodation noting that this response will be around some of the patients would have been in A&E where there is no same sex accommodation as they are not in a normal inpatient ward and it is not mandated in the emergency area.

2.0.7 Mary Dowglass noted the outstanding feature of delayed discharges due to waits in pharmacy, when the patient has had a wonderful stay then experience waiting for pharmacy which can prejudice the whole reflection on their stay. It would be useful to tell a patient story of what that feels like. Laura Stent noted that there may be more around knowing the whole process when waiting for prescriptions.

2.0.8 Mr Elwood thanked Laura Stent and Maria Finch for their presentation and that there were some good metrics to pick up on and was intrigued from an Executive point of

view what impact in other areas of the hospital delays and discharge cause us. Graham Wilde confirmed that overall delayed discharges cause a backing up effect over the whole of the organisation, it is a complex process and we have a complex discharge team that works through this to ease the patient journey. Kanchan Rege noted that this is a long standing problem, which is mainly due to the ward round, complexity of paperwork and the attention to detail that must be given.

- 2.0.9 Sarah Dunnett thanked Laura Stent and Maria Finch for their presentation and felt this to be positive overall, as we stand within the top 20%. Sarah Dunnett noted that another long standing theme is around communication and wonder if there is anything we should be doing Trust wide around how we communicate with patients and whether the Executives have thoughts that can be incorporated in to the G20 programme. The second comment is to say that Laura Stent is new to patient experience in terms of your remit and it will be good to see some of the actions and progress being made at the Quality Assurance meeting in September. Louise Tibbert noted that this can be picked up at next G20 programme meeting also.
- 2.0.10 Rob Hughes thanked Laura Stent and Maria Finch for their presentation and noted that the theme about ethnicity and fits in with the work of health and inequality, along with how we can improve discharge. Rob Hughes agreed that communication is key between patients and staff. Rob Hughes said he would look forward to next July with some themes picked up in a focussed way.

3.0 Minutes of the meeting held on Tuesday 31 March 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 Rob Hughes presented Chairman's Review of the Month to the Trust Board, taking the paper as read. Rob Hughes noted that he is pleased that we are able to hold Board meetings in public again where members of the public are able to observe our Board meetings. Although they are virtual, which has some limitations, it is hoped that moving on-line will give broader connection with the community we serve. Whilst we are currently unable to take live questions at our Board meetings we welcome questions on our Board Papers, 48 hours in advance of the meeting. Rob Hughes confirmed that the meeting will be recorded and available on the Trust's website after the meeting.
- 4.0.2 Rob Hughes noted he is pleased to report that all Board Sub-Committees have returned this month.
- 4.0.3 Rob Hughes reported that he is holding weekly virtual meetings with the Non-Executive Directors (NEDs) with Caroline Walker joining picking up further assurance around key topics
- 4.0.4 Rob Hughes noted during COVID-19 the NEDs have sought assurance by triangulating the information they receive through Performance reports, Patient and Staff reports, Complaints, discussions with the Executive Directors and at Board and Board Sub-Committees.

- 4.0.5 Rob Hughes noted that the Board development will re-commence in August and will embed and build on the development and learning from the 19/20 Programme.
- 4.0.6 Rob Hughes reported that the Trust continues to support the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) which has proved how it can work well as a system during COVID-19. He along with the rest of the Board are keen that the STP focus more on delivery of the topics.
- 4.0.7 Rob Hughes noted that he is pleased to announce that Mark Sanderson will be joining the Trust Board as a Non-Executive Director from 1 August 2020. Following a competitive interview process Mark was approved by the Governors on 8 July 2020.

