Agenda item: 3

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

DRAFT

Board of Directors (IN PUBLIC)

Minutes of the meeting held 4 May 2021, at 10:00am via MS Teams

Present:

S Barnett (SB)	Trust Chairman
A Brown (AJB)	Non-Executive Director (NED)
I Mack (IM)	Non-Executive Director (NED)
G Ward (GW)	Non-Executive Director (NED)
C Fernandez (CF)	Non-Executive Director (NED)
S Roberts (SR)	Non-Executive Director (NED)
D Dickinson (DD)	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 Webster	Chief Nurse (CN)
C Benham (CB)	Director of Finance (DoF)
J Humphries (JH)	Director of People (DoP)

In attendance:

L Notley (LN)	Director of Patient Safety (DoPS)
C West-Burnham (CWB)	Director of Strategy (DoS)
E Tabay	Director of Nursing
A Prime (AP)	Trust Secretary (T Sec) (Minutes)
Gina	Patient Story (agenda item 2)
Flo Crawley (FC)	Infant Feeding Lead (agenda item 2)

78/21 1. CHAIRMAN'S WELCOME AND APOLOGIES

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

Apologies were received from Sue Hayter, Non-Executive Director and Carmel O'Brien, Acting Chief Nurse.

STANDING ITEMS

79/21 2. PATIENT STORY

ET introduced the patient story and welcomed Gina to the Board.

Gina described her experience of the birth of her children and the positive support and care that she received from the maternity team at QEH. She

received exceptional support from Mr S Kidwai, Consultant. Gina expressed her thanks to all of the team. She also thanked Claire from the infant feeding team for her support. Gina also mentioned Michaela, the midwife who provided support through the night when her daughter was admitted. Gina explained that the care that was provided helped her to overcome her fears and ensured that she had the birth that she had wanted even through a pandemic.

SB thanked Gina for sharing her inspirational story. SB also thanked Claire and Flo for all of the support they have given and recognised the great team effort to provide a good experience. Claire commented that the team want patients to have a good experience. Flo agreed that this was fantastic feedback and that it was good to hear the whole story as the team are often only aware of their part of the patient's journey.

CF thanked Gina for sharing her story. CF expressed her thanks to the maternity team for the support given and it was good to hear of the support provided during the challenging parts of the journey when it was needed. CF commented on the importance of more patients sharing their experiences with the team and through the Maternity Voice Partnership.

SB expressed the Board of Directors' best wishes to Gina and her family.

80/21 3. MINUTES OF THE PREVIOUS MEETING HELD ON 7 APRIL 2021 AND MATTERS ARISING

The minutes of the previous meeting were approved as a correct record with one amendment:

- Ref minute 67/21 - page 8 – last paragraph – to be amended to read 'reduced ambulance handover delays'.

81/21 4. ACTIONS MONITORING

The Board received the actions monitoring log.

The Board agreed the following actions were complete and are to be removed from the action log: 86, 88, 90, 103 and 104.

The remaining actions were noted to be in progress for the timescales set out in the action log.

82/21 5. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

LSK reminded the Board of her previously declared interest in relation to agenda item 14 and also mentioned in agenda items 7 and 8. The Trust is working with IDP. LSK's partner is employed by IDP as previously declared in the Register of Interests.

83/21 6. URGENT ACTIONS (UNDER STANDING ORDERS PARA. 5.2)

None.

84/21 7. CHAIRMAN'S REPORT

The Board of Directors received the Chairman's report.

The Board noted the update report.

85/21 8. CEO'S UPDATE

The Board received the Chief Executive's report.

CS highlighted:

- It has been an extremely busy month for the Trust.
- There is full focus on recovery and restoration and ensuring that services return to what will be the new normal. The Trust is working with other Trusts to achieve this.
- The Trust has begun a Duty of Candour exercise for all patients who contracted COVID-19 whilst an inpatient during the pandemic. The Trust is contacting patients and families directly and to date over 67 patients have been contacted. The feedback from patients is that the contact has been received positively.
- There has been an improvement in the 4-hour target within the Emergency Department. CS informed that this is an incredible achievement considering the increased volume of patients who have attended. It is recognised that it is easier to achieve the target when there is enough space and appropriate facilities which have been available during the pandemic due to the Trust operating with two Emergency Departments. The Trust will shortly be moving back to operate with one Emergency Department. CS emphasised that the case for a case for a new hospital, is about ensuring necessary modern facilities in which to provide healthcare, as much as the need for a new roof.
- There has been a further mental health breach of the 12-hour trolley wait in March 2021 relating to the availability of a bed for a mental health patient. The Trust is working closely with partners to improve access for patients to mental health services.
- The Trust arranged 6 sessions of a leadership and cultural masterclass programme that was available to all managers and leaders. Each session was attended by over 100 members of staff. The programme focused on Trust values and culture to ensure kindness, wellness and fairness. The programme has received positive feedback from staff.
- The 'Values into action' workshops start in May 2021 and are available for all staff to attend.
- The Trust remains focused on recovery and there is a lot of activity in regards to leadership and ensuring continuing improvement plans to make a difference to patients, staff and the community.

