Agenda Item: 3

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

DRAFT

Board of Directors (In Public)

Minutes of the meeting held Tuesday 3 November 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 3 November 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)
D Smith (DS)	Chief Operating Officer (COO)
L Skaife-Knight (LSK)	Deputy CEO (DCEO)
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)
Laura	Patient (agenda item 2)
D Ramsdale (DS)	Gynaecology and Midwifery Outpatient Matron (agenda item 2)
A Price-Davey (APD)	Head of Midwifery (agenda item 2)
L Notley (LN)	Associate Director of Quality Improvement (ADQI) (agenda item 11)
E Corner (EC)	Lead Governor (observing)

ACTION

178/20 1. CHAIR'S WELCOME AND APOLOGIES

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

Apologies were received from J Schneider, Non-Executive Director.

179/20 2.1 PATIENT STORY

ApB introduced Laura who was admitted to the QEH maternity unit giving birth to a baby boy in September 2020.

Laura informed that as first time parents Laura and her partner did not know what to expect especially during the COVID-19 pandemic. Laura's preference had been to have a relaxed birth, preferably a water birth with no interventions. Laura had experienced exceptional care through the Trust's post-natal clinic, and exceptional care from midwives during childbirth. Millie and Collette, the midwives, had been incredible and supported Laura to eventually birth in the Waterlily suite. Laura felt she was treated as an individual with her preferences and needs looked after, and had experienced a calm and relaxed birth.

A Price-Davey (APD) asked if there was any aspect of the experience that the Trust could improve on. Laura informed that the antenatal clinical care had been exceptional, however the administration had been poor and reception staff at the North Cambridgeshire Hospital needed to be reminded to wear their PPE masks properly. APD will take the feedback into the service. ApB informed that infection control is taken very seriously and thanked Laura for this feedback.

APD was pleased that Laura had given birth in Waterlily and APD aims for a calm and relaxed atmosphere with personalised care for every woman, wherever a woman is cared for in the delivery suite.

SB thanked Laura for sharing her story with the Board and congratulated Laura on the birth of her baby boy. SB thanked maternity staff for the exceptional care which was given.

180/20 2.2 REVISITING PREVIOUS PATIENT STORIES

The Board received a report updating on actions taken following the patient story at the Board meeting on 6 October 2020.

The positive experience of both Linda and Jeannie whilst in the Trust's care has been shared with the multi-disciplinary team.

The Board noted the actions taken following the patient story.

181/20 3. MINUTES OF THE BOARD OF DIRECTORS' PUBLIC MEETING HELD ON 6 OCTOBER 2020 – AND MATTERS ARISING

The minutes of the previous meeting held on 6 October 2020 were approved with the following amendments:

- 170/20, paragraph 3 – amend 'SystemOne from 3x3' to read 'system partners from 3x4'
- 172/20 – paragraph 4 – amend 'person of representation from QEH' to 'a representative of QEH'

182/20 4. ACTIONS MONITORING

The Board reviewed and updated the Actions Monitoring Record. **The following actions were considered complete and were removed from the action log: 32, 64, 67, 68, 69, 70, 71 and 72.**

183/20 5. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

None.

184/20 6. URGENT ACTIONS (Under Standing Order Para. 5.2)

None.

185/20 7. CHAIRMAN'S REPORT

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

186/20 8. CEO'S UPDATE

The Board received the CEO's Update informing of key external/internal events and activities.

CS highlighted:

- The new style Board agenda which introduces a new approach to oversight of the Board Assurance Framework (BAF). The BAF is also reviewed at Board committee meetings each month.
- The Care Quality Commission (CQC) has published its draft strategy setting out its plans for regulation over the next five years. The strategy describes an intention to take a more dynamic approach to regulation, moving away from relying on a set schedule of inspections to a more flexible approach using all regulatory methods, tools and techniques to assess quality continuously. Local teams will have a more regular view of the services they manage and ratings will be updated more regularly. Consultation is currently underway on this strategy with the intention of implementation from April 2021.
- There is no further clarity on the QEH rating following the recent CQC unannounced inspection. The CEO has a meeting with the NHSI Director of Improvement and aims to speak with Professor Baker to get more clarity on potential for change to the Trust's rating.

