

BOARD OF DIRECTORS

Minutes of the Meeting held in Public on
23 July 2020
In Trust HQ, QEHB and by Webinar

Present:

Rt Hon Jacqui Smith	Chair	(Chair)
Dr Dave Rosser	Chief Executive	(CEO)
Prof Simon Ball	Chief Medical Officer	(CMO)
Mr Kevin Bolger	Chief Workforce & International Officer	(CWIO)
Mr Tim Jones	Chief Innovation Officer	(CIO)
Mr Julian Miller	Chief Financial Officer	(CFO)
Mr Mike Sexton	Deputy Chief Executive	(DCEO)
Ms Cherry West	Chief Transformation Officer	(CTO)
Ms Jane Garvey	Non-Executive Director	(NED)
Prof Jon Glasby	Non-Executive Director	(NED)
Mrs Jackie Hendley	Non-Executive Director	(NED)
Mrs Karen Kneller	Non-Executive Director	(NED)
Ms Mehrunnisa Lalani	Non-Executive Director	(NED)
Dr Catriona McMahon	Non-Executive Director	(NED)
Mr Harry Reilly	Non-Executive Director	(NED)
Prof Michael Sheppard	Non-Executive Director	(NED)
Mr Debu Purkayastha	Associate Non-Executive Director	(ANED)

In attendance:

Ms Fiona Alexander	Director of Communications	(DComms)
Mr David Burbidge	Chief Legal Officer	(CLO)
Mr Mark Garrick	Director of Quality Development	(DSQD)
Mr Andrew McKirgan	Chief Officer for Out of Hospital Services	(COOHS)
Mrs Angie Hudson	Corporate Affairs Officer	

D20/103 WELCOME AND APOLOGIES FOR ABSENCE

Rt Hon Jacqui Smith, Chair, welcomed everyone present to the meeting.

Apologies had been received from Mr Jonathan Brotherton, COO and Ms Fiona Alexander, D Comms

Mr Jason Wouhra, NED was not in attendance at the meeting.

The meeting was, due to the current situation regarding Covid-19, being held via Webinar and in Trust HQ, QEHB.

D20/104 QUORUM

The Chair noted that:

- i) the Directors had been given formal written notice of this meeting

- in accordance with the Trust's Standing Orders
- ii) a quorum of the Board was present; and accordingly the meeting could proceed to business.

D20/105 DECLARATIONS OF CONFLICT OF INTERESTS

There were no conflicts of interests declared.

D20/106 MINUTES OF THE PREVIOUS MEETING HELD ON 23 April 2020.

The Board considered the minutes of the meeting held in public on 23 April 2020.

Resolved: The minutes of the meeting held in public on 23 April 2020 were APPROVED as a true and accurate record of the meeting.

D20/107 MATTERS ARISING & ACTION LIST

None

D20/108 CHAIRS REPORT & EMERGING ISSUES

The Chair reported that she had spent a considerable amount of time undertaking meetings and on communications around Covid-19. The weekly calls with MP had now concluded, however some individual contact was still being undertaken. The Chair's bi-weekly calls with NHSE/I continued to be held and included such topics on guidance to get services and testing up and running. The Chairs' Advisory Group with NHSI continued to meet with David Prior, Chair at NHSE. The Chair had been asked to join a regional working group looking at how to re-instate and get services back up and running again.

The Chair had recorded a thank you message on behalf of the board to all staff ahead of the NHS 72nd Birthday celebration.

D20/109 CLINICAL QUALITY MONITORING REPORT

The Board considered the report presented by the CMO.

The CUSUM and SHMI data was discussed. There had been one CCS (Clinical Classification System) diagnosis group with a higher than expected number of mortalities trigger in March 2020. SHMI and HSMR performance was within the expected levels.

