

**Minutes of the Public Meeting of the Board of Directors  
held on Tuesday 9 February 2021, 14:00hrs  
via MS Teams LIVE**

<b>Members:</b>	Rob Hughes	Chairman - <i>Chair</i>
	Beverley Shears	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	
Christine Hill	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>
	Dr Catherine Maxey	Consultant Liaison Psychiatrist Cambridgeshire & Peterborough Foundation Trust
	Gwen Hughes	Service Manager Cambridgeshire & Peterborough Foundation Trust
	Penny Snowden	Director of Midwifery
Carol Anderson	Chief Nurse and SRO, Cambridgeshire & Peterborough CCG	
<b>Observing:</b>	Mandy Ward	Communications Team
	Katie Tarleton	Communications Team
	Phil Walmsley	Chief Operating Officer, Great Ormond Street Hospital

**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 an MS Teams LIVE event and the first Public Trust Board meeting of 2021. He continued to welcome Christine Hill our new Non-Executive Director.

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

## MAIN MEETING

### 2.0 Mental Health Update : COVID-19 Response

#### Dr Catherine Maxey – Consultant Liaison Psychiatrist CPFT

- 2.0.1 Kanchan Rege introduced Dr Catherine Maxey, Consultant Liaison Psychiatrist Cambridge & Peterborough Foundation Trust (CPFT) and Gwen Hughes, Service Manager CPFT who form the backbone of our Adult Liaison Psychiatry team and as part of our obligations to one another and the Care Quality Commission (CQC) we receive an annual update on Mental Health within the Trust.
- 2.0.2 Dr Catherine Maxey introduced herself as the newly clinically appointed Director within the CPFT. She continued to present the Mental Health Update to the Trust Board highlighting and discussing in detail the key areas, noting that the remit of the talk today is about the response to COVID and the themes over the past year. Another area of interest is the CQC report in October on how acute hospitals respond to the mental health needs of its patients.
- 2.0.3 Mark Sanderson expressed his thanks for the presentation and for the work that is being undertaken supporting staff within the Trust. He asked whether Dr Catherine Maxey was able to say what her findings were when working with our staff and any other things we should be doing in supporting them. Dr Catherine Maxey reported that her team had been overwhelmed with the number of referrals, which were greater than anticipated. Gwen Hughes reported that in terms of the staff Mental Health service they are seeing staff reporting feeling quite traumatised, with a quarter of the referrals being people who have a past history of trauma and who are struggling to cope with the pandemic. It is predominantly staff members with low mood, Post Traumatic Stress Disorder (PTSD) and anxiety being the three key core diagnosis. She confirmed that along with the Wellbeing service the team are seeing over the past two months numbers slowly increasing, with lower numbers of BAME staff. She added in terms of what to do more of, the Trust could embed a psychology service approach for both patients and the work force and she noted that this has been observed elsewhere in other Trusts, where this had increased morale and resulted in improvements in terms of presence, and a reduction in sickness levels. Louise Tibbert commented she is happy to take this off-line with the Non-Executive Wellbeing Guardian and explore further our ongoing need.  
**Action : Louise Tibbert to review staff need for a Psychology Service**
- 2.0.4 Beverley Shears passed on her thanks for the comprehensive presentation and noted there feels to be a gap in psychiatric liaison to provide treatment and support to young people presenting in Emergency Department (ED) with self-harm and other serious mental health incidents and how quickly there is treatment and support when presenting in the ED. Gwen Hughes highlighted that a positive element is the responsiveness of the CPFT teams and the good relationship with the ED team, however there does remain a gap in terms of commissioning liaison services for young people and continued to note that a Crisis Team is being recruited to which will ensure more response to the ED team when set up and running.

