

**Minutes of the Public Meeting of the Board of Directors  
held on Tuesday 29 September 2020, 14:00hrs  
via MS Teams LIVE**

<b>Members:</b>	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 Chief Finance Officer
	Kanchan Rege	Chief Medical Officer
	Louise Tibbert	Chief People Officer
	Graham Wilde	Chief Operating Officer
	Arshiya Khan	Chief Strategy & Transformation Officer
	Mike Ellwood	Non-Executive Director
	Ray Harding	Non-Executive Director
	Mary Dowglass	Non-Executive Director
	Mark Sanderson	Non-Executive Director
	Gareth Tipton	Non-Executive Director
<b>In attendance:</b>	Taff Gidi	Company Secretary & Head of Corporate Affairs
	Sylvia Zuidhoorn	EA to Chairman & Chief Executive - <i>Minute Taker</i>
	Maggie Boyd	Arden & GEM ( <i>Observer</i> )
	Jan Sobieraj	Arden & GEM ( <i>Observer</i> )
<b>Observing:</b>	Mandy Ward	Communications
	Katie Tarleton	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. Rob Hughes noted that Maggie Boyd and Jan Sobieraj from Arden & GEM were in attendance today as Observers.
- 1.0.2 Rob Hughes noted that apologies were received from Beverley Shears and that Caroline Walker is to join the Committee at 2.30pm.
- 1.0.3 Rob Hughes noted that there were no new declarations of interest noted.

**MAIN MEETING**

**2.0 Patient Story video**

- 2.0.1 Jo Bennis verbally presented and introduced the Patient Story video “Tommy’s Story” to the Trust Board. This video was narrated by Debbie, Tommy’s mum, who explained the

family's emotional experience of when Tommy became unwell with a condition caused by a rare strain of PVL MRSA and the treatment that he then underwent. Jo Bennis noted there are key learning points as a Trust from this, with a number of missed opportunities to screen mum routinely for MRSA for high risk ladies and at the time the time the Maternity Unit did not blanket screen for MRSA on admission. The Maternity Unit have now introduced audits to monitor MRSA screening and teaching around how serious MRSA can be as part of our lessons learnt.

- 2.0.2 Gareth Tipton thanked Debbie and noted the seamless transfer between the three hospital sites.
- 2.0.3 Mary Dowglass thanked Debbie and how much can be taken away and learned from patient stories. She was pleased of the support given to the family and how important it was they were able to stay nearby when at Birmingham Children's Hospital.
- 2.0.4 Rob Hughes thanked Debbie for her story and for being so brave and sharing this. He passed on his apologies for where the Trust could have done more for Tommy and stated that the Trust's commitment to the family is that we take those types of learnings and apply in the future. Rob Hughes said hello to Tommy and wished him well and that he would love to meet him when it is safe to do so when COVID has passed.
- 2.0.5 Rob Hughes noted that the full version of Tommy's video is on the Trust website for all to see.

### **3.0 Minutes of the meeting held on Tuesday 28 July 2020**

- 3.0.1 The Minutes were agreed to be a true and accurate record of the meeting and officially approved by the Trust Board.

### **3.1 Matters Arising and Action Tracker**

- 3.1.1 The Action Tracker was reviewed and completed actions discharged. There were no new matters arising.

### **4.0 Chairman's Review of the Month**

- 4.0.1 Rob Hughes presented the Chairman's Review of the Month to the Trust Board, taking the paper as read and highlighted key areas for noting in more detail. He confirmed that fortnightly meetings with the Non-Executive Directors and the Chief Executive are continuing to ensure more frequent assurance and support during these challenging times.
- 4.0.2 Rob Hughes reported that it is a busy time ahead for the Trust and as we look ahead to the next 6 months the pressure will continue as more challenges arise as we recover to full capacity and prepare for winter with COVID-19 potentially coming back stronger than expected. We will be preparing for COVID-19 vaccination when this available, as we continue with COVID-19 testing. He confirmed that the Flu Vaccination is being rolled out across the Trust as from today and reported that he had his this morning. There will be additional pressures on the Trust as it prepares for Brexit.
- 4.0.3 Rob Hughes acknowledged the enormous pressure on staff and the importance of the health and well-being of our staff. He noted that Board to Ward visits had recommenced and felt it was inspiring to meet with staff and hear their stories and have the conversations with staff who are putting patients first with care and compassion who are championing the importance of working together with lots of learning showing they were living the Trust values.

