

**Minutes of the Public Meeting of the Board of Directors
held on Tuesday 13 April 2021, 14:00hrs
via MS Teams LIVE**

Members:	<p>Rob Hughes Beverley Shears Caroline Walker Kanchan Rege Joanne Bennis Joel Harrison Louise Tibbert Phil Walmsley Arshiya Khan Mike Ellwood Ray Harding Mary Dowglass Mark Sanderson Gareth Tipton Christine Hill</p>	<p>Chairman – Chair Non-Executive Director – Deputy Chair Chief Executive Chief Medical Officer/Deputy Chief Executive Chief Nurse Chief Finance Officer Chief People Officer Chief Operating Officer Chief Strategy & Transformation Officer Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director</p>
In attendance:	<p>Taff Gidi Sylvia Zuidhoorn Carol North Taite Hawes Esther Goodhand Penny Snowden Sally Mumford</p>	<p>Company Secretary & Head of Corporate Affairs EA to Chairman & Chief Executive - <i>Minute Taker</i> Head of Volunteering Youth Volunteer Coordinator Young Volunteer Director of Midwifery Freedom To Speak Up Guardian</p>
Observing:	<p>Mandy Ward Eleanor Anderson</p>	<p>Communications Team Communications Team</p>

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

MAIN MEETING

2.0 Patient Story – Young Volunteers Programme Carol North, Head of Volunteering

2.0.1 Joanne Bennis introduced Carol North, Head of Volunteering to give an update on the Young Volunteers Programme and fantastic work being undertaken during the pandemic.

2.0.2 Carol North introduced herself and continued to present the Young Volunteers Programme presentation to the Trust Board, in which she introduced Taite Hawes, Young Volunteer Coordinator who assisted in highlighting and discussing in detail the key areas. She noted that the Volunteers are essential in supporting the smooth running of the NHS. They add value to services, enhance patient experience, support staff, and improve care. Young volunteers bring enthusiasm and a willingness to learn new skills. Volunteering can provide young people with an opportunity to experience a working environment and inspire them to make informed career choices. Involving young people in supporting the health and care of others is proven to have positive benefits to patients, the community and young volunteers. It is part of delivering the NHS Five Year Forward View Vision for Health Care, and the national #iwill campaign. Through the Pears #iwill Fund, in partnership with The National Lottery Community Fund, NHS England/Improvement, North West Anglia NHS Foundation Trust had pledged to support the involvement of young volunteers (16-25 year olds). Carol North further introduced Esther Goodhand who is a Young Volunteer who shared her experience with the Trust Board.

2.0.3 Rob Hughes expressed his thanks for presentation and for sharing their experiences. He continued to thank all Volunteers for their hard work and continued efforts.

2.0.4 Caroline Walker added her thank you to the Volunteers who play a vital role in our hospitals as does everyone. The young volunteers give up their time and have adapted to the COVID world, gaining great life skills.

2.0.5 Gareth Tipton thanked for the presentation which he found inspirational and heart-warming. He added it is great to see all the fantastic work going on and in particular how this helps to open conversations and structured conversation. He questioned if someone does not want to have a role at the Trust they are still welcome to join as a Volunteer as well. Carol North confirmed that all are always welcome.

3.0 Minutes of the meeting held on 9 February 2021

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. He continued to report that as from 1 April 2021 our Trust became a member of the Cambridge & Peterborough (C&P) Integrated Care System (ICS). He added that the Trust Board will play its full part in the ICS and our commitment is to be more

collaborative both locally and within the region to the benefits of the patients we serve within our local community. He concluded that the journey has started and will become more formal as we go.

- 4.0.2 Rob Hughes reported that there have been three Trust Board development sessions since the last Public Board meeting. The first of these was in response to the Well Led Review and we are committed to improvement there. The Trust Board has also had a Strategy session, and there is an update within the agenda for today's Public Trust Board. He continued to report he is pleased to have had a Joint session with the clinical leaders, with the Joint HMC/Trust Board and a discussion about plans for the upcoming year.
- 4.0.3 Rob Hughes reported that we have changed some of the Board Subcommittees, and he observed the Performance & Estates Committee, the People & Culture Committee and the Audit Committee. He noted that he found the meetings to be very positive and engaging, as issues were faced and moved forwards.
- 4.0.4 Rob Hughes took the opportunity to acknowledge Mary Dowglass, who is sadly leaving her role as Non Executive Director at end April. He continued to thank Mary for all the great work she had done both for normal Non Executive Director duties and specialist focussed duties and that it has been a privilege to work with Mary and she will be missed.
- 4.0.5 Caroline Walker added her thanks to Mary Dowglass and commented on how she had played an invaluable role for the committees she had worked on and particularly welcomed the advocacy for patients. She wished her well and a lovely next phase of her retirement.
- 4.0.6 Mary Dowglass thanked everyone for their kind wishes and for the lovely flowers she had received today. She commented on how she will really miss the NHS as it has been such a big part of her life and that it has been a real pleasure working with you all

