

**Minutes of the Public Meeting of the Board of Directors
held on Monday 30 November 2020, 14:00hrs
via 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	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	
Beverley 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>
	Bernadette Jacques	
	Sally Mumford	
Observing:	Mandy Ward	Communications Team
	Katie Tarleton	Communications Team

WELCOME, APOLOGIES AND DECLARATION OF INTEREST

- 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 there were no apologies received.
- 1.0.3 Rob Hughes noted that there were no new declarations of interest noted.

2.0 Patient Story – Complaint Patient Story

- 2.0.1 Jo Bennis introduced the Patient Story – George’s story and passed over to Bernadette Jacques to present on behalf of George’s mum.
- 2.0.2 Bernadette Jacques presented George’s Story on behalf of George’s mum and described how George was admitted to Peterborough City Hospital Emergency Department after an industrial accident where he fell into acid. He was taken to theatres as he was too unwell to be transferred to Royal Papworth at this time and was taken to theatres for surgery, where he suffered cardiac arrests and sadly passed away. George’s mum made a recording of events which included her emotional feelings and devastation felt. The family arrived at Peterborough City Hospital following the accident, but did not get to see George and were sent home. Several hours later George’s mum was contacted and asked to urgently attend the hospital, where immediate family were taken to the recovery room to say goodbye to George, but not all of them could see him and after 20 minutes were told to leave. The recording played to the Trust Board expressed the emotional feelings and devastation felt by George’s mum.
- 2.0.3 George’s mum felt it important for the Trust to know that she had not had the time to come to terms with the fact that she no longer had a son; that she did not even get to hold his hand after he died; she was not ready to leave and did not want to leave him; the Trust staff left her with the impression that she will never forget as they showed no compassion or empathy for patients or relatives and she is left with nightmares of seeing his body and being forced to leave, due to someone else needing the bed space.
- 2.0.4 Bernadette Jacques noted that it is important as a Trust that we remember George’s mum’s words and reported the following actions have been taken:
- Staff has since been appointed to liaise with relatives in such events, to ensure they are fully informed or planned care and to adequately hand over when a patient is transferred to another department.
 - It has also been discussed at the department meeting the importance of utilising quiet rooms for relatives needing to stay and await updates on a critical patients.
 - The Emergency Department staff are to take reasonable steps to enable a relative to visit a critically ill patient when safely able to do so.
 - This case has been presented to the Recovery Unit meeting for staff feedback and to ensure that staff receive support and training in treating all relatives with compassion, respect and empathy.
 - Recovery nursing staff booked to attend “Conversations Matter” training course with the Organisational Development Team.
 - Guideline implemented in the Recovery Unit for managing and supporting bereaved relatives.
 - Staff are to consider the use of another area that is quiet/private for groups of families saying their goodbyes.
 - Further education for staff regarding Bereavement Services and providing appropriate information to relatives.
 - A case study has been shared in November 2020 edition of the Complaints and PALS newsletter.

- 2.0.5 Jo Bennis concluded that the reason this story has been brought to Trust Board for us to understand the harrowing experience for George's mum and thanked her for her bravery and allow us to share this story.
- 2.0.6 Gareth Tipton thanked George's mum for sharing this very sad story. He questioned what the Trust are doing around the lack of compassion and empathy and if there will be additional training and education for our staff, as our staff are trained all year round and why did we end up in this situation. Jo Bennis noted that George passed away in Theatres and his family had an opportunity to see him in the recovery area, where it is not normal to take families in. It is not that the staff had not had the right training, it is related to the fact that they were less familiar dealing with this situation as it is a less frequent occurrence, with COVID also having an impact. Kanchan Rege agreed that it has been very difficult for all of us during the pandemic, we have had to restrict visiting due to infection control for births and deaths, which are single events and we need to communicate with colleagues that we must show the maximum compassion at this time.
- 2.0.7 Rob Hughes questioned whether this event was a one off or if there are other things that we feel we need to get right in this area of bereavement. Kanchan Rege noted that very early on in pandemic we were one of first Trusts to ration visits and we made a point that visitors to the bereavement centre were to be handled differently. People are allowed to visit relatives at their own risk and we are certainly aware of other Trusts where people are not able to see their loved ones when unwell or when in the mortuary
- 2.0.8 Caroline Walker recorded her apologies to George's family and to what had happened here as we clearly got this wrong. As a Trust we do not have issues normally with end of life support and care and can honestly say we do not get complaints about the mortuary or chapel.