LSK informed that the go live trial of e-prescribing and single sign on that is referenced in the report has been completed. The trial was conducted on West Newton ward and went very well. This is an important digital implementation for the Trust and LSK noted the positive clinical engagement in achieving this. The systems are due to be rolled out across all wards commencing this week.

CF noted that during the pandemic, the Trust has used the estate differently to enable social distancing and queried if this approach to social distancing will

be able to be maintained as the Trust moves into the restoration and recovery phase and back to normal working operations. CS explained that the Chief Operating Officer is working closely with clinical and operational teams on the plan for restoration which includes the physicality and delivery of services in certain areas. Feedback was received from staff and patients during the pandemic about the amount of movement that was undertaken. The moves were required to manage the demand and workforce during that time. The Trust is committed to minimising moves during restoration where possible. There is a clear plan being developed through the Senior Leadership Team (SLT) which will be reported through the Finance & Activity Committee regarding the required moves, ward areas and what areas will be used for what purpose. As plans are developed, the Trust will remain mindful of the national guidance of appropriate social distancing and recognises that this may be subject to change. There was some feedback received from night staff regarding rest rooms and ensuring appropriate facilities were available overnight. Further areas were made available for this purpose and ensuring suitable facilities that allow for social distancing remains under continuous review.

SB expressed thanks to the Team QEH skydivers who raised £13,500 for the Maternity Bereavement Suite.

The Board of Directors noted the report.

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

86/21 9. BOARD ASSURANCE FRAMEWORK

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

Key Strategic Objective (KSO)1:

- ET explained that the Assurance and Risk Executive Group have downgraded three risks.
- In terms of the principal risk 2592, minor changes have been to reference the revised IQIP and the controls in place. This includes the introduction of the Lead Nurse for Palliative Care who commenced in post in March 2021. The future opportunities centre on the redesigned End of Life (EOL) team which commenced in March 2021 and there is focus on how patients will be identified for EOL care moving forwards.

AJB commented on the importance of ensuring that cyber is given the right level of focus. A cyber report was conducted by the Trust's Internal Auditors in January/February 2021 that highlighted issues to be addressed. The Team are reviewing the cyber plan delivery in conjunction with Norfolk County Council. AJB explained that he chairs the task and finish group for this. The group look forward to reviewing the new plan at the next meeting to deliver the actions.

Key Strategic Objective 2:

- DS explained that there is now inclusion of a ward reconfiguration plan that is due to be fully implemented by the end of June 2021.

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

87/21 10. INTEGRATED QUALITY IMPROVEMENT PLAN

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

LN highlighted:

- The report confirms the finalised IQIP for 2021/22. All remaining actions have completion deadlines, and these are built into the planner.
- There has been formal confirmation from the CQC regarding the lifting of 10 section 31 conditions from the Trust's registration. This is positive news and has been reflected in the improvement plan.
- The clinical review programme recommenced in March 2021 following a pause to the programme due to the pandemic. This will provide a good opportunity to see how actions are being embedded and allowing triangulation of information. A second review has been planned and an evening review has also been conducted.

SB noted the good news of the CQC lifting the conditions and congratulated the staff involved in achieving this.

SB queried if the Quality Committee is satisfied with the robustness of the process of evidence and assurance. IM explained that this is closely monitored at the Quality Committee and there is a robust process in place for IQIP and agreeing the completion of actions. It is recognised how challenging it is for actions to be signed off by the Evidence Assurance Group. The Group are looking for consistent evidence prior to agreeing sign off and it is agreed that this is the right approach. It is positive that the clinical reviews have been reinstated. The Quality Committee is looking forward to broadening involvement of key stakeholders in the clinical reviews going forward, including Governors and NEDs.