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 the Trust are still in COVID pandemic level 3 and welcomed the continued reduction of COVID patients in our hospitals, both nationally and locally. She reported that thankfully the Trust is down to just one COVID ward on both the Peterborough and Hinchingsbrooke sites and as of today there are a total of 34 COVID patients in the Trust which was a different picture to this time in January. She noted that as the Trust continues to de-escalate we turn our attention to recovery and setting our services within this COVID world and maintain our efforts, as we bring patients back for the care they need.
- 5.0.2 Caroline Walker reported that the Trust have been proud of the number of successes within this period and one of these is their part played in the vaccination of the community and as it stands today we have vaccinated over 32,000 patients and staff.
- 5.0.3 Caroline Walker passed on her congratulations to redevelopment and official opening of the Hinchingsbrooke Emergency Department and Ambulatory Care Unit. She reported that the Trust are starting the planning of Phase 3 of the Hinchingsbrooke site, noting that there is a particular issues surrounding the strategic risks of the roof panels needing replacement, which she confirmed are continued to be surveyed and repaired

as required. She further noted that Kings Lynn Hospital is have some issues. She reassured the Trust Board members that all is being done that can be done, as we continue with the survey of our Hinchingsbrooke site and take remedial actions where necessary.

- 5.0.4 Caroline Walker reported that as from 1 April 2021 the Trust became part of the Integrated Care System (ICS) and the Trust's part of that is key to being able to develop our vision of the long term plan and priorities. She noted that the last Trust strategy refresh was 4 years ago when the Trust first became North West Anglia NHS Foundation Trust and felt this to be a timely review of our strategy. Caroline Walker noted that there is a new section within her report which attempts to bring together the Board Assurance Framework, explaining how each meeting works and how we consider all the strategic risks, look at objectives and how these are considered in a timely way, as we remind ourselves to consider our strategic goals and deliver these objectives through the agenda items we look at.
- 5.0.5 Caroline Walker highlighted from within her report the great things that our staff within our Trust do to support patients and staff week in and out, which is shared with the Trust Board and each member of staff at our team briefings each month. She finally reported that Final section great things we do to share with Board and staff at each team brief we have.
- 5.0.6 Caroline Walker reported that there is a later agenda item today on the Stamford Hospital land sale. Noting that this is something that was expected to happen between the last Trust Board and this Trust Board. Today's Trust Board shall record the delay in the Stamford Hospital land sale process, however she confirmed that the sale shall still be going ahead, but will take longer due to surveys being undertaken. She reported that this process has gone through the Stamford Redevelopment Committee and the Strategic and Development Committee. She continued to confirm that the Trust will not be proceeding with the car parking at present.

5.1 Health and Safety Executive update

- 5.1.1 Louise Tibbert presented the Health & Safety Executive Update to the Trust Board highlighting key areas for noting. She reported that she is working closely sharing information with the Health & Safety Executive. She confirmed that as part of the Health & Safety Executive's investigations the Trust has received 3 letters in relation to the 3 COVID staff deaths the Trust has had. She continued to confirm that one letter is in relation to the first 2 deaths, one letter in relation to the third death, and one letter in relation to the building where the third employee worked. She reported that all the letters are contravene letters. She noted that the Trust has provided formal assurance back to the Health and Safety Executive to the first and second letter by the required deadline. She reassured the Trust Board that since March 2020 that the Trust spoken formally on a number of occasions with the Health and Safety Executive interpreting guidance, adjusting and changing our internal guidance accordingly through the Command and Control meetings, emails and staff bulletins. She noted that the Trust continue to take the health and safety of our staff incredibly seriously, and continue to reinforce procedures for our staff, and noted that there is a weekly task and finish group helping to support, guide and facilitate. She noted that the Trust are expecting the Health & Safety Executive to write again with further questions and recommendations.

- 5.1.2 Rob Hughes noted that he endorsed and reinforced that the Trust take this very seriously and confirmed that the Trust are seeking further assurance through the People & Culture Committee and confirmed the check and challenge updates.
- 5.1.3 Beverley Shears reported as Chair of the People & Performance Committee, that the Committee are spending a significant amount of time reviewing the situation, with robust discussions taking place. She confirmed that the Committee are assured of the check and challenge in place and that the Task and Finish group is ensuring that the Trust is responding appropriately and proportionately to findings and recommendations, and are putting in place the right actions. She confirmed that the Committee was assured that the Trust continues to take action to strengthen the safety management culture and continue to be robust on compliance measures that are necessary, noting that this has been a difficult time for everyone during COVID and these tragic events. She further reported that the Trust have taken on-board a number of recommendations from audits that have taken place in 17 other NHS Trusts by the HSE and that the Trust have incorporated those recommendations within our full response.