Learning from Deaths - Emergency legislation (Coronavirus Act 2020) included changes to death certification, registration and cremation paperwork. Within the Trust, there had been a need to temporarily suspend ME scrutiny for the period 23rd March 2020 to 30th May 2020. However, during the period measures were in place to ensure the oversight of Medical Certificates of Cause of Death (MCCDs) completion, including appropriate referral to the Coroner. Medical

Examiner Scrutiny resumed from 1st June 2020. A sample of cases during the period scrutiny had been suspended were being retrospectively reviewed. Any cases that highlighted potential shortfalls in care would be escalated for further review as per usual Trust processes.

Child Death Review Process – All neonatal and paediatric deaths were subject to review. There had been six neonatal and four paediatric deaths investigated.

There had been no never events during the reporting period.

The CMO, in response to a question, reported that if Covid-19 had not been the primary cause of death or contributing cause it could be added to the death certificates as a related factor. Population of the death certificate was subject to the judgement of the doctor completing the paperwork.

RESOLVED: To ACCEPT the report.

D20/110 PATIENT CARE QUALITY REPORT INC INFECTION PREVENTION & CONTROL

The Board considered the report presented by the CN. Over the past few months, the Trust had focused on the worldwide Covid-19 pandemic. The CN had continued to hold meetings of the Care Quality Group. Throughout the reporting period the Trust was in Phase 1 of the Covid-19 pandemic and the nature of patient presentations, management and care was adapted for the specific needs of this patient cohort and other patients requiring critical, urgent and emergency care at the time. The Trust had admitted and treated more than 3,500 patients who were Covid positive and managed unprecedented impacts on staffing levels, critical care requirements and service changes during the Phase 1 period. The Trust had maintained very good outcomes in Infection Prevention & Control given the complexity of the situation. The Trust had recognised a higher risk of younger patients falling due to the nature of Covid-19, but with lower harm, and an increase in device related tissue damage, and pressure ulcers related to critical care practices to deliver life-saving care.

There had been zero Trust apportioned MRSA bacteraemia in May. There had been one hospital associated MRSA bacteraemia at QEHB, a repeat MRSA bacteraemia in a patient with severe dermatological problems. For the financial year 2019-20, UHB had 11 Trust apportioned bacteraemia which was an increase on the previous year. The increase could be due to a large number of community associated MRSA bacteraemia being identified.

There had been an increase of Trust apportioned cases of *Clostridium difficile*, an increase from 10 in April to 14 in May.

There had been two Trust acquired category 3 pressure ulcers related

to devices for patients who were Covid positive. The Trust was reviewing practices in order to mitigate damage and risk.

Trust inpatient falls had increased for the third consecutive month in May to 8.64 falls per 1000 bed days; however the bed days remained significantly lower in comparison to previous totals. Covid related symptoms had accounted for a larger proportion of falls in younger patients aged 50 – 60 years due to hypoxia.

Following discussion it was noted that the Trust had not, at the present time, been able to share its learning around the demographics in falls related to Covid-19 with other trusts. There had been lower severe harm in terms of broken bones and head injuries, as younger patients tended to have better bone density compared to older persons and were able to save themselves as they fell without sustaining breaks. Due to the demographics of the communities served by the Trust the case mix of falls by ethnicity was difficult to measure. The CN reported that, following a question raised at a previous meeting, work had begun to investigate if there was evidence of faster development of pressure ulcers and tissue damage in BAME patients and a briefing would be provided to the next meeting.

Whilst the number of complaints had increased in June to 104 compared to 65 in April, overall it was a reduction on the same period last year of 155 complaints. Complaints in relation to Covid-19 included delays in treatment and communication with relatives, including End of Life communication decisions and discharge choices. As a result of the Covid-19 pandemic the Trust had been required to make decisions about moving patients out of hospital rapidly, which had resulted in patients and relatives not having a choice in the care facility they had been discharged to.

National reporting of the Friends and Family Test (FFT) remained suspended at the present time. The ED FFT feedback had continued at its usual levels with increasingly positive results being received in May at 89% recommendation.

