Agenda item: 3

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

DRAFT

Board of Directors (IN PUBLIC)

Minutes of the meeting held 7 April 2021, at 10:00am
via MS Teams

Present:

S Barnett (SB)	Trust Chairman
A Brown (AJB)	Non-Executive Director (NED)
I Mack (IM)	Non-Executive Director (NED)
G Ward (GW)	Non-Executive Director (NED)
C Fernandez (CF)	Non-Executive Director (NED)
S Roberts (SR)	Non-Executive Director (NED)
C Shaw (CS)	Chief Executive Officer (CEO)
D Smith (DS)	Chief Operating Officer (COO)
L Skaife-Knight (LSK)	Deputy CEO (DCEO)
C O'Brien (COB)	Chief Nurse (CN)
C Benham (CB)	Director of Finance (DoF)
J Humphries (JH)	Director of People (DoP)

In attendance:

L Notley (LN)	Director of Patient Safety (DoPS)
C West-Burnham (CWB)	Director of Strategy (DoS)
G Raghuraman (GR)	Deputy Medical Director (DMD)
A Prime (AP)	Trust Secretary (T Sec)
K Honney (KH)	Consultant (agenda item 2)
S Gilder	Support Manager (minutes)

56/21 1. CHAIRMAN'S WELCOME AND APOLOGIES

The Chairman welcomed Board members to the meeting. All Governors are able to attend Board meetings in public to observe the virtual meetings and SB welcomed those present.

Apologies were received from David Dickinson, Non-Executive Director and Frankie Swords, Medical Director.

STANDING ITEMS

57/21 2.1 STAFF & PATIENT STORY

KH attended to share a presentation titled 'a new Consultant shielding in a global pandemic'. Due to a medical condition KH had been advised to shield in March 2020 and has documented her shielding experience and journey through the COVID-19 pandemic. KH shared her story with the aim of discussing the emotional aspects and identifying the ways clinical practice has changed as a result of her shielding experience.

KH was grateful that the Trust had been able to support her working on-site,

carrying out activities that enabled her to work alone in an office. KH identified the following as positive achievements and innovations as a result of the experience:

- Clinical work could still be carried out but in a different way to keep frail patients safe at home and still provide appropriate care.
- The use of the frailty telephone was extended because of the pandemic and is now available 7 days a week. Previously the number was provided to GP's for second opinions on the care of frail patients. During the pandemic this service was extended to community matrons and paramedics. KH was contacted by community colleagues for increasingly wide-ranging reasons including for a Consultant opinion as to whether a patient should be admitted or could be managed within the community to minimise their risk and support for ceiling of care decisions. This worked very well and this approach has now been incorporated as business as usual.
- All face-to-face clinic appointments were converted to telephone clinics. Although there were initial concerns that older patients would prefer to attend, patients positively embraced this method of consultation. More than 50% of clinic work is now being completed virtually which is a significant change of practice.
- Virtual ward rounds were conducted via the use of a computer on wheels allowing KH to lead ward rounds virtually.
- KH was involved in a multicentre study investigation regarding COVID-19 severity indicators.
- KH was involved in advancing Quality Improvement Programmes and audits that were not COVID-19 related.
- KH held virtual weekly teaching sessions for primary and secondary care staff. This has now been incorporated into business as usual and the teaching sessions continue to share education via this forum.
- KH provided support to junior medical staff who were shielding and pastoral care for junior staff.
- External work included updates for redeployed staff for teaching purposes via the Royal College of Practitioners.

SB thanked KH for sharing her experience. SB reflected on the frustrations and emotional challenges felt by staff who were required to shield during the pandemic and considered that KH should be complimented on how much work she has achieved to continue to support patients and embrace the use of technology to advance patient care. The Board of Directors are grateful for what has been achieved.

AJB considered that the presentation gave a great insight into how care has been delivered. AJB queried the work on frailty integration with primary care and community colleagues and whether this work will continue after the pandemic, as it described the future of place-based care. KH confirmed this work will continue as frailty cannot be addressed by secondary care alone and it is important to work closely with the community.

