Agenda Item: 3

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

DRAFT

Board of Directors (In Public)

Minutes of the meeting held on Tuesday 1 December 2020 at 10am via remote dial in arrangements

As part of the Trust's robust plans put in place to keep patients and staff safe, the Trust's Public Board of Directors meetings are not being held in public until further notice, consistent with arrangements in place across the wider NHS. The QEH Board of Directors therefore held a virtual public meeting on Tuesday 1 December at 10 am. Board Papers were published in advance of the meeting, as usual, and are available in full on the Trust website.

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)
D Dickinson (DD)	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)
L Skaife-Knight (LSK)	Deputy CEO (DCEO)
D Smith (DS)	Chief Operating Officer (COO)
F Swords (FS)	Medical Director (MD)
A Brown (ApB)	Chief Nurse (CN)
C Benham (CB)	Director of Finance (DoF)

In attendance:

C O'Brien (COB)	Director of Patient Safety (DoPS)
C Castleton (CC)	Director of HR (HRD)
C West-Burnham (CWB)	Director of Strategy (DoS)
P Tydeman (PT)	Director of Transformation (DoT)
A Prime (AP)	Trust Secretary (minutes) (T Sec)
L Notley (LN)	Associate Director of Quality Improvement (ADQI) (agenda item 11)
E Corner (EC)	Lead Governor (observing)
K McGuire	Head of Nursing, Medicine Division (agenda item 1)
L Purdy	Consultant Nurse – Acute Medicine (agenda item 1)
G Crittenden	Senior Sister – AEC/SDEC/TIU (agenda item 1)
D Longmuir	Matron – Acute Medicine (agenda item 1)
Tim	Patient and staff member (agenda item 2)
J Allen	Critical Care Lead (agenda item 2)

ACTION

204/20 1. CHAIR'S WELCOME AND APOLOGIES

SB 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 J Schneider, Non-Executive Director.

SB welcomed K McGuire, L Purdy, G Crittenden and D Longmuir, Same Day

Emergency Care (SDEC) Unit staff, who were recipients of a Government award. SDEC was shortlisted for three awards in the GPA's Smarter Working Awards, a scheme which recognised transformation programmes in government-owned workplaces. The SDEC team were successful in the Best Use of a Solution award. SB congratulated the team on winning this prestigious award and being runners-up in the Efficiency in the Property Portfolio and the Special Recognition categories.

D Longmuir informed how proud she was to represent acute medicine in a challenging journey which commenced in 2017. SDEC was launched to help reduce pressure on the Trust's Emergency Department and the ambulance service, by streamlining the initial assessment and admission of patients, enabling them to get the treatment they need quickly.

D Longmuir informed that the change in Trust leadership gave the opportunity for staff to grab their vision and bring it to fruition, with tremendous executive support from the CEO and COO.

SB considered it is important the Board is aware of this fantastic achievement. SB recently experienced exemplary care as a patient in SDEC. The Board thanked the team for all the work they have done and continue to do for QEH patients.

205/20 2.1 PATIENT STORY

ApB introduced Tim and Julie Allen, the QEH lead in critical care.

Tim shared the story of his experience of COVID-19 in April 2020. Tim was admitted through A&E and was initially cared for on Necton ward. Despite his treatment he continued to deteriorate and was transferred to critical care. He was discharged home in June and was able to return to work in August 2020. Tim shared aspects of his experience as a patient in the hospital and his determination through his rehabilitation which has gone well. Tim expressed his respect and admiration of everyone up and down the country who have experienced COVID.

Overall, Tim had a very positive experience of the care he received at all stages of his patient journey. ApB had asked Tim to identify aspects which could be improved. Tim considered that there was not enough time from a night shift to go onto a day shift which can affect the mood of staff who are tired when coming off shift. Tim felt there are not enough staff on wards and staff appeared to be doing the work of several people.

Julie noted Tim's feedback and undertook to look into the issues shared. ApB informed that the Trust takes staff wellbeing very seriously and it is one of the Trust's strategic priorities. ApB will ask the team to look again at rostering to ensure there is sufficient gap between night and day shifts. ApB recognised that staffing levels are a challenge across the country. At QEH, staffing is under constant review and is risk managed three times a day across all floors to ensure the right numbers of staff, with the right skill mix, are in place to care for the patient complement on that day. **ACTION: review rostering to ensure sufficient gap between night and day shifts.** **CN**

ApB informed that the Trust has achieved significant recruitment of nursing staff and midwives in-year and last week welcomed a new cohort of staff from

the Philippines.