Rob Hughes highlighted that the Trust still plan the formation of an Integrated Care System in Cambridgeshire by 1 April 2021 and is encouraged by the recent developments as we come closer to developing a clear roadmap in delivering that, and will update at next the Trust Board meeting.

## **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 and highlighted key areas for noting and discussed in more detail.
- 5.0.2 Caroline Walker passed on her thank you to Debbie for being very brave and sharing Tommy's Story and promised we will learn from what she has told us.
- 5.0.3 Caroline Walker offered her condolences to the families who have lost loved ones to COVID-19 to date, sadly the total number of COVID deaths in our hospitals is now 259 since the pandemic began. The message is that COVID is still with us and whilst numbers are significantly reduced since the first peak, we are preparing for a second peak. As of today, the Trust has 1021 beds and we have 4 COVID patients, and we are nowhere near as significantly affected as we were in March and April and we have been preparing well for what is in front of us. There are understandably high amounts of worry, however we have learnt a lot from the first wave and a lot of work has been done inside and outside, as we now know more on how to care for COVID patients, protecting patients and staff segregations on red and green sites. We will keep treating COVID and non-COVID patients and do all we can to keep on track to treat elective and other patients who need our care.
- 5.0.4 Caroline Walker noted that winter planning is very different to prepare for and think about this year. She continued to highlight the potential transfer of the Urgent Treatment Centre (UTC) and that this is currently in public consultation with public feedback coming through until the closing date at the end of the month and noted that not all feedback is supportive of the move. This will be looked at further with the Clinical Commissioning Group (CCG) to decide whether to co-locate or not.
- 5.0.5 Caroline Walker reported that the Trust has looked in to re-tendering some of the soft facilities management services currently being provided at Hinchingsbrooke and Stamford and Rutland Hospitals, with the current contract for these services coming to an end in January 2021. This is causing some concern for current NHS staff and we do currently have domestic and other services outsourced on the three sites, but intend to extend that and keep services of the same quality and transfer staff on existing terms and conditions, but this is causing staff significant concerns. She continued to assure that the Trust is working closely with the Trust staff currently affected by this process, along with unions to ensure this is undertaken properly.
- 5.0.6 Caroline Walker congratulated the Orthopaedic team at Peterborough City Hospital who have been recognised for the training if provides to trainees by the Cambridge Trauma and Orthopaedic Club. She continued to say that there are so many good practices each month and may more that come across her desk on a regular basis and will continue sharing these with everyone.

- 5.0.7 Caroline Walker reported that the Annual Public Meeting is scheduled to take place on Tuesday 6 October 2020, with Kanchan Rege, Deputy Chief Executive and Chief Medical Officer as guest speaker.
- 5.0.8 Jo Bennis questioned for clarity what support staff are receiving with regards the re-tendering of some of the soft facilities management services they work in as we go through this process. Caroline Walker confirmed that staff are having regular meetings with Human Resources (HR) and the Leadership Team in Facilities Management, with all questions answered and discussions being held on a regular basis. Support is also being received from the unions UNITE and UNISON at both regional and national level.
- 5.0.9 Mary Dowglass questioned what support nationally in terms of information and communication is being sent out publicly with regards the proposed changes around how people access the Emergency Department (ED) and how we are managing the demands on ED. Graham Wilde confirmed that the Trust is part of the NHSI/E for national roll-out and the NHSI/E are managing the overall public consultations and phone switch to 111, which is locally managed by the Regional team, local press and local media. He continued to note that he is confident we are prepared for this.
- 5.0.10 Mark Sanderson questioned whether any modelling has been done to give an estimate on how big the second surge will be as we prepare for the second wave and restoring services. Caroline Walker confirmed that there has been modelling undertaken and that our Phase 3 planning assumes no second wave, which is the national instruction. She continued to confirm that we do have a plan that escalates our facilities to flip over to red from green. Nationally we are to assume that the pattern shall be similar to the first wave and we are planning for this. We have learned a lot from first wave on how to treat patients with COVID and we are in regular conversation with the Region on trends and are briefed on the flow of patients currently across the country and what regionally to expect.