- 2.0.5 Gareth Tipton expressed his thanks for the presentation and asked for further detail around caring for mothers during and following pregnancy. Dr Catherine Maxey confirmed that Perinatal Mental Health Care is better than it was and it was an area that was not included within the original contract for inpatient provision. She confirmed that the team do see patients in extreme cases, but it is a gap and is something that has been highlighted and is part of the Long Term Plan for NHS Community Mental Health Perinatal Services.
- 2.0.6 Rob Hughes thanked both for the presentation and for all that is being done and for being very much a big part of our organisation as a partner. He noted that his personal observation is that Mental Health is a growing agenda and is growing within the System and the debate about the role of hospitals within this.
- 3.0 Minutes of the meeting held on 30 November 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 this is the first meeting in Public in 2021. He continued to thank all staff and partnership organisations inside and outside of Trust for working under such unprecedented pressure and for working so flexibly and differently together. He expressed his thanks to all those participating in providing the COVID vaccination and making a valuable and great contribution to staff and our local population's wellbeing.
- 4.0.2 Rob Hughes reported that on looking ahead he hoped that 2021 will be better than 2020, however feels this year will still be a very challenging for us all. He added we want to make sure our core role remains the quality of care we provide, and do the best we can do, to bring our services back on line in a safe way. He continued to add that we want to support and lead the collaboration with system partners, providing the focus on patient and integrated care.
- 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. She continued to report that since the last Chief Executive Officer's update the Trust have entered the second and most aggressive wave of the COVID-19 pandemic with a further period of lockdown. We appear to be over the second wave with 28 January 2021 as our peak. The Trust has surged through different levels of our Pandemic Policy and are still under significant pressure as the Trust manages the operational response through the Trust Surge Plan which guides our decision making and defines the criteria for specific actions to be taken. She expressed her extreme gratefulness to all staff.
- 5.0.2 Caroline Walker reported that sadly the country has reached over 100,000 deaths and confirmed that there had been over 500 patient deaths from COVID within our hospitals. She continued to pass on her sincerest condolences to those families who

have lost their loved ones during the pandemic and she continued to sadly report that the Trust has lost 3 members of its staff to the COVID infection.

- 5.0.3 Caroline Walker was pleased to report that the Trust are now vaccinating staff from two clinics one at Peterborough City Hospital Out Patient department and one at the Treatment Centre at Hinchingsbrooke Hospital. Our teams have been working fantastically well to deliver hundreds of vaccinations to our staff and health and social care partner organisation colleagues every day. She continued to express her thanks to staff for continuing to go the extra mile for our patients and each other and is aware how hard everyone is working and how tired they are. She confirmed that she was extremely proud of this achievement.
- 5.0.4 Caroline Walker reported that the CQC conducted an unannounced inspection in the Emergency Department at Peterborough City Hospital on 21 December 2020 to review our response to winter pressures. The report articulates some significant improvement and leaves the Trust in a good position to await next CQC full inspection.
- 5.0.5 Caroline Walker noted that during this very significant period of pressure, there are staff who are doing some amazing things with such generosity, particularly during the festive period. She continued to recall how the End of Life team had organised a wedding within one of our wards, as well as arranging for two COVID positive patients being brought together to be able to say goodbye to each other, before one passed sadly away.

## INTEGRATED PERFORMANCE REPORT

### 6.0 Integrated Performance Report (IPR)

#### 6.0.1 Quality

- 6.0.1.1 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.
- 6.0.1.2 Rob Hughes noted that pressure ulcers and falls figures continue to increase and questioned whether this is an effect of the COVID pandemic pressures and when we would expect to start to see improvements. Jo Bennis felt confident that these would start improving as we come out of the current pressures and would see a step change over the next two months. She reported that work is being undertaken with the divisional nursing directors and their teams on actions to be undertaken. As COVID numbers decrease we hope to see staff return back to their normal place of work from redeployment and as staff return to work from shielding, staffing levels should return to agreed levels and impact on recovery
- 6.0.1.3 Mary Dowglass noted the staffing concerns within the maternity workforce and questioned what is being done for this issue given the challenges within midwifery nationally. Jo Bennis reported that lots of work has been undertaken with a new Director of Midwifery and Head of Midwifery in post, with a focus on recruitment to target midwives looking to work within the Trust.

#### 6.0.2 Operations

- 6.0.2.1 Graham Wilde presented the Operations 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.

### 6.0.3 **Workforce and Organisational Development**

6.0.3.1 Louise Tibbert presented the Workforce and Organisational Development 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.