CS explained that the Quality Committee did challenge 'red' and amber areas within the IQIP which signify actions that are behind plan or at risk. When considering red areas, it is recognised that this does not necessarily mean that the Trust is behind plan but that the evidence is still being obtained to ensure sustainability for the future. Over two years ago, the Trust had over 200 'must do' and 'should dos' and are now managing minimal numbers. The remaining actions are also those that are the most challenging. CS is pleased with the thorough approach that is being taken and the progress that has been made. Some actions were delayed or impacted due to the pandemic and it is noted that waiting list issues is a national issue.

LN explained that in terms of the clinical reviews, the work to involve broader stakeholders has already started and will be valuable moving forwards.

SR considered that the Trust should be celebrating the achievements and particularly the lifting of CQC conditions. The remaining actions are recognised as being more challenging to achieve. SR queried action reference 068 regarding access to diagnostic imaging services and asked how realistic it will be to achieve this by 31 December 2021. LN explained that this is not due to be completed until the end of year, which is the date the Divisional Leadership

Team (DLT) agreed at the time of developing the new 2021/22 IQIP. DS considered that the timeframe is realistic for the specific action which is about reviewing the process and timely access and not necessarily the delivery of the standard.

The Board noted:

a) Formal notification from the CQC confirming 10 Section 31 Conditions have been removed from the Trusts registration

b) The new reporting count of 83 actions

c) Progress at Month 12

d) **The key findings from the Clinical Review visits which recommenced in March**

88/21 11. SINGLE OVERSIGHT FRAMEWORK AND NEW RECOVERY SUPPORT PROGRAMME

The Board received a report informing of the introduction of the Recovery Support Programme as part of NHSEI's new System Oversight Framework, which will replace Special Measures support arrangements

LN highlighted:

- The report provides a high-level summary as a brief introduction as there is limited information currently available. This is a step change from a special measures programme to a recovery support programme.
- The focus is on a system approach to improvement and funding will be applied in a similar way.
- The framework will encompass how the system will be working together to drive the improvements forward. More detail is expected in the coming weeks.

SB queried if the intention is to respond to the consultation directly as a Foundation Trust or as a system response. CS explained that as the Trust retains statutory responsibility as a Foundation Trust, the intention is to respond directly and share the response with partners. Further detail is needed to understand the approach. The Trust has a new NHSE/I Improvement Director who is taking a system approach. The Trust will remain responsive and work in partnership within the system approach. It is recognised that the focus will also be to maintain the good practice and governance processes developed internally.

SB considered that if further resource and support is available, this should be considered to assist with progress.

ACTION: QEH response to consultation to be signed off by the Quality Committee **DoPS**

The Board of Directors noted the proposed introduction of a Recovery Support Programme which will replace current Special Measures support arrangements.

89/21 12. INTEGRATED PERFORMANCE REPORT

The Board received the Integrated Performance Report (April data).

CWB highlighted:

Safe:

- There were seven new serious incidents reported to the Strategic Executive Information System (STEIS) in March 2021.
- Whilst there has been an increase in the number of reported injurious inpatient falls per 1,000 bed days, the falls rate per 1000 bed days for all falls has decreased in month.
- There has been a reduction in hospital acquired pressure ulcers per 1,000 bed days.
- There have been eight cases of hospital associated CDiff reported. In total, the Trust has reported 49 CDiff cases in 2020/21 against a trajectory of 44, with 21 currently apportioned to the Trust with a further 11 under review.
- There has been one case of hospital onset E.Coli in March 2021.
- VTE screening compliance remains above target, with performance maintained for ten months.

Effective:

- The SHMI rate has reduced and QEH remains within the "as expected" band.
- Research have recruited over 2000 participants to NIHR clinical studies this year with recruitment figures continuing to exceed the monthly target.

Caring:

- There have been nine incidents of same sex accommodation breaches affecting 23 patients, all of whom were in the Hyper Acute Stroke Unit on West Raynham Ward.
- The timeliness of responding to complaints within 30 days has improved but has not achieved the target. Performance is expected to improve as action is being delivered to improve timeliness.
- FFT response rates rose to 50% in March 2021.

Responsive:

- There is significant work underway in this area recognising the impact of the pandemic.