The Board noted the CEO's report.

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

187/20 9. BOARD ASSURANCE FRAMEWORK

ACTION: the new agenda format to incorporate more narrative to indicate what aspects the sections of the BAF relate to. **T Sec / DoPS**

Key Strategic Objective 1:

- ApB highlighted that assurance has been received from the CCG (Clinical Commissioning Group) regarding the Trust's green rating for infection prevention and control. The Trust was rated red for some time and this change indicates sustained improvement. SB acknowledged this is an excellent achievement.

Key Strategic Objective 2:

- DS informed that there had been no changes to the BAF in month. The Trust has acquired the BMI Sandringham site. Progress is being made on

the Sustainability and Transformation Partnership (STP) digital strategy and there is progress on digital activities.

AJB confirmed that work on the Electronic Patient Record (EPR) is progressing well. There is good engagement across all three trusts.

GW requested the BAF SO2 entry is amended to read BMI Sandringham (rather than Spire Sandringham).

The Board noted the BAF position which is largely unchanged from previous reporting periods.

188/20 10. CORPORATE STRATEGY KPIS QUARTERLY REPORT (Q2)

The Board received the Corporate Strategy quarterly Key Performance Indicators (KPIs) report. The KPIs have been considered by the appropriate Committees prior to being presented to Board.

LSK reminded the Board that when the Trust published the Corporate Strategy earlier in 2020 it was agreed to publish progress against the KPIs each quarter. Summary communications on progress have been prepared to share with staff and partners/external stakeholders.

SR welcomed the helpful report and summary of position. SR requested a description of the criteria against which the KPIs are RAG rated. CF requested consideration of including baseline data and trajectories in the next iteration of the report. **ACTION: Include an explanation of RAG status criteria in the next quarterly report and inclusion of baseline data and trajectories.** **Dep CEO**

FS informed that the Trust has been successful in appointing a Chief Clinical Information Officer, a team of clinical informatics support officers and a Chief Nurse Information Officer. FS is the Senior Responsible Officer (SRO) for the EPR project and SRO for the STP EPR Clinical Workstream. FS reported good staff engagement in the EPR programme. **ACTION: Ensure AJB is aware of the clinical staff who are engaged in the EPR project.** **Dep CEO**

The Board noted the progress made to date against the agreed KPIs, including that there are areas where the KPIs have not yet been met.

189/20 11. INTEGRATED QUALITY IMPROVEMENT PLAN

The Board received a report on the overall progress against the 206 actions within the Integrated Quality Improvement Plan (IQIP). LN joined for this agenda item.

SR highlighted that only six actions had been signed off in September through the Evidence Advisory Group (EAG) process due to time constraints resulting from the two unannounced CQC inspections. SR queried whether, when there is awareness there is insufficient time to gather the required evidence, it is better to defer rather than submit action evidence. LN informed that during October the EAG has been able to progress a further 19 actions following a lot of hard work and focus. 83% of the total number of actions are completed and have been moved to business as usual. 91% of conditions and warning notices are now complete. The report outlines the recovery work and the benefits being seen as a result of this focus.

LN informed that the remaining actions are the more complex actions. LN informed that the process of bringing evidence to the EAG has proven to be a supportive and learning process for staff, enabling discussion and clarity in relation to the evidence that is needed. With investment in time and support teams can compile the required evidence and progress through EAG. Where actions are declined dedicated support is given to action owners via PT, LN and COB, working with individuals to identify the evidence required.

DD noted that some of the actions behind plan have since been approved and queried whether those still behind plan have clear actions, identified action owners and support in place to complete to the agreed timelines. LN confirmed that evidence will be not submitted until ready and clear action plans are in place.

PT informed that plans on a page are being finalised for the eight new actions resulting from the September CQC unannounced inspection, with work to progress these already underway.