6.0.3.2 Gareth Tipton noted that there are still a lot of staff still not completing the risk assessments. Louise Tibbert confirmed the messaging on this has been increased and the lists have been sent out to line managers, there are some staff who have been off for a period of time and some moving through re-deployment who need to be re-risked.

6.0.3.3 Mary Dowglass questioned whether bank staff are withdrawing from shifts at the last minute or not signing up for shifts at all. Louise Tibbert reported that there are some bank and agency workers who are occasionally not happy working on another ward. She confirmed that the Trust has written to Bank and Agency staff explaining that there may be the requirement to move around the Trust onto different wards.

### 6.0.4 **Finance**

6.0.4.1 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.

### 6.0.5 **Strategy & Transformation**

6.0.5.1 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 main ones being the Hinchingsbrooke Theatre Replacement Business Case, which is under review by the Department of Health and Social Care. She thanked the staff currently based at Woodpecker lodge for their flexibility in considering agile working and alternative office accommodation. The building needs to be relocated for the theatres development. Arshiya updated the Trust Board with regards to the ICS application which will be submitted in February.

### 6.0.6 **Governance**

6.0.6.1 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.

## 6.1 **IPR Annex A : Board Assurance Framework**

6.1.1 Taff Gidi presented the Board Assurance Framework Annex to the Trust Board highlighting key areas.

## 6.2 **IPR Annex B : Strategic Risk Register**

6.2.1 Taff Gidi presented the Strategic Risk Register Annex to the Trust Board highlighting key areas. He noted that Risk number 005 in relation to 'Failure to recognise and deliver fundamental standards of care impacting on patient safety, experience and regulatory requirements', current risk rating, has been increased to 20, as a result of the COVID-19 pandemic second wave.

6.2.2 Rob Hughes noted that the Board Sub-Committees timetables have been altered to ensure there is a more relative feed into the Public Trust Board.

### **7.0 Maternity Services Update**

7.0.1 Jo Bennis presented the Maternity Services Update to the Trust Board and welcomed Penny Snowden the Director of Midwifery and Carol Anderson Chief Nurse, Cambridgeshire & Peterborough CCG and Senior Responsible Officer/Chair for LMNC to the Public Trust Board to present the Ockenden Report.

### **7.1 Ockenden Assessment and Assurance Tool**

7.1.1 Penny Snowden and Carol Anderson presented the Ockenden Assessment and Assurance Tool to the Trust Board, highlighting key areas. The purpose to highlight findings of the report to Board and to have an oversight of safety issues reported at the Trust.

7.1.4 Rob Hughes observed that these are essential actions from the Ockenden report, however a lot of these actions the Trust is already doing and this is a report that we are to learn from and implement accordingly.

7.1.5 Mary Dowglass expressed her thanks for the presentation which assists the Trust Board to respond to the Ockenden report. She noted that there is an absence of perinatal mental health support in the report and in Cambridgeshire. Carol Anderson confirmed that this issue will continue to be pushed through the next contracting year with CPFT.

7.1.6 Jo Bennis noted that this pulls together all the work we need to do within our Maternity services and is also a template to provide assurance to the Trust Board on our own practice in our own service. She noted the value of Carol Anderson as Chief Nurse of Cambridgeshire and Peterborough CCG and Senior Responsible Officer Local Maternity and Neonatal System (LMNS) working closely with us, it is a more collaborative approach to work as a system and welcomed all the work that is being done in Maternity.

### **7.2 Clinical Negligence Scheme for Trusts (CNST) 3 Year Progress Report**

7.2.1 Penny Snowden presented the CNST 3 Year Progress Report to the Trust Board, highlighting key areas.

7.2.2 Gareth Tipton questioned whether we can evidence that 90% of the Maternity Unit staff have completed training and whether there is a timeframe for completion of training. Penny Snowden confirmed that from a CNST perspective compliance is taken at the time of submission. We track our compliance monthly and we are currently not far from 90%. Additional sessions have been put into place with smaller groups and we are looking at also extending this with the support of the Organisational Development team.

