Agenda item: 3

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

DRAFT

Minutes of the Board of Directors (in Public) meeting held
Tuesday, 7 June 2022, 10:00 via MS Teams

Present:

Core Members:

G Ward (GW)	Acting Chair
A Brown (AJB)	Non-Executive Director (NED)
C Fernandez (CF)	Non-Executive Director (NED)
S Roberts (SR)	Non-Executive Director (NED)
D Dickinson (DD)	Non-Executive Director (NED)
I Mack (IM)	Non-Executive Director (NED)
S Hayter (SH)	Non-Executive Director (NED)
J Schneider (JS)	Non-Executive Director (NED)
C Shaw (CS)	Chief Executive Officer (CEO)
L Skaife-Knight (LSK)	Deputy CEO (DCEO)
C Benham (CB)	Director of Finance (DoF)
D Smith (DS)	Chief Operating Officer (COO)
C West-Burnham (CWB)	Director of Strategy and Integration (DoSI)
J Humphries (JH)	Director of People (DoP)
L Notley (LN)	Director of Patient Safety (DoPS) (left meeting 11.30am)
N Hunter (NH)	Acting Director of Estates and Facilities (ADEF)
G Raghuraman (GR)	Deputy Medical Director (DMD)
K McGuire (KMcG)	Deputy Chief Nurse (DCN)

In attendance:

T Wickington (TW)	Deputy Director of Patient Safety (observing)
M Catling (MC)	Women & Children DGM (agenda item 2)
A Ng (AN)	Independent Freedom to Speak Up Guardian (agenda item 19)
A Prime (AP)	Trust Secretary (minute taker)

ACTION

54/22 1. ACTING CHAIR'S WELCOME AND APOLOGIES

Apologies were received from A Webster, Chief Nurse, and F Swords, Medical Director.

STANDING ITEMS

55/22 2. PATIENT STORY

KMG introduced MC. MC and his partner were receiving antenatal care from NNUH but due to capacity issues in the intensive neonatal unit they were rapidly transferred to receive care at QEH.

MC highlighted that his partner had been under the care of NNUH when they were informed of the need to deliver their babies within 72 hours. NNUH did

not have the capacity for the required Caesarean-section, so MC and his partner agreed to transfer to QEH. The Delivery Suite team at QEH was very welcoming and they were allocated a lovely room and were looked after by a wonderful midwife. The Consultant team and anaesthetists were also very welcoming and allayed his partner's anxieties. They moved from the Delivery Suite to Castleacre Ward, where they were under the care of the fantastic paediatric and neonatal team. Expert breastfeeding support was provided. MC informed that they had a good experience during their three days on the ward.

CS offered her congratulations to MC. Given MC works in the Women & Children Division CS asked, on reflection, if MC would do anything differently as a result of his experience. MC informed that it had been insightful to experience the maternity pathway. A lot of culture work has been done within the team and it was insightful to speak with staff and talk about their experience. Feedback about the team was very positive and there is nothing that MC would change.

CF was pleased MC had a positive experience at a time when their care needs changed unexpectedly, and that QEH supported them and managed all the aspects of their care and aftercare. CF asked MC how easily patients and families can provide feedback. MC informed that he ensured he gave as much feedback as possible by completing a Friends and Family Test (FFT) for each of the teams that provided care. MC also spoke to some individuals to share his experience, feedback, and appreciation.

As the situation changed at short notice, TW asked if MC and his partner were able to express to staff what they wanted and were heard. MC considered that their requests were accommodated. The Consultant saw them regularly between arrival, going to theatre and afterwards. The midwife and midwifery support workers were excellent.

GR queried if there was potential bias in the care received given MC is a QEH staff member, and how assured MC is that any patient would experience the same care. MC highlighted that it is a very busy unit with a tight staffing ratio. MC is assured that all staff are passionate about delivering the best quality care with the available capacity and resources. CS informed that she had spoken to a midwife who had informed that this level of care is given to all women and their families.

SR asked if anything specific made MC feel welcome and ready upon arrival at QEH, that could be replicated for others. MC informed that the midwife allocated for the day welcomed them upon arrival at the unit and introduced themselves. MC is assured this is replicated from the feedback received via Friends and Family Tests. In terms of personal care, MC informed that they were asked about any anxieties or concerns they had and were given the time needed to answer them.

JS asked where MC would plan to receive care next time. MC informed that he is happy to deliver or receive care at either NNUH or QEH but would book QEH as this is the unit he manages.

CS and GW thanked MC for taking the time to share his family's story with the Board.

56/22 3. MINUTES OF THE PREVIOUS MEETING HELD ON 5 APRIL 2022 AND MATTERS ARISING

The minutes of the previous meeting held on 5 April 2022 were approved as a correct record.

57/22 4. ACTIONS MONITORING

The Board received the Action Monitoring Log.

It was noted that all actions were closed.

The Board noted the updates provided on the Action Log and agreed the following actions will be closed: 135, 145, 159, 161, 162,163, 164.

58/22 5. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

LSK reminded the Board of her previously declared interest in relation to agenda items 10 and 13. The Trust is working with exi who is supporting the Trust on the development of the strategic outline case for the new hospital and wider estates projects. LSK's partner is employed by exi, as previously declared in the Register of Directors' Interests.

59/22 6. URGENT ACTIONS (UNDER STANDING ORDERS PARA. 5.2)

None.