ApB thanked Tim for taking the time to share his story with the Board and recognised Tim's strength of character to come through COVID and return to his normal activities in life.

CF asked Tim about his experience of maintaining communication with his family during his stay in the hospital. Tim informed that he had been able to communicate daily with his family through video calls, having had a mobile phone to make personal calls as he wanted. Julie informed that in critical care there is a mobile phone by every bedside to enable all patients to communicate with their family. Staff make pre-planned appointments with families to support sensitive communication at what has been a difficult time when visiting has not been possible due to COVID.

Julie informed that the mobile telephone by each beside has also supported communication between staff given the split of staffing on the unit due to COVID, enabling the ongoing sharing of skills and knowledge between staff in the department.

CS thanked Tim for presenting and commended Tim for his inspirational and heart-warming story of how he survived COVID. CS expressed her thanks to Julie and the Intensive Care Team for all the work they do, facing significant challenges on a daily basis.

SB thanked both Tim and Julie for attending the Board meeting and was pleased to hear Tim's story of recovery.

206/20 2.2 REVISITING PREVIOUS PATIENT STORIES

The Board noted the actions taken following the patient story received at Board at the previous meeting on 3 November 2020.

207/20 3. MINUTES OF THE PREVIOUS BOARD OF DIRECTORS' PUBLIC MEETING HELD ON 3 NOVEMBER 2020 AND MATTERS ARISING

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

- Page 2 - 179/20, 2.1 Patient Story – second paragraph – line 4 to be amended to read 'pre-natal' rather than 'post-natal' clinic.
- Page 5 - 190/20, 12 Integrated Performance Report – Effective – first bullet to be amended to read 'research trials between April and September 2020'

208/20 4. ACTIONS MONITORING

The Board reviewed the Actions Monitoring Record. **The following actions were considered complete and were removed from the action log: 66, 73, 74, 75, 76, 77, 78, 79 and 80.**

209/20 5. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

LSK reminded the Board of her previously declared interest as recorded in the Board of Directors' Register of Interests, in relation to the Trust's work to secure a new hospital. LSK's partner is employed by IDP.

CF informed the Board that she had changed roles and is now working for

Brainomix. CF has completed declarations of interest documentation and has submitted this to the Trust Secretary for inclusion in the Board of Directors' Register of Interests. CF had no declarations in relation to business on the agenda.

210/20 6. URGENT ACTIONS (Under Standing Order Para. 5.2)

None.

211/20 7. CHAIRMAN'S REPORT

The Board received and noted the Chairman's Report informing of key updates and developments during November 2020.

212/20 8. CEO'S UPDATE

The Board received and noted the CEO's Report informing of key external and internal events and activities during November 2020.

CS shared that the CQC has informed that the Trust will receive the draft CQC inspection report by mid-December for factual accuracy checks, following the unannounced visits in September. The report will be brought to the next Board meeting in public in the new year and shared in full as soon as it is published (expected before Christmas).

Key Strategic Objectives	**1 – Safe and compassionate care**
QUALITY	**2 – Modernise hospital and estate**

213/20 9. BOARD ASSURANCE FRAMEWORK – KSO 1 and 2

The Board received the Board Assurance Framework (BAF) for Key Strategic Objectives (KSOs) 1 and 2.

Key Strategic Objective 1:

- ApB highlighted key changes in the last month have most notably been the Trust achieving a green rating for infection prevention and control (IPC) from Clinical Commissioning Group (CCG) colleagues, demonstrating the Trust is doing all it can to keep staff and patients safe. This has been as a result of two years of hard work in the Trust to move from a red, to amber to green rating. ApB also highlighted the progress in internally closing 42 of 46 CQC Conditions and Notices.

SB recognised this excellent position and extended the thanks of the Board to the IPC team who have worked hard to put the Trust in a strong position.

Key Strategic Objective 2:

- DS highlighted the key change over the month being the change in scoring for the risk that the size of the QEH estate is insufficient to meet the demands of the second wave of COVID. A key control to mitigate this risk has been acquiring the Sandringham site at the end of September 2020 which is now open to 25 beds.

SB recognised the pace at which colleagues have worked to get the Sandringham Unit beds and estate open in November. SB thanked DS and staff for overseeing the management of this project. DS confirmed that theatre capacity is planned to be operational in early January.