The Board noted:

- **the challenges in approving actions in September and the immediate measures in place to recover the position for October**
- **progress on developing plans for actions arising from the CQC visit, to be monitored within the same governance framework as the original actions.**

SB thanked LN and the team for their hard work in this area.

190/20 12. INTEGRATED PERFORMANCE REPORT

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

Safe:

- There were nine serious incidents declared by the Trust in September 2020.
- VTE screening process has remained stable since May 2020 and is currently performing to the expected standards

Effective:

- QEH has achieved the recruitment of more than 1000 patients into research trials in September 2020. A revised stretch target of 1200 patients for 2020/21 has been set as a result of this.
- Caesarean section rates remain the lowest in the region. Further work in reducing emergency caesarean section rates where possible, is ongoing.
- SHMI for April 2020 was 102.2 and is within the expected range.
- HSMR (Hospital Standardised Mortality Rate) for June 2020 has further worsened to 118.1, mostly attributed to reducing admissions overall and with a higher number of deaths.
- Weekend HSMR for June 2020 has further risen to 139.9. End of Life service provision appears to be the key theme contributing to this worsening position. Weekend deaths are now being reviewed externally to provide insight, learning and assurance.

Caring:

- There have been eight incidents of same sex accommodation breaches affecting 18 patients, all in the hyper acute Stroke Unit on West Raynham

Ward. These incidents occurred when patients in the stroke bay were not stepped down in a timely manner following completion of time critical interventions.

- Friends and Family Test (FFT) feedback collection was at a low point of 166 responses in May 2020 (there were 3601 responses collected in January 2020). This has slowly increased to 1220 in August 2020 and there has been a further increase to 1770 responses in September 2020. A particular area of concern relates to response rates within the Emergency Department (1.80% which equates to 68 responses)
- Whilst Dementia screening rates have begun to show improvement, many of the changes implemented to improve the screening rates will only take effect from September 2020. The rate for August is 55.8%

Responsive

- In September 2020 there were 2,019 ambulance conveyances to the Emergency Department, of which 1,872 were conveyed by EEAST and 147 were conveyed by EMAS. Performance data is available for EEAST only and of these, 33.7% of ambulance handovers took place in ≤ 15 minutes
- A&E performance for September was at 79.3%
- There were five 12 hour trolley waits in September
- 18 week RTT performance was at 63.2%
- There were 402 52-week breaches
- Diagnostic performance in September was 48.33% against the standard of 1%.

Well Led (Finance)

- The Trust will report a break-even position for month 6 following an assumption that the Trust will receive reimbursement for all COVID-19 related costs. This is in line with the national guidance of accounting for 'block' income, 'top-up' payments and taking account of COVID-19 reimbursements and the retrospective 'top-up' mechanism to bring the overall income and expenditure position back to a balanced position.
- An additional £2.3m of top-up income is required for month 6 to achieve this break-even position. Whilst the value of the top-up required is an increase of £0.1m on month 5 (£2.2m) overall COVID-19 related-expenditure has remained level at £0.8m.
- In month the Trust completed the purchase of the former BMI Sandringham Hospital on the 30 September 2020, with 74 staff transferring to QEH on 1 October 2020. The Trust completed the conversion of £134.2m of long term loans in to Public Dividend Capital in month.

Well Led (Workforce)

- Overall sickness for the Trust has increased to 5.66% from 5.0%. COVID-19 sickness reduced again to 0.24% (from 0.39% last month).
- The compliance with mandatory training has slightly increased this month to 76.80% from 76.48% against a target of 85%. COVID-19 social distancing restricts the number of attendees on each face-to-face course.
- The Trust vacancy rate is 10.30% with the nursing and midwifery staff group being below the 10% target at 9%. Medical & Dental & Allied Health Professionals (AHP's) vacancies have reduced to 15.6% and 13.68% retrospectively.
- The Trust appraisal rate (excluding bank staff) has increased further in September 2020 but remains below the target.

IM informed that the Quality Committee had discussed the factors behind the

rise in falls. The Chair's Assurance Report from the Quality Committee outlines the assurance the Committee is seeking in relation to HSMR.