60/22 7. ACTING CHAIRMAN'S REPORT

The Board Received the Chairman's Report. GW highlighted:

- The Norfolk and Waveney Hospitals Group Committees is developing and has a focus on key areas on which action is needed including emergency care, elective recovery and finance.
- The Board held a positive development session last month with the Divisional Leadership Teams. GW thanked JH for the session to consider action to be taken in response to the National Staff Survey results.
- All Board members had made a Green Pledge which will be reviewed in 12-months. The importance of embracing the Green Agenda as a Board and Trust was noted.

The Board noted the Chairman's Report.

61/22 8. CEO's UPDATE

The Board received the Chief Executive's Report. CS highlighted:

- QEH's celebrations for Her Majesty The Queen on her Platinum Jubilee reflected the Trust's special relationship with Sandringham and recognition of the exceptional service of HM The Queen. Staff working over the Jubilee period, particularly the Catering Department and Ward Teams, were commended on their efforts to mark the occasion.
- CS thanked DS and CB for escorting the Minister for Health around the Trust and the new West Norfolk Eye Unit on his recent visit.
- The National Staff Survey is a key focus this year. There will be a focus on developing leaders and CS opened the Trust's new leadership programme yesterday, focusing on high performing teams, how we can make a difference, and talent management for the future. There is also a focus on Kindness, Wellness and Fairness, the Trust's values.

- The signing of the British Association of Physicians of Indian Origin (BAPIO) Memorandum of Understanding is a significant development for the organisation and bespoke work is in progress to make QEH a better place to work for international colleagues.
- The Urgent and Emergency Care Improvement Plan is a top priority for the Trust, which in turn will impact on elective recovery and delivery of safe care.
- Although the last few months have been busy the Executive Team and Board is doing a reset in moving forward for the next 12-months.

IM noted the impact that construction was having on car parking onsite and asked what work was being done with the Borough Council in terms of off-site solutions and shuttle services, including for site contractors. IM asked for assurance around how short and medium-term parking issues are being addressed. In terms of the impact of the rising cost-of-living, IM asked for assurance around how the Trust is working with food banks and other supporting food supply organisations to support staff, given working hours may make it more difficult to access such support. CS informed that actions have been taken around contractor parking. There are regular meetings with Borough Council colleagues and the Trust is in the process of developing a travel plan with partners which will progress through the Trust's governance processes. This will address off-site parking options, how things can be done differently and will link into the Trust's Green Plan. The Trust is doing a lot of work to respond to the cost-of-living challenges for staff, led by the Director of People and the Head of Staff Experience and Wellbeing. A report has been considered by the Hospital Management Board and the People Committee has been briefed on the support options being provided, including looking at local food banks. In liaison with Union colleagues a joint day has been planned to consider what else can be done.

GW emphasised the importance of supporting staff through a difficult period of inflation.

The Board noted the report.

COMMITTEE CHAIR'S ASSURANCE REPORTS

9. CHAIR'S ASSURANCE REPORTS

62/22 a) EDUCATION, RESEARCH AND INNOVATION COMMITTEE (ERIC)

The Board received the Chair's Assurance Report of the Education, Research and Innovation Committee (ERIC) held on 29 April 2022. CF highlighted:

- There were no items for escalation.
- There was unconditional approval from the NMC for the School of Nursing at the College of West Anglia which will enable work on the second cohort of students onsite at King's Lynn in September 2022, and two further intakes each year thereafter.
- In addition to the School of Nursing, there is further work to progress support for educational opportunities and provision at QEH with an expansion of placements for AHPs (Allied Health Professionals) and advanced practitioner roles to support elective recovery. There are now medical support workers and an expansion of associate practitioners and medical training posts.

- Assurance is gained from the closure of the Health Education England (HEE) Improvement Plan, being moved to Business as Usual. A letter was received from HEE confirming the reduction in the Trust's risk rating on their Risk Register which is positive assurance of the Trust's improvement journey.
- The collaboration between the Medical Director, the Director of Medical Education and the Guardian of Safe Working has been positive to support the junior doctors and exception reporting has now been extended to LED doctors to support safe working across all staff groups.
- The annual Research and Innovation Report highlighted the significant progress achieved in the Trust, in terms of the numbers of patients having the opportunity to participate in research, the number of studies in disease areas that are opening and expanding into new disease areas, more staff having the opportunity to be involved in research and positive survey results from both staff and patients about their experience and awareness of research and innovation in the Trust.
- In line with the Trust's review of governance arrangements, and in recognition of the improvement and assurance gained over the last two years, this was the final meeting of the Committee, with the educational aspects moving to the People Committee and the research and innovation elements moving to the Quality Committee.
- CF thanked everyone involved in the Education, Research and Innovation Committee for their hard work, commitment and passion for improvement in education, research and innovation at QEH.

GW thanked all those involved with the Committee, and particularly thanked CF for chairing the Committee.

The Board noted the report.

63/22 b) FINANCE AND ACTIVITY COMMITTEE

The Board received the Chair's Assurance Report of the Finance and Activity Committee held on 25 May 2022. AJB highlighted:

- The Financial Plan is in the process of being finalised. There is a risk from inflation. There are proposals from the centre to mitigate this risk with some additional payments to cover inflation. However, the Trust will need to be diligent in recording the additional inflationary pressures in order to provide necessary evidence to make a case if needed.
- The Financial Plan requires System working and there is a risk the income and expenditure risk elsewhere could impact the allocation of capital funds. There needs to be clarity around how individual organisations will support each other to deliver the financial plan.
- The Finance and Activity Committee was not assured by the Trust's performance on some access standards. The Committee is assured the problems are well understood and that plans are in place to address them. A particular problem was noted in terms of stroke and diagnostic performance. The Committee will have a diagnostics deep dive this month and the Quality Committee is similarly looking at stroke.