## INTEGRATED PERFORMANCE REPORT

### 6.0 Integrated Performance Report (IPR)

#### 6.1 Quality

- 6.1.1 Jo Bennis presented the Quality Performance section to the Trust Board, taking the report as being read. Jo Bennis highlighted key areas within the summary section of the report, which were discussed in more detail by the Trust Board and it was noted that areas to particularly pick up on were around mortality, Hospital Standardised Mortality Rate (HSMR) and Summary Hospital-Level Morality Indicator (SHIMI), along with giving assurance to the Trust Board around Sepsis, Maternity and infection control. She reported that there is a real focus on tackling Sepsis and reported that the Emergency & Medicine Team and Matron have presented to the Quality Assurance Committee (QAC) actions undertaken as a multi-professional team on both sites to tackle Sepsis which is supported by the Medical Lead.
- 6.1.2 Jo Bennis reported that there is a detailed plan looking at documents and nuances with Symphony system flags and triggers, staff competencies, weekly briefing and newsletters, how audits are fed back and triangulation of other data set.
- 6.1.3 Jo Bennis noted that there has been an improvement in direction and plan within the Maternity services and reported that one of her Deputy Chief Nurses was offering

support to the Maternity Unit 2 days a week (she is a qualified midwife as well as nurse). There is good news with the recruitment of 35wte Midwives of varying grades and identified that we have over recruited on the Hinchingbrooke Hospital site within inpatient areas. She reported that there have been two closures at the Peterborough Hospital Maternity Unit and one at the Hinchingbrooke maternity unit and assured the Trust Board that this is part of normal escalation through the Business Continuity Plan (BCP) and acuity. This did affect no more than 5 ladies, but there was no harm or detrimental care to the babies or ladies who went to our other hospital sites. She continued to report that the Maternity Risk Register has been reviewed and cleansed with the Deputy Company Secretary and Chief Nurse supporting the triumvirate to do this. The new risks for the unit have been identified and are progressing through the governance process for final approval and would be presented to Trust Board in line with procedure.

- 6.1.4 Kanchan Rege reported on the HSMR indicator for mortality for the Trust and noted that historically figures are very good, with us being within the top quartile in country, however, latterly the position has deteriorated at least partly due to coding difficulties with comorbidities not coded correctly which have increased our HSMR i.e. made our deaths appear less expected. This has subsequently been resolved; however, as this is a 12-month rolling average it will take a while to see an improvement in the figures. She continued to report that we are seeing less than 1% of deaths judged to be as a result of poor care by Structured Judgement Review. Respiratory diseases are flagging with us and we are working with Primary Care to review the interface between Primary and Secondary Care for these diagnoses and hope to update with better news on HSMR. It is, however, worth noting that the data was expected to improve after May 2020 as the coding improved in May 2019. Unfortunately, this coincided with the pandemic so the number of deaths did genuinely increase. We will keep the Trust Board updated on this.
- 6.1.5 Rob Hughes handed over to Sarah Dunnett for the Assurance update. Sarah Dunnett thanked the Chief Nurse and Chief Medical Officer for their report and noted the particular focus on Sepsis, mortality and respiratory. She provided assurance following the last 6 monthly staffing report which triangulates staffing levels with quality safety measures, along with a review from the Patient Experience team of their performance over the last 12 months as very consistent. A positive internal audit report in respect of Patient Advisory Liaison Service (PALS) has also been received. She noted that the QAC were pleased to hear about the focus of 2021 and the new strategy for the next 3 years, with a real focus on reinvigorating the Patient Focus Group. She reported that the QAC agreed and reviewed the Patient Experience Annual Report and PALS report which shall be going on to the Public website at the end of this month. Sarah Dunnett passed on her thanks to the Patient Experience Team.
- 6.1.6 Mary Dowglass thanked Kanchan Rege for her concise explanation on issues in relation to mortality figures and questioned whether as part of the learning from deaths will there be an appointment of Medical Examiners for the Trust. Kanchan Rege confirmed that Medical Examiners had been appointed and that the process was piloted in April 2019. The pilot was a very intensive and time consuming for the Medical Examiners. Medical Examiner Officers are being appointed to improve both the responsiveness of the death certification process and the efficiency of the Medical Examiner role. Our Lead Medical Examiner is the past President of the Royal College of Pathologists who is an opinion leader in this field.