The Trust continued to restrict visiting. However, it had put in place mechanisms to allow patients to keep in touch with relatives and carers. The first meeting of the Visiting Monitoring Group had been held and it would be meeting fortnightly to consider and review visiting guidelines.

The Trust had continued to progress its Learning Disability work with an update having been received by the Care Quality Group, a quality improvement programme was in place and quarterly updates would be included in future board reports.

Resolved: to ACCEPT the report

QUALITY & PERFORMANCE REPORT & Q1 UPDATE AGAINST THE 2020/21 IMPLEMENTATION PLAN

The Board considered the report by the DSQD.

The Coroner had opened three cases in relation to Paterson on 22 July 2020.

There were ten staff investigations with a patient wellbeing component underway and six had been closed during March.

Due to the Covid-19 situation, a number of inquests were either being heard under Rule 23 or being adjourned indefinitely with dates to follow. UHB had a number of cases to be heard under Rule 23 and were waiting to hear the outcome from these.

There were four serious incidents being investigated, one at BHH, one at GHH and two at the QEHB.

Due to the current Covid-19 pandemic, the Board unannounced governance visits had been put on hold until further notice.

The Trust's A&E performance had improved by 0.8pp in June 2020. However, attendances were 29.6% lower than June 2019. There had been approximately 45 users of ask A&E daily. The Trust continued to promote the use of AskA&E including attendees at ED; it was hoped by doing so they would use AskA&E before attending ED on future occasions. It was important that patients didn't turn up to ED unless they had used 111 or AskA&E in order that they could, if appropriate, be redirect to other providers, eg GP's. In response to a question around whether there was any evidence to look at how AskA&E was working and whether algorithms were being updated. It was agreed to bring a paper back to the next meeting of the Clinical Quality Committee.

RTT performance had deteriorated in month with 355 52 week breaches, although the waiting list size fell due to fewer referrals being received.

A new clinical prioritisation process was in place with daily meetings to ensure the highest risk patients were being treated. Operationally, the patients were being managed on the waiting list and there continued to be engagement with the CCG and NHSE/I.

All cancer indicators had seen an improvement in performance with the exception of the Cancer 62 GP referral and screening standards. In line with national guidance, cancer patients were being brought into hospital where it was absolutely essential and could not be safely deferred. Numerous specialities had delivered innovative approaches to delivering the 2ww outpatient services through the Covid-19 period including active clinical vetting and prioritisation of referrals and alternatives to face-to-face referrals.

During May 2020, 38,890 outpatient appointments had been cancelled. The DNA rate had reduced slightly in May to 7.3% compared to 7.7% in the previous month. There had been cancellations at Solihull due to

patients not following the isolation protocol. There had been 149 28 day breaches in May compared to 157 in the previous month.

Resolved to ACCEPT the report.

There was a short interruption to the meeting due to a power failure in the local area.

D20/112 COMPLIANCE & ASSURANCE REPORT

The Board considered the report by the CLO.

There had been no unannounced CQC inspections during Q1. The CQC had raised 14 queries during Q1, compared to 49 in Q4 2019/20. The reduction in queries received reflected the CQC's change of approach during phase 1 of the COVID-19 pandemic whereby they agreed to raise any concerns they deemed might have a significant safety concern. Of the 14 queries raised, four had been closed by the CQC as they were satisfied with the responses and actions taken by the Trust. The remaining responses were awaiting final sign-off or continued to be investigated. Four of the queries raised related to patient/relative complaints and were being dealt with by the Patient Experience team, four were RCA/SI report requests following review of the Trusts NRLS/STEIS submissions and four related to COVID-19 processes. There were no specific themes arising from the remaining queries.

Of the 50 'must do' actions from the last quality and well-led inspection in October/November 2018, two remained outstanding. Both were duplicate actions for different sites and related to the Royal College of Emergency Medicine's medical staffing standards.