5.0 Chief Executive Officer's Report

- 5.0.1 Caroline Walker presented the Chief Executive Officer's Report to the Trust Board taking the paper as read, noting that whilst in governance lite we ensured Private Board papers were available on Trust Website from April's meeting.
- 5.0.2 Caroline Walker reported that sadly, since her last update to the Trust Board in a Public meeting, we have lost 250 patients to the COVID-19 infection and on behalf of the Trust Board expressed condolences their families and loved ones.
- 5.0.3 Caroline Walker noted that whilst we are dealing with pandemic she wanted to acknowledge the amazing work staff have done throughout this and the achievements and clinical outcomes that have been delivered. Patients and families have been understanding and I am forever grateful for their understanding and support for their loved ones allowing them to stay connected.
- 5.0.4 Caroline Walker noted that as we go into next phase we are trying to treat more and more non-COVID patients, with Phase 3 officially starting on 1 August 2020. Over the last 4 months, understandably, the Trust has not treated as many patients and our waiting lists are growing and the patient's needs are growing and noted that this is being done in a planned way.
- 5.0.5 Caroline Walker noted that public consultations for the relocation of the UTC from the City Care Centre to Peterborough City Hospital have are just beginning to be commenced.
- 5.0.6 Caroline Walker reported that the Urgent Care Expansion works at Hinchingsbrooke Hospital began on 6 April 2020 and despite the restrictions in force in our hospitals around the Coronavirus pandemic, the works are progressing well and we are still on schedule for the whole project to be completed in November 2020, with Phase 1 of the works now complete creating a new Ambulatory Care Unit and will progress with a business case for Phase 2 and 3, keeping the Trust Board up to date.
- 5.0.7 Caroline Walker reported that the Trust has reluctantly taken the decision to reinstate car parking charges for patients and visitors at our Peterborough City and Hinchingsbrooke Hospital sites from Monday 3 August 2020. Caroline Walker confirmed that staff will continue to park for free until we plan to change our barrier system to enable Automatic Number Plate Recognition technology. We will be engaging with our staff over car parking as we begin to implement the Trust's Green Travel Plan ready for the new financial year 2021-22. Caroline Walker reported that our Trust were one of a small number to offer free patient parking to all car park users during the Coronavirus pandemic and this decision to re reinstate charges was not taken lightly, but made

following the Government's announcement that it can no longer subsidise car parking at hospitals as part of its pandemic support funds. Our patient parking concessions are in place and exceed the remit of current government guidelines for charging.

- 5.0.8 Rob Hughes thanked everyone for their excellent performance throughout the COVID pandemic which has not gone unnoticed by the Trust Board nor our Regulator.

INTEGRATED PERFORMANCE

6.0 Integrated Performance Report (IPR)

6.1 Quality

- 6.1.1 Joanne Bennis presented the Quality Performance section to the Trust Board, taking the report as being read and highlighted key areas within the summary section of the report. Joanne Bennis noted that the Quality Assurance Committee (QAC) has continued to function throughout the governance lite period giving assurance of quality of care for our patients.
- 6.1.2 Joanne Bennis reported that from a Serious Incident (SI) perspective in June 2020 9 SIs were due to be submitted to the Clinical Commissioning Group (CCG), however one required an extension due to the capacity within the Clinical Risk Department as a number of the team have been redeployed to clinical areas. They had been undertaking a large amount of work on action plans that are aligned to SIs with the Divisions.
- 6.1.3 Joanne Bennis reported that the complaints themes identified for further investigation are around seeking further clarity of outcome and findings and requests for virtual local resolution meetings.
- 6.1.4 Joanne Bennis reported that a large piece of work has been undertaken to review falls during COVID and it has been found that a small percentage of falls recorded related to the wrong code being chosen to validate the data. There has been an increase in frailty of patients admitted throughout June. Red and Green areas have a mix of staffing levels and types of specialties to care for and with not having the normal support mechanisms in place, or family members these have been a vulnerable cohort of patients. We are working on educational sessions for the team which are now back to full establishment.
- 6.1.5 Joanne Bennis reported that there has been a decline in pressure ulcers which is good news and there are still lessons to be learned as more evidence has highlighted those patients more prone to develop these during the pandemic.
- 6.1.6 Joanne Bennis reported an MRSA bacteraemia on a surgical ward. MRSA screening was reduced during COVID to enable the labs to cope with COVID. This was a national request and only those patients in the high risk category were screened. Learnings from this have been identified with the possibility to introduce blanket screening as the trust had routinely pre COVID.
- 6.1.7 Joanne Bennis reported that the National Maternity Data set shows the Induction of Labour (IOL) average as approximately 29% and 35% in month. The NWAngliaFT average was below this for the previous two months. The IOL rates have risen nationally in response to national initiatives such as Saving Babies Lives V2. Reasons

for IOL continue to be reviewed on a monthly basis. Joanne Bennis noted that the Trust had 2 birth injuries recorded in month, with both birth injuries being at Peterborough City Hospital. One baby was born with a partially fractured humerus of unknown origin and the second baby with a skin laceration at instrumental delivery. There was one term baby that required therapeutic cooling, and a subsequent postnatal MRI did not demonstrate and evidence hypoxic ischaemic brain injury.