LSK thanked KH for sharing her story and reflected that it is important that the Trust learns from her experience. LSK queried what more the organisation could have done to support staff who were required to shield. KH informed that she was well-supported, including through the use of laptops and equipment that was available straight away. On reflection more could have been done to support the trainees, involving a clear plan as to what support was required.

GR commented on how the pandemic created opportunities for innovation

and the changing circumstances demonstrated how quickly staff adapted. GW considered the tele-based virtual ward rounds that were piloted by KH in inpatient areas could be extended for use in other areas. GW thanked KH for her contribution.

DS considered that KH went above and beyond and demonstrated strong leadership. The innovations identified will be used across the Trust.

CS reported that KH has also presented her experience nationally. The Trust is proud of KH's achievements and her innovative approaches are inspiring. As part of the QEH's Strategic plan, the Trust aims to be a UK leader in frailty services and KH's experience demonstrates this could be achieved with the team's commitment and motivation.

SB thanked KH for her presentation and commitment throughout the COVID-19 pandemic.

58/21 2.2 REVISITING PREVIOUS PATIENT STORIES

The Board received and noted the report updating on action taken in response to the patient story received at Board on 2 March 2021.

The Board noted the report.

59/21 3. MINUTES OF THE PREVIOUS MEETING HELD ON 2 MARCH 2021 AND MATTERS ARISING

The minutes of the previous meeting were approved as a correct record with three amendments:

- P6: 41/21, typo amended in title to: '*responsive*'
- P11: 46/21, bottom of the page, '…*some loss of sovereignty of the organisation system…*', amended to '…*our digital systems…*'.
- P12: 46/21 top of page: amended to read: '…*Trust, lawyers…*'.

60/21 4. ACTIONS MONITORING

The Board received the actions monitoring log.

The Board agreed the following actions were complete and are to be removed from the action log: 84, 87, 89, 93, 95, 96, 97

Action 86: In progress
Action 88: Summary information will be included in the IPR from April 2021.
Action 90: In progress
Action 94: A Board session will be arranged with NHS England and NHS Improvement (NHSE/I). The date is to be confirmed.
Action 98 & 99: An update paper on health inequalities will be reported to the Quality Committee in July 2021.
Action 100: The Trust Secretary is confirming the Board Seminar date.

61/21 5. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

LSK reminded the Board of her previously declared interest in relation to agenda item 7. The Trust is working with IDP. LSK's partner is employed by IDP as previously declared in the Register of Interests.

62/21 6. URGENT ACTIONS (UNDER STANDING ORDERS PARA. 5.2)

None.

63/21 7. CHAIRMAN'S REPORT

The Board of Directors received the Chairman's report.

The Board noted the update report.

64/21 8. CEO'S UPDATE

The Board received the Chief Executive's report.

CS highlighted:

- The COVID-19 vaccination programme continues to be successful. Over 30,000 vaccinations have been provided. The Trust has launched a new COVID-19 vaccination centre in Downham Market.
- The QEH Leadership Summit was well-received and a very positive experience for staff. This event will be held twice a year moving forwards.
- There were pleasing results from the 2020 National Staff Survey Results with statistically significant improvements in 9 indicators.
- The Critical Care Unit (CCU) has reopened after the recently required roof repairs. The Trust welcomes the capital allocation from NHSI/E to help with repairs and upkeep of the roof. There are checks conducted daily within the organisation to maintain safety and action is taken as required. The Trust continues to pursue the long-term plan for a new hospital.

IM requested assurance of the steps that have been taken regarding the recent internal critical incident in CCU. IM queried whether the repairs have eliminated the risk within CCU and any impact on patient care in this area. CB informed that the planks identified were deemed to be a fault beyond the tolerance level and have now been supported with steelwork. CB informed that it is not the full failsafe system that is being pursued by the Trust. The capital allocation of £20.7m is part funding for the first year of the full failsafe system.

The Board of Directors noted the report.

KEY STRATEGIC OBJECTIVES:	**1. Safe and compassionate care**
QUALITY	**2. Modernise hospital and estate**

65/21 9. BOARD ASSURANCE FRAMEWORK

The Board of Directors received the Board Assurance Framework report for Quality KSO1 and 2.