The Board noted the current position relating to the BAF and significant risks aligned to the BAF.

214/20 10. INTEGRATED QUALITY IMPROVEMENT PLAN

The Board received the Integrated Quality Improvement Plan Programme Update. L Notley (LN) attended to present.

LN highlighted:

- The report shows sustained progress with 19 actions approved in October and a further 4 actions approved in November. The Trust has now completed 84% of the improvement plan actions. Where actions are at risk, clear recovery plans are in place with clear trajectories for achievement.
- The 8 new actions have been incorporated into the improvement plan based on the initial early feedback from the CQC and early progress on taking forward those actions.
- Meetings have taken place with Divisional Leadership Teams (DLTs) to consider an application to have Section 31 notices lifted. A paper will be taken to Quality Committee in December outlining recommendations in relation to the specific conditions.
- The Trust's assurance processes for the IQIP have been recognised as best practice by NHSI. As a result, other Trusts are now coming to QEH to learn about these processes and it is good to share the great work being undertaken at QEH.

SB queried whether presenters to the Evidence Assurance Group (EAG) have been supported to help them understand the standards they need to meet to achieve EAG approval of closure of actions. LN informed that the EAG process has evolved through learning over time. Time has been spent with teams and information owners, including fortnightly short action meetings to talk through standards, the evidence required and the support each team needs. There has been a lot of focus on how to sustain the progress made.

SR recognised the excellent progress and congratulated staff on achieving closure of the high number of actions. SB queried how the EAG process will evolve into an ongoing continuous improvement programme to give the assurance to the regulator that improvement remains embedded. CS informed that there are systems and processes in place to triangulate and audit on an ongoing basis to ensure that progress does not slip back. The IQIP was the formal mechanism to manage the 206 actions resulting from previous CQC inspections. The emphasis is now shifting to development of a transformation function working with the IQIP methodology, systems and processes, all focused on improvement.

GW recognised the progress made. GW queried progress within the Medicine Division in relation to the must do actions on mental capacity assessments and Deprivation of Liberty Safeguards (DoLS). GW considered that, as the Trust comes to completion of all the IQIP actions, it is necessary to continue with a process similar to the EAG process to ensure embedded and continuous improvement. LN informed that given significant improvement and understanding has been demonstrated in relation to DoLS, this action has been closed. The Mental Capacity Act (MCA) actions are broader and more difficult, and are applicable across all Divisions, applying to all staff to ensure all patients receive the same standard of care. Audits have been trialled to test this. There

is an improvement trajectory in place for completion of the MCA trajectory. LN informed that the EAG has demonstrated the ability to provide a level of assurance, with robust challenge in EAG meetings. The process is being taken forward to be applied to testing learning from serious incident (SI) actions in order to provide assurance. Application of this process will be tested in January 2021. Once this has been proven for SIs the process will be further widened to be a Trust wide process.

DD expressed his appreciation of the excellent progress made, particularly in October which was a demanding month for consideration of closure of actions.

ApB informed that QEH has done, and continues to do well in working towards closure of the IQIP actions and considered that the transferable learning across the wider Trust has helped staff to improve patient outcomes.

IM informed that the Quality Committee monitors the IQIP in detail on a monthly basis including progress in embedding and monitoring signed off actions. IM shared the Committee's focus on the sign off of answering call bells and reminded that NEDs are able to attend a monthly quality improvement deep dive, giving the opportunity to gather further assurance on elements of the IQIP.

CS thanked LN for her management and leadership of the IQIP and the relationship with the CQC. The IQIP infrastructure gives assurance to the Board. The Trust's IQIP infrastructure is among the best which is why others are coming to learn from QEH processes. It is necessary to continue with this progress and maintain momentum on systems and processes.

SB considered that sustainability is now key moving forward and will require as much ambition as has been demonstrated for the IQIP programme.

The Board noted:

- **The exceptional work by teams to achieve 170 actions being internally closed**
- **The increased support in place for the remainder of the programme**
- **The strong grip over the new actions resulting from the CQC unannounced visits.**

215/20 **11. INTEGRATED PERFORMANCE REPORT INCLUDING SAFE, EFFECTIVE, CARING, RESPONSIVE, WELL LED**

The Board received the Integrated Performance Report. CWB highlighted the following:

Safe:

- 4 Serious Incidents reported in month
- Performance remains positive for VTE at 98.6%

Effective:

- As for previous months, Still birth / neonatal and extended perinatal deaths remain well under the national targets
- Elective caesarean sections remain in line with the required parameters
- Emergency caesarean sections continue to improve although there is a special cause variation this month and further actions are being taken
- Research continues to exceed the Trust target
- Overall HSMR and weekend HSMR have declined this month, but remain

above expected. The increased HSMR has been examined in detail by Dr Foster and NHSE/I and has been found to be due to the very low palliative care coding rates. There has been focus on this at the Quality Committee and clear actions are in place moving forward.

