

**Minutes of the Public Meeting of the Board of Directors  
held on Tuesday 8 June 2021, 14:00hrs  
via MS Teams LIVE**

<b>Members:</b>	<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 &amp; Transformation Officer Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director</p>
<b>In attendance:</b>	<p>Taff Gidi Sylvia Zuidhoorn Tariro Matanga Kevin Boyle Shaheen Hosany Amy Dewhurst Penny Snowden Bernadette Jacques</p>	<p>Company Secretary &amp; Head of Corporate Affairs EA to Chairman &amp; Chief Executive - <i>Minute Taker</i> Incoming NExT Non-Executive Director Divisional Nursing Director Matron EMED Ward Manager B6 Director of Midwifery Head of Complaints</p>
<b>Observing:</b>	<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 and noted an additional welcome to Tariro Matanga who shall be joining the Trust Board as a NExT Non-Executive Director.
- 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 – Learning from Serious Incidents**

- 2.0.1 Joanne Bennis introduced the Patient Story to the Trust Board on Learning from Serious Incidents and introduced Kevin Boyle, Divisional Nursing Director.
- 2.0.2 Kevin Boyle presented and highlighted key areas from the Learning from Serious Incident entitled STEIS 2020/21791, Peterborough City Hospital, Emergency and Medicine to the Trust Board.
- 2.0.3 Kevin Boyle introduced Shaheen Hosany, Matron EMED who presented and highlighted key areas from the Learning from Serious Incident entitled STEIS 2020/20299, Peterborough City Hospital, Emergency and Medicine to the Trust Board.
- 2.0.4 Kevin Boyle presented and highlighted key areas from the Learning from Serious Incident entitled STEIS 2020/21418, Peterborough City Hospital, Emergency and Medicine to the Trust Board.
- 2.0.5 Rob Hughes thanked the presenters for the presentations they gave and noted that these are very tragic cases and passed on apologies from behalf of the Trust Board for the loss of these patients. He continued to question whether these are new lessons or is it a case of reinforcing what the Trust already knows. Kanchan Rege noted that serious incidents are shared and are a reiteration of Trust policies, processes, expectation and taking into account human factor cases.
- 2.0.6 Mark Sanderson thanked the team for the presentation and inquired if there is any learning from nutritional support that would influence Trust policy. Joanne Bennis confirmed that from a nutritional perspective the teams use a risk assessment tool called (MUST) which is nationally recognised. The tool is audited monthly and reports into a variety of forums and identified through these incidents that during the pandemic some aspects of assessment and monitoring had not been as robust as normal. As discussed at public Board previously, the Trust went into governance lite and we identified a subset of the key quality indicators that would be audited during wave 2 rather than the number normally reported monthly. Mark Sanderson noted that the third patient presentation is quite rare and inquired if there is any learning to come from a young person who is seen twice and effectively given four diagnoses. Kanchan Rege agreed that when a patient re-presents again there should be a red flag raised and the patient should be seen by a senior staff member. Mark Sanders questioned if that should be a Trust policy. Kanchan Rege agreed that a Trust policy would be an ideal situation.
- 2.0.7 Beverley Shears noted that it is sad to hear these stories and it is important to learn lessons from these. She inquired whether the Trust has learned from these situations with regards patients who are vulnerable. She further noted that pre-COVID there were roaming staff with resus kits and questioned if these staff were present on the day for the for the first patient (STEIS 2020/21791). Joanne Bennis confirmed that the cardiac arrest team are the nominated individuals that the call goes out to, and hold the bags with the appropriate PPE within them, to respond and the actual staff on the ward would have access to the resuscitation trolley, on the ward, that had one set of PPE on it in order to attend the patient in cardiac arrest. Kanchan Rege noted the Trust is very aligned to the safe guarding issues of patients like this and are very sensitive to this.

2.0.8 Arshiya Khan noted that as infrequent as these incidents are, it is sad to hear and good to know the Trust are learning lessons. She noted that the two incidents with the Emergency Department (ED) and questioned if this has shown any stress the staff were undergoing due to the COVID pandemic. Kevin Boyle noted that there was no problem with the segregation within ED or on Ward B14. Ward B14 was a COVID receiving ward and there was an impact in relation to staff being able to enter the area because of the risk factors.

2.0.9 Rob Hughes thanked all the presenters for the presentation and that it was good to hear the learning from this and the responses from the clinicians, reminding the reinforcements of learning which is something that will be continually looked at. He continued to pass on good luck with the challenges faced on the wards.

### **3.0 Minutes of the meeting held on 13 April 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 he had met with Victor Adebawale, Chair NHS Confederation, noting the good relationship between the NHS Federation and Caroline Walker. Within the meeting he shared the three key challenges for the Trust, these being staff wellbeing, which remains a concern of the Trust Board and was keen to discuss and make sure the Trust Board do all they can do to address these issues. Secondly, the recovery from COVID and thirdly the transition into the Integrated Care System (ICS) at the same time as running the work of an acute foundation trust hospital. Rob Hughes noted that he was encouraged by the conversation and will continue to further conversations.