3.0 Minutes of the meeting held on 29 September 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 verbally presented the Chairman's Review of the Month to the Trust Board where he highlighted key areas, noting that after 7 years at the Trust this has been the most challenging time observed for the NHS and its staff. He noted the impact COVID has on the Trust as we continue to re-establish more services for our local population and patients including elective care. He continued to note the impact COVID is having on our staff in addition to managing and refining preparations for winter, full vaccinations and the COVID peak. He noted that we continue to proceed with estates development and prepare for EU Exit.
- 4.0.2 Rob Hughes noted that on a final positive but sad note Sarah Dunnnett our Non-Executive Director who has been with the Trust for 9 years shall be leaving us at the end of this year as she has completed the maximum number of terms. He continued to say that on behalf of the Trust and colleagues a big thank you to Sarah.
- 4.0.3 Caroline Walker thanked Sarah Dunnnett for all that she has done to support the Trust and will miss having her around and wished her good luck for the future.

4.0.4 Sarah Dunnett noted that it has been an absolute privilege to serve on the Trust Board and is very proud of the Trust Board who are so focused around patients and have been throughout the whole time she has been in post. She continued to note that she is in awe of the front line staff who are working in really challenging times and wished the Trust every success in the future and that she shall stay in touch with people.

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, highlighting key areas for noting which were discussed in more detail.

5.0.2 Caroline Walker noted that we cannot underestimate how busy the Hospital are as we enter the second-wave of COVID, along with the Winter pressures as we continue to do as much planned care as possible. We are coping very well with this but it is hard as all of our sites are under extreme pressure.

5.0.3 Caroline Walker reported that there are currently 101 COVID patients on our sites and we are not overwhelmed, however there is pressure as all of our beds are nearly full. Our staff are doing a brilliant job who are understandably tired, but we will get through this phase with the plans that we are putting into place due to the dedication and commitment of our staff. We are coping with the pressure and keeping a watchful eye on this through our incident and winter plans as we make decisions on a daily basis.

5.0.4 Caroline Walker reported that we are gearing up for the administering of the new COVID-19 vaccination of our local population and staff, as asked by the Government from Wednesday 1 December 2020, we have not yet received any vaccine yet in to the Trust. In addition to this we have begun participating in the national programme to introduce staff lateral flow testing which is helping us to identify any asymptomatic staff helping to ensure we maintain the safety inside the hospital for both patients and staff.

5.0.5 Caroline Walker reported that the Phase 1 of the project to redevelop Hinchingsbrooke Hospital was delivered earlier in the month as per the project timetable. This part of the project has seen works completed to improve and redevelop urgent care services in order to better meet the requirements of our growing population. Phase 2 of the redevelopment will see us build 7 new replacement theatres, as we are continuing to cope with the risk we carry over the roof panelling, lots of surveys have been completed with remedial work undertaken ensuring we are doing all we can to maintain the safety of the roof, including the training for staff on evacuation planning. We are working with the Regulator and other hospitals who have the same design as the Hinchingsbrooke Hospital site and are working together to get plans in place to replace the hospital. She continued to report that improvements have been made to the Emergency Department, which will offer patients more privacy and provide a separate space for children.

5.0.6 Caroline Walker reported that the Trust are preparing for Britain's EU Exit at 11pm on 31 December 2020. As we prepare for the end of the transition phase and manage any risks associated, we have reviewed our EU Exit preparation activities and are working with our Regulator NHS England and Improvement (NHSE/I) on managing any requirements that may arise from this.

5.0.7 Caroline Walker finally noted that the Trust had been shortlisted in the Chartered Institute of Governance Awards for two separate nominations and congratulated Deputy Company Secretary Paul Denton for winning the nomination in the Governance Professional of the Year category and secondly congratulated our Ordinary Residency

Team for winning the nomination in the Diversity and Inclusion Category, which are both excellent results.