Caring:
- Whilst performance reported for complaints remains in line with agreed parameters, there is a growing trend that complaints are not being responded to within 30 days
- The Friends and Family Test (FFT) remains below the Trust target and significant work continues in this area to improve performance
- Dementia Case finding remains below the Trust target

Responsive:
- As discussed at previous meetings, performance remains challenged across a range of key metrics, however it is crucial to note that significant work is being undertaken and performance has improved within a number of areas

Well Led (Finance):
- To note that at the end of September the agreed payment arrangements came to an end
- The Trust has submitted an operational plan for the remainder of the year

Well Led (Workforce):
- The Trust remains challenged for a range of key workforce metrics
- The Trust vacancy rate is at 9.48% and has shown some improvement having decreased since October
- Turnover improved in month, decreasing to 9.48%
- Sickness absence increased marginally to 5.8%
- Mandatory Training compliance remains below the Trust target
- Appraisal compliance increased in month to 79.74%
- There has been a focus on these areas at the People Committee

FS informed that the crude mortality rate and SHMI rates (Standardised Hospital Mortality Index) remain as expected. The overall HSMR (Hospital Standardised Mortality Radio) and weekend HSMR have declined this month but remain above expected. This has been examined in detail through three internal reviews which have not identified any lapses in care. The review by Dr Foster found the rate to be due to very low palliative care coding rates exacerbated by low numbers admitted at weekends. Given ongoing concerns, the Trust requested a review of weekend deaths by NHSI. This has not revealed any concerns about the care provided at weekends compared to weekdays, but confirmed the finding of previous internal structured judgement reviews that the increased weekend HSMR is due to the case mix of patients being admitted at weekends, compounded by the low rate of palliative care coding and lower number of admissions to the hospital at weekends. A detailed report on the outcome of the NHSI review has been presented to the Quality Committee, providing assurance that the rates are not reflecting poor care at weekends but the different population admitted at weekends and the coding of the way care is provided. NHSI are not concerned. FS has also shared the findings with the Regional Medical Director.

AJB queried why the caesarean section rate is higher than previously. FS informed that a lot of work has been done to control the factors that are within the Trust's control. The approach to elective caesareans has been transformed

and the reduction in this area is evident. Emergency caesareans are reviewed retrospectively with every decision reviewed to identify what could have been done differently. The majority of emergency caesarean sections are unavoidable. There can be some variability in decision making due to the seniority of staff on site, with rates affected by absenteeism within the team due to COVID.

IM informed that the Quality Committee reviewed the external HSMR report in great detail. The Committee noted that the West Norfolk system needs to achieve improvements in pathways for end of life care and palliative care. IM informed that the Quality Committee is sighted on Caesarean Section rates and interventions and will be giving further consideration to this at the January Committee meeting.

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

216/20 12. SIGNIFICANT RISK REGISTER (>15)

The Board received the Significant Risk Register (>15).

COB highlighted:

- One significant risk has been approved by the Assurance and Risk Executive Group and the Executive Lead to be closed in relation to the blood transfusion service and separated into two moderate risks in relation to training which are being taken forward by Divisions.
- A new significant risk has been raised in relation to inconsistent care needs due to the increasing levels of enhanced care needs of patients. When these situations arise, the Trust's mitigating action is to manage staffing levels to ensure safe staffing across the wards. There are daily skill mix reviews and use of bank and agency staff to support those patients requiring level 3 and 4 oversight. ApB is the lead Executive for this risk.

SB queried whether the new risk (2793) is unique or seasonal due to winter factors. COB informed that the Trust does see more elderly frail patients at this time of year and this year the position is very different given COVID. A programme of work is in place to manage patients who present with confusion and deterioration. The Trust also has the risk from last month regarding patients presenting with mental health needs. ApB informed that the patients requiring one-to-one support to keep them safe is not a seasonal issue this year but is being seen across many trusts in this latter part of the year. The Trust is working with Norfolk and Suffolk NHS Foundation Trust colleagues based on site at QEH to optimise this relationship to keep patients even safer.