4.0.2 Rob Hughes reported that had met with Phil Walmsley and Eileen Murphy, Cancer MacMillan Nurse with regards Cancer Transformation and shall meet further over the next few months as the Patient Participation Groups are established which are important to the Trust Board.

4.0.3 Rob Hughes noted the challenge for the Trust as COVID restrictions are eased and relaxed outside of the Trust. He reminded the Trust Board of the challenge as the Trust continues to comply with the demanding regulations on infection control, reinforcing and encouraging staff and patients to continue to comply to social distancing and PPE. As a Trust Board this is taken very seriously and Board meetings in Public shall continue to meet remotely supporting Public Health guidelines.

### **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 which were discussed in more detail. She was pleased to report that the Trust COVID position had eased significantly since the Trust Board had last met, noting that at the time of reporting, there was one COVID patient at Peterborough City Hospital and one COVID patient at Hinchingsbrooke

Hospital which is a very positive improvement. She continued to report that our hospitals are very much affected by the COVID restrictions still and the Trust will not be changing any restrictions as we safeguard our patients and staff and shall be maintaining social distancing, applying good infection control and there are no plan for the NHS to change these rules within our hospitals, even though things are differing outside of the hospitals.

- 5.0.2 Caroline Walker reported that the hospitals have welcomed back some visitors in a measured way across all our categories. The hospitals are extremely busy with the ED daily attendances at our two sites hitting our two highest ever attendance levels on one day.
- 5.0.3 Caroline Walker reported that the Trust are bringing back surgical and non-diagnostics treatments and all combined, all is being done to reduce the waiting list and meeting non-COVID urgent demand.
- 5.0.4 Caroline Walker reported that the Urgent Care Treatment Centre is on plan and going ahead on 30 June 2021 ready to accept patients from 1 July 2021.
- 5.0.5 Caroline Walker highlighted within her report that the Board Assurance Framework defines how the Trust delivers our objectives as an organisation and the Trust Board have agreed three priorities for the year around which the Board Assurance Framework is built.
- 5.0.6 Caroline Walker was pleased to report on the announcement of NWAngliaFT Paediatrician Nik Johnson as being appointed as the new Mayor of Cambridgeshire and Peterborough. She continued to report that the helipad at Peterborough City Hospital has had solar-powered lighting installed which will allow helicopters to land during the darker winter days and nights, whereas previously only emergency aircraft have been accepted to land. She finally reported that the Trust will continuing the free car parking offer to our staff for the financial year 2021-22.
- 5.0.7 Caroline Walker finally reported that as Chief Executive she receives many letters and emails, which many of which are a thank you, which she ensures the Trust Board are made aware of and are also shared with the staff named with her personal thank you.
- 5.0.8 Rob Hughes thanked Caroline Walker for her report. He continued to pass on his thanks to Nik Johnson as his time as Governor, which he shall now step down from as he commences his new role as Mayor.

## 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 reported that there are some challenges with sepsis screening and treatment and after reviewing is pleased to report in month the treatment is 100% within ED, however showed a decrease to 92% compliance within patient areas (within accepted level). She continued to report that from 1 July 2021 when the UTC moves across, the Symphony system will have sepsis assessment and treatment as part of that system of electronic

observation. She continued to report that COVID rates remain low with only 4 nosocomial cases and no outbreaks in April 2021. She noted that there has been a reduction in pressure ulcers in crude numbers. She continued to note that a lot of work has been undertaken over the concerns around the assurance of water safety at the Hinchingsbrooke site and once the sampling programme has been undertaken we will be able to remove the point of use filters. She continued to report that there have been some challenges with the reopening of some complaints, which has resulted in further questions being raised. She reported that new cleaning standards for the NHS were published in April 2021, noting the main differences being there are 6 categories of cleaning standard, which was previously 4, although not all 6 need to be implemented. The new 5 star rating for wards is to be displayed with some communication work to be undertaken for public understanding of these. There will be training for anyone completing an audit of cleaning standards.

6.0.1.2 Rob Hughes questioned who rates the cleaning standard 5 star rating. Joanne Bennis confirmed that there are clear environmental and cleaning audits undertaken which set the scoring system rating for each area. Rob Hughes questioned if this was a member of our organisation who sets the rates. Joanne Bennis confirmed that yes it is a group who have been trained to undertake the audit within the organisation, and looks to involve Governors and public and patient partnership.

## **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 on the successful opening of the Surgical Assessment Unit which should see approximately 30 to 40 patients a day which would have previously had gone to ED, which is really valuable, particularly as the Trust is seeing increases in activity. He continued to report that the average length of stay is reducing as longer outlier patients have greater focus through multidisciplinary twice weekly long length of stay review meetings. He further reported that Hinchingsbrooke Hospital have performance well against the latest published General Emergency Medicine Indicators, ranked 14<sup>th</sup> highest performing hospital in England across a range of key measures on emergency care access for patients. He confirmed that the number of patients waiting over 52 weeks for treatment has fallen for the first time since before the COVID-19 pandemic. He continued to confirm that 62 day cancer pathways waiting over 104 days is now below pre-COVID levels target set by NHSE/I.