Key Strategic Objective (KSO)1:

- COB highlighted that the Trust has now gone live with commencing second vaccinations from March 2021.
- The Trust has ratified the new IQIP approach that incorporates the 'should do' and 'must do's' from the CQC inspection report received in December 2020.

IM reported that the Quality Committee has reviewed the risks and is assured in terms of the articulation and ratings.

AJB considered it is positive that 83% of staff have been vaccinated and second doses are now being administered and noted this would signify that approximately 800 staff have not been vaccinated. AJB queried how many staff who have not been vaccinated are front line staff and if there is a plan to encourage further staff to obtain their COVID-19 vaccination. DS informed that the COVID-19 vaccinations are voluntary. The Trust is encouraging all staff to have the vaccine and is providing support and advice to staff in terms of efficacy but ultimately this is the choice of the individual.

Key Strategic Objective 2:
- The current position was noted.

The Board of Directors noted the current position relating to the BAF and Significant Risks aligned to the BAF.

66/21 10. INTEGRATED QUALITY IMPROVEMENT PLAN

The Board received the report updating on the Integrated Quality Improvement Plan Programme (IQIP).

LN informed that the paper has been discussed in detail at the Quality Committee and highlighted:
- The new IQIP for 2021/22 reflects a significant reduction in the number of actions within the report.
- The monitoring arrangements will remain the same as this has provided a good level of assurance to date.
- Verbal confirmation has been received from the CQC that 10 further section 31 notices have been lifted across 3 core service areas.
- The clinical review programme recommenced last week. This will be small scale to start with and will scale up moving forwards.

SB queried what the plan is for the Trust to sustain and institutionalise the improvements achieved as part of the organisational culture.

CS informed that the Trust is not only improving because it is in special measures, the improvements are being made as it is the right thing to do for patients and for staff. The IQIP is a tactical plan based around the CQC conditions and the 'must do' and 'should do' actions identified, the numbers of which are now greatly reducing. Moving forwards, the PMO will integrate actions with improvement projects that have been designed and co-created to respond to the issues identified as high priority to improve further for patients, staff and the community. Over the next 12 months the plan is to complete the IQIP and integrate this into the PMO and the agreed improvement projects. As the Trust comes out of COVID-19, the Trust will reinstate the staff training and development programme. This will be linked with the cultural work within the organisation.

GW noted that there are actions within the Corporate area that have completion dates beyond January 2022 and questioned if these dates can be brought forward. LN explained that 22 of those are duplicate actions which mainly relate to mandatory training, employee relations and appraisals. Future

means 'timeframes not yet confirmed'. The timeframes will now be confirmed as the Director of People has commenced in post. GW suggested this is changed to 'to be agreed' for the next report.

SR noted the positive ongoing improvement and assurance around the continuity from the previous format. SR queried the three 'at risk' actions highlighted and whether these are new or part of the 28 actions carried over. LN confirmed two of the risks are historical from the original plan and the other is a new action. LN reported that there has been good progress in terms of the two historical actions that relate to learning from Serious Incidents (SI's) and Duty of Candour (DOC). The evidence of actions completed has been to the Evidence Assurance Group (EAG) and timeframes have been adjusted to ensure there is evidence within the Divisions that learning is embedded and to ensure consistent evidence of DOC progress. JH confirmed that the actions awaiting an agreed completion date will be reported to the Quality Committee in April 2021.

SB thanked the Executive team for the continued progress and the positive news that further CQC notices have been lifted.

The Board of Directors noted the report.

67/21 11. INTEGRATED PERFORMANCE REPORT – INCLUDING SAFE, EFFECTIVE, CARING, RESPONSIVE, WELL LED

The Board of Directors received the Integrated Performance Report (March 2021 data).

CWB highlighted:

Safe:

- The format of the report for Infection Prevention and Control (IP&C) metrics has been reviewed and will be presented differently within the IPR from April 2021 data onwards.
- There have been two cases of C Difficile reported in February and the Trust is within the trajectory for the year.
- There were three cases of E Coli reported in February 2021.

Effective:

- A proposal has been put forward to change how the mortality metrics are presented within the report from April 2021 (March's data).
- Recruitment to National Institute for Health Research (NIHR) studies continues to exceed the monthly target.