- 6.1.8 Joanne Bennis reported that the Trust has seen a reduction in month of falls, with inpatient falls reduced as well as level of harm.
- 6.1.9 Joanne Bennis reported that there are currently vacancies within the Maternity leadership structure which are out to recruitment.
- 6.1.10 Rob Hughes thanked Joanne Bennis for the report.
- 6.1.11 Ms Dunnett thanked Joanne Bennis for the report and noted that at the QAC yesterday the Quality Report was scrutinised and confirmed that QAC were fully assured of where we are not performing, where we want to be and that there are clear action plans in place to address these.
- 6.1.12 Sarah Dunnett reported that there are no staffing concerns to raise.
- 6.1.13 Sarah Dunnett reported that Safeguarding demand is increasing in relation to domestic violence concerns.
- 6.1.14 Sarah Dunnett reported that the QAC continue to monitor quality infection control and action plans on tighter infection control, with the particular focus on cleaning.
- 6.1.15 Sarah Dunnett noted that she is pleased to report that the quality risks are up to date and are in date, and that this month we saw a merger of the Risk Register of COVID and non-COVID risks. Sarah Dunnett reported that there is one unmitigated risk that is currently under review as part of the overall lessons learned.
- 6.1.16 Sarah Dunnett reported that the QAC agreed the Clinical Audit Plan for 2020 and where assured as a Committee that the Trust is consistent with the national audit plan and priorities for the Trust.
- 6.1.17 Sarah Dunnett reported that the report for health inequalities from the Clinical Commissioning Group (CCG) are consistent with feedback that the Trust Board have received in relation to the challenges within the North of Peterborough respiratory pathways and confirmed that the Director of Strategy is working on this.
- 6.1.18 Sarah Dunnett reported that the focus of the QAC was around Maternity and mortality. Mary Dowglass reported that there are two figures used, Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI). Both figures have been a subject of our consideration with SHMI rising and significant and HSMR still high. There is a concern around data for pneumonia and equally a reduction on congestive heart failure on the Hinchingsbrooke Hospital site and noted that over a period of time upon looking at these figures are affected by coding or particular diagnosis or type of admission and patient experiences. Some extensive work is being undertaken with the aid of Dr Foster and their input has helped to improve the understanding of coding and admission issues. Mary Dowglass reported that the mortality improvement plan is being finalised now and will cover all of those

elements.

6.2 Operations

- 6.2.1 Graham Wilde presented the Operations Performance section to the Trust Board, noting the report as read. Graham Wilde highlighted key areas noting that the Trust is reporting delivery of 55% of our operational metrics in June, compared to 65% in May.
- 6.2.2 Graham Wilde reported that the Operational teams have made good progress towards delivery of recovery planning during June, establishing a programme framework to oversee and coordinate ops activity. We have successfully achieved 16 of 19 key objectives included within our original phase 2 operational recovery plan, with progress on track for the remaining three objectives by the end of July.
- 6.2.3 Graham Wilde reported that in addition to the milestones, we have successfully restarted activity, achieving our end of July elective activity target and non-elective activity target by June. We have further work to increase outpatient activity to 70% of pre-COVID levels during July though we are close with 67% delivered in June.
- 6.2.4 Graham Wilde reported that the Trust achieved the four hour A&E standard in June for the third consecutive month, despite A&E attendances increasing, ambulance conveyances back to usual levels and non-elective admissions up 5% year on year due to increased patient acuity. We have also maintained our improved ambulance handover performance with >60 minute waits <1% and average arrival to handover time continuing to improve. We have maintained effective patient flow through the month, continuing to see improved timeliness of patient discharges both simple and complex with effective collaboration across system partners.
- 6.2.5 Graham Wilde reported that performance against cancer standards continues to be much improved when compared with the previous year. Cancer referrals are back at near normal levels and therefore we have additional confidence that the improvement actions we have put in place through the latter part of 19/20 have had the desired impact on performance.
- 6.2.6 Beverley Shears reported that a track on performance has been kept through People & Performance Committee (PPC), QAC Private Board throughout governance lite and is pleased to see A&E performance extremely strong for its fourth consecutive month meeting targets put into place before we went into the COVID pandemic and it is good to see as we transform out of COVID. Beverley Shears noted that the Trust has maintained strong ambulance performance and is again pleased to see performance and quality risk strategies and operating waiting lists validated and managed through the system which are being carefully curated to ensure the right operations are being prioritised. Beverley Shears noted that the Referral To Treatment (RTT) report was agreed at Private Trust Board with the recommendation commence reporting in August and it is good to see and is pleased to see that mandatory RTT training has been implemented throughout Trust to ensure, as move back to reporting RTT, all staff understand the way the system works with regards RTT.
- 6.2.7 Rob Hughes questioned where the Trust were in terms of getting back to normal. Graham Wilde explained that within the new normal, all processes are in place as they were pre-COVID as far as we can, ie., risk stratification - rather than just treating patients in date order, referrals are looked at by all senior clinicians in terms of priorities and clinical need, and checking to see if clinical need has altered whilst being on the waiting list. This was done pre-COVID times, but this is now a much larger task with a

higher chance of change whilst on the waiting list.