AJB noted that the next time the Board meets, the country will have transitioned out of the EU and sought assurance that the EU Exit risks are accurate and there is confidence that the Trust will be unaffected. COB informed that a number of risks in relation to EU Exit have been closed previously. These risks have been reviewed again and assurance has been received that there will be national direction in relation to these risks. DS confirmed that there are no current concerns. National arrangements have not yet been stepped up. GW echoed these assurances from his experience at Sherwood Forest, with national guidance being expected imminently and further risk assessment at that stage. GW considered that whether there is a deal or not, there will be staff issues due to border issues. **ACTION: consider** **HRD**

staffing risks associated with EU Exit via People Committee.

IM queried risk in relation to a no-deal EU Exit and medicines and sought further assurance on the supply of medicines. **ACTION: Report on the supply of medicines in relation to a no-deal EU Exit to be taken to the appropriate Board Committee.** **MD**

The Board noted the contents of the report and received assurance of the management of existing Significant Risks.

Key Strategic Objectives ENGAGEMENT	**3 – Staff engagement** **4 – Partnership working, clinical and financial sustainability**

217/20 13. BOARD ASSURANCE FRAMEWORK KSO 3 AND 4

The Board received the Board Assurance Framework (BAF) for Key Strategic Objectives (KSOs) 3 and 4.

Key Strategic Objective 3:

- LSK highlighted one new principal risk in relation to the underlying organisational culture impacts which has been discussed at People Committee. A substantive Head of Culture and Head of Staff Engagement and Events are to be appointed by early 2021, to support bespoke OD and culture work in specific areas of the Trust. The Trust is commencing a Trust-wide culture transformation programme, with phase one action to thread values through HR processes. The programme will have a strong emphasis and focus on kindness and responding to feedback from staff, so that QEH's values can be brought to life across the organisation.

Key Strategic Objective 4:

- CB highlighted this is the first month of the new financial regime. Month 7 financial reporting is in line with the financial plan submitted via the STP on 22 October 2020. The Trust is continuing to deliver its CIP for this year. The aligned principal risk 2759 has been reviewed by the Finance & Activity Committee and remains at 16.

The Board noted the current position relating to the BAF and significant risks aligned to the BAF.

218/20 14. EXTERNAL STRATEGIC UPDATE – NORFOLK & WAVENEY HOSPITALS GROUP COMMITTEE

The Board received a report updating on key areas of discussion at the Norfolk & Waveney Hospitals Group Committees (N&WHGC) meeting held on 9 November 2020.

SB informed that the report provides the first formal update to the Board in public on the work of the Committee. The Committee builds on previous successful partnership working between the Trusts and provides an opportunity to jointly focus on care for patients and improvements for staff.

SB informed that the N&WHGC is in line with the national policy direction of creating integrated care systems (ICS). Norfolk and Waveney should have an ICS by April 2021, and providers are expected to enter into formal collaboration arrangements. The N&WHGC is already doing this through the Committees in Common model. QEH will also play a leading role in Place-based integrated

care and has already begun conversations with partners.

CF sought assurance that whilst the N&WHGC covers Norfolk and Waveney that there will be links with Cambridgeshire and Lincolnshire to provide integrated care for the population served by the QEH. SB confirmed there is a need to look to have strong relationships with neighbouring ICS developments, recognising that 30% of the Trust's work is in this wider geography. CWB informed that she has been involved in discussions in relation to this wider geography and the need to further develop those relationships.

CS informed that national information published on the size of ICS's indicates that the Norfolk and Waveney system may not be large enough and consideration will need to be given to wider geographic relationships with neighbouring areas. QEH Board representatives will feed the Trust's views into N&WHGC's discussions.

IM recognised the importance of the N&WHGC development and queried when the Committee would start to conduct part of its business in public. SB informed it is intended to commence conducting some of the business in public in the coming year once the likely areas for collaboration have been agreed.

The Board noted the report.

219/20 15. COVID-19 UPDATE, RESTORATION OF SERVICES, WINTER AND EU EXIT

The Board received the report providing an update on the Trust's recovery and response to the COVID-19 pandemic, planning for winter and EU Exit preparations.

DS highlighted:

- At the current point in time, 42 inpatients have tested positive for COVID-19; with 39 patients on wards and 3 patients in critical care.
- The Trust has arrangements in place and is ready for the new vaccinations.
- Over 91% of front-line staff have been vaccinated for seasonal flu.