Caring:

- There is a clear focus on improving the complaint response metric and this is being robustly monitored via the Quality Committee.
- The planned care metrics remain challenged due to the pandemic and the Trust is currently working through modelling for all areas to meet the targets as outlined in the recently published 2021/22 planning guidance.

Well Led – Finance:

- Finance is on plan for year-end.

Well Led – Workforce:

- The Trust remains challenged across the key metrics including appraisals, mandatory training and sickness absence. Workforce metrics continue to be

monitored via the People Committee. There are some positive examples of good practice within divisional areas.

AJB noted that of the 34 charts provided, 13 are showing special cause variation. AJB recognised the Trust is looking at ways the metrics are measured but considered it is still important to clarify what needs to be improved in those areas. CWB considered the upcoming Board session in July 2021 with the expert from NHSE/I will support the report to be more specific. The Trust continues to identify learning from the IPR and review how the data can best be analysed and presented.

GR considered that cumulative data is not as well represented in the Statistical Process Control (SPC) format. There is a good understanding why trajectories have deviated. A peer comparison was conducted in relation to the deviations noted in mortality data. Moving forwards the data will be presented in a clearer format.

COB informed that assurance can be provided regarding Infection Prevention and Control (IPAC) data which has been reviewed in detail. C Difficile remains on trajectory; the SPC chart does not assist in identifying an issue. Antimicrobials, use of PPE and other appropriate actions are being taken. There is no national trajectory set for cases of E Coli. The Trust is not an outlier and is in a positive position when benchmarked against the performance of other Trusts.

DS informed that there is special cause variation on three responsive metrics. All of the metrics were impacted by COVID-19 and the SPC does not take this into account. For stroke, some of the stroke unit beds are being used for coronary care during COVID-19 and, if a stroke patient is COVID-19 positive they are transferred to a COVID-19 ward rather than stay on the stroke ward.

SB considered that diagnostic waiting times are too long and there is a need to better understand why this is the case and how this will be improved. There is slightly different data reported in the CEO's report and the IPR and there is a need to ensure data is consistent across all reports.

DS reported that there is work in place to review capacity in terms of the diagnostic standard. The capacity and demand for CT and MRI is being reviewed and the Trust is exploring options to outsource and maximise utilisation. Feedback will be provided through the access report to the Finance and Activity Committee.

SB considered there is a need to understand why the complaint response performance has declined. COB reported that there has been poor performance for the 30-day complaint response in February 2021. The response rate was impacted by COVID-19 when many clinical areas were working with minimal staffing which impacted on investigations and responses being completed. The position has improved for March 2021.

CF queried the low Friends and Family (FFT) response rates, noting the particular challenges in ED response rates and questioned what actions are being taken to address this. CF asked about the feedback collected from patients and families during the pandemic and how this can be used moving forwards to structure services.

COB informed that FFT is a mandated national test that has been challenged through COVID-19. A detailed report was shared in the Quality Committee on the agreed approach with Norfolk and Norwich University Hospital (NNUH) and James Paget University Hospital (JPUH). The FFT surveys started on the 1 March 2021 can now be completed via the use of QR codes, cards and SMS texting. The Trust is now seeing an increase in responses. Once hospital volunteers are back on-site in the Trust and visiting is reintroduced, this is likely to increase the response rate further.

SR considered that the FFT metric reflects the ongoing performance challenge for response rates. SR questioned what a good FFT response rate looks like and what other measures around FFT are being considered to provide a holistic view of the services being delivered for patients.

COB informed that further detail will be provided in the next Patient Experience quarterly report presented to the Quality Committee. This will also provide more detail on other metrics to reflect on how it feels to be a patient in the care of QEH. **ACTION: In the next patient experience quarterly report to Quality Committee, include content on the future of FFT and all other metrics that enable the Trust to know what it feels like to be a patient in the care of QEH.** **CN**

GW reflected on the Hospital Standardised Mortality Ratio (HSMR) rate and noted that the rate continues to be high. GW is aware that the Trust may potentially be working with Sherwood Hospital to look into why both Trusts have HSMR rates that are higher than expected. A development session to discuss this issue further would be useful.