GW looked forward to hearing the outcomes of the deep dives and Quality Committee work on stroke.

The Board noted the report.

64/22 c) PEOPLE COMMITTEE

The Board received the Chair's Assurance Report of the People Committee held on 25 May 2022. SR highlighted:

- There has been a lot of reflection on the increasing levels of resource around Freedom to Speak Up and the challenge in terms of individuals feeling less able to Speak Up. The Committee takes assurance that the blended model put in place will start to deliver improvements.
- Assurance is taken from the level and completeness of actions being taken to focus on the learnings from the National Staff Survey, and an integrated planning process is in place to address issues. Some assurance gaps remain around seeing the improvements feed into metrics, particularly in terms of appraisals and mandatory training, and the Committee has requested more visibility on planned actions.
- The expectation for next month's informal session is to provide greater understanding, clarity and assurance around the risks aligned to the People Committee, particularly in terms of culture change and staff engagement, to ensure these are being appropriately reflected in the Board Assurance Framework (BAF) and Risk Register.

The Board noted the report.

65/22 d) QUALITY COMMITTEE

The Board received the Chair's Assurance Report of the Audit Committee held on 31 May 2022. IM highlighted:

- The Committee received a helpful update on the Ophthalmology Improvement Plan and heard of the positive effect that the West Norfolk Eye Centre has had on staff morale. However, some actions on the Improvement Plan are behind plan so the Committee looks forward to receiving an update on this. Members of the Committee will visit the Eye Centre next month to meet staff and discuss the service.
- The Committee noted the challenges in the implementation of the Radiology Improvement Plan and the internal escalation process now in place which will help to regain grip and pace in this area.
- A good level of assurance was given by the positive outcomes of the Grant Thornton IQIP Audit Report which gave a good level of assurance and demonstrated the processes refined at QEH are regarded as an exemplar for other hospitals.
- An increase in falls with harm was noted. Although lower than the national benchmark, performance is not as low as the aspiration in the Trust's Corporate Strategy. The Committee also noted the increase in pressure ulcers and an aspect to be addressed is the impact of long waits for patients in ambulances and long waits for ambulances whilst at home.
- Additional assurance is required around safer staffing and fill rates. The Committee intends to visit services. The Committee received detailed reassurance around intensive three times daily reviews of staffing and patient acuity levels that is in place to mitigate risk.
- Current assurance was noted on cancer harm reviews for patients waiting over 104-days, but the Committee recommends retrospective studies to give further assurance.
- The Committee strongly encourages mutual aid for cancer treatments between hospitals. This should become standard practice where there are challenges in staffing and capacity.

- The Committee is assured on Duty of Candour for serious incidents (SIs) and looks forward to seeing more timely completion of actions from investigating these incidents.
- The fall in HSMR reflects more timely data collection and the diminishing effect of COVID in terms of deaths and levels of hospital activity which no longer confound this metric. SHMI remains within normal limits.
- The Committee notes a number of patients who die in hospital have COVID but this is not the principal cause of their deaths. The Committee received a detailed analysis on the second wave of COVID at QEH, with a particular focus on hospital acquired COVID and the challenges of managing this disease within the current hospital environment. The report also looked at the impact of this wave on families and friends of those ill in hospital. IM commended the report to the Board. **ACTION: The COVID Learning From Deaths Themed SI report to be circulated to Board members.** **T-Sec**
- The Committee visited stroked services last month to see first-hand the issues reflected in the IPR and the stroke metrics. The Committee awaits the outcome of the Stroke Deep Dive to triangulate the data, qualitative findings and management's analysis of the challenges.

GW thanked the Committee for the work undertaken to get levels of assurance during a challenging period.

The Board noted the report.

66/22 e) HOSPITAL MANAGEMENT BOARD

The Board received the Chair's Assurance Report of the Hospital Management Board (HMB) held on 4 April, 19 April, 3 May and 16 May 2022. CS highlighted:

- The Hospital Management Board (HMB) now meets every two weeks and includes the Divisional Leadership Teams (DLTs) to ensure the organisation is clinically-led. This membership also reflects the needs from the National Staff Survey to develop the DLTs and middle managers and to ensure individuals are part of the solutions going forward.
- HMB has focused on the issues around Urgent Emergency Care and the work being undertaken following the National Staff Survey.

The Board noted the report.

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

67/22 10. BOARD ASSURANCE FRAMEWORK (BAF)
(Key Strategic Objectives 1 and 2)

The Board received the Board Assurance Framework report for Key Objectives (KSO) 1 & 2.

KMG highlighted – KSO1:

- There has been an increase of one significant risk in KSO1, relating to a risk of harm to patients as a result of ambulance offload delays.

GW summarised that the Board recognises the increasing risk.