INTEGRATED PERFORMANCE REPORT

6.0 Integrated Performance Report (IPR)

6.0.1 Quality

- 6.0.1.1 Joanne Bennis presented the Quality Performance section to the Trust Board, taking the report as read and highlighted the key areas within the summary section of the report, which were discussed in more detail by the Trust Board. She noted that the report detail had been reviewed and scrutinised at the Quality Assurance Committee at the end of March and that this data is February's data with exception reports on key indicators. She further reported that on the 24 February 2021 the Care Quality Commission presented their final report from their unannounced inspection on 21 December 2020 of the Peterborough Emergency Department, noting that overall this was a positive report. She reported there are some areas of improvements that now form an action plan, which is currently being worked through. She continued to report that the Complaints process had a re-set during COVID extending the response time by the teams to 40 days instead of the 30 day compliance in recognition of the work load of the teams providing the responses.
- 6.0.1.2 Gareth Tipton noted that pressure ulcers have continued to increase and questioned what is the biggest thing that will change this. Joanne Bennis confirmed that although this number has gone down in month, there have still been higher numbers of pressure ulcers which are largely related to medical devices, in particular with our COVID patients. She continued to confirm that new CPAP machines have been introduced (V60 machines) that have looser fitting facial masks which should have some impact relating to pressure, however we are still seeing a higher level of pressure ulcers due to the skin integrity of this patient group. Evidence from the first wave has shown that the COVID droplets are quite caustic to the skin making the skin of this patient group more vulnerable to tissue damage. She reported that the Tissue Viability nurses are now back from redeployment and there has been a complete relaunch of pressure ulcer prevention and training and expects the Trust will see a reduction over the next two months in line with a reduction in COVID positive patients.
- 6.0.1.3 Mary Dowglass noted the delays at triage and the monitoring of calls that come into the helpline and questioned whether these shall be measured in some way. Joanne

Bennis noted that she is not sure if the Trust are monitoring the calls and how easy it is for people to phone through and how quickly they are responded to, and agreed to look into this further and feedback this information.

ACTION: Joanne Bennis to feedback how quickly the Maternity helpline calls are answered and how this is monitored, has received feedback from the team that this information is monitored and discussed at the maternity governance meetings.

6.0.2 Operations

6.0.2.1 Phil Walmsley 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. He reported that the first detailed plans of recovery going forward for the rest of the year looks quite positive and the Trust are in a position to meet the national trajectory and in some instances, better, as we ensure our hospitals resources have the impact expected. He noted that the size of waiting lists has increased but is in line with the rest of the country and reported that the Trust have implemented an assessment system which is a more effective way for patients to be prioritised. He noted that by combining the lists the Trust elective waiting list moves from reporting 42,000 to 56,000 patients, which is due to combining all three lists, but we are line with the national figures. He reported that the Trust has seen an increase in the length of stay and there is an increase in Accident & Emergency attendances as we move back to pre-COVID levels.

6.0.2.2 Rob Hughes questioned what mechanism is in place now for working more as a System to address issues going forwards to ensure there is not an imbalance for those that live in the South or North for urgent elective work. Phil Walmsley confirmed that there is a Reset and Recovery Group who are working across the System. He confirmed that one meeting has already taken place with Cambridge University Hospitals potentially moving patients to NWAngliaFT to support their waiting list and in-turn we will look to gain support from them. This is being led by Graham Wilde, Director of System Delivery, Cambridge & Peterborough Integrated Care System, who is very aware of this impact and importance of this.

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 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 out of 450 staff absent, 69 were absence due to anxiety and stress, which is understandable and questioned whether checks are in place to ensure staff are taking the appropriate level of annual leave. Louise Tibbert confirmed that controls have been put in place and staff have completed a questionnaire, which has constraints around that. She noted that the Trade Unions are not particularly in favour of the buying back scheme for annual leave but we have undertaken some cross validation work around this. She continued to note that for those staff who have a lot of leave to carry forward it will cause difficulties in managing staffing, so the Trust are reinforcing the Trust policy already in place, that staff should aim to take a quarter of their leave within every quarter of the year, with managers ensuring that is in place.