- 5.0.8 Rob Hughes questioned what the current situation was in relation to the EU Exit. Louise Tibbert confirmed that we are continuing to monitor the situation. We have around 400 staff who are have overseas or European visas and we are working really hard with people to ensure they stay with us, but this may become more complex going forward.
- 5.0.9 Rob Hughes questioned whether an agreement has been reached moving forward, around the Soft FM Service Tender. Caroline Walker noted that within her paper it records that we have concluded some of the negotiations with the teams and the unions, and are proceeding as planned with the services currently outsourced with external providers. This was done in agreement with the unions and thanked the unions for working with us to keep and maintain services for the longer term.
- 5.0.10 Mark Sanderson questioned if there is a plan on which members of staff shall receive the COVID-19 Vaccine. Kanchan Rege confirmed that there is some debate whether this shall be offered to clinical and non-clinical staff with a big push to do both. We have not yet a defined plan nor has the gap between giving the second vaccine been agreed. She continued to note that we will be given 4 days' notice of when the Vaccine shall arrive.
- 5.0.11 Beverley Shears questioned how well staff are doing as we step up to meet the challenge, as this is not a sprint anymore it is a marathon, and people are very tired and fragile. What are we doing in terms of staff well-being and support to recognise the duration and intensity of the pandemic. Caroline Walker noted we are continuing to offer and undertake wellbeing help, and have the support wobble rooms, which we are not planning on standing down, it is continuous and we are making sure people are aware.
- 5.0.12 **Urgent Treatment Centre (UTC) update**
Graham Wilde verbally updated the Trust Board with regards the Urgent Treatment Centre. He noted that in November 2020 the Clinical Commissioning Group (CCG) approved to move the UTC to Peterborough City Hospital site, but not before 1 April 2021, due to concerns raised around winter services, car parking, COVID and the risk associated with this, all of which will resolve as we move into early Spring. He reported that capital works, in order to facilitate this move to continue easing the flow of patients through the Emergency Department are ongoing. The increase in capacity for COVID in the Emergency Department is going well and is on schedule. Clinical and managerial teams are working well to redesign pathways, along with various clinical group for single flow to our care in the Emergency Department. The aim is to complete and present the business case and flow to the Trust Board sometime early in New Year.

INTEGRATED PERFORMANCE REPORT

6.0 Integrated Performance Report (IPR)

6.0.1 Quality

Jo Bennis presented the Quality Performance section to the Trust Board, taking the report as being read and highlighted the key areas within the summary section of the report, which were discussed in more detail by the Trust Board.

- 6.0.2 Jo Bennis provided feedback on “Tommy’s story” that had been shared at the Public Trust Board in September and reported that the Trust has shared all the slides of that presentation to the Maternity Unit staff and there has been a huge amount of work undertaken around MRSA screening, monitoring and normal hand hygiene practices. We are working closely with Regional and National Infection Control Team to share lessons learned. We were due to take these lessons learned to a national conference but due to COVID this has been postponed. She continued to note that this strain of MRSA has not been seen anywhere in England before only in the USA. A neighbouring organisation have since we shared this story also seen this strain of MRSA.
- 6.0.3 Jo Bennis reported that we are continuing to increase in crude number of falls and that a large piece of work to understand the theme in this rise is being undertaken. She continued to note that the Close Observation policy has been revamped and trialled and we have seen a reduction in falls.
- 6.0.4 Jo Bennis reported that the Maternity progress report was reviewed at Quality Assurance Committee (QAC) with an update against the CNST 10 safety actions, with 2 safety actions remaining at risk of delivery. She advised that there has been an increase in CDIFF crude numbers again in month, noting that variances in demographics of communities, a difference in GP antibiotic prescribing, seeing patients virtually and patients receiving antibiotics more than once.
- 6.0.5 Jo Bennis reported that we have different cleaning contracts on each of the hospital sites, with some cleaning concerns at the Peterborough Hospital sites which has been escalated through the Soft FM Manager.
- 6.0.6 Jo Bennis reported that there are a number of nosocomial cases and outbreaks, with 18 nosocomial cases in October. Work has been undertaken to review in more detail with 34 route-cause analysis reviewed.
- 6.0.7 Gareth Tipton commented first time he had seen the new format of this report and thought it was excellent. He continued to question whether the cleaning concerns are still an issue at the Peterborough Hospital site. Jo Bennis confirmed that this has been raised through the Estates and Facilities team. Graham Wilde continued to confirm that this has been escalated to the PFI Partners who have agreed to increase the number of cleaners, particularly overnight and we have been assured we should not see a repeat of the issues we have seen over the past few weeks.
- 6.0.8 Mary Dowglass questioned whether we have enough resource within the Safeguarding team. Jo Bennis confirmed that we have recruited to all the vacancies and we do have enough resource within the Safeguarding team with a spread over 24/7 working, with the whole format and functionality of the team which we feel is sufficiently however challenged currently. Mary Dowglass continued to note how good to see within the report that we are expanding on what we are looking for in coding data collection and QI process and questioned if there any proposals for further clinical engagement. Kanchan Rege confirmed that we are liaising with the team and we are engaging with our clinical team and on how we are coding.
- 6.0.9 **Operations**
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. The successes to highlight this month continue despite the pressure with the reduction in the number of