CS informed that a Board development session is being arranged. A report was presented to the Quality Committee in March 2021 that set out the proposed changes to the presentation of mortality data. This report will be shared with Board members in advance of the Board seminar session. **ACTION: Share mortality data report from March Quality Committee with Board members**. **DMD**

CS considered that the positive achievements in performance, including the four-hour target within the Emergency Department and reduced ambulance handover, should be recognised and celebrated. There are metrics to focus on to improve and there are also areas of good performance.

The Board of Directors noted the report, specifically the actions which are being taken to maintain and improve performance where appropriate.

68/21 12. 2021/22 PRIORITIES AND OPERATIONAL PLANNING GUIDANCE

The Board received the report on the 2021/22 Priorities and Operational Planning Guidance.

CWB highlighted:

- The strong themes within the planning guidance that are being taking into account including the impact of the pandemic and the impact on staff.
- There is a clear focus on staff health and wellbeing, health inequalities and the recovery of services.
- The relevant priorities will be included within the QEH Year 2 Corporate

Strategy priorities that will be launched next week.

SB requested a paper to be taken to the next meeting of the Governors' Council to ensure awareness of national priorities and how these will be progressed. **ACTION: Take a report to the next Governors' Council to share national priorities and how these will be incorporated going forward.** **DoS**

AJB welcomed the clear focus on staff wellbeing. Staff are being encouraged to carry over unused leave and AJB queried if the Trust is aware of the scale of this and has the required budget. JH explained that staff have been informed they may carry over five days annual leave into 2021/22. This is budgeted and all teams are actively managing this with staff. AJB queried if the option to carry over leave is exceptional. CS informed this option has been introduced this year in response to the pandemic. The Trust has actively communicated with staff to encourage staff to take annual leave.

GR considered that the Trust will need to continue to monitor the number of staff taking annual leave at any given time considering the carry-over of leave, to ensure that there is no disruption to services.

IM considered the importance of ensuring engagement with Primary Care networks to develop the COVID-19 vaccination programme. IM queried any additional support the Trust will require to facilitate the vaccination booster campaign in the autumn. IM queried the use of the independent sector in meeting patient needs and how the Trust will ensure assurance of the level of service that would be provided to patients.

DS explained that the vaccination programme needs sustainable arrangements, as is arranged for the annual flu vaccinations. When the new Chief Nurse commences in post, it will be considered what additional staff will be required moving forwards. DS informed that there is a national framework for independent sector providers. There is also a national approval process for any service provider who is not part of the framework.

GW informed that the restoration programme is being monitored via the Finance & Activity Committee.

The Board of Directors noted the report.

69/21 13. SIGNIFICANT RISK REGISTER (>15)

The Board of Directors received the report on significant risks contained within the Trust's risk register (all risks with a current score of 15 or more).

The Board of Directors noted the report.

KEY STRATEGIC OBJECTIVES:	**3. Staff Engagement**
ENGAGEMENT	**4. Partnership working, clinical and financial sustainability**

70/21 14. BOARD ASSURANCE FRAMEWORK

The Board of Directors received the report on the Board Assurance Framework for Engagement KSO3 and 4.

Key Strategic Objective (KSO) 3:

- LSK reported that there is strengthened assurance in terms of the improving Medical Engagement Survey and 2020 National Staff Survey results.
- Leadership and values workshops commence from April 2021.
- The Trust is introducing a revised recruitment and appraisal process.
- There is bespoke external cultural work ongoing in radiology and maternity with strong staff engagement incorporated in both areas.

Key Strategic Objective (KSO) 4:

- CB reported the Trust is on plan to deliver the year-end position.
- A full Cost Improvement Programme (CIP) has been delivered in 2020/21.

SB thanked LSK and the Staff Engagement and Cultural teams and noted the external recognition of the progress the Trust has made. SB also expressed his thanks to the teams for maintaining the financial position during a challenging year.

The Board of Directors noted the current position relating to the BAF and Significant Risks aligned to the BAF.

71/21 15. NATIONAL STAFF SURVEY RESULTS

The Board received a report summarising the National Staff Survey results for 2020 for QEH and details of the next steps and Trust-level response.