Well Led (Finance):

- The Trust was able to deliver a small surplus at year end alongside delivery of efficiencies (CIP) of £4.4 million

Well Led (People):

- The Trust vacancy rate has increased to 6.03% from 5.95% in February 2021.
- Turnover decreased to 9.10% from 9.18% the previous month.
- Monthly sickness absence in month decreased to 4.98%.
- Mandatory Training compliance for the 11 Statutory & Mandatory subjects is at 81.63% which increased from 79.62% in February 2021. This met the Trust target of 80%. This includes a 3-month expiry extension for Resus and Manual Handling Level 2.
- Appraisal compliance (including bank staff but excluding medical staff) increased to 83.47%.

- Medical staff appraisal compliance is 100%.

CS informed that this is the second year running that the Trust has achieved a surplus in the financial position. This is a significant achievement, especially during a pandemic and CS thanked all of the staff involved. The Trust is also on a positive downward trajectory in terms of sickness rates which are currently at 3.68% which is the lowest for some time. CS thanked SR for the support of the People Committee in enabling for this to be achieved.

SB noted that it is pleasing to see VTE screening compliance has been maintained above target for a number of months. SB commented on the very positive achievement of delivering a financial surplus for two years running when previously the Trust was one of the most indebted Trusts in the country. SB thanked CS for her leadership and the Finance & Activity Committee for the oversight applied in managing the financial position.

GW welcomed the positive financial position. In addition the Trust achieved its Cost Improvement Programme (CIP) which has enabled grip and control of financial management and has put the Trust in a good position for this year although it is recognised that there is a still a lot of work to do. The Finance & Activity Committee is expecting to see more detail on the restoration and recovery plan at this month's Committee which will then be reported to the Board of Directors. It is recognised that diagnostics is an issue requiring further focus. A deep dive will be presented at the next Finance & Activity Committee to ascertain the current position and the actions to be taken to improve going forwards.

SR commented on the improvement of some of the HR metrics that are scrutinised at the People Committee, including sickness rates. There have been achievements and it is has been positive to see some measurements improving although it is recognised that there is further work required. The People Committee has commissioned a piece of work to better understand the underlying challenges that the Trust has in terms of the metrics requiring improvement. It is important to continue to keep benchmarking to see how the performance of the organisation compares to peer Trusts. SR reflected that the current report provides a summary for each domain but does not provide a high-level dashboard.

ACTION: CWB to give consideration to producing a high-level summary dashboard to support the presentation of the IPR as part of the 'plot the dots' review with the Board in July 2021 **DoS**

DD reflected on the progress the Trust has made in recent years. DD noted the number of Serious Incidents (SI's) has increased this month (7) and queried whether improvements in Duty of Candour are leading to this position. FS explained that all healthcare Trusts have a statutory responsibility to conduct Duty of Candour to apologise, acknowledge, investigate and identify learning when things do not go as expected. Whether Duty of Candour is applied to an incident does not have an effect as to whether it is classified as an SI or not. There are national definitions that are followed regarding what is classified as an SI. Last week the Trust conducted the quarterly Patient Safety events and explored in detail with the teams regarding the regulatory framework surrounding SIs and Duty of Candour. The reporting of the number of SI's and then the number of patients who require Duty of Candour are two separate

reporting requirements. These are reported to the Clinical Governance Executive Group and to the Quality Committee on a monthly basis for oversight.

FS commented on the pleasing results of achieving above the national target for VTE screening for 10 months in a row. FS informed that the reliance on human factors to drive this forward will now be reduced with the introduction of Electronic Prescribing and Medicines Administration (ePMA) which now has a forcing function in place to ensure compliance with VTE screening.

IM noted that the Trust is not achieving the 62-day cancer referral to treatment metric and IM sought assurance regarding the understanding of the factors for why the breaches have occurred and if processes are in place to address this. DS expects the Trust expect to deliver this standard from June 2021. Key to this is the reduction of the overall backlog which is currently in progress. As reported through the Finance & Activity Committee, the backlog in 104 day and 62 day has reduced and there is a strong focus to achieve this.

SB commented that some of the backlog management relates to Primary Care and asked if IM is aware of any unmet need in the system. IM considered that moving forward the system approach will mean improved engagement between primary and secondary care. As the Integrated Care System (ICS) develops, cancer pathways should be made more efficient for patients across the system.