diagnostic breaches over 6 weeks and over 13 weeks, with the teams working really hard and it is good to see improvement coming through. He continued to report that there has been an improved performance against the 2 week wait cancer standards, reducing the number of breaches and improving in 104 day position. He noted that the Emergency Department conversion rate and non-elective admissions are reducing with improvements in Same Day Emergency Care. He continued to note that the commencement of works to reconfigure emergency floor at Peterborough City Hospital and confirmed the intention to relocate the Urgent Treatment Centre to the Peterborough City Hospital site.

6.0.10 Graham Wilde reported that the CQC Relationship Officer congratulated the Head of Emergency Care and team who completed a detailed questionnaire on the flow of infection control. They were congratulated on the quality of the work undertaken and thanked the Emergency Department staff on both sites.

6.0.11 Graham Wilde noted that the key messages are that we continue to work with colleagues around the redeployment of the UTC, there is good system collaboration in anticipation of ICP and ICS working on the joint elective waiting list. He continued to note that there are key emerging issues from the impact of COVID with ongoing increases in non-elective demand, the complexities of increasing number of COVID patients and the demand on our workforce. There have also been two patients identified as potential harm as a result of the long waits and can confirm that both patients have been treated and it has been concluded that the patients have not suffered harm.

6.0.12 **Workforce and Organisational Development**

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 reported that there is continued scrutiny around agency spend and we are ensuring we work with the divisions to support them to try to reduce their dependency on agency and recruitment to continue at pace. She noted that the overall vacancy rate has increased to 7.14% but is still well below the levels of 12 months ago and the Recruitment team are doing a great job reducing time to hire which is at its lowest in 2 years, since the TRAC system was introduced. She continued to advise that there are lots of visa delays with turnover continuing to reduce. The key messages are that the workforce is fragile, with many people very tired and we are starting to see increases in sickness. The COVID staff risk assessments are 70.72% compliant which need to be assessed on a 3 monthly basis or sooner if work place changes. We are continuing to receive pressure to release staff to deliver the COVID vaccinations and surge centres will impact on service delivery. Health and wellbeing support and information is increasingly important and we continue to take on board feedback from the staff, which Mark Sanderson is the new Non Executive Health and Wellbeing Guardian.

6.0.13 Rob Hughes questioned whether we are having conversations with other Trusts and are they in similar situations as we are. Louise Tibbert confirmed that other Trusts are reporting similar challenges and issues and most have undertaken lessons learnt, we are not reporting anything different from elsewhere. Rob Hughes urged that we do all we can for our staff in getting the right support through these challenging times.

6.0.14 **Finance**

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. Joel Harrison noted

that the key messages are that the Month 7 position was (£0.4m) deficit, this is a £2.0m favourable variance against our plan primarily driven by an underspend on non-recovery initiatives. He continued to note that the Trust have submitted a financial plan for 2020/21 of (£13.9m) deficit based on the Month 7 position, an improvement of £2.0m versus the previous forecast which forms part of an overall £4.0m improvement and the system is forecasting a (£45.7m) deficit for 2020/21. The revised financial governance arrangements have been implemented to reflect COVID-19 wave 2 to ensure that the Trust can respond flexibly to operational need, while ensuring controls remain in place to reduce financial risk. He continued to report that Agency costs have reduced for the second successive month, with reductions across medical and nursing expenditure whilst the level of planned care activity continues to increase month on month.

6.0.15 Rob Hughes thanked all of the finance team for their continued hard work and effort.

6.0.16 **Strategy & Transformation**

Arshiya Khan presented the Strategy and 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 noted the good news around the Hinchingsbrooke Hospital estate work on expansion of A&E acute floor which was completed ahead of schedule and within budget and she continued to report that the Cambridgeshire and Peterborough Sustainability Transformation Partnership (STP) have confirmed the roadmap for becoming an ICS by February 2021. The Thistlemoor/Central Integrated Neighbourhood Innovation fund project creating community champions has been shortlisted for the HSJ Primary Care Innovation Award and the BMC/Paston Integrated Neighbourhood Innovation Fund Wildflowers project has won the Cambridgeshire Policing Partnership Oriented Problem Solving Awards.