SR sought more clarity and assurance in relation to weekend mortality rates. Whilst there is transparency and discussion at both Board and the Quality Committee the HSMR rate is deteriorating. FS informed that the HSMR position is being tracked. The crude mortality rate and standardised SHMI are both as expected. Work undertaken with Dr Foster does not appear to indicate lapses in care but highlights low predicted mortality due to low palliative care service provision and clinical coding. Because there is concern, and because the position is worsening, compounded by low admissions at weekends and the lack of palliative care services, three internal reviews have been undertaken to look into this. The most recent report including outcomes on the specialty judgement reviews has been reported to the Quality Committee. The Trust has also joined the NHSI learning from deaths collaborative and the Quality Committee will be receiving a report in November on the outcomes of an NHSI review of 40 deaths following a weekend admission over five weekends and five comparator week days. The death rates in the east of England overall have fallen because of the fall in admissions across the region. However, this has not been reflected at QEH due to the higher number of COVID deaths. As COVID deaths are excluded from HSMR and SHMI, FS has asked Dr Foster to undertake a specific review which includes COVID patients to enable comparison across peer groups.

SB sought further assurance on why the Trust is still an outlier and requested further information is incorporated into future IPR reports. **ACTION: explore with Dr Foster how further assurance can be provided on the Trust's outlier position.** **MD**

AJB was assured by the action being taken and queried whether the Trust is being proactive in discussing the position with the Regulator. FS confirmed that NHSI has been asked to help explore the Trust's position. **ACTION: inform the regional NHSI team of the action being taken in relation to understanding weekend mortality.** **MD**

GW queried the support to BMI Sandringham staff transferring into QEH and the contact with those who will be commencing work in the unit in November. DS informed that she has met regularly with the staff and a QEH team is dedicated to ensuring staff complete the Trust's induction process. DS has attended staff induction sessions with the CEO. A lead manager is in place for each staff group to ensure they have a senior point of contact. DS has a further session with staff tomorrow afternoon and monthly staff meetings are in place. DS recognised this is an unsettling time for the staff transferring into QEH. SB considered there is a need to view the 'induction' as a long term approach to support staff transitioning to QEH.

The Board noted the contents of the Integrated Performance Report, specifically the actions being taken to maintain and improve performance where appropriate.

191/20 13. NURSING ESTABLISHMENT REVIEW

The Board received the Nursing Establishment Review for 2020.

SB highlighted the importance in the context of COVID-19 pandemic pressures

to ensure the necessary nursing establishment is in place.

ApB highlighted:

- The nursing establishment review had been approved at the October Quality Committee meeting.
- The Trust has followed the nationally prescribed methodology to identify whether there are the appropriate staffing levels on wards, which is combined with the knowledge of senior staff to ensure the Trust has the right staff in the right place.
- There are a number of wards which are yet to be reviewed through this process as there has been a need to understand the longer term changes to ward areas as a result of the Trust's response to managing COVID. These wards require a different and a richer skill mix. ApB will review these wards over the coming weeks and outcomes will be reported to the Quality Committee and Board.
- ApB confirmed the funding is in place to support the changes in establishment outlined in the report.

IM confirmed that the Quality Committee had considered this report and fully endorsed the recommendations and the remaining wards progressing through this process.

SB considered there is a need to be proactive in increasing staffing establishments given all hospitals need to find staff to respond to the COVID pressures. SB requested regular assurance that the Trust's planning is ahead of increasing COVID pressures.

CS informed that there is a national shortage of qualified nurses across the country. CS is able to give the Board reassurance that the necessary actions are being taken to respond to the staffing pressures, mitigating risk through three daily review meetings, using bank staff and reaching out locally and nationally. However, this is a big challenge for the NHS.

AJB queried whether, given the national challenge, collaboration is taking place regionally to share resources. CS informed that it is unlikely to be possible to move a nurse from one hospital to another. CS has asked for CC to look into further ideas with the regional team and to explore links with RAF bases to see if it is possible for their staff to work in key areas. Regionally there is agreement to maintain the same pay rates for agency nurse and medical staff. ApB informed that the Trust is also looking at NHS reservists options. The recently appointed international recruits are a welcome addition to the complement of QEH staff.