7.2.3 Mary Dowglass noted that the CNST does link in with the Ockenden report in relation to the multidisciplinary workforce. For example there is a challenge in relation to Theatre staff who are not necessarily part of the Maternity, so the Trust Board need to recognise the link from Maternity to other parts of services.

### **7.3 Perinatal Mortality Report**

7.3.1 Penny Snowden presented the Perinatal Mortality Report to the Trust Board, highlighting key areas.

7.3.2 Rob Hughes questioned from a learning aspect of this, where will learnings come back into Trust Board. Penny Snowden confirmed that there will be a full and diagnostic review of governance processes, one of which is how we learn from this and how we are reviewing this. We are keeping portals of evidence which include action plans which will be picked up in the governance review. She continued to confirm that more information will be provided in a future report.

7.3.3 Beverley Shears welcomed the BAME policy and noted the impact of COVID on clinical and non-clinical policies being out of date and questioned how can we be assured that the BAME policy will be accelerated through the system quickly. Penny Snowden replied that a joint policy with the LMNS is on the agenda at the C&P Strategic Leadership Board next month.

## **8.0 Care Quality Commission (CQC) Update Report**

8.0.1 Jo Bennis presented the CQC Update Report 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 report that the Trust received the report from the July 2019 inspection in December 2019. This report included an overview of the MUST and SHOULD recommendations completed to date and those that remain outstanding. There were a total of five recommendations from the 2018 report that were outstanding at the time the 2019 report was received, therefore these were carried forward to the 2019 action plan. The Trust has introduced a more robust governance process around oversight of actions by the Divisional Leadership and Corporate teams with regular presentations to the Hospital Management Committee (HMC) meeting. There are a number of meetings and reviews that have been undertaken by the CQC during the year relating to emergency care, DNACPR and infection control, with maternity scheduled in January 2021.

8.0.2 Rob Hughes noted that these are difficult times for the CQC to do a normal job and questioned whether there is any insight on how the relationship has changed or evolved with the CQC during COVID. Jo Bennis noted the relationship feels more robust and two way. During COVID there has been more contact virtually with the Relationship Officer, utilising the emergency support framework methodology which looks at safe care and treatment. This has proved really helpful and we have built up a strong, very open two-way relationship which has been of a benefit for us during COVID. Caroline Walker confirmed that she is happy with the relationship which has improved with Jo Bennis as the Executive Lead, and there is not anything else to do at this point. As a whole Trust Board we are undertaking and implementing these actions to improve the quality and safety of our care.

## **8.1 CQC Update Appendices 1 – 8**

8.1.1 Discussed in item 8.0.1 above.

## **9.0 Revision of the Constitution and Board of Directors Standing Orders**

9.0.1 Taff Gidi presented the revised the Constitution and Board of Directors Standing Orders to the Trust Board for approval, taking the report as read. Taff Gidi highlighted key areas, noting that the Trust Board are asked to note all changes highlighted in red. Changes have been made to reflect the recent changes to governance arrangements in the Trust, including the new committee structure. Taff Gidi confirmed that the revised Constitution would need to be presented to the Council of Governors for ratification.

9.0.2 Taff Gidi clarified that point 23.3 within Revised Trust Constitution (Appendix 1) and the appointment of non-voting members of the Board. For example, this would include the

Trust Board deciding to appoint either associate or advisory directors to the Board. He explained that, in the case of advisory non-executive board members, this may be a matter for the Board to appoint instead of the council of Governors as is usual practice. He highlighted that the number of Executive and Non-Executive directors is prescribed by the trust's establishment order and subsequently via the constitution. Any decision to alter this is a matter for the Trust Board. This was to be clarified prior to the presentation to the Council of Governors.

9.0.3 Taff Gidi noted that point 2.1 within the Standing Orders (Appendix 2) the job title of the Chief Strategy & Transformation Officer and voting status was incorrect.

**Action : Taff Gidi to update and correct the title and voting status of the Chief Strategy & Transformation Officer.**

9.0.4 Rob Hughes confirmed the Trust Board approval and requested these are taken to the Council of Governors for ratification the next week.