6.0.2.2 Gareth Tipton thanked Phil Walmsley for the update and questioned how despite experiencing some of the highest attendances ever at our EDs have we got this so right and managed to improve our ED 4hr overall performance. Phil Walmsley explained that there is a need to be cautious as in May we are seeing very high occupancy levels and there is a struggle to exit block and confirmed he is talking to partners and looking at alternative pathways. What was seen in April was the result of good bed occupancy which helped manage the flow.

6.0.2.3 Rob Hughes noted there has been some improvement but there are still some significant challenges.

## **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, noting the report as read. She continued to highlight the key areas within the summary section of the report, which were discussed in more

detail by the Trust Board. She reported that in terms of success the vacancy rate has increased and time to hire has slightly increased this month, continuing a general downward direction with retention stable. She continued to report that there has been good success with the rollout of the COVID-19 vaccine campaign to all Trust staff and have been able to vaccinate 85% of all substantive staff. She noted that the key messages are that the Trust is starting to see some impact on staff from COVID, with more referrals to Occupational Health, which includes access to a mental health pathway with the CPFT, which is continuing to be watched and responded to. There is an uptake on personal staff risk assessment compliance levels stabilising and there is a continued push on this as it is really important that risk assessments are reviewed with managers. She noted that the health and wellbeing support and information remains a key focus and that a Health and Wellbeing Guardian has been appointed and there are a range of services and support arrangements in place for staff to access. She continued to note that staff fatigue and anxiety is increasing and is contributing to absence levels, which is not unexpected and is attributed after working and living in challenging conditions over many months.

6.0.3.2 Rob Hughes noted the underlying theme of stress, mental challenges and burnouts and that the role of the manager is quite important for signposting and support. He questioned whether managers are being given the support needed. Louise Tibbert confirmed that individual managers are being supported by my services managers and by the HR and OH team. Health and Wellbeing conversations are taking place via appraisal and supervision.

6.0.3.3 Mark Sanderson thanked Louise Tibbert for the report and questioned if there is any idea over the next year how much more sickness or absence the Trust is likely to see and is it an unknown as the Trust thinks about how to plan the workforce over the next year. Louise Tibbert confirmed that there has been extra messages sent to Managers and staff about the pathways that are available to them, but we do not know how long the impact will continue or peak. On looking at other Trusts this is being seen across the country. Mark Sanderson inquired on how many staff have taken up the CPFT service. Louise Tibbert noted she does not have the exact figures but could confirm there have been approximately 50-60 staff using that service (now 80 staff). Kanchan Rege noted that the CPFT is providing a great proactive service in the intensive care unit which is working really well.

6.0.3.4 Beverley Shears acknowledged the amount of pressure on colleagues within the mental health services. She continued to question how the Trust are equipping managers to ensure they are given the right kind of leadership. Louise Tibbert confirmed there is a work stream with the Good To Outstanding (G20) programme is focussing on competencies for compassionate leadership and that managers need to be equipped. The Trust is on a journey to provide a range of support. Rob Hughes noted that the Managers need skills but also need the support themselves.

## **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. He reported that the Trust have submitted a breakeven plan for Half One 2021/22 on 26 May 2021 as part of the wider Cambridgeshire and Peterborough ICS Half One Finance plan submission, with further details awaited for the second half. He continued to report that the Trust has submitted a breakeven financial plan as an organisation and as to plan. The Trust have delivered above plan level, enabling to access to the Elective Recovery

Fund (ERF) monies. He further reported that the Trust are reporting a £1.1m deficit for month, which is anticipated to reduce in Month 2. Work is ongoing on the final remnants of the Cost Improvement Programme (CIP) plan for year, this is important as there are no financial arrangements agreed for Month 7-12 yet and the Trust need to react and respond flexibly.

6.0.4.2 Rob Hughes thanked Joel Harrison for the positive report which shows good signs of the System working together.

6.0.4.3 Mike Ellwood noted the impact of COVID, recovery, stress and burnout and questioned the exposure to the CIP plan. Joel Harrison noted that there is a risk around the CIP plan and have built in budgets around this to return to sustainable recurrent cost base. This is integral to delivering the financial plan and at this stage there is unidentified CIP that is not a risk to delivering the financial plan.

## **6.0.5 Strategy & Transformation**

6.0.5.1 Arshiya Khan presented the Strategy & Transformation Performance section to the Trust Board noting the report as read. She highlighted key areas within the summary section of the report, which were discussed in more detail by the Trust Board. She reported that the Trust Board shall continue to receive updates on the Hinchingsbrooke Phase II and III at Private Board meetings. She noted that the Outline Business Case for Theatres has been approved in April and planning permission has been received by the Council. She further noted that the Guaranteed Maximum Price (GMP) for Hinchingsbrooke Phase II redevelopment is due on 14 June 2021. She reported that the Joint Investment Sub-Committee of NHSE/I and the Department of Health (DoH) have brought forward the date for the Full Business Case to be considered and the Trust are required to give Full Business Case submission no later than 16 August 2021 and assured the Trust Board are engaging with the Public. She further confirmed that the ICS shall become a statutory body April 2022.