6.0.17 Rob Hughes thanked Arshiya Khan for the informative report.

6.0.18 **Governance**

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 reported that for the first time this month we have the Strategic Risk Register and these strategic risks are now aligned to the Board Assurance Framework with are owned and managed at Board level. The Trust has also received its Risk Appetite Statement. He continued to report that that from August 2020 to October 2020 the number of FOI requests processed within 20 working days have increased and remains above average.

6.0.19 Taff Gidi reported that the key messages are that the Independent Well Led Review final draft report will be discussed at the Board workshop on 15 December 2020. He continued to note that Sarah Dunnett shall be leaving the Trust as Non-Executive Director at the end of the year and as she is Deputy Chair we shall be undertaking the process of appointing a new Deputy Chair for the Trust Board which shall be effective 1 January 2021, and that existing members of the Trust Board are allowed to apply for this.

6.0.20 Taff Gidi reported there are emerging issues which continue to be a challenge due to COVID-19 pressures continue to impact on compliance levels for clinical and non-clinical policies. Emerging issues are that we continue to see challenges keeping policies in date and work continues with the teams to simplify the processes. As agreed by the Trust Board the revised timelines for review of low and moderate risks are now being implemented which we anticipate will be fully embedded by March 2021.

6.0.21 Rob Hughes noted that we have a new Non-Executive Director joining the Trust Board subject to Council of Governors approval on 9 December 2020.

6.0.22 Sarah Dunnett questioned the frequency to review the Risk Appetite Statement and secondly if this is consistent with the appetite across the system. Taff Gidi confirmed that we will do a review of the Risk Appetite and in terms of a statement matching other organisations we have looked at best practice and good governance process across other organisations.

6.1 IPR Annex A : Maternity : Continuity of Carer Implementation Plan

Jo Bennis presented the Continuity of Carer Implementation Plan for approval to the Trust Board, noting this as taken as read. She highlighted key areas and the need to raise awareness of this to the Trust board as part of the CNST. She noted our current position to be zero and confirmed that an implementation plan has been pulled together with a forecast to be at 3% by March 2021 whilst we make the transition to the new model. She continued to note that section 2 within the plan highlights some of the challenges within maternity services and the rational why we are unable to achieve 35% by March 2021. She confirmed that this plan has been through the relevant committees for approval and that she is now seeking full Board approval and acceptance of the implantation plan being mindful to caveat that we will continue to engage fully with the maternity team, with the consideration of pulling maternity unit out of the Division to get recruitment back to where it needs to be, along with addressing the ongoing culture and operational development work. She noted that Mary Dowglass has been kept fully up to speed on this and our proposals.

6.1.1 Joel Harrison noted that a conversation has been held about what the paper sets out once we have the outcome of the Birth Rate Plus report. Caroline Walker noted that it is a requirement of us to achieve this and this was discussed at the Quality Assurance Committee, with a further debate to be had at Executive level on how we fund this and how we achieve this level of guidance, but we are not yet in possession of this information. She continued to confirm that this does have sufficient resource and we are approving as a direction of travel.

6.1.2 Beverley Shears questioned if there is sufficient organisational development support to help the organisation make this transition to this new way of thinking and working. Jo Bennis confirmed that we have external and internal operational development support and have a clear action plan on the whole of operational development and the cultural shift in maternity.

6.1.3 Rob Hughes thanked for the report and the support work in place to support this. The Trust Board approved.

6.2 IPR Annex B : Key Actions : Infection Prevention and Control Testing

Jo Bennis presented the Infection Prevention and Control Testing paper for information to the Trust Board, noting this as taken as read. She highlighted key areas noting this to be a brief update on assurance around compliance against the new 10 key actions around this. She noted that the only challenges at the moment are around not moving patients until 2 negative results have been obtained unless clinically justified. We have also introduced testing patients on day 3, and confirmed that we do have the right equipment and capacity to do this. The other challenge is around enhanced cleaning that we have currently in COVID-receiving areas with the longevity increased, the cleaning and cost associated is not stopping and we have currently a longer term plan

to work on. She continued to confirm that we have lateral flow testing in place which is being rolled out for all staff.

6.2.1 Rob Hughes thanked Jo Bennis for the report and noted the Trust Board felt assured.

- **Break** -

6.3 IPR Annex C : Strategic Risks

The Trust Board duly noted the Strategic Risks appendix.