6.2.8 Sarah Dunnett noted the emergency readmissions flagging red on the dashboard and questioned whether this is a care issue and we are discharging too quickly and the patients are then coming back into the hospital. Sarah Dunnett further questioned that in terms of risk stratification, what sort of contact is being made with patients who are anxiously awaiting their treatment to take place. Graham Wilde confirmed that readmissions, although showing a slight 4% increase over the last month have not been flagged for a particular concern and agreed that he would look into this further. Graham Wilde further confirmed that to get an overview in terms of risk stratification the waiting list is managed by the teams constantly telephoning the patients on the list, with updates. We are monitoring for any patient that could have been missed and are also keeping in close touch with GPs.

Action : Graham Wilde to look into emergency readmissions red flagging.

6.2.9 Mike Ellwood questioned broadly within our Trust stratification that what if an individual was continually being bumped down list, do we know how often that would have happen. Graham Wilde confirmed that patients are being monitored and we are trying not to move patients often. We are prioritising clinical need ahead of wait times and will see some impact on those long waits. Rob Hughes questioned whether this is an approach that is taken nationally. Graham Wilde confirmed that there are several COO networks and each organisation is trying to balance clinical priority to keep patients and staff safe within the COVID world.

6.2.10 Rob Hughes thanked Graham Wilde for his report.

6.3 Finance

6.3.1 Joel Harrison presented the Finance Performance section to the Trust Board noting the report as having been read. Joel Harrison highlighted key areas, noting the Trust is reporting a breakeven position for Month 3 and year to day in line with the NHSEI/E instruction.

6.3.2 Joel Harrison reported that prior to inclusion of the retrospective true-up payment to breakeven, the Trust reported a deficit of (£6.8m) in M3, and a year to date (£12.1m) deficit.

6.3.3 Joel Harrison reported that there has been a significant reduction in unplanned (c. 25% reduction in admissions) and planned care activity in quarter one when compared to the same periods in 2019/20. However, critical care activity has increased by c. 50% compared to equivalent periods in 2019/20.

6.3.4 Joel Harrison reported that the Trust's income continues to be largely a product of the national block funding arrangements which is masking a significant reduction in other income, a consequence of reduced car parking, catering and accommodation usage.

6.3.5 Joel Harrison noted that the expenditure profile reflects the change in service provision in quarter one compared to 2019/20.

6.3.6 Joel Harrison reported that the Trust has reported £4.9m incremental costs associated with COVID-19 in June 2020, the year to date total is £10.1m.

6.3.7 Moving forward Joel Harrison reported that the focus on managing and understanding the expenditure run rate, linked to the recovery plans, will be crucial with the

anticipated shift in focus from business as usual and COVID reimbursement financial framework to a 'new normal' anticipated from Month 5 – 12. There will be increased focus on forecasting and rightsizing of the expenditure at divisional level to reflect the changing service provision over the next month.

- 6.3.8 Ray Harding reported that the Finance Committee had held its second meeting since lock-down had begun and noted that although the planning financial instructions are to be finalised in the interim, recommended to Trust Board to work on the basis of the previous draft assumptions as supported at Private Board and the capital expenditures item for £422k for the Nerve Centre.
- 6.3.9 Ray Harding noted the key issues of meeting the financial performance Month 3 breakeven in line with NHSI/E instructions and that within those costs were COVID expenditure at 8.3%
- 6.3.10 Ray Harding noted that it is the first time the Committee has looked at Estates and key issues as a whole and for the time being Estates shall report through the Finance Committee as the relevant sub-committee of the Trust Board.
- 6.3.11 Ray Harding reported that in terms of risks it was noted that the pay run rate has necessarily increased due to COVID which may be difficult to take out of the system and pay. Another risk is the Hinchingbrooke RAAC Panels and bring forward the replacement of theatres to mitigate this theatres risk.
- 6.3.12 Rob Hughes thanked Ray Harding for the report and that it was good to hear we are working on Estates and initiatives.