DS informed that during wave one of the pandemic, all elective activities were paused and catch up on diagnostics is required. The Trust is seeing an increase in referrals for 2 week waits and is currently delivering against this increasing need. In terms of the diagnosis element and treating within 31 days, the Trust has recently restarted some of the one-stop services and this has made a difference, in colorectal in particular. The improvements will be seen in upcoming reports to the Finance and Activity Committee and the Board.

CF queried the quality of appraisals being undertaken and ensuring this is in line with the culture work to ensure staff are experiencing a good approach to appraisals. CF queried admissions to the Emergency Department and whether the Trust can continue the good work with primary care and mental health partners to ensure patients are not admitted unnecessarily and that alternative options such as a virtual ward are considered.

JH explained that the Trust receives feedback on appraisals via the National Staff Survey and pulse surveys. The Leadership Masterclasses focused on what is needed to ensure a good, effective appraisal and also introduced the refreshed appraisal documentation. The Trust is confident that the quality of appraisals is continuing to improve.

DS informed that the Trust is seeing a sustained increase in demand through Emergency Department attendances. The Trust continues to work closely with ambulance service colleagues on ensuring the directory of service is up to date. There is some variability of ambulance services accessing the Same Day Emergency Care (SDEC) and so the Trust is working with East of England Ambulance Service (EEAST) and the Clinical Commissioning Group (CCG) to ensure accessibility is considered. SDEC focuses on virtual ward care when it is clinically appropriate. SDEC also provides direct access for primary care and

works with the Emergency Department to see patients. The Acute Medicine element of the process works well.

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

90/21 13. CORPORATE STRATEGY KEY PERFORMANCE INDICATORS (KPI's) – QUARTER 4

The Board received a report providing an overview of progress against the KPIs for Strategic Objectives 1 to 6 for Quarter Four 2020/21.

CWB highlighted:

- There has been excellent progress and key improvements organisationally whilst recognising the impact of COVID-19.
- Achievements have included improved Emergency Department and ambulance handover performance, staff engagement, the development of the School of Nursing and focus on staff health and wellbeing. There has also been improvement in access to cancer services and involvement in clinical trials.
- It is recognised that the Trust still has learning to demonstrate and this has been taken into account in the development of the year two priorities that have been agreed by the Board and shared Trust wide.
- Moving forward, there is work to do to ensure reporting is clearer and a dashboard will be developed to be able to visually present performance against the key metrics. The next step will be to develop this for Quarter 1 and the Board will be involved in the implementation of this.

SB commented that there has been a lot of good progress across key areas. The discipline of KPIs against objectives underpins the delivery of objectives. SB thanked CWB and the team for monitoring the impact.

CF queried how the report has been received more widely by key partners and if they have provided any suggestions for improvement. CWB informed that the feedback received has been taken into account in the year two priorities. CS informed that feedback from staff was for simpler information to visually receive key messages. Healthwatch had recognised that a lot of the information is included in the IQIP and also in the IPR each month and wanted to know how the Trust will differentiate what is being reported through these different reports.

SR welcomed development of a more high-level summary and noted the positive direction of travel.

The Board of Directors noted the report.

91/21 14. HIP2, RAAC AND ESTATE STRATEGY PROGRAMME UPDATE

The Board received a report updating on the current position on progress being made in relation to the development of the Strategic Outline Case (SOC) for a new hospital, the progress to complete the 'short form' business case to access emergency capital funding associated with the structural integrity of the roof and the operational position regarding the ongoing survey of the roof.

CB highlighted:

- This month, the Trust begins its development of the Strategic Outline Case (SOC) which is the first building block of the case for a new hospital. The requirements for a new hospital is based not only on structural issues but the required model of care, how this can be delivered in a new estate and how it can contribute to the digital improvement journey.
- The Trust has been allocated just over £20m national funding for a roof failsafe system; this is a three-year programme. The Trust is currently in year one to access the capital.
- The report details the status of the temporary propping in place for the roof. The Critical Care Unit has now re-opened following the closure to complete emergency repair works.

GW considered that the Trust is only part way through the tap and test process (40% through). The process has highlighted how many temporary props are in place around the building. The Trust is doing what is possible to help to mitigate the risk on this and will continue to maintain close attention on this issue.

LSK informed that the Trust welcomes the ongoing support from the local community and the media regarding the case for a new hospital. There is strong indication from the Department of Health and Social Care that the process and criteria for the new hospitals is likely to be published soon which will be a competitive exercise. The Trust looks forward to receiving more detail on this.