6.0.5.2 Rob Hughes noted that each individual Executive Director is working on this and there are some really good wide ranging work being undertaken despite the COVID pandemic and passed on his thanks to all the Executive Directors.

## **6.0.6 Governance**

6.0.6.1 Taff Gidi presented the Governance Performance section to the Trust Board noting the report as read. He highlighted key areas within the summary section of the report, which were discussed in more detail by the Trust Board. He continued to report that the Risk Management Policy has been approved. He noted that work continues to strengthen governance arrangements in line with our accountability framework. He reported that the Trust have recruited three new governors at the same time.

6.0.6.2 Taff Gidi noted that he is pleased to announce the appointment of Carmel O'Brien as Non Executive Director effective from 1 August 2021.

6.0.6.3 Rob Hughes noted the emerging issues with the Oversight and Support meetings framework held with the Regulator. Taff Gidi confirmed that the Oversight and Support meetings previously held with NHSE/I shall move to a System level, which is yet to be clarified.

## 6.1 IPR Annex A : Maternity Report

- 6.1.1 Penny Snowden presented the Maternity Report to the Trust Board for information, noting the paper as read. She highlighted the successes within the report which were discussed in more detail by the Trust Board, noting the positive feedback from the External Quality Visit undertaken on 28 April 2021. She continued to note that final Maximum Data Set for Ockenden has been received by the Trust with the team currently collating the required evidence. She further noted that the Quarter 4 Perinatal Mortality Review Tool is in the new format and confirms compliancy on all CNST requirements for this safety action.
- 6.1.2 Rob Hughes noted there were scores in the dashboard in the green and red sections, but not on the amber and questioned what the amber score is. Penny Snowden confirmed that the threshold is amber and will take this off-line to make clearer.  
**ACTION : Penny Snowden to update the amber sections of the dashboard to make clearer.**
- 6.1.3 Gareth Tipton thanked Penny Snowden for the report. He noted the maternity dashboard and the KPI relating to being seen within 30 minutes of attendance to triage, and questioned what the document errors are and what is being done to rectify this. Penny Snowden confirmed that the Task and Finish Group is looking at this and making improvements but they may not have been documented within 30 minutes but have been seen within the agreed timeframe. Gareth inquired whether these were not recorded properly. Penny Snowden confirmed there is a mixture and will add further clarity. Joanne Bennis noted that in support of this, triage came up in the CQC inspection in 2019 and there is an extensive triage plan oversight of all the work related to the CQC which is reviewed monthly. Since Penny Snowden has been in post she has implemented the Quality Improvement meeting which looks at all the quality improvement requirements for maternity which includes CQC work and has good oversight and operational detail below this overarching report.
- 6.1.4 Mark Sanderson thanked Penny Snowden for the report and questioned why the skin to skin and breast feeding KPI continue to be flagging as red and what are the factors surrounding this. Penny Snowden noted that whilst these are still red against our thresholds, our thresholds are much higher than the national average. There are some document issues as most babies are born onto skin and are held, and this is currently being looked into. She noted that there is an intention to breast feed, some of this is due to local demographic. She confirmed that there is an improvement group who are going through the metrics and improvement to be made for UNICEF accreditation in May 2022. Mark Sanderson questioned if our skin to skin threshold is higher than the whole country. Penny Snowden confirmed that we do not want to reduce our threshold and standards and want to maintain focus on this.
- 6.1.5 The Trust Board gave their approval.

## 6.2 IPR Annex B : CNST Report for submission

- 6.2.1 Penny Snowden presented the CNST Report for submission to the Trust Board for approval. She noted that this is due to be submitted to NHS Resolution on 15 July. She noted that overall, the Maternity Service is compliant with nine of the ten safety actions at this stage. The outstanding metric is Carbon Monoxide monitoring in pregnancy (at booking and 36 weeks) and confirmed that daily exception reporting is in place to monitor compliance and the Service is focussing on delivering 80% compliance at Antenatal booking and the 36 week gestation follow up appointment by 13 July 2021 in readiness of the submission date. Penny Snowden will provide an

update at the next Private Trust Board in July 2021 on this safety action within the CNST submission. She further confirmed that if compliant, the Ockenden recommendation states that the funding received should be invested back into the Maternity Services.

**ACTION: Penny Snowden to provide update at July Private Trust Board on safety action 6 CNST outcome.**

6.2.2 Joanne Bennis commented that the difference to the previous year is that this submission has not gone through QAC but the detailed reports have been seen by the Private and Public Trust Board, with all evidence seen by Caroline Walker and Joanne Bennis prior to submission. She noted that as Penny Snowden has articulated this has to be signed off by our Maternity Commissioners who are assured as are the LMS assured that 9 of the 10 the Trust are compliant against. This shall be brought back to the Private Trust Board in July 2021 as there is no Public Trust Board in July. She continued to note that in regards the carbon monitoring this can be demonstrated and evidenced compliant for a 2 week snapshot audit and are confident we are compliant of submission dates.

6.2.3 Caroline Walker noted that Penny Snowden has done a fantastic job and thanked her for her hard work. She continued to note that at the Private Trust Board in July a final validation of the ten domains can be undertaken.