SB queried whether QEH nurses in management positions are returning to provide hands-on patient care. CS confirmed that staff have been asked to do this but some are concerned to go back to the floor when they have been in a specialist role for some time. CS emphasised the importance in role modelling the expected behaviour. CS has carried out clinical shifts and will be working another clinical shift this week. CS informed that staff are concerned at the rising level of COVID cases. Support for staff health and well-being is in place including through the clinical psychologist and the new PTSD post.

The Board noted the report.

192/20 14. NHSI/E INFECTION PREVENTION CONTROL BOARD ASSURANCE FRAMEWORK

The Board received the Infection Prevention & Control (IP&C) Board Assurance Framework (BAF).

APB highlighted:

- The Trust takes IP&C very seriously and is central to discussions particularly in the context of COVID.
- It is a recommendation from NHSI/E that all trusts work through this IP&C BAF and seek assurance through this framework.
- The IP&C BAF has been reviewed at the Quality Committee meeting in October. The IP&C BAF will be monitored at the Trust's Hospital Infection Control Committee which meets monthly and is chaired by ApB.

SB queried the mitigating actions column and the 'none identified' entries. ApB informed that this indicates there was nothing else to be identified rather than nothing has been identified.

AJB queried the risk relating to PPE shortages and whether, in the context of EU Exit, the Trust has assurance from suppliers that their respective supply chains are secure. ApB confirmed that the Trust has sufficient PPE to meet its current needs. The Procurement Team work hard to spread the supply risk. **ACTION: consider risk mitigation in relation to potential PPE supply chain disruption due to EU Exit.** **CN**

The Board:

- **Received and reviewed the self-assessment**
- **Noted the document and acknowledged the arrangement for ongoing monitoring via the Hospital Infection Control Committee.**

193/20 15. SIGNIFICANT RISK REGISTER (>15)

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

COB highlighted:

- Risk ID 2762 in relation to non-invasive ventilation has been downgraded from a significant to a moderate risk
- Risk ID 2244 relating to 12-hour mental health breaches has been raised from moderate to a significant risk. This is a Norfolk wide risk. DS is working to address this risk through the A&E Delivery Board. In addition the CEO has written to the NSFT CEO to escalate the issue of the lack of mental health beds. This is a nation-wide risk.
- A moderate risk has been approved by the Assurance and Risk Executive Group to be added as a significant risk in October. This will be the principal risk for KSO4.
- The Assurance and Risk Executive Group are reviewing the EU Exit risks during November.

SB queried whether the mental health trust has access to mental health beds on its own risk register. **ACTION: check whether the mental health trust has access to mental health beds on their risk register.** **DoPS**

The Board:

- **Noted the contents of the report**

- **Received assurance relating to the management of existing Significant Risks.**

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

194/20 16. BOARD ASSURANCE FRAMEWORK

Key Strategic Objective 3

LSK highlighted the main changes in month:

- Controls in place have been further strengthened in key areas around mental wellness for staff with the Trust appointing to the PTSD post and a focus on values and behaviours through the Civility Saves Lives and the Getting It Right programmes.
- The new principal risk referred to in the previous agenda item has been confirmed at the Assurance and Risk Executive Group. This will feature in the BAF in November 2020 and will continue to be overseen at the People Committee.

ACTION: coversheets are needed for the BAF reports to Board. **DoPS/ T Sec**

CS highlighted the need make adjustments to the timescales for the roll-out of developments through the culture programme and leadership development programmes in light of increasing COVID challenges. **ACTION: LSK to review the programme and report back on adjustments through People Committee, with a launch of the new programmes in the spring.** The Trust will still deliver on the strategic objective but will reconsider the pace and timing of the programmes for staff in light of COVID challenges. **Dep CEO**

SR considered it is important to not stall the excellent culture change programme but to rebalance priorities. SR considered it will be important to ensure careful communication of this change in pace to staff.