6.0.3.3 Rob Hughes acknowledged that the Trust are supporting staff in managing stress and anxiety.

6.0.4 Finance

6.0.4.1 Joel Harrison presented the Finance Performance section to the Trust Board noting the report as read. He continued to highlight the key areas within the summary section of the report, which were discussed in more detail by the Trust Board.

6.0.4.2 Rob Hughes noted this to be a positive report and that the ICS and Long Term Plan may present longer term funding challenges in 2021/22 with ambitious plans we will want to deliver also. Joel Harrison reported that the funding for this year is consistent this year on a national level as we continue to deal with the back-end of the pandemic and winter. He anticipates a challenge this year and is working with existing partners to push ahead with the capital plan.

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. She continued to note that more Primary Care Networks (PCNs) have integrated and have released all funds against innovations, against PCN bids, with the totality of funds being used by the PCNs. She reported that in relation to the ICS and System, the Trust have submitted an application for funding and we have progressed to the second stage.

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.

6.0.6.2 Rob Hughes noted that the Board Assurance Framework and Strategic Risk Register for information. He continued to note that there have been no questions from the final Well Led Review and reported that the Trust Board are fully engaged with that piece of work.

6.1 IPR Annex A : Board Assurance Framework April 2021

6.1.1 Taff Gidi presented the Board Assurance Framework Annex to the Trust Board noting the paper as read.

6.2 IPR Annex B : Strategic Risk Register April 2021

6.2.1 Taff Gidi presented the Strategic Risk Register Annex to the Trust Board noting the paper as read.

6.3 Independent Well Led Review Final Report

6.3.1 Taff Gidi presented the Independent Well Led Review Final Report to the Trust Board highlighting key areas, noting the paper as read.

GOVERNANCE AND ASSURANCE

7.0 Maternity Services Update

7.0.1 Joanne Bennis presented the Maternity Services Update to the Trust Board and welcomed Penny Snowden the Director of Midwifery to the Public Trust Board to present the BirthRate+ section.

7.1 BirthRate +
7.1.1 Workforce Report

Penny Snowden presented the Workforce Report to the Trust Board, highlighting key areas, taking this as read. She noted that the purpose of the report is to highlight findings from the external review to the Trust Board and to have an oversight of current safety issues / challenges within the departments. She continued to note that there have been facilitated sessions with Non Executive Directors and the Executive Directors for further discussions in more detail going through the finer detail and methodology. She reported that this is an opportunity for the Trust to generate a bid for the national released money and the Trust are generating that bid and recommends to the Trust Board for approval.

- 7.1.1.1 Joanne Bennis noted that this is about midwifery staffing to align to the Ockenden review recommendations. The bid is against monies put nationally and includes Obstetrics and Gynaecology Consultant cover and training. The investment is specifically for the midwifery workforce against the Ockenden report and she drew the Trust Board's attention to item 5.1 where there are articulated roles that the service is looking for and how these contribute to the delivery of our maternity services.
- 7.1.1.2 Caroline Walker reiterated that this BirthRate+ report and Implementation Plan are part of the Ockenden response and are a key part of the CQC inspection. In approving this significant investment in midwifery it is not only an investment to make other roles and improvement, it has particularly taken into account the acuity of our patients, our population, demographics and women needing that higher level ratio of care. She continued to note that the service will benchmark ourselves against other localities within the East of England for example Luton which has the same population as Peterborough, with the same demands on maternity services.
- 7.1.1.3 Beverley Shears thanked Penny Snowden for her clear report and questioned for clarity that the tender bidding for money and the money we need are not mutually exclusive, we have to do both. Penny Snowden confirmed that we have to do both, we have to invest in midwifery and also bid for money around Obstetrics and Maternity. Beverley Shears questioned how the service was mitigating the increased resourcing risk, given the additional requirements. Penny Snowden confirmed that close work is ongoing with the HR and Recruitment teams, looking at retention planning, internal recruitment and shortened course conversion from nurse to midwife.
- 7.1.1.4 Rob Hughes agreed that the service must make sure there is the right understanding of what our acuity is and within this, the medium term strategy to address acuity rather than respond to. Joanne Bennis added that historically the midwife to birth ratio has been 1:28 and everyone working to the BirthRate+ calculation talks about acuity, it will therefore change the midwife to birth ratio for each organisation based on their demographics and picks up benchmarking to organisations who serve the same population as the Trust do.
- 7.1.1.5 Mary Dowglass noted that it is important to say that for this particular consideration the Trust are taking into account acuity. We have a significant number of higher grade senior staff providing leadership and it is important that they take this forward on midwifery safety, retention, development and supervision of the less experienced midwives. This is about our long term future of our maternity services.