6.2.4 Joanne Bennis felt it was important to note that Mary Dowglass has stepped down as Maternity Safety Champion who attended all the safety and neonatal meetings and confirmed that she has reviewed evidence through the relevant committees over the last 10 months. Rob Hughes confirmed this from his handover meeting with Mary Dowglass prior to her leaving her the Trust. The new Non Executive Director Maternity Safety Champion is due to commence in July 2021.

6.2.5 Rob Hughes clarified that the Trust Board are asked to note and approve in terms of safety actions and action plan and to agree that we are one domain missing in terms of carbon, which shall be picked up in July Private Trust Board to allow for submission on 15 July 2021. This will then return to Public Trust Board in August 2021.

6.2.6 The Trust Board gave their approval.

### **6.3 IPR Annex C : Board Assurance Framework**

6.3.1 Taff Gidi presented the Board Assurance Framework to the Trust Board for approval. He noted that this reflects three priorities including the measures and ratings that the Executive Directors have agreed and have taken through the relevant committees. This is a reflection of the new position and is pleased to report that this is on track with the internal plan and is a positive opinion. He passed on his thanks to all the Teams who were involved in producing this.

6.3.2 The Trust Board gave their approval.

### **6.4 IPR Annex D – Strategic Risk Register**

6.4.1 Taff Gidi presented the Strategic Risk Register to the Trust Board for approval. He noted that this work has started and asked the Trust Board to approve the descriptions and scores, noting his email that he had sent to the Executive Directors risk number 103348 that this has been revised ensuring the risk description covers all elements. This will be updated on Datix before next week.

6.4.2 The Trust Board gave their approval.

## BREAK

## GOVERNANCE AND ASSURANCE

### 7.0 Learning from Deaths Quarter 4 Report

7.0.1 Kanchan Rege presented the Learning from Deaths Quarter 4 Report to the Trust Board for information, taking the report as read. She highlighted key areas, which were discussed in more detail by the Trust Board.

7.0.2 Rob Hughes questioned how this report compared to previous reviews undertaken. Kanchan Rege confirmed that the outcomes were consistent with poor care being identified in less than 2% of deaths. Rob Hughes further queried in terms of lessons learned, where does the report go next and how is it cascaded within the organisation. Kanchan Rege confirmed this feeds into the governance at the Mortality Surveillance Committee and Suzanne Hamilton writes to staff who have been shown to have delivered excellent episodes of care.

7.0.3 The Board duly noted the report.

### 8.0 Mortality Report

8.0.1 Kanchan Rege presented the Mortality Report to the Trust Board for information, taking the report as read. She highlighted key areas, which were discussed in more detail by the Trust Board. She reported that both the Hospital Standardised Mortality Ratios (HSMR) and Summary Hospital-Level Mortality Indicators (SHMI) are currently high on both hospital sites. The HSMR refreshes on a monthly basis but 4 months in arrears so the impact of any change made will be demonstrated after a delay. The residual impact will still be seen over the following 12 months as the HSMR is a 12 month rolling average number. There has been a drift of our mortality figures over the last 4 years and sadly, numbers have been rising. She noted that deaths from COVID will not appear in the HSMR figures as viral pneumonia is not in the “basket” of 56 diagnoses that account for 80% of in-hospital deaths. She further reported that in August 2019 the whole Trust was lower than expected but since then there had been an upward drift. Some of this is due to the accuracy and completeness of coding of the clinical episodes. It is, at present, unclear as to whether this data quality issue is masking a more concerning clinical reason for the rising mortality figures. Detailed case studies such as the Structured Judgement Reviews which are employed for the Learning from Deaths programme do not reveal major lapses in care. The poor performance when identified tends to relate to communication rather than treatment issues.

8.0.2 Kanchan Rege noted that the Trust clinicians currently use many different IT and paper systems for medical documentation. This fragmentation may be related to the incompleteness of clinical coding. Additionally, we have no local agreements in place to allow commonly used abbreviation for clinical conditions to be interpreted and submitted by the coding team as currently pursue a purely traditional coding approach to our documentation which is at variance to local Trusts. She agreed that clinical coding training should be mandatory for clinicians to bring the clinical and coding approach together. She further reported that Cambridge University Hospitals have advised our coding team and have given ideas on an improvement project on best

practice for clinical coding. Data quality should be made a priority and embedded into the working practice. As part of a multi-pronged approach to scrutinising the data, an audit was performed into the care of the patients who die within 48 hours of admission. All were found to have had a genuine reason for admission and had been referred appropriately by primary care.