LSK highlighted – KSO2:

- There are two new significant risks relating to the Electronic Patient Record (EPR) and the new hospital project not progressing. A number of strengthened controls are in place including a long-term Digital and Data Strategy and a new Strategic Estates Group chaired by LSK to ensure alignment between RAAC, the new hospital work and the main capital schemes.
- There is strengthened assurance, being able to evidence significant progress against the Cyber Improvement Action Plan as discussed at the Audit and the Finance and Activity Committees. QEH has moved from no assurance to significant assurance in the DSPT (Data Security and Protection Toolkit) Toolkit, reflecting the team's hard work, leadership and grip and control in this area over the last 18-months.

GW noted that the significant assurance Audit Report is very positive and shows the progress being made.

The Board noted the update and the risks aligned to KS01 and KS02.

68/22 11. INTEGRATED PERFORMANCE REPORT
Including Safe, Effective, Caring, Responsive, Well Led

The Board received the Integrated Performance Report (IPR), presenting April 2022 data. CS highlighted:

- A good discussion was held at HMB yesterday and it was recognised that further work is required, particularly in terms of benchmarking and looking at organisations with good practice and performance and to give assurance on QEH's position.
- In some key areas to include projections and trajectories to inform understanding on the actions, aims and outcomes, particularly around Urgent and Emergency Care (UEC) and diagnostic deliverables. This information will be available to Board sub-Committees in July 2022 and Executive Directors will work with relevant Board sub-Committee Chairs to ensure this is right for the Board. **ACTION: Inclusion of benchmarking data and trajectories into IPR reports to the July Committee meetings. Lead Executive Directors to work with respective Committee Chairs on the information for inclusion.** **IPR Exec Leads**
- CS thanked the surgeons and elective teams for achieving 104-week waits at the end of March 2022 and maintaining this performance, despite the challenges.
- Cancer 2-week wait performance has improved, having delivered a detailed action plan.
- The Trust's target on staff sickness absence has not been achieved but the new refined monthly targets have been achieved. CS thanked JH for leading that work. It was noted that the Facilities department has improved their sickness rate by almost 50%.
- Areas of concern are UEC and appraisals and mandatory training.

CF queried the maternity metrics and language used around caesarean-section rates. In line with the Ockenden report there are no longer any targets, so it is important to ensure the IPR is aligned with those recommendations. CF noted performance is within common cause variation for many of the maternity metrics and given the range of improvement actions underway CF sought

understanding on when it is expected to see sustained improvements and more assurance around the work in maternity.

DD welcomed the continued focus on UEC metrics. Noting that early discharge is having some success, DD asked if the ability to discharge into the community is easing and if there is any movement from partners in those areas. DD asked how well 'QEH at Home' is working and how the appropriateness of this is assessed for individual patients. DS informed that discharge challenges remain. The team is working closely with colleagues at Norfolk Community Health and Care (NCHC) who are looking to do something different, particularly around domiciliary care in advance of winter. 'QEH at Home' focuses on two different pathways. One supports patients until other services can start external to QEH, bridging support to enable discharge a few days earlier. The second involves a virtual ward service, where patients remain under the care of a QEH consultant but can have their care and treatment at home, such as for IV-therapy. Although the service has had a slow start, targeted efforts particularly around the virtual ward element will inform how the pace can be increased.

In terms of maternity metrics GR informed that the format of the IPR has changed and learning is being gained around the presentation of data. 'QEH at Home' is in its early stages in terms of identifying the right group of patients and transitioning them from the hospital to home. The clinical services offered bridge aspects of care going into the Community and are useful in terms of supporting clinical care going into the community, expanding the virtual ward concept.

JS noted that QEH and partner acute trusts are under extreme pressure most of the time now and have to take difficult decisions and risks around the management of patient inflow, but the same risk level and management is not reflected in the social or community health care arrangements. JS asked for assurance that the system is looking to spread the risk and support the acute trusts to manage the risks and significant loads being faced. DS informed that discussions are ongoing at system level to ensure that risk management does not lie solely with acutes and the ambulance service, particularly in view of the system CQC review work recently undertaken. As a system, there is a need to make sure the risk is managed across all appropriately. CS informed that the ICS Chief Executives meeting last week included a presentation about re-gauging Opal status and ensuring this is risk-based with clarity on risk sharing.

IM highlighted that social services and social care providers are key players in terms of discharge and asked for assurance that they are being closely involved in this work, as it is important to have good working relationships and good agreements on how to address social care needs. CS informed that the Director of Social Services for Norfolk County Council is a member of the ICS Executive Team and is heavily involved in this work.

IM noted the appraisal rate for medical staff is at 90% and queried the appraisal rate for non-medical staff which is below 70%, and asked for assurance that lessons are being learned from medical appraisals to improve the non-medical appraisal rate. GR reminded that appraisals for medics are linked to their licensure. In relation to further improvement of completion rates, work is underway to address logistical challenges, and where appropriate learning is being translated to non-clinical areas.

JH informed that ongoing operational pressures and current sickness rates contribute to the reduction in appraisal rates. All Divisions and directorates have a trajectory for improvement on appraisals. Elements such as the new High Performing Teams programme and work around talent and succession will actively link appraisals to career progression and will motivate individuals to drive their own appraisals. GW informed that the People Committee will focus on the trajectory of improvement and the link to staff development.