Compliance against NICE Guidance had been interrupted by the Covid-19 pandemic but had recommenced in June and specialities had engaged positively with process. All NICE Guidance was reviewed and then distributed to specialities and clinical teams for action.

There had been no external visits during Q1 2020/21. The Trust had received the post visit reports from 19 visits from the previous quarter (Q4 2019/20) and improvements and recommendations had been made.

Three National Patient Safety Alerts alerts had been issued in Q1 2020/21. One Patient Safety Alert remained open but was within the deadline for completion: Twelve alerts had been closed with on going actions to ensure changes were embedded. Work was underway to establish an Assurance Schedule for previously issued patient safety alerts and this would be presented to Care Quality Monitoring Group and included within the Compliance and Assurance report to Audit Committee. The Procedure for Dissemination and Implementation of Central Alert System Alerts was currently under review to ensure it reflected current processes and in line with the expectations of the National Patient Safety Alerting Committee (NaPSAC).

RESOLVED to receive the report

D20/113 RISK REPORT (INC BOARD ASSURANCE FRAMEWORK.

The Board considered the report by the CLO.

The report provided information and assurance to the Board of Directors in relation to the management of high level strategic and operational risks within the Trust. Information regarding strategic risk was provided through the Board Assurance Framework (BAF) and information regarding operational risk was provided through the Corporate Risk Register report and each of the documents was reviewed and updated on a quarterly basis with members of the Executive Team.

There were 20 red operational risks on the Corporate Risk Register, five of which were reported as “Off Track”.

Operational areas had identified a range of risks relating to the impact and management of COVID-19.

The Board reviewed the strategic risk *SR13/18 Failure to realise the opportunities and benefits of merger was reviewed*. Post COVID-19 Phase 1, it had been agreed that the Strategic Operations Steering Group was stood down as the work of the service integration was now part of business as usual. An end of project closure report highlighting any areas for further work would be presented to a future meeting.

The Board Assurance Framework was reviewed. There were four risks under review.

3307 Failure to identify bed/support for mental health patients in the ED resulting in sub-optimal care. There had been an increase of 60% in the number of contacts made. The Trust was working with Mental Health and Forward Thinking Birmingham to alleviate issues.

3449 Patient deterioration due to length of wait (including failure to meet 18 week RTT and not meeting follow up deadline). The Trust was working to ensure appropriate prioritisation and reduce clinical risk within the waiting list.

3494 Patient deterioration whilst on waiting list due to failure to meet 18 week RTT. The Trust was working with the ROH to maximise theatre availability in light of Covid-19 challenge. Daily MDTs to prioritise patients based on need for emergency access to limited theatre provision.

The Chair formally thanked the CWIO and the Integration Team for enormous amount of work and progress made to integrate processes and procedures following the merger by acquisition to a position that these were now business as usual.

RESOLVED:

- To **RECEIVE** the report;

- To **APPROVE** the approach in respect of the strategic risk register and the BAF;
- To **REMOVE** SR13/18 Failure to realise the opportunities and benefits of merger from the Strategic Risk Register; and
- To **APPROVE** the Corporate Risk Report.

D20/114 FINANCE & ACTIVITY PERFORMANCE UPDATE INC CAPITAL PROGRAMME UPDATE

The Board considered the report by the CFO.

The emergency financial regime had been introduced in response to COVID-19 and was designed to enable all providers to breakeven for the period from April to July (Months 1-4) 2020. As at 30 June 2020, the Trust had reported an overall surplus of £0.1m including top-up funding of £81.3m towards direct pandemic costs of (£86.0m) which included (£33.9m) relating to internal costs and (£52.1m) related to the Nightingale Hospital Birmingham. The underlying financial position (excluding COVID-19 expenditure) was a surplus of £4.7m largely driven by non-pay underspend of £20.9m, offset by shortfalls in other income of (£18.2m). NHSE&I required the Trust to use the underlying underspend as a first call to fund additional COVID-19 costs. As such, a net retrospective top up income of £81.3m had been assumed for the period to date, of which £43.3m related to month 1 had been received in June 2020.