6.1.7 Gareth Tipton questioned Jo Bennis as to whether she was confident that we have the right building blocks and actions in place to address the issues we have had in our Maternity Service over the last few months. Jo Bennis reported that we are much more assured that we have a robust plan to move the Maternity Services forward. We have a new leadership team who are committed to drive these services. This will be a long journey but the building blocks are in place as we build a solid foundation to progress and move the service into the service it can be.

6.1.8 Rob Hughes thanked everyone for their feedback and noted that we are making good progress and it is pleasing to hear that there is alignment between the Executives and the Non-Executives for those big areas including Mortality and Maternity that require addressing and urged the QAC to conclude this for the next Public Trust Board

## **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 within the summary section of the report, which were discussed in more detail by the Trust Board. He reported that we achieved 23% of our operational metrics in August. He continued to report that the ED conversion rate is on a downward path and at the lowest point to date, which we can take encouragement from but cannot yet claim as a trend. The ED at Hinchingbrooke Hospital remains above 99% and he expressed his thanks to the staff there for all the excellent work they are doing. There is sustained performance in overall in the ED performance and he acknowledged and congratulated the ED team.

6.2.2 Graham Wilde reported that Cancer patients over 104 days wait is one of the side effects of COVID, we are now starting to see this improving and the operational teams are continuing to make good progress with operational activity. The challenges for month is the deterioration in ED performance, which like emergency readmissions, are multifactorial. We have to treat each suspect COVID patient as having COVID until they are tested and therefore long waits will continue, but the recovery plan will come into effect and address some of the current issues.

6.2.3 Graham Wilde noted that the next highest concern is the Endoscopy performance. There is a turn-around team reviewing processes for the bookers. The same is true for Outpatients and we have a plan in place completing a deep diagnostics to help get back on track.

6.2.4 Gareth Tipton provided feedback from the Performance Committee, noting that some time was taken discussing the points that Graham Wilde had highlighted, which will be reviewed at the next meeting and on a continuing basis to better understand the themes.

6.2.5 Mark Sanderson questioned Graham Wilde about the low performance of 23% and how this compared to other years in terms of Non-COVID areas and how this also compared to other peer Trusts. Graham Wilde noted that 23% is about our new accountability framework and we have not yet received comparative data. If we were to transpose this to the old single oversight framework, we would not be content at 23%.

6.2.6 Mary Dowglass questioned whether we are developing our cancer strategy locally or is this across the system. Graham Wilde reported that this is focussed on internally as an operational team and that we have recently appointed a new senior manager who shall take over the cancer services. We are looking at how we can work across the system to develop cancer services, with work across the STP at how we can have a demand and capacity model to stretch across the county. We are looking at an STP model to bring

clinicians to patients. Kanchan Rege noted that one example is Respiratory Medicine which invites colleagues at Royal Papworth and Cambridge University Hospital to join in looking after patients here, helping with recruitment difficulties as well as offering equitable care locally. Arshiya Khan noted that we are primarily focussing on blood cancers, colorectal and respiratory. We have someone in post to drive the strategy along with the clinical teams, with this being a system wide piece of work.

6.2.7 Sarah Dunnett questioned whether we are seeing an increase in the numbers of medical outliers and if so how are we ensuring we keep patients safe when outlying in wards used for other specialties. Graham Wilde confirmed that we use capacity within the organisation in a dynamic way and each day we have to flex capacity and on occasion move to a more suitable area if it is safe to do so. There are no concerns in general of the overall safety of patients outlying in bed spaces that would not be the first choice. Inevitably as we approach winter and the COVID response as second surge puts more pressure on the bed base we need to look at the bed base each day and use the available space in the most safest and effective way. On occasions this does mean there are some outlying patients.