SB congratulated the excellent flu vaccination rate that has been achieved for patient facing staff.

IM considered it is important the Trust is prepared for vaccinating staff as soon as possible, recognising the risk they face in dealing with COVID. IM offered his assistance to help in a practical way to support staff.

SB considered it is important to ensure business planning processes take account of the requirement to administer COVID vaccines, winter and COVID pressures.

The Board noted the report.

Key Strategic Objectives	**5 – Healthy lives staff and patients**
ENGAGEMENT	**6 – Investing in our staff**

220/20 16. BOARD ASSURANCE FRAMEWORK KSO 5 and 6

The Board received the Board Assurance Framework (BAF) for Key Strategic Objectives (KSOs) 5 and 6.

Key Strategic Objective 5

FS highlighted:

- the emergent risk associated with the research lead leaving the Trust. The previous research lead has been appointed to the new Research Lead & Head of Research, Innovation & Education position. It is anticipated this should mitigate the previously noted risk to performance by the changeover to a new research lead, being able to provide continuity and supervision for the new post holder.
- FS has received positive feedback on the Trust's education environment following the recent HEE and GMC visits. Their final report is awaited.

SB considered the Trust has achieved excellent research performance which outweighs the size of the Trust. FS informed that as well as the financial benefits from NIHR study accruals, strong research achievements enhance the Trust's reputation and helps recruit and retain high-calibre staff. Patients have benefited as the Trust has been heavily involved in COVID-related research with the recovery trials supporting today's treatment advances for COVID-19.

Key Strategic Objective 6

CC highlighted:

- Leadership development programmes, particularly the band 7 programme, have recommenced.
- Following the success of the recent recruitment events these will be repeated every other month.
- Work is underway to look at increasing occupational health capacity for staff, including exploring opportunities for collaboration to respond to the challenge with STP partners.
- The Learning and Development post has been recruited to, with the new post holder bringing strong experience to assist with mandatory training.

SB recognised that with pressures and COVID it is not easy to free people for mandatory training. SB queried the use of digital methods to improve access to mandatory training. CC confirmed that the new post holder will be looking at different approaches to enable staff to access training.

The Board noted the current position relating to the BAF and significant risks aligned to the BAF.

REGULATORY AND GOVERNANCE

221/20 17. CHAIRS' ASSURANCE REPORTS

17.1 AUDIT COMMITTEE

The Board received the Chair's Assurance Report of the Audit Committee meeting held on 9 November 2020.

DD highlighted:

- The Committee has requested a deep dive on pharmacy losses due to the increased level of losses.
- It is important offers and acceptances of gifts and hospitality, are declared in the interests of transparency and the Committee has requested regular reports on this.
- An additional Audit Committee meeting has been arranged for January to

enable the Committee to manage the workload of reports due to be received by the Committee.
- The Committee noted the work completed in preparation for the counter fraud survey. The team will be working with the Trust's communications team to support achieving a better response rate.

SB queried whether there has been a reduction in donations and gifts to the Trust's charity. LSK informed that the Trust has been successful in attracting two national grants, including £106k, which have supported the appointment of a clinical psychologist and appointment to a PTSD post. There has, however, been a reduction in non-COVID fundraising which has affected the Maternity Bereavement Suite Fundraising Appeal. The Trust's COVID appeal has received over £80k to support improvements to staff engagement and patient experience.

CB informed that overall, the level of income received by the charity is relatively static, however, the nature of the donations have been different in response to the current issues.

17.2 FINANCE & ACTIVITY COMMITTEE

The Board received the Chair's Assurance Report of the Finance & Activity Committee meeting held on 18 November 2020.

GW highlighted:
- The access standards report including the urgent and emergency care deep dive. The Committee recognised there has been a lot of hard work in this area to improve during such a challenging period with ongoing COVID activity. When comparing metrics with Sherwood this highlighted that the Trust does not have primary care streaming at the front door which can make a significant difference. The Committee welcomed further consideration of what can be achieved in this area.
- The Trust is struggling to discharge into the community and more support is needed from across the system to assist the discharge process to help patient flow.

DS informed that she is meeting CCG colleagues this week to take forward discussions again on primary care streaming at the front door. There is commitment to finding space for this service if a service is available. DS will keep the Finance & Activity Committee informed of progress.