The Board noted:

- **the position on the development of the Strategic Outline Case (SOC).**
- **the position with regard to the completion of the 'short-form' business case.**
- **the current operational position with regard to the survey, the temporary propping and temporary steel works.**

92/21 15. SIGNIFICANT RISK REGISTER (>15)

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

LN highlighted:

- The report informs of the downgrading of 3 significant risks relating to KSO1; one related to the lifting of the CQC conditions and the other two related to the reduction in numbers of patients attending hospital and numbers of inpatients due to COVID-19.
- A Board Development session was held last week that included discussion regarding the Board Assurance Framework (BAF) and significant risk register.

SB considered that it was good to see the emerging threats of cyber being reflected appropriately in the risk register. This issue is not unique to QEH and it is recognised that all parts of NHS need to take mitigating steps in relation to cyber-crime.

CF queried if there was any update to risk 2244 regarding the lack of mental

health beds in the community and how this will be addressed. DS explained that the Trust is experiencing increased demand for mental health beds for adults and children. There is currently a lack of mental health beds nationally. The Mental Health Trust tries to support patients to go home with packages of care when possible. The Trust continues to have a good working relationship with system partners and there is a good response for patients.

SB considered the need to be assured that this risk is adequately taken account of in the mental health Trust's own risk register. DS will recheck this in view of the increased demand.

ACTION: DS to check whether NSFT includes in their own risk register a risk in relation to access to community inpatient mental health beds for those presenting in ED with acute mental health needs. **COO**

CS reminded that the risk register is a live document. There is evidence of triangulation that when updates or issues are raised that they are acted upon. It is noted in the SLT assurance report to the Board today that risk 2699 related to COVID-19 and this was reviewed and subsequently downgraded providing assurance.

The Board of Directors noted the report.

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

93/21 16. BOARD ASSURANCE FRAMEWORK (KEY STRATEGIC OBJECTIVES 3 AND 4)

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

Key Strategic Objective (KSO) 3:

- LSK highlighted that there are no significant changes. Strengthened controls are in place. There was good attendance for the Leading with Values Masterclasses with over 400 leaders attending. The new approach to appraisals and recruiting with values was launched as part of the masterclasses.
- Staff are continuing to sign up to the 'values into action'; over 1000 staff are currently registered to attend the workshops scheduled in May 2021.
- Action plans are in place at Trust and Divisional/Corporate Service level in response to the 2020 National Staff Survey outcomes.

SB commented on the good engagement from staff in these processes as an indicator of improved staff morale and engagement.

Key Strategic Objective (KSO) 4:

- CB highlighted that the Trust has delivered a financial surplus and achieved the CIP programme at Month 12.

GW commented on the excellent performance. It has been a different year in terms of the financial management and the consideration of the pandemic. It will be equally important to prepare for the next year to ensure the grip and

control demonstrated this year is sustained.

SR informed that the People Committee is encouraged by the level of activity across the Trust in relation to the culture and staff engagement programme and noted the good uptake from staff to attend the workshops. A key measure will be the outputs in terms of effectiveness that will be identified in staff surveys, pulse surveys and other relevant mechanisms.

The Board of Directors noted the report.

94/21 17. ICS UPDATE

The Board received a report updating on key areas of work within the ICS (Integrated Care System).

CWB highlighted:

- Progress has been made in relation to the Committees' In Common and the next meeting is 10 May 2021. Detailed conversations are being held internally with the Board of Directors, Governors and Senior Leadership Team regarding the current position.
- The Board is asked to note the continuing progress underway in relation to 'Place' based care and there are projects ongoing with the Local Delivery Group and progression of relationships with Lincolnshire and Cambridgeshire partners.
- CWB explained that the first meeting of the Clinical Leadership Group was held last week. The Group agreed some high-level Terms of Reference and principles on how to engage and drive forward the West Norfolk projects. The Trust is meeting with Lincolnshire this afternoon to discuss a similar approach. FS has had initial discussions with Cambridgeshire and Peterborough colleagues and a further meeting is scheduled next week to agree how best to represent at existing forums.

IM noted the update regarding the group committees and the detailed ongoing work and queried when more information will be shared in the public domain. IM also considered the excellent Place based care projects and the falls prevention project, recognising that 25% of Orthopaedic work is from Cambridgeshire. IM sought assurance as to how the Trust is engaging with the District Council and the relevant structures to ensure the benefit for patients beyond the West Norfolk system.