SH considered that appraisal paperwork can be complicated and heavy and may need streamlining to reduce the reluctance to engage. CS informed that when the Fairness, Wellness and Kindness programme was developed last year a new simple 2-page appraisal form was developed. CS has completed all Executive Director appraisals this month and appraisal paperwork can no longer be used as an excuse for non-completion. **ACTION: Appraisal paperwork to be shared with the Non-Executive Directors.** **T-Sec**

JS noted that staff turnover rates were increasing and queried how exit interviews were being embedded and if there are any emerging themes. JH informed that the current process does not provide the data needed to fully understand the position. From this month the process will require a face-to-face exit interview, rather than completion of the previous voluntary exit survey, to collect information that will inform understanding. More information will be reported through the People Committee.

SR noted that medical staff achieved appraisals during a pandemic and that there will be learning that can be applied to other areas. SR queried to what extent there is a link to pay progression applied to appraisals and mandatory training, and if the data provides an accurate picture of performance on appraisals. JH informed that the data is now accurate, and ESR (Electronic Staff Record) data matches the Integrated Performance Report (IPR). The next step is to ensure that data being recorded in ESR is accurate. The main barrier to mandatory training is the ESR system, and work is in progress to streamline and improve this.

KMG informed that there is a trajectory of improvement and individual plans are in place for the nursing workforce. Junior staff are being supported to appraise their teams and a plan is in place that aligns with other leadership development strategies across the organisation.

DD highlighted that it is important to address those appraisals that are long overdue. JH informed that a gap has been identified for some individuals moving from one area to another. An improvement has been made to the process which involves a close-out performance review in the area they are leaving, and opening objective setting on commencing in their new area. Ongoing process improvements will avoid slippage, including consideration of individuals returning from long-term sickness absence.

GW summarised that it remains a challenging period and there are many areas requiring continued improvement, but work is in progress. GW looks forward to seeing the enhancement of the IPR going forward. GW thanked those concerned for the performance achieved, particularly in terms of 104-week waits.

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

69/22 12. CORPORATE STRATEGY KPIs QUARTERLY REPORT (Q4)

The Board received the Corporate Strategy KPIs Quarterly Report (Q4). CWB highlighted:

- The Quarter 4 update for Year 2 has previously been discussed in detail at Committees. Positive progress has been made against a number of the Key Strategic Objectives.
- Moving forward into Year 3, focus is required in some areas and the reporting format will change to focus purely on exception reporting.

GW queried the strength of the BAME KPI (Key Performance Indicator), noting that currently the main element involves BAME representation on interview panels, and asked if more could be built-in to strengthen the KPI. CWB informed that the underpinning priorities have been reviewed, particularly around BAME and racial equality. JH informed that future reports would move away from the term BAME to REACH, which is more inclusive as it recognises a broader cultural heritage that is not based on skin colour. Consideration is being given to how the movement in promotions and development can be demonstrated, and the underlying data is starting to build and indicate some trends. The team is working with the ICS and a dashboard is being developed across the System to monitor the proactive integration of international colleagues.

CF queried KSO5 in terms of QEH's response to the vaccination and flu programme for staff, patients and the community, and asked if there is an opportunity for further engagement and health promotion around communities through that vaccination programme. CF asked if the Trust and wider system partners are taking the signposting, education and support opportunity forward. GR informed that this is being addressed as a system. The ICS is also considering the approach to health inequalities, the vaccination programme and long term conditions.

SH queried KSO5 in terms of the progress being made around a smoke free site. CWB informed that the job description is currently being finalised for the supporting project manager role, which will go out to advert. QEH is working collaboratively with NNUH and JPUH and best practice will be shared across the organisations. SH asked what work is being done with Unions and QEH staff in terms of gaining support for smoking cessation. CWB informed that a key role of the project manager will be to form a multi-disciplinary team and develop champions to drive this forward. CS highlighted that there will be anxiety when moving smoking shelters. It is important to offer support to those giving up smoking and to be mindful of how this is taken forward. GW considered it is important to have a plan to move forward with this.

The Board noted the progress made in Quarter 4 against the agreed KPIs underpinning delivery of each Strategic Objective.

70/22 13. NEW HOSPITAL PROGRAMME, RAAC AND ESTATE STRATEGY PROGRAMME UPDATE

The Board received an updated report on the New Hospital Programme, RAAC and Estate Strategy Programme. LSK highlighted:

- Being in Year 2 of the RAAC failsafe rolling programme, the team is working hard with internal colleagues to operationalise plans for the year.
- The ambition is to failsafe 6-wards per year over the next 3-years, including theatres this year. The programme requires careful planning and attention.
- Following extensive internal and external engagement over the last 12-months, the Strategic Outline Case (SOC) for the New Hospital has been completed. This is an important milestone, ensuring that QEH is ready to proceed, pending a national decision on the eight further new hospital schemes.

GW noted the positive position on the SOC.

CF noted the failsafes when onsite recently and asked how feedback is being captured around staff and patient experience. LSK recognised the increasing impact on patient and staff experience and the operational impact, which is being captured via staff and patient surveys and by other means of regular feedback from patients throughout the year. This will be discussed and shared at regional and national level over the coming weeks, when some QEH Heads of Nursing and Executive colleagues will share the real impact of RAAC on patient and staff experience which underlines QEH's strong and compelling case for a new hospital. The Trust is doing everything that can reasonably be done to ensure that the environment is as safe as it can be through the failsafe and propping programme. GW highlighted that a lot of work has been done to improve aesthetics, particularly in ward environments.