6.4 Workforce and Organisational Development

- 6.4.1 Louise Tibbert presented the Workforce and Organisational Development Performance section to the Trust Board, noting the report as having been read. Louise Tibbert highlighted key areas. Louise Tibbert reported the time to hire recruitment process has not stopped and we continue recruiting we are experiencing a delay in visas for overseas appointments which is a problem across the NHS.
- 6.4.2 Louise Tibbert reported that the Trust has been keen to risk assess all staff within the Trust staff within trust, with the target to assess 100% of the staff by 31 July and as of yesterday 79% of staff had been risk assessed. It is unlikely we will be able to risk assess all staff as some are off sick or on maternity, but confirmed this risk assessment shall be completed every 3 months and taking whatever actions are necessary to minimise risks.
- 6.4.3 Louise Tibbert explained that work is being undertaken with all the divisions working with managers, G2O, Hospital Management Committee (HMC) and People & Performance Committee (PPC) to gain a better understanding on how the quarterly culture barometer shall look like with a governance oversight of this to be shared with the Trust Board. Louise Tibbert noted that there have been some gains, albeit quite marginal, and there are some concerns with more to be done around this as we take heed of what staff are saying and more importantly feeling.
- 6.4.4 Beverley Shears confirmed that two items have been escalated to Trust Board and are on the agenda, HSE report and COVID Recovery Plan. Beverley Shears noted that a concern around MPA appraisal for non-medical staff with scores remaining low and a challenge through COVID.

- 6.4.5 Beverley Shears noted that the time to hire in risk terms, there are some reasons that are outside of the Trust's control and we will be paying attention to this over the coming months with some difficult to full roles for us to progress.
- 6.4.6 Beverley Shears confirmed that BAF was reviewed at PPC.
- 6.4.7 Mary Dowglass commended that mandatory training compliance that was maintained throughout the whole COVID crisis and under these pressures it must have felt mundane. She suggested that it is easier to maintain through on-line working when working from home. Louise Tibbert reported that staff have been encouraged to do their mandatory training at home.
- 6.4.8 Mike Ellwood questioned the improvement around agency rates and whether there was anything exceptional around the period we are in. Louise Tibbert felt it is a combination of not always needing to use agency and the bank.
- 6.4.9 Beverley Shears noted that the overall strong mandatory training results masks a number of areas that persistently do not meet the standards and sought assurance from Louise Tibbert that an action plan to address this was in place. Louise Tibbert confirmed this falls within the Accountability Framework and will expect further assurance in tackling these issues.
- 6.4.10 Rob Hughes thanked all staff for their hard work.

6.5 Strategy & Transformation

- 6.5.1 Arshiya Khan presented the Strategy & Transformation Performance section to the Trust Board noting the report as having been read. Arshiya Khan highlighted key areas noting the dashboard is being developed over the coming weeks and shall be available for the next Public Trust Board in September.
- 6.5.2 Arshiya Khan reported that in line with the C&P Strategic Plan we are making good progress with system partners and making patient journeys more seamless and integrated.
- 6.5.3 Arshiya Khan reported that the North Alliance Delivery Group programme is making good progress, working on primary care and community colleagues.
- 6.5.4 Arshiya Khan noted the transformation agreed priorities and that as a Trust Board the next step is to take some of these forward, with key priorities on how to get activity back based on how we do things differently in out-patient, urgent emergency care and integrated pathways with out of hospital care.
- 6.5.5 Caroline Walker requested that Arshiya Khan reports back to the Trust Board on the dashboard on strategy and questioned whether we need to do more forward thinking and bring more the Trust Board.

Action : Arshiya Khan to report back to the Trust Board on the dashboard and strategy.

6.6 Governance

- 6.6.0.1 Taff Gidi presented the Governance Performance section to the Trust Board noting the report as having been read. Taff Gidi highlighted key areas noting the Trust continues to manage COVID-19 risks in line with the relevant procedures. In addition, the HMC

continued to have oversight of all high and significant risks and COVID-19 risks on a monthly basis reporting to the Trust Board and its committees. The Trust is also undertaking work to revise the timescales for the review of all risks. The Audit Committee was briefed this month on this work. This will be covered in the updated Risk Management policy which will be presented to Trust Board for approval. Taff Gidi noted that the high and significant risk are for a second month 100% compliant and passed on his credit to Mr Denton and Joanne Bennis and their team on their work around risk management. Taff Gidi further reported that there has been consistent approval of corporate and clinical governance teams as part of collaborative working.

Action : Taff Gidi to bring Risk Management policy to Trust Board for approval at next Public Trust Board in September.

6.6.1 Board Assurance Framework

6.6.1.1 Taff Gidi presented the Board Assurance Framework (BAF) to the Trust Board noting the report as having been read. Taff Gidi highlighted key areas noting that the impact of COVID had on our BAF in terms of time line and delivery and why this is back to the Trust Board for approval this month. Beverley Shears noted she is pleased to see all in date. Rob Hughes concurred this. Sarah Dunnnett confirmed that this report had been looked at in Quality Assurance Committee (QAC) and concur the ratings here in this report.

6.6.1.2 Rob Hughes noted the Trust Board recognises and acknowledge that all risks are up to date and gave full approval of the BAF.