CS explained that there are three meetings to be held in May 2021 that will progress this. The first will be the Committees' in Common to provide an update as to what will be presented where. There is a three-way Board meeting in May which will discuss the clarity of plans and communication to the public. In addition, the Trust has been invited to a meeting with the Chair and Chief Executive of the ICS. Governors and the Board of Directors have invited the ICS to present their communication strategy.

SB informed that the ICS Board meetings will now be held in public. In terms of the public being provided with further information, CWB explained that there is a session planned for 17 May 2021 led by the ICS. QEH will take a lead in relation to engagement and will be proposing a detailed way forward for engagement with patients, public and governors. LSK and CWB have met with

the CEO of Healthwatch given they are experts in public consultation and engagement.

GW commented that it was pleasing to see the emphasis around Place Based Care as this is important for patients and for the Trust, crosses the Norfolk and Waveney boundaries. The Trust is best positioned to be able to take leadership at the 'Place' level and bring the relevant parties together to make a difference. CS agreed that this is crucial. The Trust has evidence of engagement with staff and the community and the work of the Governors. QEH were asked to lead on the collaborative work and the Trust has the ability to take this forward in the appropriate manner.

The Board of Directors noted the report.

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

95/21 18. BOARD ASSURANCE FRAMEWORK

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

Key Strategic Objective (KSO) 5:

- FS highlighted that one emerging risk is in relation to further recommendations that are expected from the Ockenden report on maternity care in Shrewsbury and Telford.
- The Cancer Wellbeing and Support Centre will be a very positive resource for patients and their families. NEDS and Governors are encouraged to visit the Centre this week prior to the official opening in June 2021.

Key Strategic Objective 6:

- JH highlighted that the Leadership master classes and Leadership conference have been well-received by staff.
- An update on the Occupational Health Provision review will be presented to the People Committee at its meeting in May.

The Board of Directors noted the current position.

REGULATORY AND GOVERNANCE

96/21 19. CHAIR'S ASSURANCE REPORTS

19a. Education, Research & Innovation Committee

The Board of Directors received the Chair's Assurance Report of the Education, Research and Innovation Committee meeting held 15 April 2021.

CF informed that there was good assurance from the Medical Education team of the lifting of all GMC conditions and that the Trust has been removed from enhanced monitoring. There has been good engagement from junior doctors during the pandemic and the Committee noted the positive feedback from Foundation Year One (FY1) doctors on their experience of the support they

have received. The Trust maintained the ability to effectively and safely manage an increased number of students. In terms of non-medical education, there has been continued success with international recruitment and the preceptorship programme. The Committee welcomed the new head of Clinical Education to the meeting. The Committee noted the wellbeing and psychological support provided for trainees in all areas. There has been continued activity in research for both COVID-19 and non COVID areas of research and the Committee were informed of the first Allied Health Professional principal investigation led at QEH.

There was one item for escalation which related to the level of vacancies in the research team. The risk of delivery due to the vacancies has been put forward for consideration for inclusion on the risk register.

SB noted that it was particularly good to see the feedback from the junior doctors. This is a credit to the team on creating a positive environment for junior doctors.

19b. Finance and Activity Committee
The Board of Directors received the Chair's Assurance Report of the Finance and Activity Committee meeting held 24 March 2021.

GW informed that it was positive to have the Divisional presentations reinstated at the meeting and it was useful to see the ongoing work within the Women and Children Division. The Committee were able to encourage the Division to look to the future and how they might consider transforming some services. The Committee considered that there is a good programme developing for CIP to ensure grip and control measures and how in parallel the Trust needs to look more at transformational CIP schemes across the system and develop a rolling programme in this area.

19c. People Committee
The Board of Directors received the Chair's Assurance Report of the People Committee meeting held 24 March 2021.

SR informed that the Committee welcomed the reintroduction of both the divisional presentation and staff story at the Committee. The Committee noted the improvements in medicine regarding the key metrics. It is positive that sickness and appraisal rates have shown measurable improvement even in challenging circumstances. The Committee recognised although there has been improvement Trust-wide for appraisals and sickness rates, there is more work to do and it is important to benchmark progress with comparable Trusts. There has been good progress with job planning although it is recognised that the remaining plans to be signed off are more challenging. The Committee escalated the continuing risk the Trust faces with the number of staff required to register for their EU status to continue their employment. The Trust is being proactive about this and progress is scrutinised closely by the Committee to ensure the Trust is not in a disadvantaged position in terms of staffing.