6.2.8 Mary Dowglass drew the attention of the Trust Board to the Minor Injuries Unit (MIU) at Stamford as remaining closed, whilst we keep the site green. She noted her concern that the public have heightened anxiety around primary care and it is good if we can make it more clear that we are keeping Stamford a green site. Kanchan Rege agreed that these types of concerns have been raised and that a session was held with Stamford Hospital Development Advisory Committee to discuss the concerns and explain the rationale. A statement was published in the Stamford Mercury explaining the red and green sites and that stating that Stamford would remain a green site. Rob Hughes confirmed that he has seen other statements in other media to this effect.

6.2.9 Rob Hughes summarised that there are areas where we are slipping on performance and the Committee is looking at this with actions in place to address and he looks forward to seeing the improvement going forwards.

### **6.3 Finance**

6.3.1 Joel Harrison presented the Finance Performance section to the Trust Board noting the report as read. Joel Harrison highlighted key areas within the summary section of the report, which were discussed in more detail by the Trust Board. He noted that we continue to report breakeven in line with the national financial framework. Prior to inclusion of the retrospective true-up payment to breakeven, the Trust reported a deficit of (£6.4m) in Month 5, and a year to date (£26.4m) deficit, this is £1.5m lower than the reported position from Month 4.

6.3.2 Joel Harrison reported that over last month the Financial Improvement Board has been established and ERCB has been reintroduced as a face to face meeting with a particular focus on divisional recruitment, the pipeline and agency expenditure. The Trust continues to hold a stable cash balance and has made progress with the delivery of the capital programme. Joel noted he expects the expenditure to ramp up over the remainder of the year. Joel noted that the NHSI/E National Framework has been released and we are working with the local system partners to submit the plan in October 2020.

6.3.3 Ray Harding provided further assurance as Chair of the Finance Committee and highlighted key areas, noting our submission for the second half of the year had been discussed extensively at the Committee. He noted that the Committee reviewed in some detail a deficit submission of £16.9m which will involve some difficult decisions and the

Trust may have to consider deferral of projects, but the overall position was felt to be challenging but achievable. He confirmed that the Finance Committee to be in full support of the plan presented to the Private Trust Board. Ray Harding updated the Trust Board that the capital funding had been approved, however we are still awaiting the details of how to access up to £30m of funding for the programme.

- 6.3.4 Rob Hughes summarised there has been a strengthening of financial governance that is in its infancy but is taking positive steps, with a new Finance Improvement Board in place and an understanding of the finance risks. He questioned with regards to the £30m capital funding whether there is anything he can do to speed the regulator along or whether this is normal practice. Joel Harrison confirmed that this application process normally goes through the Executive Directors Oversight Meeting (OSM) with NHSI/E and will ensure this is flagged and escalated at the next meeting.

**Action : Joel Harrison to escalated capital funding outstanding at the next OSM.**

## **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 read. Louise Tibbert highlighted key areas within the summary section of the report, which were discussed in more detail by the Trust Board. She noted good progress had been made with regards the recruitment, with the visa queue starting to move now with new starters joining our organisation. There is also a work being undertaken in the background around flexible and agile working, learning lessons from COVID, and the People Plan.

- 6.4.2 Louise Tibbert reported that we have begun the flu campaign and is pleased to report that all the Executive Directors and senior colleagues within the Trust have been vaccinated.

- 6.4.3 Louise Tibbert reported that transformation work is being undertaken on how we use workforce modelling as part of our annual planning. She continued to report that training is growing and the vacancy rate is steadily reducing, with substantive positions showing a growth this month and turnover stable. There are areas with risks and the concerns are that absence has increased slightly which is attributable to COVID related issues along with normal absence. We are continuing working with the divisions to get appraisals up to date. She noted that an area of concern is around agency spend which had dipped down below target during COVID, but has started to see an upturn in July and August, and she expects to see this continuing to grow in the winter quarter, which is normal for the NHS and North West Anglia NHS FT. She noted that this is being mitigated through the ERCB controls and recruitment.