7.1.1.6 Rob Hughes noted that this paper is asking for the approval to fund the full BirthRate+ investment and continuity of carers. The Trust Board gave their approval.

7.1.2 Implementation Plan

7.1.2.1 Penny Snowden presented the Implementation Plan to the Trust Board for approval, highlighting key areas taking this paper as read. It is a requirement of Ockenden expectations that the Trust Board signs off the BirthRate+ implementation plan.

7.1.2.2 Rob Hughes questioned whether this is being planned through any committees. Penny Snowden confirmed that this has been through the Triumvirate team and with the Executive team.

7.1.2.3 Mary Dowglass questioned whether priority has been given to the Triage post, and whether that is something that would need reconsideration. Penny Snowden agreed to look into this further.

ACTION: Penny Snowden to look at the priority status of the Triage post and update accordingly.

7.1.2.4 The Trust Board approved.

7.2 Maternity CNST Update Report

7.2.1 Penny Snowden presented the Maternity CNST Update Report to the Trust Board, highlighting key areas, taking this paper as read. She continued to confirm that the self-assessment states the Trust are compliant with 8/10 safety actions and continuing with improvement work in the two remaining areas. She continued to note the Maternity Clinical Workforce neonatal staffing element and the action plan to achieve Quality in Speciality is agreed, with no resource implications (trajectory to meet the 70% BAPM standards). The Trust Board noted the current position.

7.2.1.1 Rob Hughes noted the revised submission date to be 15 July 2021 and thanked Penny Snowden for the update and that this will be discussed on a monthly basis.

8.0 Director Infection Prevention and Control DIPC Report

8.0.1 Joanne Bennis presented the DIPC Report to the Trust Board. She continued to highlight key areas, which were discussed in more detail by the Trust Board and taken as read. She reported that the water safety update within the report identifies where the Trust are in relation to timescales in completion of the Hinchingsbrooke work which has been a risk on the Risk Register for some time, noting that this gives an update and assurance to the Trust Board on how this is moving forwards. She continued to note that the risks are aligned to all infection and prevention control protocols. She drew the Trust Board's attention to give assurance and highlight the thematic analysis of nosocomial COVID-19 cases which are always a month behind and report showed the February data, which does take into fact that the Trust had 123 cases.

8.0.2 Rob Hughes questioned if this was discussed at the Quality Assurance Committee. Joanne Bennis confirmed that this is discussed every month. Rob Hughes noted that Hinchingsbrooke Hospital showed as having a slightly different percentage of cases that were higher than Peterborough City Hospital and questioned if this was because the building was newer at Peterborough. Joanne Bennis confirmed that Hinchingsbrooke Hospital have fewer side rooms and there is more challenge with some of the CPAP patients.

9.0 EDI Strategy

- 9.0.1 Louise Tibbert presented the EDI Strategy to the Trust Board for approval. Louise Tibbert highlighted key areas, which were discussed in more detail by the Trust Board, and taken as read. She reported that this is an ongoing piece of work which has gone through the People & Culture Committee and Trade Union forums and the first of its kind for NWAngliaFT. It sets out some clear ambitions for EDI for the Trust and thinks about some of the emerging NHS ambitions and priorities and commend to the Trust Board for sign off today.
- 9.0.2 Beverley Shears commented that this is an example of outstanding practice, which is collaborative and inclusive, it talks about co-creating partnership working, patient centric and is a proper equality diversity and inclusion strategy which is well written. She confirmed that this was debated and endorsed at the People & Culture Committee who are content for Trust Board to approve.
- 9.0.3 Rob Hughes questioned who has led on this. Louise Tibbert confirmed it to be Simon Howard who has been working with a staff working group. Rob Hughes recognised this as a good piece of work and passed on his thanks to Simon Howard and all the team who worked on this. The Trust Board gave their full approval.

9.1 Workforce Race Equality Standard (WRES)

- 9.1.1 Louise Tibbert presented the WRES to the Trust Board for approval. She highlighted key areas, which were discussed in more detail by the Trust Board taken as read. She continued to note that the first two plans WRES and Workforce Disability Equality Standard (WDES) required to be published and asked for the Trust Board to endorse these plans, however these will still require revisions on dates going forwards.
- 9.1.2 Mark Sanderson commented that there is a lot of yellow and questioned the timescales and whether this is due to the pandemic. Louise Tibbert responded that the pandemic had affected timescales. She also said the amber and yellow are defined as the same thing and will be corrected. She also continued to confirm that these were published some months ago and will be updated accordingly.
- 9.1.3 Gareth Tipton noted reference to the Introduction of the Cultural Ambassador programme and support and manage people with a disability and questioned if we are now starting to stand these work streams back up. Louise Tibbert confirmed that to be the case and that a full update shall be provided at the next People & Culture Committee. The Trust Board approved.
ACTION : Louise Tibbert to take full update of work streams being stood back up to the People & Culture Committee.