6.4 IPR Annex D : Risk Appetite Statement

The Trust Board duly noted the Risk Appetite Statement appendix.

6.5 IPR Annex E : Board Assurance Framework

The Trust Board duly noted the Board Assurance Framework appendix.

GOVERNANCE

7.0 Freedom to Speak Up

7.0.1 Sally Mumford presented the Freedom to Speak Up quarterly report for information to the Trust Board, taking the report as read. Sally Mumford highlighted key areas, which were discussed in more detail by the Trust Board. She also noted that concerns were being raised at a steady level, with around social distancing and wearing masks, fatigue and anxiety and all concerns are in-line with other colleagues across the patch. She continued to note that governance has is being put into place, undertaking a peer review of the local network of Freedom To Speak Up Guardians as well.

7.0.2 Gareth Tipton added that himself and Sally Mumford work very closely together and noted how important a safe environment is and that bench marking against other trusts is important ensuring we are doing the right things.

7.0.3 Rob Hughes noted the conversation around workforce fatigue and anxiety and questioned what is being picked up in that respect and how is this being dealt with. Sally Mumford confirmed that she is seeing people are very tired and that this is manifesting in poor behaviours and miss-communication between staff. Rob Hughes continued to note that last month was Freedom To Speak Up Month and with the Trust Board committed to this asked if there is anything the Trust Board and leaders can do to help an whether she is receiving enough support. Sally Mumford confirmed that she is received really good support from the system around her, with the next step to firm up vision and strategy and what is trying to be achieved moving things forwards.

8.0 Phase 1 COVID-19 Response : Lessons Learnt

8.0.1 Louise Tibbert presented the Phase 1 COVID-19 Response: Lessons Learnt for information to the Trust Board, taking the report as read. Louise Tibbert highlighted key areas drawing out a few main points from surveys across the organisation, which were discussed in more detail by the Trust Board.

8.0.2 Rob Hughes thanked all of those involved and welcomed the report and case studies and is pleased to see there have been some patient lessons learned, which are equally important going forward on how we learn quickly.

8.0.3 Gareth Tipton commented that this paper was reviewed at the People & Performance Committee the previous week and that it was helpful to see as part of our role. He continued to note the feedback about communications and engagement with the number one topic being better communications and to improve engagement between leadership and staff. He felt reassured that the work we are doing reconciles one to the other.

8.0.4 Rob Hughes questioned how as a member of staff is debriefed. Louise Tibbert confirmed this to be through the regular monthly team briefings along with a more on the social media site.

9.0 Flu vaccination update and checklist

9.0.1 Louise Tibbert presented the Flu vaccination update and checklist for information to the Trust Board, taking the report as read. Louise Tibbert highlighted key areas, which were discussed in more detail by the Trust Board. She continued to note that NHSI checklist gives some assurance on what we are doing for flu vaccinations this year, which started at the end of September. We have had a few issues with the delivery of supplies which changed momentum and we are not as far forward as neighbouring Trusts, however we have continued to keep the pressure on.

9.0.2 Mark Sanderson thanked Louise Tibbert for the report and questioned whether there is a sense of how many staff do not want to have the vaccine. Louise Tibbert confirmed that this to be less than 2% and noted that that we do encourage staff to let us know if they have had this done at the GP surgeries.

10.0 Equality, Diversity and Inclusion Report – Item withdrawn.

10.1 Workforce Race Equality Standard Report – Item withdrawn.

10.2 Workforce Disability Equality Standard Report – Item withdrawn.

10.3 Workforce Nationality Equality Standard Report – Item withdrawn.

11.0 COVID-19 Recovery Update : Phase 3

11.0.1 Arshiya Khan presented the COVID-19 Recovery update – Phase 3 for information to the Trust Board, taking the report as read. She highlighted key areas, noting that the emphasis is on providing care as safely as possible. She continued to note that we have extended our plan in order to sustain recovery as we tackle health and inequalities, and build systems outside of the hospital. We are continuing to do very well with diagnostics within the hospital, however there still remains challenges.

11.0.2 Caroline Walker thanked Arshiya Khan for the report and noted that this is the first time this report has been heard in public. She confirmed that as Executives we are reviewing this information on a weekly basis and as a Trust Board looking at in closed private sessions, as we continue monitoring this level of detail.