LSK highlighted:

- The results demonstrate a year-on-year improvement of staff morale, culture and staff engagement.
- The Trust's survey results positioned the Trust as the twelfth most improved Trust in the country. 10 indicators have improved for the second year running.
- It is pleasing those areas that have had relentless focus, notably improving safety culture and staff wellbeing, have seen the scores improve the most for these areas.
- A Trust level action plan has been developed, driven by staff engagement and the culture programme. Kindness, wellness and fairness are key factors within the plan.
- The Trust has arranged sessions with Sherwood Forest and Northumbria Hospitals to learn from high performing Trusts.

SR reported that the staff survey results have been scrutinised in detail at the People Committee. The response rate and improvements that have been achieved should be celebrated. It is also important to be able to highlight the areas to focus on to further improve. The Medical Engagement Survey also reflected strong improvement and some learning from the process will be applied to broader staff surveys over the coming year.

CS reflected on the pleasing results, especially during a pandemic when staff have been working in difficult circumstances. There are plans in place to focus on the areas that require improvement.

SB considered that the results demonstrate a good basis to further build on the levels of morale and engagement.

CF queried if there is any understanding which staff have not participated and whether this will be worked on with the other Trusts. LSK explained the Trust was just below the 50% target for response rates. It is anticipated that this will improve for the next survey. There was limited access to clinical areas to increase the uptake due to the pandemic and further distribute the survey. The Trust will look to learn from other Trusts. There will be meetings with all divisional and corporate leads to develop local action plans to supplement the Trust plan.

IM welcomed the excellent report and the measure of the hard work and dedication that is reflected. The metric on safety culture remains below comparators at 6.4% and IM queried how this will be addressed for next year.

LSK confirmed that for safety culture, it is recognised that the starting position was poor for this indicator several years ago. Whilst there has been year-on-year improvement, further progress is required. The safety culture work will be implemented as part of the culture work across the organisation. A culture survey has been circulated for staff to complete and the results will form part of the Trust response to continue improvement in this area.

The Board noted the results and the Trust-level action plan which will form part of the Trust's refreshed 2021/22 staff engagement programme.

72/21 16. ICS UPDATE

The Board of Directors received the report on the ICS Update.

CWB highlighted:

- The next Norfolk and Waveney Group Hospital Committee is on the 12 April 2021.
- Detailed conversations continue around the development of Provider Collaboratives, with further discussions planned to take place at the meeting on 12 April 2021.
- The is ongoing progress being made in relation to the development of specific Place Based Care projects, alongside the creation of a local Clinical Leadership Team and development of clear links with the Cambridgeshire and Peterborough and South Lincolnshire systems.

SB explained that the Trust has a seat on the ICS board. The final configuration of the ICS will be submitted to the regional Board. As part of the development, plan, more formalised partnership arrangements are required with the Cambridgeshire and Peterborough and South Lincolnshire systems.

The Board of Directors noted the report.

73/21 17. COVID-19 UPDATE

The Board of Directors received the report on COVID-19, COVID-19 Restoration and Recovery, Winter and EU Exit.

IM informed that the Quality Committee has looked closely at the impact of COVID-19 and considered in detail the issues around Infection Prevention and Control and the ability of COVID-19 to spread between patients and how this

was managed during the challenging second wave.

SB welcomed the significant downturn in terms of COVID-19 cases and admissions, the progress in the vaccination programme and the declining rates of infection in the hospital and local community.

The Board of Directors noted the report.

	KEY STRATEGIC OBJECTIVES:	**5. Healthy lives staff and patients**
	HEALTHY LIVES	**6. Investing in our staff**

74/21 18. BOARD ASSURANCE FRAMEWORK

The Board of Directors received the report on the Board Assurance Framework for Healthy Lives KSO5 and 6.

Key Strategic Objective (KSO) 5:

- GR confirmed that there are no key changes. The Trust continues to make progress.
- Research recruitment figures continue to exceed the target.
- The Trust has been removed from enhanced monitoring in all specialities.
- 65 out of 130 actions of the maternity action plan have been approved through the Evidence Assurance Group.

SB noted the positive news that Health Education England (HEE) has lifted all enhanced monitoring in Education.