IM informed that he often speaks to individuals who express concern around the physical state of the hospital and need a lot of reassurance. IM recognises that everything possible is being done in terms of safety and aesthetics and commended the New Hospital bid for unifying the whole community. IM queried the timing for an announcement from the Government. LSK agreed there is a unique sense of community spirit in King's Lynn and West Norfolk and QEH is grateful that all local communities, partners and stakeholders have supported the bid and SOC. LSK awaits an announcement on the longlist for the further eight new hospitals with optimism, confident that QEH has a strong and compelling case and there is national recognition that there has to be a solution for RAAC hospitals. QEH is doing everything within its gift ahead of the national announcement including completion of the SOC and progression of a number of key enabling schemes, including the Trust's multi-storey car park scheme.

DD noted that Year 2 activity is about maintaining safety rather than developing facilities. DD noted that 25% of the £30m capital can now be drawn down and asked when more of the funding for this year is expected to be released for draw down. LSK informed that the focus will be on maximising safety over the next 3-years. The investments to install failsafes across the entire first floor of the hospital will not extend the life of QEH beyond 2030. NHu informed that in terms of working through the plan it is important that there is timely release of the funding. The regional RAAC team is very supportive and backs QEH for the full amount of capital. The team is working hard to ensure that the programme

is not affected. There will be a £7m draw down on Monday and the planning process remains on track.

GW summarised there needs to be a continued push to drive the sign-off for capital draw down, as required. There is confidence that funds will follow.

The Board noted:

- **The latest operational position regarding the surveys, the temporary propping and steel work.**
- **The update on the remaining 2021/22 RAAC Year 1 projects. The progress being made with the Business Case to secure national capital funding for RAAC Years 2-4.**
- **The update on the New Hospital progress.**

71/22 14. SIGNIFICANT RISKS REGISTER (>15)

The Board received the report on the Significant Risks contained within the Trust's Register (all risks with a current score of 15 or more).

CB highlighted:

- Three new risks have been added relating to KSO1 and 2, as already discussed.
- HMB yesterday discussed an emerging risk around paediatric mental health patients which is progressing through internal governance processes. Further discussion is underway with NSFT (Norfolk and Suffolk NHS Foundation Trust) to ensure the risk around vulnerable patients is being appropriately managed and mitigated as much as possible. This risk is being managed in line with the Trust's process and if appropriate will be added to the Significant Risk Register.
- Internal Auditors (Grant Thornton) have given significant assurance on the Trust's BAF and risk management processes aligned to the management of the BAF. This will be reflected in normal year-end processes around the Head of Internal Audit Opinion.

GW welcomed the positive Internal Audit Report, recognising the hard work that has gone into this area over the last few years. The Board noted the potential emerging risk around paediatric mental health.

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

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

72/22 15. BOARD ASSURANCE FRAMEWORK
(Key Strategic Objectives 3 and 4)

The Board received the BAF report for KSO 3 and 4.

JH highlighted – KSO 3:

- There are continued actions regarding the National Staff Survey.
- 120 leaders have embarked on the High Performing Teams programme.
- The Trust continues to develop its staff wellbeing and experience offers in terms of financial hardship and the launch of the menopause clinics which have been very well received.

CWB highlighted – KSO 4:

- The positive financial position for Month 1 of the current financial year was noted. Continuation of robust oversight and grip and control is needed to ensuring delivery for the remainder of the financial year.
- QEH continues to work collaboratively with partners across the System from an acute collaborative and place-based care perspective.

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

73/22 16. INTEGRATED CARE SYSTEM (ICS) UPDATE

The Board received the report updating on the Integrated Care System (ICS). CWB highlighted:

- A detailed update on the emerging Norfolk and Waveney Integrated Care Board (ICB) governance has been shared with the Board outside of this meeting.
- Key messages from the Norfolk and Waveney Hospital Group Committee (N&WHG) relate to the agreement of the delivery plan which is aligned to operational priorities and the development of the acute clinical strategy for which CWB is the leading SRO.

IM considered that the public would gain more assurance if this public domain report included more information. In terms of the acute clinical strategy, IM considered that all system partners that deliver acute clinical care, or follow-up on an acute episode, should be part of this work. CWB informed that the acute clinical strategy is building on work that has already been done around the Norfolk and Waveney Clinical Strategy. There will be engagement with all key partners. In terms of working differently together, consideration is being given to pathways across all providers within Norfolk and Waveney and the need to work differently together.

GW considered that the N&WHG is effectively a sub-committee of the Board and it would be helpful to include a Chair's Assurance Report with key outcomes for the Board meetings held in public.

JS asked how the Trust is communicating with local communities on the work of the ICB and if there is any work being done across the System to flag the alignments. CS informed that the ICB will lead on this when it comes into statutory being on 1 July 2022. CS is pleased that CWB is leading the development of the acute clinical strategy across the system. The strong relationship with Norfolk Healthwatch is very important and they have a clear focus on the appropriate public and community engagement required. Alex Stewart (Norfolk Healthwatch) is working with the ICS' Chief Executive Designate on engagement. QEH needs to work with the new body to take this forward.

CF asked how issues around working with social care, community care and mental health partners could be escalated and addressed, with direction and support from the ICB. CS informed that the ICB's constitution ensures representation from acute and mental health providers. The Trust's role, via the N&WHG, is to ensure that the acute provider representative has a mandate to take this forward at the ICB. CF highlighted the importance of ensuring a clear

conduit for messages to and from the ICB, with support and accountability for areas that can be improved.