Key Strategic Objective 4

CB highlighted:

- The Trust's financial break-even position as reported in the Integrated Performance Report (IPR).
- Operational pressures are challenging. The Trust is seeing a high number of medically fit patients delayed from being discharged.

The Board noted the BAF for KSO 3 and 4.

195/20 17. STP UPDATE

The Board received a report updating on key areas of work within the Sustainability and Transformation Partnership (STP).

CWB highlighted:

- Development of a system clinical strategy. The Director of Strategy and Major Projects from NNUH and the Director of Strategic Commissioning from Norfolk & Waveney CCG are leading on driving this work forward. QEH is heavily involved in this work.
- Integrated Care System (ICS) development – within the system an application to become an ICS has been submitted. QEH is working closely

with partners in the system.

AJB considered that there is a lot of strategic work that requires clinical engagement and involvement. It is important to recognise that it may be necessary to reprioritise the input of senior clinical teams given the increasing pressures of COVID.

SR queried whether QEH not being in the HIP2 scheme could be an impediment to system clinical strategy development in the context of the JPUH HIP development. CWB informed that QEH is aligned with business planning processes at NNUH and JPUH and is continuing to work in a positive way to explore other opportunities with the QEH estate if it is not selected to be one of the remaining eight HIP2 schemes.

IM highlighted the importance in ensuring constructive relationships with Primary Care Networks (PCNs) and queried the plan to proactively engage with PCNs in West Norfolk on these strategic developments and alignment of priorities. CWB considered links to the PCNs in relation to the ICS developments will be important and there will be time for the Board to consider this further at the November Board Development session. SB considered PCNs will need to be at the centre of ICS and place-based care developments.

CS considered that it is important the Board has clarity on the aims and objectives of local Place-based care and ICS developments at a regional level, through the Norfolk & Waveney Hospitals Group Committees, and what the QEH can progress locally in its own right. There is an increasing need for the Trust to progress local discussions and actions, and not wait for wider system developments.

The Board noted the update.

196/20 18. COVID-19 UPDATE, RESTORATION OF SERVICES, WINTER AND EU EXIT

The Board received a 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:

- The significant increase in demand is proving challenging. There is a focus on maintaining safe staffing levels and elective activity. The Sandringham Unit will be reopening on 10 November 2020.
- In the previous COVID wave ED attendances had reduced significantly. However, this time ED activity is back up to normal levels and the Trust does not have empty beds available this time to respond to the COVID increase.

SB noted the seriousness of the current position and thanked DS and all colleagues who are busy managing the pressures. SB requested that Non-Executive Directors are kept informed of developments on an ongoing basis.

CS informed that Incident Control Team meetings have been re-established three times a week. The difference this time is the volume of patients through ED, the Trust not having available beds and staff are tired. Operationally this is already providing a harder challenge than in April and May 2020.

IM emphasised the importance of working with partners to reduce the pressures

on the hospital through access to services in the community via primary care or community service providers.

DS confirmed the Trust will go live with the 111 initiative in November; patients using 111 will be diverted to the most appropriate service to meet their needs, or 111 will respond to the patient's situation directly. The Trust is working with the ambulance service to increase the 'hear and treat and see and treat' cases to ensure those patients not needing ED services are seen and treated elsewhere. FS informed that there are also national initiatives such as 'COVID at home' which the Trust is contributing to.

SB queried the anticipated roll-out of testing trials in Liverpool. DS informed that the Trust will be receiving two different point of care testing machines. One will be available in ED and assessment areas and will give a 90 minute test turnaround time, and one will be lab based. This will help the Trust manage patient flow and patient cohorting. CS informed that the Trust may have to wait some time for the necessary reagents to use these new machines.

FS shared concerns in relation to nosocomial transmission in this second wave as patients swabbing negative may still be developing COVID and may have been in a bay with other patients prior to testing positive. This is being seen in all hospitals across the region and is likely due to rising community prevalence of COVID and ongoing high non-elective demand leading to space constraints.

The Board noted the report.