- 6.4.4 Louise Tibbert reported that we now have access to mental health support for staff, with a new pathway live through the Cambridge & Peterborough Foundation Trust (CPFT), which gives all Cambridge and Peterborough NHS staff workers access to mental health advice and support.

- 6.4.5 Gareth Tipton provided further assurance from the People & Performance Committee who undertook a deep dive into sickness and staff absence. He assured the Trust Board that we are doing everything possible around staff fatigue and burnout, putting in flexible and agile working. There is also focus on MPAs with some further work to be done. He continued to report that there had been good feedback received from COVID lessons learned and after having undertaken ward walkabouts in three areas the main feedback was around communications, personal protective equipment (PPE) and processes, with

good conversations held around how we address these better as we move into the second wave.

6.4.6 Sarah Dunnett questioned what the compliance rate was for the staff self-risk assessments. Louise Tibbert confirmed that the Trust has met the compliance figures rate and across the whole Trust we are 88.13% compliant and 85.35% for BAME staff.

6.4.7 Mary Dowglass noted the midwife vacancy problem and questioned whether the Trust was aware that we are allowed to recruit midwives who are overseas trained and whether we had anything planned around this. Jo Bennis confirmed that this is a conversation that has been held when overseas recruitment was last undertaken and at that time we did not require additional staff from overseas, but it is a strand of work that is being looked at given current maternity vacancy levels.

6.4.8 Rob Hughes questioned how the Trust is checking on the health and wellbeing of staff. Louise Tibbert confirmed this is taking place through a range of measures such as the sickness rate and other indicators such as the staff survey. Kanchan Rege noted that the General Medical Council (GMC) have revamped their medical staff appraisals to include health and wellbeing after the pandemic.

## **6.5 Strategy & Transformation**

6.5.1 Arshiya Khan presented the Strategy & Transformation Performance section to the Trust Board noting the report as read. Arshiya Khan highlighted key areas within the summary section of the report, which were discussed in more detail by the Trust Board. She reported that the STP plans for establishment of the Integrated Care System (ICS) by April 2021 are being finalised which we will bring to the Board in November. Within the North Alliance the focus is primarily on demand management and addressing the health inequalities in the most deprived areas. We are looking at the different sites providing services and embarking on a review on how to provide services from other sites linking into the Integrated Care work. Outline Business Case for replacement of the seven theatres is being developed. There is more work to do around transformation and will be focussing on internal trust-wide transformations as well as external ICS transformation.

6.5.2 Rob Hughes noted this to be a very busy but important range of work to do and felt encouraged to hear we are now developing Integrated Place based healthcare. He thanked Arshiya Khan for her report.

## **6.6 Governance**

6.6.0.1 Taff Gidi presented the Governance Performance section to the Trust Board noting the report as read. Taff Gidi highlighted key areas within the summary section of the report, which were discussed in more detail by the Trust Board. He was pleased to report 100% compliance on high and significant risks for the fourth month in a row. In addition, there has been a lot of work behind the scenes reviewing risks that are below the threshold to come to Trust Board.

6.6.0.2 Taff Gidi noted that the Trust held its first Trust Risk Awareness Week on 21-25 September 2020 and was happy to report a good level of engagement, with the early learning from this concerning risk that impact more than one division, and the need to have more clarity around how these risks are managed across the silos.