6.6.2 Monthly Risk Report including COVID Risks

6.6.2.1 Taff Gidi presented the Monthly Risk Report which includes COVID risks to the Trust Board, taking this paper as having been read. Taff Gidi reported that this report is now combined with normal and COVID risk reports, with all high or significant risks reporting the same way.

6.6.3 Modern Day Slavery Act 2015 – Annual Statement 2020/21

6.6.3.1 Taff Gidi presented the Modern Day Slavery Act 2015 – Annual Statement 2020/21 to the Trust Board, taking the paper as having been read. Taff Gidi reported that a lot of work had been undertaken on this report and thanked Paul Denton and Kim Graves for their hard work and efforts.

6.6.3.2 Taff Gidi reported that this report includes internal audit plan which reviews the impact of COVID which has been agreed with the internal audit. Now started back with internal audit revised some dates and in pack these are noted within there.

6.6.3.3 Caroline Walker agreed that this is approved by the Trust Board and that the Trust has a good track record.

6.6.3.4 Beverley Shears noted her support and welcomed this, reminding all of the safeguarding issue as well and that we must ensure we report whenever we need to.

6.6.3.5 Sarah Dunnnett raised the health inequalities of Peterborough and noted that the Chairman is liaising with the STP Chairman and questioned whether this work should be reflected within the draft Trust objectives for 2021 and asked for views from fellow Trust Board members. Caroline Walker noted that we cover all that we have agreed in the right committees. Rob Hughes noted that where we go to in terms of raising awareness has become a priority for 2020 for the STP and shall be weaved into the work that we are doing this year. Sarah Dunnnett noted that she is happy to a further

discussion outside of the meeting with Rob Hughes.

- 6.6.3.6 Mike Ellwood reported that the Internal Audit Plan was discussed in some detail at Audit Committee, with one of the features for this year there being some more capacity for contingent days emerging during the year, with some divisional governance themes and data themes. Mike Ellwood confirmed that this will be prepared and endorsed at Audit Committee.
- 6.6.3.7 Joel Harrison reported that health inequalities and the extent this is featuring across the work stream representing Trust charities from partners from across the Cambridgeshire & Peterborough (C&P) and STP is one of the things being put together for an STP bid for some of the national monies raised through the COVID pandemic. We now need to put a bid together supporting the charitable aims across all service lines.
- 6.6.3.8 Rob Hughes reported no objections and the Trust Board gave their full approval.

ASSURANCE UPDATES

7.0 Quality Assurance Updates

7.1 Lessons Learned Feedback

- 7.1.0.1 Louise Tibbert presented the Lessons Learned Feedback to the Trust Board, noting this to have been read. Louise Tibbert highlighted key areas and noted that this is a piece of work from staff feedback about the whole COVID experience and what we need to do differently. An action plan shall be instated with clear actions and feedback into specific work streams from Good to Outstanding (G2O).
- 7.1.0.2 Rob Hughes noted that this shall be taken to the next Trust Board Workshop.
Action : Louise Tibbert to take to Trust Board Workshop in August.

7.1.1 Good to Outstanding

- 7.1.1.1 Louise Tibbert reported the Good to Outstanding has been running for some time and has been refreshed in 2019. There has been a refocus on work streams seeing Executive leads for each work stream, making sure what is in the action plans currently is priorities and linked to what has come out of COVID, with health and wellbeing at the top of the list needing a focus on. Louise Tibbert confirmed that she will bring an action plan back to Trust Board in September.
Action : Louise Tibbert to bring an Action Plan back to Trust Board in September.

7.2 Agenda Item Removed

7.3 H&S Annual Report 2019/20

- 7.3.1 Louise Tibbert presented the H&S Annual Report 2019/20 to the Trust Board noting the report as having been read. Louise Tibbert highlighted key areas noting that the Health and safety law places specific duties on organisations. Employers and Directors can be held personally liable when these duties are breached and members of the Trust Board have both collective and individual responsibility for health and safety. The Trust Board are reminded that their obligations under Health & Safety require it to be considered within the decision making framework of the Trust Board is required to be published annually which the PPC recommend to the Trust Board.

7.3.2 Louise Tibbert noted that the report highlights the significant amount of work that has been undertaken during 2019/20 to improve the management of health safety and security in the Trust. The Health Safety and Security Team function continues to make progress with the continued training of links within local areas and the creation of a robust safety framework within each Division. The Trust's Safety and Security Team continues to provide advice and guidance to managers and staff to ensure they are able to meet the needs of the Trust in its compliance with health safety and security legislation. The team continue to engage with other specialist services within the Trust to assist in the development of future strategies.