**Action : Taff Gidi to take to the next Council of Governors for ratification.**

## **9.1 Appendix 1 – Revised Trust Constitution**

9.1.1 Discussed in Item 9.0 above.

## **9.2 Appendix 2 – Board of Directors Standing Orders**

9.2.1 Discussed in Item 9.0 above.

## **10.0 Board Sub-Committee Terms of Reference**

10.0.1 Taff Gidi presented the Board Sub-Committee Terms of Reference to the Trust Board noting that following a review of the Trust's Board Sub-Committee structure the Terms of Reference require Trust Board's approval. The cover paper included the governance route each of the terms of reference had come through before being presented to the Board. The Board was asked to consider all terms of reference together to identify any duplication or gaps.

## **10.1 Performance & Estates Committee**

The Trust Board approved.

## **10.2 People & Culture Committee**

The Trust Board approved.

## **10.3 Finance & Infrastructure Committee**

The Trust Board approved.

## **10.4 Strategy & Transformation Committee**

The Trust Board noted these as already approved.

## **11.0 Assurance Reports from Board Subcommittees**

### **11.1 Quality Assurance Committee**

11.1.1 Mark Sanderson presented the Quality Assurance Committee report to the Trust Board and highlighted the points of escalation, key issues, risks and spotlight outstanding practice and innovation.

### **11.2 People & Culture Committee**

11.2.1 Beverley Shears presented the People & Culture Committee report to the Trust Board and highlighted the points of escalation, key issues, risks and spotlight outstanding practice and innovation. She noted that this to be the first meeting of the new



Committee and that it was very welcomed to be able to spend quality time on people and culture.

### **11.3 Finance & Infrastructure Committee**

11.3.1 Gareth Tipton presented the Finance & Infrastructure Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation

### **11.4 Performance & Estates Committee**

11.4.1 Gareth Tipton presented the Performance & Estates Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation.

### **11.5 Audit Committee**

11.5.1 Gareth Tipton presented the Audit Committee report to the Trust Board to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation.

### **11.6 Strategic & Transformation Committee**

11.6.1 Rob Hughes presented the Strategic & Transformation report to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation.

11.6.2 Caroline Walker noted that she felt these new written reports from Board Sub-Committees are useful and are a good source of assurance for the Trust Board in the future. Rob Hughes endorsed this.

## **FINAL ITEMS**

### **12.0 Any Other Business**

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

12.0.2 Caroline Walker noted that this was the last public meeting that Graham Wilde our Chief Operating Officer shall be attending as he departs the Trust. She thanked him for his contribution to the Trust and patients and for his invaluable support to the Executive team particularly in his pastoral role he plays and wished him well in the future.

12.0.3 Rob Hughes passed on his thanks to Graham Wilde for all the work he has done for the Trust and added it will be sad to see he leave.

12.0.4 Graham Wilde thanked everyone and that it has been a pleasure working with everyone and being able to contribute to the North West Anglia team.

### **13.0 Questions from the public**

13.0.1 Rob Hughes noted that two questions have been received from the Public.

13.0.2 **Question received from Kevin Burdett** : I notice from the board papers (and my attendance at the People and Culture committee) that compliance with Covid-19 risk assessments has decreased. Can you assure me that this is being rigorously followed to increase compliance?

- 13.0.2.1 Louise Tibbert replied that in terms of risk assessment the Trust are pushing on with making sure managers are very clear around their responsibilities and there is a legal statutory compliance with this. We are making sure we get those compliance rates up and seek assurance through the People & Culture Committee.
- 13.0.3 **Question received from Kevin Burdett** : Similarly, I am concerned at the reluctance of some staff to take up the vaccine thus putting themselves and others at risk. Can you assure me that all steps are being taken to address this reluctance?
- 13.0.3.1 Kanchan Rege replied that we have a dedicated email address for staff to email their concerns where they receive support.

**The Trust Board closed 17:08hrs**

**Date of next meeting: Tuesday 13 April 2021 - 14:00 to 16:30hrs via [MS Teams](#)**

Signed.....

Name.....

Date.....