Under the emergency financial regime, Payment by Results had been suspended and replaced by nationally set block contracts for all NHS providers with additional retrospective top-up funding available to bring providers back to breakeven, effectively offsetting the impact of responding to the COVID-19 outbreak. The financial regime beyond 31 July had not yet been confirmed but it was likely that it would continue to be based on block contracts with some revisions to the top up arrangements.

The CEO reported that options around the NHS Nightingale Hospital facility had been explored and it had been agreed that it would remain in situ until March 2021. Two weeks notice would be required to ready the facility operational if required.

In response to a question, the CEO reported that the Trust was admitting one or two patients per day with Covid-19. There had been a one day spike of 13 cases the previous week.

RESOLVED to receive the report

D20/115 ANNUAL MATERNITY SAFETY & EVIDENCE REPORT

The Board considered the report by the CN that set out an overview of key aspects of maternity safety and quality improvements and in particular, highlighted the Clinical Negligence Scheme for Trusts

(CNST) maternity incentive scheme (NHS resolution 2020) and provided the board with evidence towards achieving the ten maternity safety actions. If the Trust achieved the CNST maternity incentive scheme 10 safety actions they would be entitled to recover the element of their contribution relating to the CNST maternity incentive fund and would also receive a share of unallocated funds.

Spotlight on Maternity (2016) and Safer Maternity Care (2017) were published by the Department of Health in 2016 and aimed to improve the quality of care within Maternity and Neonatal Services and support the national ambition of the Department of Health to reduce the rate of stillbirths, neonatal and maternal deaths and intrapartum brain injuries by 50% by 2030; refine care through a focus on teams, leadership, data, innovation, learning and best practice. Safer Maternity Care Progress and Next Steps (2017) had brought forward the expected date of the planned improvements by five years to 2025. The Trust was fully committed to the national ambition and was participating in all the recommended national projects.

NHS Resolution was operating a third year of the CNST maternity incentive scheme to continue to support the delivery of safer maternity care. As in years one and two, members would contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund. The scheme incentivises ten maternity safety actions that reinforced best practice to ensure that trusts were meeting the recommendations and working towards the national ambition. Trusts that could demonstrate they had achieved all of the ten safety actions would recover the element of their contribution to the CNST maternity incentive fund. Trusts that did not meet the ten-out-of-ten threshold would not recover their contribution to the CNST maternity incentive fund, but may be eligible for a smaller discretionary payment from the scheme to help them to make progress against actions not achieved.

The Board formally acknowledged that the Maternity Services at the Trust had implemented the maternity safety actions and seen some real improvements in maternity safety action and quality including an action plan for avoiding term admissions into neonatal units (ATAIN), Perinatal mortality Review Tool (PMRT) report, progress in meeting the Continuity of Carer pathway. The Board supported the safety improvement plan and the work being undertaken to comply with the Saving Babies Lives Care Bundle V2.

The Trust was working in partnership with Birmingham Women's and Children's Hospital to move the MBRACE gap analysis and action plan forward.

In response to a question, the CN reported that there had been an increase in the number of women not attending antenatal appointments due to Covid-19 and significant work had been undertaken to increase media eg the reduced fetal movement campaign. The Trust still continued to see a small number of ladies accessing services when in labour that they had not been previously

aware of.

RESOLVED

- **To RECEIVE the report**
- **To ACKNOWLEDGE the work and evidence presented as part of the CNST Maternity Incentive Scheme**

D20/116 WORKFORCE REPORT ON RESPONSE TO COVID-19

The Board considered the report presented by the CWIO that set out the main areas of delivery of the Workforce Directorate in response to the Covid-19 pandemic up to the end of June 2020.