7.3.3 Louise Tibbert requested that the Trust Board receive and endorse the Annual Health & Safety Report for 2019/20. The Trust Board gave their approval.

7.3.4 Beverley Shears confirmed that this report had been endorsed at PPC with the caveat that we see a very strong and robust plan going forwards with regards H&S priorities.

7.4 Learning from Deaths

7.4.1 Kanchan Rege presented the Learning from Deaths report to the Public Trust Board, highlighting key areas and noted that there had been much scrutiny of the quarter's deaths. During the COVID pandemic, 250 people lost their lives of 900 COVID positive patients. Kanchan Rege noted how the deaths of patients have been analysed in two different ways, one way being a very detailed Structured Judgement Review (SJR) which is a multidisciplinary review and the NCEPOD methodology which involves team reviewing their own patients' deaths.

7.4.2 Kanchan Rege noted that it is worth saying that the Ethics Panel never got to the position of having to limit or ration access to intensive care. Our youngest patient to die was 30 years old who suffered with severe autism but was escalated to intensive care. In total, 51% of all deaths have been reviewed as we are getting more back to business as usual. Of the deaths from COVID that met the requisite criteria for review by SJR, 74% were judged by peers to have received good or excellent care. Rob Hughes questioned whether this report came straight to Trust Board. Kanchan Rege confirmed that this did.

7.4.3 Mary Dowglass commended the examples of care and noted that on the side of lessons learned in care that did go well this is evidence of good solid care of our patients during the difficult circumstances our staff encountered.

7.4.4 Ms Dunnett endorsed Mary Dowglass' comments and questioned whether the Trust has the capacity to all the SJRs we are seeking to do – this was confirmed. She also questioned whether we have started recruitment for medical examiners. Kanchan Rege confirmed that we have been advised to move to medical examiner process. During the pandemic, the rules for certifying death changed which allowed and that bereaved relatives to receive a very prompt service from us.

7.5 Raising Concerns Freedom to Speak Up Guardian Report

7.5.1 Rob Hughes welcome Ms Mumford to the Public Trust Board. Ms Mumford presented the Freedom to Speak Up Guardian report and noted a positive number in the increase with themes which are similar to last quarter.

7.5.2 Ms Mumford noted that National Guardian's Office (NGO) port has just opened after an issue accessing the portal to be able upload data). Due to the Covid-19 pandemic the

NGO has extended the timeline for submission and therefore have not published any data from quarter 4 yet, they are in the process of reconciling the data they have received and hope to publish by the end of the summer.

- 7.5.3 As a Trust we are slightly above the national average for referrals at 80% and Ms Mumford has been in contact with other Guardians around our local network who are all reporting an increase in contacts with concerns being raised which are similar to what is being raised here at the Trust. Caroline Walker complimented this as it is a good thing that people are raising their concerns and that throughout the pandemic we have encouraged staff to speak out, specifically on things like PPE, also noting that this is just one of the routes staff can use to speak out about feeling unsafe in their working environment and we were not closing down routes for staff to speak out. Caroline Walker felt that from the feedback received we are definitely dealing with concerns, reassuring people and providing the support needed.
- 7.5.4 Rob Hughes noted that part of the patient survey feedback showed that this was not fully full representative demographically and questioned whether there are certain groups or is there a complete mix. Ms Mumford confirmed that there is not full representative of each staff group and we know nationally and locally the BAME staff do not speak up as much and confirmed that this is being linked in with the EDI Steering Group and other areas of awareness.
- 7.5.5 Beverley Shears thanked Ms Mumford for the report and noted that as Lead NED for Diversity and Inclusion it is important how we reach members of staff and patient groups who do not necessarily access all routes.

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 Rob Hughes noted that there had been 6 questions raised.
- 9.0.2 **Question from Ms Sue Prior** : Strategy and Governance section, refers to page 10 and 11 of the executive summary : collective review of risk governance. I am seeking reassurance that as a Council of Governors (COG), we will be continued to be updated on risk and its governance, which has considerably improved in the last year, despite any potential changes to the governance processes.
- 9.0.2.1 Taff Gidi confirmed that as specified in the report, the revised risk policies will be presented to the Trust Board for approval. Therefore, Governors and the public will be able to see the changes we are making to policies and procedures. We appreciate the importance of the risk governance process in ensuring the Governors can perform their role effectively. Therefore, the Chief Nurse and Company Secretary and their teams are happy to work with the Council of Governors to ensure that all Governors have a full understanding of the improvements we are making to our risk management systems and processes. We are happy for this to be picked up as part of the Council of Governors' planning process to be included on the programme for the remainder of the year.