GW considered that as part of the transitional period consideration needs to be given to reporting the different elements.

The Board noted the update.

Key Strategic Objectives:	**5 – Healthy lives staff and patients**
HEALTHY LIVES	**6 – Investing in our staff**

74/22 17. BOARD ASSURANCE FRAMEWORK
(Key Strategic Objectives 5 and 6)

The Board received the BAF report for KSO 5 and 6.

GR highlighted – KSO 5:

- The national clinical audit plan is on track.
- A lot of work has been undertaken around guidelines and improvements are being achieved. Robust plans are in place to bridge gaps in the coming months.

GR highlighted – KSO 6:

- The Smoke Free Site project manager post has been approved.
- The introduction of CREST and exception reporting for locally employed doctors is a unique development for the Trust and nationally.

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

75/22 18. NATIONAL STAFF SURVEY

The Board received the National Staff Survey (NSS) report. JH highlighted:

- Specific survey questions are being worked on across the Trust. Each Division has a survey champion and an action plan that is monitored monthly with a weekly meeting of the support team.
- This work links with Freedom to Speak Up (FTSU) activity in terms of creating an environment in which staff feel able to share concerns with their line manager. QEH's comparative group includes many good and outstanding trusts, and the aspiration is to perform at that level. The action plan focuses on the report headlines and a Rapid Action Support Group is in place that includes the FTSU team and champions.
- QEH has a good relationship with Sherwood Hospital and work is in progress to buddy areas with the Trust, which has already made this journey, to support the sharing of learning.
- There is active engagement with NHS quarterly Pulse Surveys and outcomes are built into action plans. In addition a series of listening events have been held. There is a multi-disciplinary and multifaceted approach. Work has already commenced on the engagement plan for September for the 2022 National Staff Survey.

IM asked if the full Staff Survey has been published with easy accessibility for the public and staff. IM considered there is a statistically significant decline in morale and engagement and considered that more detailed material within the

report would be helpful to inform debate and understanding. JH informed that morale and staff engagement has been a struggle across the NHS.

IM considered that providing narrative to explain why there is the focus on specific areas would give the public more understanding and assurance. GW acknowledged the point and the need to ensure public understanding. GW reminded that the Board undertook a detailed process at the recent Board and divisional leadership session to identify the first six areas of focus where the greatest difference could be made. It is important to reflect on the journey taken to identify the areas for development.

SR reflected that there was shared disappointment around the Staff Survey results, particularly given the significant efforts that have been made around staff engagement and culture change, but assurance was gained from the new multifaceted approach being taken in response to the challenge. SR sought assurance on how the actions being taken will reach those members of staff who have previously chosen not to respond to the survey. SR considered that QEH has some unique challenges that need to be distinguished from the general challenges the NHS has faced due to the pandemic. JH informed that work is underway with the communications team and the survey champions that have been created in each business area, to understand the best ways to reach every member of staff. In terms of the unique challenges facing QEH, there is an underlying element around leadership which links with the Trust's strategy to ensure great leadership and an environment in which staff feel confident to speak up.

CF highlighted that a lot of work and investment has been made in the last 12-18 months around improving culture and engagement, particularly within maternity, radiology and ophthalmology as part of the improvement plans. CF asked if the interventions and support put in place is having an impact on survey scores in those areas. JH informed that the staff survey changed significantly this year, so it is not possible to track some questions. Analysis of individual departments informs the work still required and forms a springboard for activity going forward. Radiology scores around culture and engagement have improved.

GW summarised that good progress has been made since the development day and the action plan will be taken forward by the People Committee. **ACTION: JH and SR to establish the best approach to update the Board on progress to deliver the actions plans on an ongoing basis.** **DoP**

<u>The Board noted the report which provided an overview and assurance of how NSS results have been cascaded and improvement action plans put in place.</u>

76/22 19. FREEDOM TO SPEAK UP BI-ANNUAL REPORT

The Board received the Freedom to Speak Up: Bi-annual report (1 October 2021 – 31 March 2022). GW welcomed Annie Ng (AN) to the meeting. LSK highlighted:

- In the last 6-months there has been an increase in resource and investment in the new blended Freedom to Speak Up (FTSU) model which had increased the resilience and responsiveness of the service and enabled the community of Guardians to be more visible across the organisation.

- Earlier this year the CQC positively recognised the formal FTSU mechanisms in place.
- Going forward, FTSU will become part of the Director of Patient Safety's portfolio, providing an opportunity to take a holistic approach spanning safety, incidents and datix reporting.

AN highlighted:

- Performance is consistent with the previous 6-months. Referrals have been received from a cross section of staff with an 18% increase in referrals and contacts from colleagues in ethnic minority communities, which is encouraging.
- Themes indicate a mixed picture, which is common to many organisations. There have been issues around quality, safety, values of behaviour and leadership. There have also been contacts from colleagues requiring guidance and support through formal HR processes.
- Service development priorities link with the staff survey. It is important to embed FTSU into all action plan elements relating to a culture of Speaking Up. Improvements in data set collection will enable analysis and action planning. Learning will be embedded and woven into staff survey action plans. Metrics will demonstrate to staff that they are listened to and supported when they do speak up to Guardians or other colleagues, leaders and managers within the organisation.
- A lot has been achieved over the last 6-months but there is more to do.