9.2 Workforce Disability Equality Standard (WDES)

- 9.2.1 Louise Tibbert presented the WDES to the Trust Board for approval, taking the report as read. Louise Tibbert highlighted key areas, which were discussed in more detail by the Trust Board. The Trust Board approved.

9.3 Workforce Nationality Equality Standard (WNES)

- 9.3.1 Louise Tibbert presented the WNES to the Trust Board for approval, taking the report as read. Louise Tibbert highlighted key areas, which were discussed in more detail by the Trust Board. The Trust Board approved.

10.0 Annual Staff Survey

- 10.0.1 Louise Tibbert presented the Annual Staff Survey to the Trust Board and highlighted key areas in more detail. She noted that the feedback from the staff survey that plans are in place to implement training for immediate managers within the first 100 days of being a line manager and leadership. She continued to note that health and wellbeing is improving with additional facilities and support in place for staff, with a lot of work going on nationally and regionally.
- 10.0.2 Caroline Walker added that the staff survey is the annual feedback and the results are important to us. The staff are loud and clear that line management are not meeting their needs and noted she remains committed to shifting this dial. We have already committed to the new year priorities as a key part of the People Plan and to cascade the 2021/22 priorities. It is important to access all members of staff at all levels, there are still leaders who are not meeting the needs of their staff and as an Executive Team this is a priority as something to focus on.
- 10.0.3 Rob Hughes commented that a breakthrough is needed on this with all managers on this. There is a need for all managers to engage. Louise Tibbert noted that CCS and CPFT have long running programmes and have taken a number of years to shift the dial, with their culture very different, which we can learn from, but it is harder in an acute setting.

11.0 Trust Strategy Review Summary

- 11.0.1 Arshiya Khan presented the Trust Strategy Review Summary 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 and taken as read. She noted that the Trust Board met on the 9 March and that there were three key themes that arose from the sessions, that we need to establish ourselves as a strong and well performing district general hospital, be a leading partner in the ICS and continue to lead the place based solution. Sessions are to begin with Deputies and the Hospital Management Committee on 23 April and continue throughout May and June, with dates to communicate with wider stakeholders, including those external. A communication will be developed which will include a lay-member and a Non-Executive Director and will share the Terms of Reference at the Strategy & Development Committee. Rob Hughes confirmed that the first session went well and thanked Arshiya Khan for getting the support in and looks forward to the next stage and discussion at the Strategy & Development Committee.

12.0 Freedom to Speak Up : Q3 and Q4 Report

- 12.0.1 Sally Mumford presented the Freedom to Speak Up : Q3 and Q4 Report to the Trust Board noting the report as read. Sally Mumford highlighted key areas within the summary section of the report, which were discussed in more detail by the Trust Board, noting that this report shall be brought to Trust Board twice a year. She continued to note that there has been a decrease in quarter 4, which is in line with other guardians around the patch, with the themes remaining the same, with the Trust scoring 62% against the national average of 65%.
- 12.0.2 Joanne Bennis commented that she is pleased to see the number raised anonymously as only 1 for Quarter 3 and 0 for Quarter 4. She continued to comment that it is useful to see the Trust's progress against other organisations and felt assured and positive on how staff are using the Freedom To Speak Up Guardian and commended Sally Mumford on that.

- 12.0.3 Gareth Tipton highlighted that there are no anonymous issues raised and commended Sally Mumford for her continued efforts, noting that the Trust have a culture of people who feel they can speak up without fear of retaliation. Gareth Tipton asked if the percentage of headcount in admin and nursing staffing groups could be added to make easier for readers to understand. Gareth Tipton finally noted that sometimes we have too kind and compassionate conversations with people, which can be the cause of frictions, and there must be an emphasis on having clear conversations with people in the moment and confirmed that there is work underway with line managers to help understand how to deliver those conversations in a more productive way.
ACTION: Sally Mumford to adapt reporting to show percentage of headcounts.
- 12.0.4 Rob Hughes noted that he could not understand why the cases in Luton and Dunstable and Milton Keynes are so low. Sally Mumford commented that this is related to benchmarking and their cases are recorded, noting that they do not have the privilege of a full time Guardian. Rob Hughes noted that we are behind the average acutes by 3%, but feels the Trust are investing a lot in to this and questioned what Sally Mumford thought the cause of the gap was. Sally Mumford confirmed that she felt that there is still a lot of promotional work to be done and ensuring lessons learned are shared a lot wider.