- 9.0.2.2 Rob Hughes added that work is being undertaken on a plan on workshops and that he shall liaise further with the Lead Governor.
- 9.0.3 **Question from Ms Sue Prior** ; Finance, refers to capital programme key messages page 8. Are the figures stated as per forecast and what impact, if any has COVID had on the forecast.
- 9.0.3.1 Joel Harrison confirmed that the Trust's capital programme excludes COVID related capital as this falls outside of the usual processes. The £8.1m spend includes £3.8m COVID related capital expenditure and £4.3m non-COVID related capital against the Trust's programme.
- 9.0.4 **Question from Ms Sue Prior** : Quality Mortality, refers to page 31 and 33 QA. In previous governor meetings the lack of sufficient respiratory consultants had been mentioned as a concern by the NEDs re COVID treatment. Whilst noting the ongoing review, will this shortage be considered in the current review of respiratory death in 'HRMS and SHMI. What actions can be taken to support this clinical care from other trusts whilst recruitment in this scarce resource area is ongoing.
- Kanchan Rege confirmed that yes although we are aware of a longstanding issue with respiratory disease, due to the elevated levels of smoking, especially around Peterborough and Fenland. Kanchan Rege confirmed that with regards the GIRFT report we are awaiting the final report and noted that the CCG have expressed support for offering enhanced services here to attract new consultants.
- 9.0.5 **Question from Mr Kevin Burdett** : Board/Governor ward walkabouts. I understand the current difficulty in using this way to assess the patient experience but would suggest that there is some urgency in establishing some form of system to provide assurance.
- 9.0.5.1 Joanne Bennis confirmed that work is on-going with clinical teams to look at innovative ways for us to provide assurance and triangulate the data that is received through QAC and Trust Board since the pandemic. Following some discussions with the Heads of Nursing and Matron group we have highlighted some opportunities which still require further exploration to implement. Joanne Bennis confirmed that walkabouts with the Matrons have commended and been scheduled; environmental walkabouts with the divisional teams and IPAC are in place; collation and theming of complaints and PALs concerns and lessons learnt; accolades; recommencing the CREWS assessment schedule in September; weekly walkabouts with CEO and Matron and CN; reviewing MS Teams session with any ward areas that are alerting with a group of the clinical team and sharing of documentation on screen with invited panel; looking at virtual tours; patient feedback (with consent) via Skype and the; reintroducing of small groups of external stakeholders to walkabout once we have seen if there is any impact from reintroducing visiting from 3 August 2020. With lots more we are considering and discussing with Ward Managers.
- 9.0.5.2 Rob Hughes reinforced that infection control is really important and we do not want outbreaks to occur.
- 9.0.6 **Question from Mr Kevin Burdett** : I appreciate the hard work and cooperation that has taken place in the STP in recent months. How will you guard against the STP slipping back to previous ways that paid limited attention to health inequalities.
- 9.0.6.1 Rob Hughes confirmed that the STP has learned a lot from its response to COVID-19

and these learnings are being taken into account as we work together to respond to the challenges ahead over the next 6 months and in our long term plans. Health inequalities has been recognised by the STP Board and it has been added to the STP Priorities. Rob Hughes noted that he has weekly calls with the STP Chairs and the STP Board meets monthly, so shall Caroline Walker continue to ensure focus and delivery of the STP Priorities.

9.0.7 **Question from Mr Kevin Burdett** : Reorganisation of services. As reorganisation provided at our different sites takes place how will staff be involved in consultation. I ask because I have had conversations recently with staff from Hinchingsbrooke Hospital indicating that morale is low. Many feel that PCH is dictating to them and decisions affecting them are a fait accompli and made too remotely.

9.0.7.1 Caroline Walker confirmed that to enable the delivery of our Phase 3 COVID recovery plan and to proceed with the implementation of our clinical strategy we are making some changes to services. Staff are involved in all of these changes and we do take into account the feedback we get in relation to some of the current planned changes we delayed that implementation dates to get things right and address potential safety concerns raised. Caroline Walker noted that in relation to moral at Hinchingsbrooke Hospital there remains some issues since the merger that we need to review and get better at communicating with all staff. Our current staff engagement sessions are listening and we will as an executive team work to overcome the issues raised with us. It is clear that in leading the COVID incident from PCH it has created an enhanced feeling of PCH leading rather than NWAFT leadership. We have discussed that issue at HMC and will keep coming back to it.

9.0.8 Rob Hughes thanked everything for their involvement in making this meeting possible.

The Trust Board closed on 16:45hrs

Date of next meeting: Tuesday 29 September 2020, 14:00hrs [via MS Teams LIVE](#)

Signed.....

Name.....

Date.....