8.0.3 Mark Sanderson inquired whether we are sure this relates to coding. Kanchan Rege noted the data pointed towards to an issue of coding but that one could not be definite until all data quality issues had been resolved. Mark Sanderson noted the change since 2019 and questioned what has happened to make it worse and why is Peterborough worse than Hinchingsbrooke. Kanchan Rege confirmed that historically there had always been a disparity between a high SHMI but low HSMR at Peterborough. The SHMI relates to deaths in hospital and following 30 days of discharge and thus is not completely within the control of the Trust. It is possible that Trusts which have a fully electronic patient record have fewer problems with completeness of data (particularly the documentation of co-morbidities which contribute to the reduction in the HSMR). Mark Sanderson inquired whether the Trust is investing in the coding team in terms of their skills and re-banding. Kanchan Rege confirmed that an Investment Appraisal is being worked on, based on all the work being undertaken. Kanchan Rege noted that supporting the establishment and strength of the coding team and moving to a full electronic patient record would certainly contribute towards an improvement in the figures. Mark Sanders further questioned if someone will be providing external final assurance on the process. Kanchan Rege confirmed that IQVIA software is to be demonstrated for consideration of use within the Trust to assure ourselves that our coding is accurate and compliant with external guidelines.

8.0.4 Rob Hughes thanked Kanchan Rege for the report and for all that has been progressed in terms of looking for external peer review and other approaches for improvement. He explained that the Board understood that time needed to be able to demonstrate a positive change. He noted he was proud about the good figures shown through the lens of the Learning from Deaths system and encouraged the team to build upon these.

## **9.0 Six-Monthly Staffing report**

9.0.1 Joanne Bennis presented the Six-Monthly Staffing report to the Trust Board for information. She highlighted key areas and noted that this is a requirement in accordance with NHSI and the National Quality Board guidance. She confirmed that this has been scrutinised through the People & Culture Committee, Quality Assurance Committee and shared with the Divisional Triumvirates.

9.0.2 Beverley Shears as Chair of the People & Culture Committee noted that this is a combination of what the Trust is seeing in best practice in monitoring safe staffing and confirmed that this report has been scrutinised in depth and gave recommendation for green rating as fully assured.

9.0.3 Rob Hughes noted the report and the good work undertaken.

## **10.0 Quality Account 2020/21**

10.0.1 Joanne Bennis presented the Quality Account 2020/21 report to the Trust Board for approval, taking the report as read. She highlighted key areas and noted that last year this was not required to be part of the Annual Report due to the COVID pandemic, but to produced in a slightly different way by producing an independent quality/account report which does not need signing off by the Audit Committee or External Auditors. She reported that the Department of Health and Social Care have confirmed

a publish date of 30 June 2021 and once this has been approved by the Trust Board this shall be published on the Trust website, submitted to NHSI and to the national website. She shall liaise with the communications team to tie in with the printers to print the reports. She continued to note that this has been scrutinised through the Quality Assurance Committee and shared with external Stakeholders.

- 10.0.2 Joanne Bennis noted slight changes to COVID numbers on page 8. She passed on her thanks to the key stakeholders for their narrative and for the team for their work that has been ongoing throughout COVID.
- 10.0.3 Rob Hughes thanked Joanne Bennis for the report and for all the hard work.
- 10.0.4 The Trust Board gave their approval.

## **11.0 Freedom to Speak Up (FTSU)**

### **11.0.1 Vision and Strategy Feedback**

- 11.0.1.1 Taff Gidi presented the Vision and Strategy Feedback to the Trust Board for approval, taking the report as read. Taken the paper as read. He highlighted key areas and noted that it is important to flag that this has been widely consulted with multiple stakeholders and is reflective of a wide range of staff within the organisation. This allow us to monitor our progress over next years' on how the Trust measures progress on that.
- 11.0.1.2 Gareth Tipton noted that as he has been working close with Sally Mumford he agreed that she has done a fantastic job to get to this position. He continued to note that the Trust do need to assure staff can speak up and that they are retaliated against and to assure how the Trust are dealing with this. He also noted that the Trust need to share more widely than at present the lessons learned.
- 11.0.1.3 Rob Hughes noted that as a Trust Board we are very engaged with the FTSU and passed on his thanks to Sally Mumford for her continued hard work.
- 11.0.1.4 The Trust Board gave their approval.

### **11.2 Staff Review Tool**

- 11.2.1 Taff Gidi presented the Staff Review Tool to the Trust Board for approval. He requested for the Trust Board is support the actions that are anticipated to be fully met once the vision and strategy is approved by the Trust Board and to authorise the self-assessment to be updated after the meeting. All actions will be pulled into a separate action plan and brought three times a year to the Trust Board as part of the FTSU update from Sally Mumford.  
**ACTION : Taff Gidi to update the column ratings to reflect the changes from the Vision and Strategy.**  
**ACTION : Sally Mumford to pull all actions into a separate action plan and bring to Trust Board three times a year.**
- 11.2.2 The Trust Board gave their approval.

## **12.0 Annual Self Certification**

- 12.0.1 Taff Gidi presented the Annual Self Certification to the Trust Board for approval and recommended that statement (a) is confirmed in line with the Trust's year-end financial position reported to the Trust Board.

12.0.2 Rob Hughes confirmed the statement in item 2.10 Training of Governors and is in recognition of what has been done for Governor development from last year going forwards and that site of this shall be given to the Council of Governors on 22 June 2021.