19d. Quality Committee
The Board of Directors received the Chair's Assurance Report of the Quality Committee meeting held 30 March 2021.

IM informed that the Committee reviewed in detail the safe domain indicators,

particularly in terms of infection control metrics and falls and the Committee challenged the approach in ensuring good performance against metrics. The Committee remain partially assured on the complaint response metrics. Further work is ongoing to improve this and on how to triangulate patient experience with complaints, FFT and obtaining qualitative data. The Committee gained partial assurance regarding the maternity improvement plan. There is a need to further refresh the reporting system that is presented by maternity to the Quality Committee. The DoPS will meet with the maternity team to see how the reporting can be refined and how to see further progress on some of the actions. The Committee considered that it was good to restart the divisional presentations. The Clinical Support Service Division was open to sharing culture challenges in radiology and there is external involvement to support the internal programme to improve the issues that have been raised.

SB highlighted the importance of the assurance of the maternity improvement plan, particularly as it is expected that there will be a part two of the Ockenden report. IM and CF will have close oversight of this to ensure that the Trust is as compliant as possible with the further recommendations.

CF informed that it was very useful to have LN working with the maternity plan to strengthen the plan. CF will be attending the internal review of the Ockenden actions to ensure oversight and further understanding of this.

19e. Senior Leadership Team
The Board of Directors received the Chair's Assurance Report of the Senior Leadership Team (SLT) meeting held 23 March 2021.

CS highlighted that the need for detailed plans and trajectories around care and recovery was emphasised at the meeting and all Divisional Leadership Teams are to own this within their Divisions. SLT discussed the importance of embedding the workforce metric delivery and for Divisions and to own the metrics and improvement plans. The Trust has received the draft commissioned report regarding the cultural issues in Radiology. In terms of the cultural issues in maternity, updates are received by the SLT and it is recognised that it takes time to embed cultural changes. Appropriate support is being provided to leaders in those areas.

97/21 20. COMMITTEE EFFECTIVENESS REVIEW

The Board received the report on the Committee Effectiveness Review.

SB considered that it is important to periodically consider the effectiveness of the Board sub-committees. SB thanked AP and SR and all of the Committee chairs for the work that has been undertaken.

The recommendations from the committee effectiveness surveys were accepted to be taken forward.

An annual report has been produced from each committee and SB noted the excellent work that has been highlighted within the reports. SB considered that the committees are essential in assuring management of finance, workforce, quality and patient experience. It has been positive to reflect on how well the committees are operating.

IM noted that the report includes reference to the Committees' in Common and queried when that committee will undertake a review of committee effectiveness.

ACTION: CWB to feed into the Committees' in Common work the need to schedule a review of committee effectiveness as part of good governance **DoS**

CS informed that Carmel O'Brien, Acting Chief Nurse, conducted a lot of work on this with SR. The BAF, Risk Register and governance of the committees is part of her legacy at QEH and the Board of Directors expressed their thanks.

The governance structure has been revised in terms of the operational arm of the structure and reporting arrangements through to SLT. CS expressed her thanks to the Governors who attend the sub-board Committees as observers for their support. CS also thanked the Committee chairs and the Trust Chairman as this work has been completed under his stewardship and his leadership is appreciated.

The Audit Committee will consider its committee effectiveness review at the meeting and this will then be reported to the Board of Directors.

The Board:

- **noted the outcome of the committee effectiveness reviews and agreed the recommendations.**
- **noted the annual reports for the Board sub-committees and agreed the amendments to the Terms of Reference.**
- **noted the streamlined and more effective governance structures that have been introduced.**

98/21 21. REGISTER OF DIRECTORS' INTERESTS

The Board received the Register of Directors' Interests.

GW informed that as of this month, he is now the vice chair at Sherwood Forest Hospital.

The Board noted the Register of Directors' Interests.

CLOSING BUSINESS

99/21 22. ANY OTHER BUSINESS (to be agreed with the Chairman)

None.

100/21 23. BOARD EFFECTIVENESS

What has gone well / Even better if
No comments received.

Date of next Board of Directors' meeting (in Public) – Tuesday 1 June 2021, 10:00am, via Teams.

The meeting closed at 11:45 am.