- 6.6.0.3 Taff Gidi noted that the Board Assurance Framework (BAF) showed one indicator had move from red to amber. The BAF will now be linked to strategic risks and the overall assurance score will take into account relevant strategic risk scores.
  - 6.6.0.4 Taff Gidi reported that October is Freedom To Speak Up month to raise awareness about speaking up. Work is being undertaken, led by Sally Mumford the Freedom to Speak Up Guardian, including with Board members on a number of initiatives to support this both internally and regionally.
  - 6.6.0.5 Taff Gidi reported that progress on the improvement of governance continues with the ongoing work to revise Board sub-committee structures.
  - 6.6.0.6 Taff Gidi noted that the Council of Governor recruitment process is to commence, electing staff governors and encourage members to put their names forward if interested in becoming a Governor.
  - 6.6.0.7 Gareth Tipton inquired about board assurance mapping. Taff Gidi confirmed that the internal auditors had completed an initial piece of work on board assurance mapping. Work has also begun looking at the governance underneath the Trust Board structure which will also feed into the assurance map. The process is continuous and dynamic as we continue to learn more about governance improvement areas to map out where the Trust Board is getting assurance from. Rob Hughes inquired how this work would be brought to a conclusion. Taff Gidi confirmed that the internal audit report was presented to the Audit Committee and we expect this to come back on a cycle of every 3 years for a further review by internal auditors. We will continue to receive feedback in relation to other internal audit work.
- 6.6.1 Monthly Risk Report including COVID Risks**
- 6.6.1.1 Taff Gidi presented the Board Assurance Framework (BAF) to the Trust Board noting the report as read. Taff Gidi highlighted key areas which were discussed in more detail by the Trust Board. Risk report attached all risks reviewed through subcommittees provides additional assurance to the Board.

## ASSURANCE UPDATES

- 7.0 Updated Estates Strategy – Addendum**
  - 7.0.1 Graham Wilde presented the Updated Estates Strategy – Addendum to the Trust Board taking the report as read. Graham Wilde highlighted key areas, which were discussed in more detail by the Trust Board. He noted that this is an addendum to the Public Estates Strategy bringing the Trust Board up to date on the processes.
  - 7.0.2 The Trust Board agreed their approval to the addendum.
- 8.0 Quality Account**
  - 8.0.1 Jo Bennis presented the Quality Account to the Trust Board taking the report as read. Jo Bennis highlighted key areas, which were discussed in more detail by the Trust Board. She continued to note that due to COVID there was no requirement to have the mandatory external audit for this years' Quality Account. There is a requirement for the account to be approved and submitted in November, and is keen to have this approved so this can be sent off and uploaded to the Trust website in line with national requirements. Within our Quality Account the priorities addendum explains the rationale for why Liberty Protection Scheme (LPS) has been removed since agreeing the priorities.

This is due to the national delay until 2022 due to the pandemic. We shall therefore remove from next years' Quality Account priorities.

- 8.0.2 Sarah Dunnett passed on her thanks to the team and for their professionalism in keeping focus, pulling the accounts together. It is consistent with all reports that the QAC received throughout the year and noted the external stakeholders' agreement. She thanked in particular Helen Herbert and Lian Walker for pulling everything together. Jo Bennis confirmed that this will now go to NHS Choices, NHSI and on our Trust website.

The Trust Board noted their approval.

## FINAL ITEMS

### 9.0 Terms of Reference

#### 9.1 Remuneration Committee

- 9.1.1 Taff Gidi presented the Remuneration Committee Terms of Reference for ratification from the Trust Board being in line with the law of a committee responsible for appointments of Executive Directors.

- 9.1.2 Trust Board approved the terms of reference.

#### 9.2 Executive Appointments Committee

- 9.2.1 Taff Gidi presented the Executive Appointments Committee Terms of Reference for ratification from the Trust Board, being in line with the law of a committee responsible for appointments of Executive Directors.

- 9.2.2 Trust Board approved the terms of reference

### 10.0 Any Other Business

- 10.0.1 Rob Hughes reported that there was no other business.

### 11.0 Questions received

#### 11.1 St Mary's Surgery Stamford Closure From Mr Duncan Lawson (Governor)

I think that this closure, if it goes ahead, will affect PCH in that patients will not be able to access GP services and therefore more will be turning up at PCH doors. Is the Board aware of this risk and what if anything does the Board think can be done to alleviate the situation?

Caroline Walker confirmed this is something she is working closely with the CCG on, and have been for a number of years, who are working with the GPs to provide primary care on that site and resolve for the longer term. At the moment we do not know what the situation is. In the short term I do not think activity will come to the Peterborough City Hospital site. The CCG are working closely with the Lakeside team and Practice to see what temporary arrangements can be put in place, until a final solution is reached, which we hope to be involved in. The CCG have issued some good communication around this, of which we can share the link to on our Trust website. At the moment the CCG are leading on this as it is their prime responsibility and we will do all we can to keep primary care on that site.