12.0.3 The Trust Board gave their approval.

### **13.0 Annual Plan**

13.0.1 Arshiya Khan presented the Annual Plan to the Trust Board for approval. She noted that this had already been discussed at the Private Trust Board in February 2021 where the three priorities for 2021/22 were agreed – Recovery Safely, Celebrate and Support our Staff and Sustainability which will form part of the BAF this year. The main focus is around restoring and recovering services on staff resources, sickness and wellbeing. She continued to note that demand continues to increase for both elective and non-elective pathways. This will add pressure to the already stretched services and will take the NHS beyond 2021/22 to address the waiting lists.

13.0.2 Caroline Walker confirmed that this is in line with the national ask and there are some parts within the plan that are difficult and challenging and we want to support staff. The focus is down to three main topics and the Trust is committed to deliver all the things within it. She further noted that this is deliverable and is committed to the resources behind this to make deliverable.

13.0.3 Rob Hughes noted the challenge is that this is a very big ask for the organisation and that as a Trust Board there must be realistic resource and staff engaged and aligned. He continued to note that he is proud to support an ambitious but realistic plan.

13.0.4 Trust Board gave their approval.

## **BOARD SUBCOMMITTEE ASSURANCE REPORTS**

### **14.0 Assurance Reports from Board Subcommittees**

#### **14.1 Quality Assurance Committee**

14.1.1 Mark Sanderson presented the Quality Assurance 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 there are increasing numbers of safeguarding adult concerns since the end of 2020 which is flagging as a high special cause of concern on the dashboard and the Committee discussed the many causes of this. He continued to report that the Committee saw for the first time monthly data on the completion of Business Continuity Plans (BCP) across the directorates. He further reported that the Committee received the Chaplaincy Annual Report 2020/21 and that this was an excellent report that highlighted the important work of the Chaplaincy team, particularly during the pandemic.

#### **14.2 Finance & Digital Committee**

14.2.1 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 main points for escalation related to budget position and breakeven for the first half of the year. The Committee supported and recommended to the Board the Budget submission to the Private Trust Board which was ratified at Private Trust Board today. The Committee recommended to the Trust Board for approval the Backlog maintenance, Reconfiguration of Trauma and Orthopaedic and Hinchingsbrooke Hospital – Theatres and Redevelopment

Investment Appraisals which were approved at Private Trust Board today. He noted that a lot of work has been achieved on Digital with objectives, plans and risks reviewed.

### **14.3 Performance & Estates Committee**

14.3.1 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, taking the report as read. He continued to report and highlight that there were two matters for escalation. Following a routine survey at Stamford, a number of RAAC panels have been identified. The good news is that the RAAC panels are in good shape and the structural engineers are undertaking a full review. He continued to note that this is a very different situation than Hinchingsbrooke Hospital. The other point of escalation is the pressure the hospital is under from an ED and wards perspective is causing concern and is continued to be monitored, and comes hand in hand with significantly higher stress levels being reported across the organisation. He reported that the Premises Assurance Model (PAM) came to the Committee with significant progress being made since the last PAM update conducted in 2018. The full report shall be reviewed again next month before it is submitted to the NHSE/I before the end of July 2021.

### **14.4 Strategic & Transformation Committee**

14.4.1 Rob Hughes presented the Strategic & Transformation report to the Trust Board. He highlighted the points of escalation, key issues, risks and spotlight outstanding practice and innovation and took the report as read. He reported that the majority of items from this committee, which took place on 27 April 2021, are on the Public Trust Board agenda today. Some of these items were given partial approval but most would now have moved to reasonable assurance given discussion on the topics at today's Board meeting. He acknowledged the significant work being undertaken to deliver the Outline Business Case on time by the Project Team and recognises that whilst clarifying the role of the ICP, work has continued within the North Alliance and has shown how we can work collaboratively together.

### **14.5 People & Culture Committee**

14.5.1 Beverley Shears presented the People & Culture Committee Assurance report to the Trust Board. She highlighted the points of escalation, key issues, risks and spotlight outstanding practice and innovation and took the report as read. She noted the Health & Safety Executive (HSE) Progress report and that this has only received partial assurance because whilst there is reasonable assurance that systems are in place to address key findings and action plans, environmental audits have only just started, so it is early days of implementation and the Committee would want to see consistent sustained embedding and compliance. She continued to note that the CCTV at Hinchingsbrooke issue is frustrating and is currently be worked on to become operative. She reported that the Committee discussed the new BAF and were assured that the full year outcomes on BAF for 2020/21 reflected the impacts of COVID on key workforce metrics including increased sickness absence, staff engagement and survey results..

### **14.6 Audit Committee**

14.6.1 Mike Ellwood presented the Audit Committee Assurance report to the Trust Board. He highlighted the points of escalation, key issues, risks and spotlight outstanding practice and innovation and took the report as read. He noted that the next Audit Committee will take a review of the high and significant risks and look at the whole mitigating actions behind these.

## FINAL ITEMS

### 15.0 Any Other Business

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

### 15.1 Risk Management Policy

This is available for information.