BOARD SUBCOMMITTEE ASSURANCE REPORTS

13.0 Assurance Reports from Board Subcommittees

13.1 Quality Assurance Committee

- 13.1.1 Mark Sanderson presented the Quality Assurance Committee report to the Trust Board and took it as read. He highlighted the key issues and risks, and also areas of outstanding practice and innovation. He commented that the numbers of cases of COVID had improved and can see correlations in quality metrics that go with that. He noted that the reduction in falls is the most notable which has some correlation with staffing levels. He continued to note that mortality rates are still higher particularly at Peterborough City Hospital.

13.2 Finance & Digital Committee

- 13.2.0.1 Ray Harding presented the Finance & Digital Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation, taking the report as read. He reported that the Committee recommend to the Trust Board for approval the two elements of the proposal of the the Urgent Emergency Centre (UEC) to transfer the Urgent Treatment Centre (UTC) to Peterborough City Hospital.

13.2.1 I.T Outage Report

- 13.2.1.1 The Trust Board noted this appendix.

13.3 Performance & Estates Committee

- 13.3.0.1 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 and taken as read. He continued to report and highlight that the Committee discussed the good progress being made on the Hinchingsbrooke backlog maintenance and uninterrupted power supply project and is hopeful this will now move forward with the Committee tracking. He noted that the cleaning issues have been rectified at the Peterborough hospital site and continued to note the good performance within A&E. The Committee also held discussions around the new UEC

measures and the 4 hour access standard and confirmed that a Task and Finish Group has been established to work on the measures. He further confirmed that the Committee reviewed the UTC Business Case, the risks and the Board Assurance Framework (BAF).

13.3.1 Referral Assessment System

13.3.1.1 Phil Walmsley noted that this appendix was for information and had been discussed earlier within the agenda.

13.4 Strategic & Transformation Committee

11.4.1 Rob Hughes presented the Strategic & Transformation report to the Trust Board and noted that there were no items requiring escalation, noting the key issues, risks and spotlight outstanding practice and innovation being taken as read. Rob Hughes highlighted and recognised the excellent work done by those involved in producing phase II OBC for Hinchingsbrooke.

13.5 People & Culture Committee

13.5.1 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 and took the report as read. She noted that the key issues have already been reviewed in depth by the Trust Board and noted that the Committee identified key integrated risks which if not got right would not serve the Trust. These have been highlighted to take an oversight on ensuring effective organisational leadership to effect the required cultural shift and leadership standards including compliance and brilliant basic leadership skills. She reported that the Committee looked at the national Workforce Race Equality Standard (WRES) report of last years' performance, which was higher than the national benchmark, noting the excellent work undertaken and continuing. Beverly Shears further mentioned the triangulation of safe staffing and the robust resourcing plans. She was pleased to hear Kanchan Rege talk about progress made on Job plans for clinicians, but the Committee was disappointed that the Deanery have reallocated anaesthetists training places and hope that this is not a permanent position. She continued to note the good work that is ongoing for overseas doctors in recruitment and mentor programmes and is pleased to see that the Trust is moving towards being an associated teaching establishment with an additional University Trust to Cambridge, which will benefit the Trust in terms of all the great work done with COVID. She reported that whilst the Committee had rightly spent a large part of the meeting discussing health and safety, it had also reviewed progress on reset and restore, and how to assure ourselves that we look after the well-being of our staff, ensuring the Trust has a coherent approach to some of the people and culture issues that face us.

FINAL ITEMS

14.0 Any Other Business

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

15.0 Questions from the public

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

15.0.1 Question received from Sophie Coulman on patient visiting

When will patient visiting be permitted again at Peterborough City Hospital? The current data is similar to last August/September, when visiting was permitted. I am

also aware of other hospitals now allowing visiting, such as West Suffolk. My 53 year old mother is terminally ill, and not being able to visit her in hospital is heart breaking for myself and my family.

- 15.0.1.1 Joanne Bennis offered her sincerest apologies to Sophie and confirmed that as her mother is terminally ill, the Trust do have an end of life exception to visiting and said she will contact Sophie outside of the meeting to arrange visiting. Joanne Bennis confirmed that the Trust's visiting rules are aligned with the national roadmap. She noted that visiting within maternity services is a national directive with the exceptions of parents of children and carers to assist in exceptional circumstances for particular patients and for end of life patients, with the Trust allowing one visitor each day (the same person) with allocated slots from 17 May. She noted that we are a health care provider with a lot of vulnerable patients, and confirmed that Peterborough is within the top 15 areas of the country where infection rates are at the highest. This is in constant review and if able to alter earlier the Trust will do that as we utilise our robust Communications strategy keeping patients informed.