17.3 PEOPLE COMMITTEE

The Board received the Chair's Assurance Report of the People Committee meeting held on 18 November 2020.

SR highlighted:
- The Committee understands the organisation is facing severe operational challenges. There is very low assurance that the 4% sickness target for 2020/21 will be achieved by the end of March 2021.
- Operational challenges are making improvements to appraisal levels difficult. The Committee is particularly concerned at the number of overdue appraisals and is seeking assurance this will be addressed.
- Despite a lot of work and focus, the job planning trajectory for completion by the end of November will not be achieved.

SB informed that other Trusts have been impacted on these areas due to COVID. At times the Trust has been encouraged by regulators to focus on COVID related pressures. There is ambition and determination to rectify the position when winter and COVID pressures start to subside.

CS informed there are clear trajectories and targets and the Trust is looking at innovative ways to do things differently. Some trusts have formally stopped all mandatory training and appraisals due to the pressures following decision through their boards. It is important that proposed trajectories are reasonable as staff are being asked to do more on direct patient care. The hospital is very busy, running at 100% bed occupancy.

FS informed that nationally the GMC instructed Responsible Officers to halt medical appraisals during COVID. FS informed that to date 82 job plans have been signed off. FS will provide an update on job planning to the Board later this month.

SB considered it is appropriate to recognise the position against the targets. The Trust remains committed to turn around the position when the environment enables us to do so.

17.4 QUALITY COMMITTEE

The Board received the Chair's Assurance Report of the Quality Committee meeting held on 24 November 2020.

IM informed that the report reflects the number of areas where assurance was demonstrated. IM highlighted the items of escalation; complaints responses, which have been discussed at Board and are being monitored by the Quality Committee; and the external culture review of maternity and obstetrics and gynaecology. A detailed action plan is in place, which is being monitored internally and progress will be reported through to the Quality Committee. The NED to be linked to this programme is to be considered and agreed.

17.5 SENIOR LEADERSHIP TEAM

The Board received the Chair's Assurance Report of the Senior Leadership Team (SLT) meeting held on 17 November 2020.

CS highlighted that a new business planning cycle for 2021/22 has commenced. It is proposed the Board has a joint session with the Divisional Leadership Teams in quarter 4 to review 2021/22 plans and provide robust confirmation and challenge. The DLTs are positive about this new approach, which supports the Trust's culture programme to further develop the DLTs' relationship with the Board.

SB considered that there is an increasing requirement for individual organisations' business planning requirements to fit within the system planning perspective, contributing to integrated care system activities. CS confirmed the QEH framework has clear links to the STP strategy and system requirements.

222/20 18. FIRE REPORT

The Board received a report updating on fire safety during the first six months of 2020/21 to 30 September 2020.

CB informed that:

- There has been continued capital investment to upgrade the fire system. This is a two-year upgrade programme, tested through external commissioning organisations.
- Mandatory training had been impacted by COVID and the inability to deliver face-to-face training. The Trust has put in place video presentations to support the ongoing delivery of mandatory training.
- The fire safety audits paused due to COVID have now recommenced.

AJB highlighted the need for staff figures to be consistent between reports. CS confirmed that work is in progress to establish consistent staffing figures.

CS emphasised the need to take immediate action to improve the compliance with mandatory fire training. **ACTION: immediate action to improve the compliance with mandatory fire training.** **DoF**

The Board noted the fire safety report 6-months to September 2020.

223/20 19. BOARD OF DIRECTORS – FORWARD PLAN

The Board received and approved the Forward Plan 2020/21. AP informed that work is underway to review the forward planner for 2021/22.

CLOSING BUSINESS

224/20 20. ANY OTHER BUSINESS (TO BE AGREED WITH THE CHAIRMAN)

The Board noted that the Trust has achieved an excellent flu vaccination level with 96% of front line staff being vaccinated. This performance has been commended nationally and regionally.

The Board noted that when the national staff survey closed on Friday 27 November the Trust had achieved a 45% response rate. Confirmation of the final response rate and results are awaited. This level of response is consistent with the national average for acute trusts.

225/20 21. BOARD EFFECTIVENESS

SB requested that Board members use the chat feature in Teams to share feedback on 'what has gone well' and 'even better if' for the Trust Secretary to capture.

226/20 QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

Date of next meeting of Board of Directors (Public) meeting – Tuesday 2 February 2021 at 10 am via remote access.

The Board resolved that members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

There being no further business, the meeting was closed at 11:40 am