11.0.3 Rob Hughes confirmed that we have a plan and there are some challenges, but questioned whether patients are given advance notice of cancellations. Arshiya Khan confirmed that wherever possible we are giving patients advance notice of cancellations however, sometimes we are having to cancel on the day.

11.0.4 Mark Sanderson noted that it always a challenge and noted his acknowledgement for all the hard work everyone has done in the Trust, we have out-performed the plan, with a lot of hard work ongoing to deliver patient care.

12.0 Preparation for EU Exit

- 12.0.1 Kanchan Rege provided a verbal update for information to the Trust Board about the preparation for EU Exit. She noted that she is undertaking a weekly telephone conversation with Professor Keith Willett (National Director for Emergency Planning and Incident Response, NHSE/I) and regardless of a deal or no deal there will be some effect on tariffs and products across the English Channel to and from the EU, along with changes in the Immigration policy as well. She continued to note that the main concerns are around fuel, but we are not expecting fuel problems for the NHS. She confirmed that the Trust are responding with clinical teams keeping up to date Business Continuity Plans (BCPs), and noted that it essential that staff review their BCPs.
- 12.0.2 Rob Hughes thanked Kanchan Rege for the report.

13.0 Key Issues and Escalation Reports from Committees

- 13.0.1 The Trust Board noted that verbal updates shall be received at today's Trust Board, with written reports for future Trust Boards.

13.1 Quality Assurance Committee

- 13.1.1 Mark Sanderson firstly thanks Sarah Dunnett for chairing the committee and for the smooth handover, he also thanked Jo Bennis for her continued support. He continued to verbally report to the Trust Board, as he highlighted key areas he noted the good news on mortality with the Hospital Standardised Mortality Ratio (HSMR) levels dropping this month and with Hinchingsbrooke Hospital figures within the normal range. He continued to congratulate Penny Snowden on her appointment as Director of Midwifery. He reported that there has been an increasing number of patients that have been screened and treated for sepsis and thanked the staff for this. He noted that 36 out of the 40 clinical audits for infection prevent control that have taken place were 100% compliant.

13.2 Finance Committee

- 13.2.1 Ray Harding verbally reported the points of escalation to the Trust Board, highlighting key areas, noting outstanding practice of completing the Hinchingsbrooke A&E project completed on time, in budget and to good quality. He continued to note that the NHSI have responded to the system submission for 20/21 in which we have included the NWAngliaFT deficit. There has been a further request to improve by a further £2m which will take the deficit to £13.9m. He confirmed that the Finance committee supported this change and noted that this does not affect the remaining 5 months of the financial year. He continued to note that the Finance Committee recommended to the Trust Board that the Outline Business Case for the Hinchingsbrooke Theatres is approved. He reported that the Cost Improvement Programme (CIP) has resumed with £3.7m left for the remainder of year, in which £300k remains to be identified.

13.3 People & Performance Committee

- 13.3.1 Gareth Tipton verbally reported to the Trust Board that People & Performance Committee had reviewed the updated the Workforce Risk Register and Board Assurance Framework (BAF), as well as holding a discussion around the NHS People Plan, noting the slow progress due to capacity issues, with a deep dive expected on this plan in January 2021. He continued to note that things are slowly improving with My Performance Appraisals (MPA) which currently rest at 81%. He continued to note that sickness absence is at 4.38% and when this is benchmarked with the national average of 4.13% and the East of England at 3.67%, it can be confirmed that around 50% of absence is COVID-related and remains a concern, linked to that is office staff fatigue and anxiety which is fuelling the absence rate. He reported that staff risk assessments

are low at 70.72% with almost 30% of staff not updating their COVID risk assessments, which is not just down to individuals, it is down to line managers as well. We are also challenged by the quality of those risk assessments. He continued to report that training still remains high at around 94% and have made superb on time to hire at 39% which is the lowest the Trust has seen in 2 years. Finally he reported that turnover continues to reduce as staff are making the decision to stay at the Trust.

- 13.3.2 Gareth Tipton reported that the operations report and KPIs and activities undertaken were reviewed and noted that in particular the elective imaging Endoscopy are on track. He noted that the project Patient First support tool includes practical solutions and it is good to hear positive work being undertaken in that regards.

14.0 Strategy and Transformation Terms of Reference

- 14.0.1 The Strategy and Transformation Committee Terms of Reference were discussed and supported at this Committee. The Trust Board confirmed there approval.

FINAL ITEMS

15.0 Any Other Business

- 15.0.1 Rob Hughes reported that there was no other business to discuss.