15.0.2 Question received from Kevin Burdett on ICS

May I firstly, congratulate and thank all staff for their outstanding commitment during the pandemic.

Secondly, whilst I am in agreement with the move towards an Integrated Care System, I am concerned as to how the views of public and patients will be taken into account. Presently, Governors hold Non Executive Directors to account in this respect. What assurance can you give me please?

- 15.0.2.1 Caroline Walker responded that there will continue to be public accountability and is not negotiable, and that the Trust do not know yet how this will be at the partnership board level. She confirmed that locally in the North Alliance and North Integrated Care Partnership there is Healthwatch and there are several ways to involve public views and patient experience through these groups. She confirmed that the Trust will be held publically accountable and will continue to involve patients within the new regime. Taff Gidi confirmed that the work is to try and translate national guidance on how the ICS is governed, with that work just beginning and confirmed that the Trust are working with colleagues in the ICS and other partnership operations. He continued to confirm that the governance structure is expected to be ready and defined for April 2022.

15.0.3 Question received from Kevin Burdett on ICS Accountability

I note the development of the ICS, and would like to ask whether there is a process for the local accountability other than through the Public Boards of the participating organisation?

- 15.0.3.1 Caroline Walker responded as above in Item 15.0.2.1.

15.0.4 Question received from Jane Pigg on Mortality

I would like to preface my questions with saying how hard I know everyone in the Trust always works, and how everyone will have worked with even more dedication over the last year to keep your staff, patients and our services safe.

When I left the Trust there was a good record of mortality rates, and I note that deaths are now higher than expected. I note that work is ongoing on this issue, but I was not clear whether there was (a) any genuine reason for concern in terms of an underlying

trend; or (b) whether the figures are skewed by COVID deaths, or (c) if there is yet work to be completed when this is expected to be done?

15.0.4.1 Kanchan Rege responded that our mortality figures continue to concern us greatly. THE HSMR is a complex figure which is presented as a rolling 12 month average 3 months in arrears which means that any changes take a long time to be demonstrated. The number whilst being a reflection of patient care is greatly influenced by how fully various conditions (comorbidities) are coded. Two work streams are being conducted concurrently: the first to examine the quality and depth of our coding and the second (more importantly) to check that patients are not dying prematurely by conducting detailed examination of the care given to patients who die. Reassuringly only approximately 1% of deaths were deemed to have been associated with poor care and the main issue was communication rather than administration of incorrect or inadequate treatment. We are working with external colleagues to understand more about our coding as in previous years our practices have led to very good mortality figures and there have been no obvious changes in clinical practice.

15.05 Question received from Jane Pigg on A&E

I note that the performance metrics in A&E seem to have deteriorated as the attendance levels increase – whilst this is perhaps not surprising are there any lessons to be learned from handling A&E attendances using different models of care or access as will have been used during the pandemic, or is there concern that the general population have not been accessing A&E and not receiving immediately necessary treatment?

15.0.5.1 Phil Walmsley confirmed that the Trust have learned quite a few things from COVID and have maintained increased staff within the Emergency Department, with rapid processes in place. He noted that a lot has been learned and there is more to be implemented. He confirmed that there has been a change in the Emergency Department front door set up which has been running a few weeks. There is ambulance handover space, supporting urgent and emergency care, offering alternative pathways. He continued to confirm that the Discharge Lounge is in place, which sees on average 25 patients a day. He agreed that there is a national concern with people not accessing healthcare during the COVID pandemic and becoming a late presentation. He added that the Trust have done well with virtual appointments and noted that the Trust has implemented the Referral Assessment System (RAS) whereby patients are referred by their GP with immediate access onto the right pathway.

15.0.6 Question received from John George on Nurse Retention

I have been informed that nurses are burnt out within 2 years because of long shifts, so they look for alternative employment. Nurses are very dedicated to their work but there is more to life than just work.

15.0.6.1 Joanne Bennis responded that she agreed and noted that currently the Trust are carrying a vacancy rate of 2.58% for nursing vacancies. She confirmed that career conversations are being held with the nursing workforce to help support, give opportunities and ideas. The Trust has good support and preceptorship packages in place, promoting flexible working patterns. She continued to note that the long shifts do suit nurses in regards work/home life balances and some staff do choose to work additional shifts, which is their choice and do enable a flexible work life balance, with long shifts sometimes the preference. She also noted that the COVID pandemic has had an effect on retention of all professionals, not just nursing staff.

The Chairman closed the Public Trust Board at 17:10hrs

Date of next meeting:

Signed.....

Name.....

Date.....