GW recognised the good progress made and the importance of getting feedback from those who have spoken up and whether the action in response has met their needs.

CF asked about the support for existing FTSU Guardians, how established that group is, and about attracting new Guardians. CF asked if there is a focus on developing an open culture in Maternity, in line with Ockenden recommendations. AN informed that FTSU Guardians are connected to the regional network chaired by AN. QEH Guardians are strong participants and contributors. The Champions are well established with regular catch-up forums to share learning and ensure they are updated on what is happening nationally. In terms of maternity services, the Guardians have taken part in some of the listening exercises. AN has contacted the Head of Maternity in her independent capacity to offer an independent lens to see if she could add any value to the support network. A group has been set up to look at triangulation of data from different sources.

SR reflected on residual challenges around speaking up in terms of cultural inclination. This report gives assurance that the blended model is being embedded with increased visibility and insight from AN. There is a focus on embedding learning into the action plans. Metrics will evidence FTSU progress, linking through to the other staff engagement and cultural awareness transformation priorities in place.

GW emphasised this important area has the continued support of the Board. CS thanked AN for her personal contribution on behalf of the Board.

The Board noted the report, progress and the priority focus areas for 2022/23.

77/22 20. HEALTH INEQUALITIES BI-ANNUAL REPORT

The Board received the Health Inequalities – Bi-annual report. CWB highlighted:

- The report includes information that builds upon the Board and DLT session recently held with Howard Martin.
- The report reflects the strong foundations in place in relation to health inequalities and the work underway at the Trust and across the wider system.
- Going forward, this will align with place-based care and the development of health and wellbeing partnerships to ensure a robust action plan with deliverable outcomes. Many of the work strands in place are longer term with longer-term outcomes.
- There is a focus on elective care waiting lists, the clinical harm review process and the wider engagement work underway.

AJB queried the data available around the breakdown of waiting lists by ethnicity. CWB informed that this is being looked at with the support of the Information team. There are a number of required returns in relation to this data and work needs to be undertaken to ensure this is robustly triangulated. **ACTION: CWB will respond on the breakdown of waiting lists by ethnicity.** **DoSI**

IM informed that most social determinants of health lie outside of the health system, being good quality care and education in childhood and adolescents, working conditions, conditions of employment, income for healthy living, adequate housing and a good natural environment. Actions taken to address issues of health inequalities are so far down the line that they do not have the level of impact other things should and could have. It is therefore important to get the Place arrangements right. QEH has a role as a significant employer, and should be acting as an exemplar to other employers in West Norfolk. In terms of ethnicity issues, it is important when looking at the census data for West Norfolk to reflect on that part of the community that has a white background but joined the community when members of the EU and can be a disadvantaged group in terms of accessing maternity care and services due to language and communication difficulties. It is important that this group is reflected in action plans in addition to other disadvantaged groups identified by ethnicity. CWB informed that the work that the Health and Wellbeing Partnerships will be doing across Norfolk and Waveney will move these areas forward. A West Norfolk Health Inequalities Group is in place and a specific piece of work is in progress focussing on Eastern Europeans and non-English speakers to understand issues around language and access. QEH is part of this, in partnership with wider community stakeholders.

DD noted the progress made by working together in Norfolk and Waveney and highlighted the need to ensure the work aims to lift all upwards to improve services to the community. In terms of digital inclusion it is important to ensure as many as possible can access services digitally but there will be those who cannot and to whom there is a need to provide services to in a more traditional way.

GR considered that it is important to create the right environment for individuals to thrive and more needs to be done particularly in those areas which are not in the Trust's zone of control. Data capture is a key area to be addressed to inform deep dives into areas on which the Trust can really make a difference.

CS highlighted that although the paper provides a lot of high-level information, it does not give assurance of what the Trust is doing in Place-Based Care that will make a difference. **ACTION: A follow-up paper to be taken to the Quality Committee clarifying the work the Trust is leading as an 'anchor' organisation within place-based care and incorporating an action plan on the work the Trust is leading.** **DoSI**

GW supported CS' suggestion that this should be taken forward by the Quality Committee, with reporting back to Board. GW highlighted the need to focus on this issue, particularly in terms of the quality of data. It is important to look at what actions will be taken and how information is analysed and presented, to inform on health inequality issues and the progress being made. **ACTION: Establish better quality data to inform the Trust's health inequalities work and to enable progress to be monitored.** **DoSI**

The Board noted the work being undertaken in relation to health inequalities and the Trust's engagement in supporting this work.

REGULATORY AND GOVERNANCE

21. COMMITTEE ANNUAL REPORTS 2021/22

The Board received and noted the Committee Annual Reports which represent a good summary of detailed work undertaken through the year for:

- the Education, Research and Innovation Committee (ERIC)
- the Finance and Activity Committee
- the People Committee Annual Report
- the Quality Committee

78/22 22. REGISTER OF DIRECTOR'S INTERESTS

The Board received and noted the Register of Director's Interests.

79/22 23. COMPANY SEAL REGISTER

The Board received and noted the Company Seal Register.

CLOSING BUSINESS

80/22 24. ANY OTHER BUSINESS

There was no other business.

81/22 25. QUESTIONS FROM GOVERNORS AND THE PUBLIC

GW invited questions from Governors and the public. There were no questions raised.

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.

Date of next meeting: Tuesday 2 August 2022, 10:00 noon, via Teams.

The meeting closed at 12:20 pm.