**Action : Communications team to add link to the Trust website.**

11.2 **Outsourcing**

**From Mr Philip Sly**

It would appear that the Chief Health Officer for the NWA Trust is going in the opposite direction to the wishes of the Government. In the past the Government has made it clear for the need of the NHS to be a "standard bearer" for the healthier food choice for patients, visitors and staff to our NHS hospitals. It is proposed that changes are to be made at Hinchingsbrooke to put out the service of catering to bidding private contractors. Keeping the service in-house as at present would be of better value for the tax payer than lining the pockets of large private organisations. It is common knowledge that the present in-house catering service is exceptionally good and has been acknowledged by national bodies as being so. My question to the Board is why is this being allowed to happen when Hinchingsbrooke Hospital has already proven that private companies are not the best way to run the NHS.

Caroline Walker confirmed that the Chief Executive Public Board report does answer this question and as expressed earlier there is no intention of reducing quality of the service. We do already have an outsourced company and we are looking to include catering and porters. No decisions have been made and they will not be made that adversely affect the conditions of existing staff or the quality of service provided. There will be full engagement of staff and official consultation if and when we have options to consider. The Circle franchise has been very successful in some parts with the services. Soft FM is very good, with no issues with the quality for their services from current providers.

11.3 **Maternity COVID Policy**

**From Mrs E Ormston**

I am due to have my baby in early December. I suffer with anxiety and depression following the birth of my first daughter 2 years ago. I am due to have a c-section for medical reasons and my husband is unable to stay with my post operation except for visiting hours. As I won't be able to move to pick up my own child if she cries or needs feeding I am expected to rely on the already very busy midwives all night and outside of visiting hours. How is it that my husband and I can be together at home, in a pub, in a restaurant but he is unable to help care for his own child post birth? Please allow birth partners to basic right of protecting their spouse and new-born child through the night.

Jo Bennis confirmed that this is a challenging question that we have been faced with throughout the pandemic and emphasised and understands this has been a real challenge to new parents. She apologised for the distress that this has caused to women and their partners. We have expanded our visiting period for partners of our ladies but are unable to offer overnight stays, we are trying to manage the needs of all women and only have a limited number of side rooms which are used for isolation. We are working on a staged approach and to increasing and expanding access. Jo Bennis suggested that it might particularly benefit Ms Ormstone if she could meet with her community midwife and develop and needs and personalised plan, which would be put in place to support her and her partner during this joyous time of having her second baby and also happy to discuss further outside of the meeting if preferred.

11.4 **Staff Morale**

**From Mr Kevin Burdett (Lead Governor)**

Whilst recognising the considerable and varied efforts to recruit, develop and retain our workforce I am aware that at least some Trust staff are suffering low morale. From conversations that I have had there are some who feel undervalued and over pressurised and the report shows that this is an area where targets are not being met. What assurance can you give me that sufficient efforts are being made to address this situation?

Caroline Walker confirmed that the Trust do take staff morale and health and well-being seriously and encourage staff to live our values as we do try and understand what is causing this feedback. The vast majority, of this feedback is post-COVID where some areas are feeling undervalued and pressured. There are also a lot of staff in opposite position who have come together boosting morale, however absence and turnover are indicators of staff morale and we do have staff surveys as staff morale indicators, which is picked up by line managers as part of their responsibilities. All line managers have been asked to ensure they retain and have good contact with their staff. Louise Tibbert confirmed that upon checking the quarterly barometer survey Quarter one was better, and there are pockets within the organisation where teams and individuals are not as positive and we continue to build on lessons learned. Rob Hughes noted that this may resonate with some staff who he encourages to please speak up. He acknowledged that it is the line managers responsibility to lead and work to the values of respect, as we work together and learn from each other

11.5 Rob Hughes thanked for the good questions that were received from the public. He thanked the Trust Board for their contribution today and noted that the next Public Trust Board is on Monday 30 November 2020.

**The Trust Board closed on 16:30hrs**

**Date of next meeting: Monday 30 November 2020, 14:00hrs [via MS Teams LIVE](#)**

Signed.....

Name.....

Date.....