### 16.0 Questions from the public

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

#### 16.0.1 Question received from Bill Proudlock; Stamford - Working with Lincs ICS

"At the April Board the Chair reported that the Trust had entered the Cambridge and Peterborough ICS. He also noted that the Board intends to be more collaborative within the region for the benefit of patients in the local community. Stamford is geographically in a position where its needs should be provided for within the C&S ICS and the Lincs ICS. What steps have been and will be taken to ensure the needs of Stamford and area are adequately addressed.

Particularly, as formally required by current Govt/NHS policy, how do the NHS bodies within these two ICSs plan to work together and communicate with the public in areas such as Stamford where they overlap? As an example how are the relevant bodies involved in the development of the Stamford Hospital site for the benefit of the people of Stamford as opposed to budget preservation."

16.0.1.1 Caroline Walker responded that she felt reassured that the Trust are working with Lincolnshire ICS and Leicestershire and Rutland and have monthly meetings with those ICS and are involved with their programme directors. She confirmed the Trust are involved and consulted with and we are actively talking with Lincolnshire with regards the site. The North Alliance integrated partnership have workstreams within that and some of Lincoln Primary Care Networks are involved in this as well.

#### 16.0.2 Question received from Kevin Burdett Lead Governor – Staff Vaccination Kevin Burdett on ICS

"Great to see the progress in vaccinating staff against Covid-19 as shown in the IPR with 85% as at 7th May. What is the position now, a month later, and is there any resistance to being vaccinated? If so, what measures are being taken?"

16.0.2.1 Louise Tibbert responded that there has not been significant extra take up of the vaccine. Up to date figures show that of our 6,860 substantive staff, 5,837 have confirmed that they have had a first vaccine (**85.09%**) at the Trust or elsewhere. Of these, 5679 have also had their second jab either at the Trust or elsewhere (**97.29%**). The Trust continues to encourage staff to attend for their vaccinations and we have been proactive in encouraging them to do, with specifically targeting at Black and Minority Ethnic (BAME) staff who are less likely to take up the vaccine. Some vaccine hesitancy continues for some staff across the Trust. Wellbeing and personal risk assessment conversations with line managers also encourages people to get vaccinated. Kanchan Rege noted that doctor vaccination is at 92%.

### **16.0.3 Mick Tuohy – Agency Nurses**

“Has anyone worked out the total cost at our trust of using agency’s for supplementing nursing staff against giving the trust nurses a pay rise to get them on the staff payroll instead of the agency’s taken a profit on each nurse for no risk ie just using the agency as a bank. Maybe the service would be better for patients at weekends with using your on site staff Nurses and maybe have a few more on at weekends as well with money you don’t have to pay the agency plus there profit margin mark ups.”

- 16.0.3.1 Louise Tibbert responded that the Trust runs an in-house staff bank, which seeks to fill all notified rota gaps before these go out to agencies. A bank a bonus scheme is in place (an extra payment if you complete a certain number of bank shifts) that helps to encourage staff to work an extra shift or two. We are also continuing to focus on nurse recruitment to fill the new roles that have been added to the establishment from April 2021 and also to fill any existing gaps. This further helps to reduce agency spend. Whilst we cannot increase nurse pay outside the NHS national pay agreements, we have in the past offered enhanced rates in a few areas where this has been needed to fill shifts from the staff bank.

### **16.0.4 European Nurses**

This question came too late for last month’s Council of Governors meeting so was raised by the Chairman for today’s Board meeting in public

“What is the impact of recruitment or retention of European Nurses during the COVID pandemic.”

- 16.0.4.1 Joanne Bennis noted that the Trust has not seen a reduction in nurses wanting to come and work at the Trust. Initially during Brexit transition and talks, there was some uncertainty with our European nurses about the impact and a few decided to go back home, but this has not stopped the supply of nurses. Louise Tibbert reported that the Trust is encouraging staff to think about settled status and there are approximately 150 staff who are still to confirm their settled status. She confirmed that the Trust has not seen a significant drop and it is a wait and see post pandemic.

### **16.0.5 Sue Prior – Breast Cancer Screening at Stamford Hospital**

“Local and county councillors, plus members of the public are concerned that the Breast Cancer Screening service has been stopped at Stamford Hospital. On enquiring at the hospital they had been told by trust staff members, that it was due to the land being sold and there was nowhere for the unit to be parked. Whilst the area of land was in very close proximity to the proposed new car park development, it is not part of the land sale. Will the cessation of the Breast Cancer Screening service at Stamford hospital is accurate and whether it is temporary, a rumour and if there are alternative options for ladies who are due to be screened .”

- 16.0.5.1 Phil Walmsley confirmed that at present the Breast Screening van is unable to go to any mobile sites due to COVID restrictions and ensuring COVID compliancy. All patients will be invited to attend Peterborough City Hospital to ensure we maintain the Breast screening throughput. The Trust is currently looking for a site that covers Stamford, Market Deeping and Bourne and is in the middle of these three areas.
- 16.0.5.2 Rob Hughes thanked all of the Trust Board for their 100% focus on a busy but important agenda. He continued to pass on his thanks for all the public who had dialled in or watching on line.

**The Chairman closed the Public Trust Board at 17:20hrs**

**Date of next meeting: Tuesday 10 August 2021 at 13:30hrs**

Signed.....

Name..... Date.....