16.0 Questions from the public

- 16.0.1 Rob Hughes noted that two questions have been received with regards outsourcing, three questions on patient appointments and safety, and one question around the flu vaccination.

- 16.0.2 Peter Wilson questioned - Looking at the replies to questions asked at the last meeting, regarding the possible outsourcing of catering services, at Hinchingsbrooke Hospital, I ask when you already have a first-class well-respected service, in house, why can you not sell that expertise to other trusts? Having had years of selling to the NHS and government departments, I would suggest best value for money is not always the cheapest, especially when dealing with real people with real and complex needs?

- 16.0.2.1 Graham Wilde confirmed that it is normal NHS practice to share good practice with neighbours both clinically and non-clinically and look to learn from our neighbours. This would not be our core business but we are pleased to work with our teams internally.

- 16.0.3 Kevin Burdett questioned - If it is possible to have a fuller explanation of why the Trust reached agreement with the unions on outsourcing at Hinchingsbrooke Hospital and are the board assured that the result will be financially viable and enhance patient experience? He also questioned if the Trust has any thoughts about why so many staff are reluctant to have the flu vaccine and do you think that there will be similar reluctance about the Covid-19 vaccine?

- 16.0.3.1 Graham Wilde confirmed that as the Trust went through the process with our staff groups and unions we listened to staff and our commitment is to be as effective as possible moving into the future. We are assured that we will work with our staff and union colleagues to meet the same level of quality.

- 16.0.4 Teresa Coplestone questioned - The virus has affected many people in many ways least of all those members of the public that have been waiting for a consultation, treatment and or surgical procedures. What is being done, how is it going to be done and when will

you be able to proceed in escalating these cases in a safe and secure manner. People continue to suffer and in many cases symptoms have worsened meaning further complications in the future?

- 16.0.4.1 Caroline Walker noted that there is an issue with waiting times for our patients and what we can do within this phase, as we plan for bringing patients back in who were not treated in the first wave. Sadly some waits are longer than we want, but we are doing all we can as we plan to recover at the same time as treating patients. We cannot give everyone reassurance, but we are doing all we can in reducing waiting times. She continued to confirm that we have reviewed all patients clinically for priority and are treating based on urgency and we are communicating with patients to ensure they now how to contact us if there are further issues. Rob Hughes asked what should a patient do if they are deteriorating. Caroline Walker advised that the patient should contact their GP who can change the referral, the patient can also call in to see if they can bring their appointment forward.
- 16.0.5 Teresa Coplestone questioned - How we ensure patient safety whilst in hospital for outpatient appointments and surgical procedures, when so many have been seen not following guidelines?
- 16.0.5.1 Jo Bennis apologised if a patient perceives it is not safe when they come into hospital as she does not want a patient to feel they are unsafe, and noted that the Trust are doing all they can to maximise safety to patients. She noted that she is only aware of a couple of issues that have been raised informally and requested that these be raised formally so that these can be properly addressed. She reported that we are frequently reiterating to our staff our expectations around PPE, social distancing and caring safely for patients in their areas. We are auditing our practices and if we do find any staff not complying we will speak on an individual basis, however if patients do feel unsafe this will be escalated and addressed then and there. Rob Hughes questioned who the patient should escalate this with. Jo Bennis confirmed they should escalate either with the Senior Nurse, Clinician within the department or with the Patient Advisory Liaison Service (PALS).
- 16.0.6 Kevin Burdett questioned - Does the Trust have any thoughts about why so many staff are reluctant to have the flu vaccine and do you think that there will be similar reluctance about the Covid-19 vaccine?
- 16.0.6.1 Louise Tibbert responded noting that we do have are one or two individuals who have needle phobia, have fear of all post flu illness, or a lack of belief of the effectiveness of the vaccine. We can only encourage staff and not force to have a vaccine. The issue around the COVID-19 vaccine is that it is a new vaccine which has not been tried and tested for a long time, so staff are worried and anxious about this.
- 16.0.7 Rob Hughes thanked for the good questions that were received from the public. He continued to thank the staff for their continued excellent work. He thanked the Trust Board for their contribution today and noted that the next Public Trust Board is on Tuesday 9 February 2021.

He wished all a good Christmas and New Year.

The Trust Board closed on 16:30hrs

Date of next meeting: Tuesday 9 February 2021 - 14:00 to 16:30hrs [via MS Teams](#)

Signed.....

Name.....

Date.....