The Trust had provided occupational health advice and assessment to staff, reported daily on absence levels and supported return to work or on going sickness, delivered HR support to staff and managers, established emergency and special rotas for medical and dental staff. The Trust had repurposed 741 staff with the potential to repurpose a further 368 staff where needed. Undertook job evaluations to support growth in resourcing needs, continued all recruitment activity including interviewing by video conference. Cleared 517 non-medical staff to commence bank work, bought back 142 ex-NHS staff and mobilised 1,505 staff new to home working.

There had been a 50% decrease in reported issues of workplace disputes and staff conflict during Phase 1, and a similar decrease in referred conduct concerns. Work was being undertaken to understand the reasons behind the decrease.

The Workforce Directorate continued to reflect on from the activity undertaken to determine what it could stop, start or continue doing as a function and result of the changes achieved through Phase 1. This would ultimately redefine the way the Trust delivered Workforce services moving forward, and would secure a more integrated form of collaboration across divisions and functions.

The enormous amount of goodwill shown to NHS staff was discussed and the CWIO reported that the Trust, in consultation with the unions, had agreed that these goodwill incentives would begin to be stepped back.

The Board formally recorded its thanks for the phenomenal amount of work that had been undertaken to facilitate new ways of working, including working from home, staff testing and the delivery of health and well being.

RESOLVED to receive the report

D20/117 ANNUAL HEALTH & SAFETY REPORT

The Board considered the report presented by the CLO. The report had

been due to be presented to the April 2020 meeting but had been deferred due to the need of the Board to direct its considerations to the Covid-19 pandemic. During the reporting period, a consultation exercise had been completed and a new health and safety structure implemented in August 2019. Recruitment to the Health and Safety Coordinator post (WTE 0.4) had been completed in March 2020. The vacant Health and Safety Advisor post was still to be recruited to. The last six weeks of the reporting period, 1 April 2019 – 31 March 2020, had been impacted by the Covid-19 pandemic including the suspension of some routine audits. Throughout the period, the Health and Safety Team had continued to utilise the skill-mix and capacity to focus on priority health and safety areas including the national emergency.

The Trust had reported 79 incidents to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) during the reporting period, a decrease of 30 on the previous period (2019/20). All reportable incidents had been forwarded to the CLO, Director of Corporate Affairs and the appropriate Director of Operations. There had been one investigation during the reporting period following a HSE visit to RRPPS as part of a scheduled review. Following the visit the Trust was issued with a Notice Of Contravention and Improvement Notice for a material breach of Regulation 8 of the Ionising Regulations 2017 due to the lack of a suitable and sufficient risk assessment of the calibration facility in the RRPPS laboratories. HSE had since confirmed that the Improvement Notice had been complied with and no further action was required. The HSE continued to investigate/enquire about individual RIDDOR reports and additional information was provided upon request.

During the reporting period a total of 1864 health and safety incidents had been reported, the most frequently reported categories were inoculation injuries, impact incidents and falls. All reported health and safety incidents had been reviewed by the Team and contact made with the investigating manager/handler regarding investigations where appropriate.

RESOLVED to receive the report

D20/118 DESIGNATED BODY ANNUAL REPORT 2019/20

The Board considered the report presented by the CMO who provided assurance on compliance with NHS England's requirements in relation to the Annual Organisational Audit (AOA) and were reassured that there was a robust Designated Body system and process in place and that the Trust was compliant with its statutory requirements.

RESOLVED:

To RECEIVE the report

To APPROVE the Trust was compliant with its statutory requirements.

D20/119 SUSTAINABILITY STRATEGY UPDATE

The Board considered the report presented by the CIO. The Board had, in October 2019, approved the Trust's new five year sustainability strategy (officially the Trust's Green Plan). All providers were required to have a Board approved Green Plan and it was a requirement in the NHS Standard Contract. NHSE/I viewed it as a measure of a well led organisation. Development management plan. The public launch of the strategy (in March 2020 to coincide with NHS Sustainability Day) had been delayed due to COVID-19 and was now due to be formally launched in October 2020. Corporate and operational teams had already started to progress the implementation of initiatives within the six priority areas identified in the strategy.