Key Strategic Objective 6:

- JH highlighted that there have been improvements in recruiting to staff vacancies and reducing the number of overdue appraisals.
- A Palliative Care Consultant post is now out to advert.

GR considered that palliative care is provided by all Consultants in the Trust and should not be reliant on one specific consultant post.

CF queried how the Trust is supporting EU staff with the upcoming changes and how to mitigate this risk for future recruitment. JH informed that the Trust is continuing to support international recruitment programmes. There are over 200 nurses that will need to apply to continue to work in the UK and there is regular contact to provide support to ensure staff can continue to work in the NHS. DS informed that existing staff are being supported in the application process. Progress of the EU Exit is monitored and reported via the People Executive Group and the People Committee.

SR informed that this issue has been identified at the People Committee as an item for escalation to the Board. There is assurance that the position is being regularly monitored. The process is being led by Human Resources and the position reported monthly to the People Committee.

The Board of Directors noted the current position relating to the BAF and Significant Risks aligned to the BAF.

75/21 19. CHAIR'S ASSURANCE REPORTS

19a. Audit Committee

The Board of Directors received the Chair's Assurance Report of the Audit Committee meeting held 9 March 2021.

GW informed that the Audit Committee received two internal audit reports of partial assurance. In terms of the audit for 'care of the deteriorating patient' good progress has been made with actions in place. There was less assurance regarding the safeguarding audit. Increased focus is needed in this area to ensure cultural changes are embedded. There was encouraging progress on the internal audit recommendation tracker.

19b. Finance and Activity Committee

The Board of Directors received the Chair's Assurance Report of the Finance and Activity Committee meeting held 24 March 2021.

GW reported on the positive financial performance position. Despite the pandemic the Trust has shown good grip and control of financial management. The finances are in a robust position for the time of the year and the team are thanked for their hard work in continuing with the CIP programme throughout the year. There is awareness of the recent internal critical incident in CCU. The response to the incident has been very positive. The structural improvements were made and alongside this the opportunity was used to undertake maintenance to upgrade the oxygen supply and lighting. This reflected an excellent response and the CCU has now been reopened and is operational.

19c. People Committee

The Board of Directors received the Chair's Assurance Report of the People Committee meeting held 24 March 2021.

There were excellent results from the 2020 National Staff Survey and Medical Engagement Survey. There is good progress with job planning, with the exception of mediation cases. In term of escalation, a Root Cause Analysis (RCA) is underway to better understand the systemic issues around appraisals, staff sickness and mandatory training. A revised format of workforce metrics reporting will be introduced in April 2021. The Committee escalated the EU exit workforce item and the progress of this will continue to be monitored monthly.

SB welcomed the progress made on job planning and thanked SR for monitoring the progress and GR for the leadership.

19d. Quality Committee

The Board of Directors received the Chair's Assurance Report of the Quality Committee meeting held 30 March 2021.

The Quality Committee considered the Integrated Performance Indicators (IPR) which highlighted the impact of Infection Prevention and Control, particularly during the Pandemic. The Committee received a helpful report on learning from COVID-19 deaths. There was triangulation with the Audit Committee

regarding the Safeguarding quarterly report and a deep dive into Safeguarding is being arranged following an internal audit.

19e. Senior Leadership Team

The Board of Directors received the Chair's Assurance Report of the Senior Leadership Team (SLT) meeting held 23 March 2021.

CS explained that there has been a review of the meeting agenda and membership to manage the appropriateness of business cases and other items. The groups reporting into the SLT for assurance have been strengthened. This provides assurance to the Board and ensures operational oversight on the reporting of key issues. There is recognition of the need for continued focus on internal priorities as the external agenda moves forward. The team await the plans in terms of Place Based Care as to what opportunities this provides to care for the community.

CLOSING BUSINESS

76/21 20. ANY OTHER BUSINESS (to be agreed with the Chairman)

None.

77/21 21. BOARD EFFECTIVENESS

21.1 What has gone well

- No comments provided.

21.2 Even better if

- Figures need to be consistent between the different reports.

Date of next Board of Directors' meeting (in Public) – Tuesday 4 May 2021, 10:00am, via Teams.

The meeting closed at 11:43 pm.