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

197/20 19. BOARD ASSURANCE FRAMEWORK

Key Strategic Objective 5

FS highlighted the main changes in month:

- The positive assurance and good progress in research, learning from deaths, education and policies and guidelines. The Trust awaits the outcome of the review of weekend mortality rates.
- All medical students have returned to the Trust and the Deanery has confirmed the return of Obstetrics and Gynaecology trainees to the Trust.
- There is concern about screening and health promotion services which have been significantly impacted nationally by COVID.

Key Strategic Objective 6

CC highlighted:

- There are no specific changes this month.
- The BAF aligns with the Board's discussions in relation to safer staffing, leadership training and the ability to progress in these areas as originally planned given the COVID challenges.

REGULATORY AND GOVERNANCE

198/20 20. CHAIRS' ASSURANCE REPORTS

20.1 EDUCATION, INNOVATION & RESEARCH COMMITTEE

The Board received the Chair's Assurance Report from the meeting held on 15 October 2020. CF highlighted HEE's (Health Education England) approval requirement before any doctors in training can be redeployed during the COVID second wave. FS informed that the BMA has clarified that the previously required six week notice period will be reduced to two weeks. HEE have also committed to provide a swift response on requests to redeploy medical staff.

20.2 FINANCE & ACTIVITY COMMITTEE

The Board received the Chair's Assurance Report from the meeting held on 21 October 2020. GW highlighted that the escalation of the financial plan and the Fermoy Unit Future Use items will be considered by the Board in private. The Committee had concerns regarding the length of time to progress the NICU business case. The Committee is looking for timely progression of business cases as delays can impact on patients and staff morale.

20.3 PEOPLE COMMITTEE

The Board received the Chair's Assurance Report from the meeting held on 21 October 2020. SR highlighted that the Committee was more assured of grip and control to improve the mandatory training and appraisal rate position. Sickness absence is challenging given COVID. The sickness position is deteriorating, with sickness just over 9%. This is an assurance gap in light of the new COVID challenges.

CS informed the Board that controls are being put in place. CC and AMc have weekly meetings with the Divisional Leadership Teams (DLTs) to work through the People KPIs. The meetings are documented and actions followed through. CS will maintain an overview of the progress of these meetings. CC reported that the meetings were proving positive from both a support and performance improvement perspective. The meeting with the Women and Children DLT had been very helpful in unblocking some of the barriers the DLT were experiencing.

20.4 QUALITY COMMITTEE

The Board received and noted the Chair's Assurance Report from the meeting held on 27 October 2020.

20.5 SENIOR LEADERSHIP TEAM

The Board received and noted the Chair's Assurance Report from the meeting held on 28 October 2020. LSK informed that there had been strong support from the Senior Leadership Team (SLT) to extend the IQIP EAG approach to cover serious incident action plans going forwards.

199/20 21. REGISTER OF DIRECTORS' INTERESTS

The Board received and noted the Register of Directors' Interests.

200/20 22. BOARD OF DIRECTORS – FORWARD PLAN

The Board received and approved the Forward Plan.

CLOSING BUSINESS

201/20 21. AOB (to be agreed with the Chairman)

There was no other business.

202/20 Questions from Governors

None.

203/20 BOARD EFFECTIVENESS

SB informed that this is a new item responding to feedback from the NHSI well-led review. This will feature as a regular item on all Board and Committee agendas.

SB invited observations by exception:

- Technology had been a difficulty today, with the inability to see Board members on the screen and the chat facility had been problematic. A 'Teams' charter will be introduced to guide meeting etiquette and promote good practice in holding Teams meetings.
- Front sheets are needed for the new style BAF agenda items.
- The meeting was chaired well.
- CS thanked the Non-Executive Directors for their support of the challenging activity position in the Trust at the current time.
- SR welcomed the focus of the meeting which was run succinctly, as during the first COVID wave. Focussing on effectiveness and cover sheets and providing succinct executive summaries which highlight the issues to be brought to the attention of the Board will be positive.
- DD recognised there has been significant improvements in the quality of reports, such as the IPR, which supports better meetings.

Date of next meeting of Board of Directors (Public) meeting – Tuesday 1 December 2020 at 10am 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 11:30 am