The pandemic had fundamentally changee how the Trust would deliver health and care services, with important implications on environmental sustainability. As work to reset the way the Trust provided services in response to the pandemic was undertaken there had been a unique opportunity to provide our patients, staff and wider community with services which contributed to a green and sustainable environment, in turn accelerating implementation of our strategy. There was potential for the Trust to improve the pace and scale of its sustainability activities and through comparisons undertaken with other Shelford Group trusts, there was opportunity to deliver a more comprehensive sustainability programme, in particular around sustainable travel and staff engagement. In order to fully embed sustainability at the heart of the organisation, there needed to be a culture of "reuse and recycle" (where appropriate) across all our operations, enabling and empowering clinical and corporate teams to take action locally.

The Trust's sustainability group, which brought together relevant corporate teams with key staff champions across the Trust, remained an important forum for discussing and prioritising actions.

The opportunity to continue to work and link in with the University of Birmingham's Sustainability Strategy was noted.

RESOLVED to receive the report

D20/120 2019 NATIONAL STAFF SURVEY RESULTS.

The Board considered the report presented by the Head of Patient Experience on behalf of the Director of Communications who had sent apologies. The National Staff Survey provided insight into staff experience across key themes, at a point in time during the year. The Trust used the results to sense check its existing plans to improve staff experience, making changes as required. The 2019 NSS ran in October and November 2019. The Trust had carried out a full census survey across all sites and had a response rate of 37%, with 7261 staff taking part. An additional 309 staff participated compared to 2018 rates of 36% (up 1%). The results were published at the end of

February 2020.

Comparing the 2018 and 2019 scores across the key themes, four of the 11 indicators significantly declined. Key themes from the free text comments reflected the increasing pressures staff were facing, and the reality for staff that it was feeling harder to do their job, impacting on wellbeing, staff engagement and team working indicators.

Shortly after the survey results were published, the Trust moved into the management of Covid-19 as a single priority focus and as a result the Trust had put on hold some of its initial plans to focus on the immediate needs of staff. Work had now recommenced to continue to deliver initiatives during Q2 and Q3.

Staff wellbeing was one of areas of decline in the 2019 results. During Covid-19 there had been a number of high impact actions implemented including site wellbeing hubs and staff support from psychologists. Consideration was being given to how this provision could be continued.

The 2019 results had been disappointing but it was felt they reflected what was expected to be seen in a challenging year with high levels of change. The latest staff survey scores from June 2020, measured in an extremely challenging time for our staff, showed that our recommendation for care and treatment scores had increased to its highest point in last 2 years and recommendation as a place to work had remained consistent.

Following phase 1 of Covid-19, a revised communication and engagement plan was being developed to support new ways of working and would continue to provide regular opportunities for staff to give feedback via the quarterly Staff Friends & Family Test, reviewing key themes and taking action in response. The 2020 National Staff Survey would commence in October.

Leaders had a crucial role to drive staff engagement by seeking feedback from staff and acting on what they hear. To this effect, the Trust would continue to focus on how it developed and supported leaders at all levels.

The Trust was able to drill down by site, division and speciality to know where low scores were being seen. Overall responses by site for QI were similar with the exception of Solihull which was much lower.

RESOLVED to receive the report

CONSENT SECTION

The following items were taken without discussion and were approved.

D20/121 FREEDOM TO SPEAK UP GUARDIAN BI-ANNUAL UPDATE REPORT

Resolved to **ACCEPT** the report.

D20/122 ANY OTHER BUSINESS:

None

D20/123 DATE OF NEXT MEETING:

Thursday 22 October 2020 at 12.30pm

Board of Directors Meeting – Q2 Review (held in public)
Education Centre,
Good Hope Hospital

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Chair

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Date