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, 2 August 2022, 10:00 via MS Teams

Present:

Core Members:

G Ward (GW)	Acting Trust Chairman
J Schneider (JS)	Non-Executive Director (NED)
C Fernandez (CF)	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)
C Shaw (CS)	Chief Executive Officer (CEO)
L Skaife-Knight (LSK)	Deputy CEO (DCEO)
G Raghuraman (GR)	Acting Medical Director (MD)
A Webster (AW)	Chief Nurse (CN)
C Benham (CB)	Director of Finance (DoF)
J Humphries (JH)	Director of People (DoP)
S Jones (SJ)	Deputy Chief Operating Officer (DCOO)
L Notley (LN)	Director of Patient Safety (DoPS)

In attendance:

A Prime (AP)	Trust Secretary (minute taker)

AGENDA ITEM

82/22 1. ACTING CHAIR'S WELCOME AND APOLOGIES

Apologies were received from Alan Brown and Simon Roberts, Non-Executive Directors, Denise Smith - Chief Operating Officer, Carly West-Burnham – Director of Strategy & Integration and Nichola Hunter – Acting Director of Estates & Facilities.

STANDING ITEMS

83/22 2. PATIENT STORY

AW introduced Graham, a patient, a carer ambassador for Voice, Carers Matter and also a trustee and carers champion for Mind. Graham is a carer for his wife and was admitted to the hospital through the emergency pathway earlier in the year. Following his discharge, Graham got in touch with the Trust with some concerns he had related to communication, being a full partner in his care, the discharge process and that his carer status was not recognised. The service identifies whether someone needs a carer as opposed to if the individual is themselves a carer. Graham has had a positive local resolution meeting, feeling

listened to and heard, and felt supported by a particular staff member who he felt went over and above to assist him.

AW queried what the positives were from Graham's experience. Graham informed that the nurses were very good and very attentive generally. A small number did not listen to Graham which led to unnecessary difficulties in taking blood samples. Graham now has a wrist band to inform staff of the blood pressure and needle situation in one arm.

AW asked what could be done differently to improve discharge. Graham explained that when he was told he could be discharged he felt that staff wanted to free up the bed and he felt in the way. Graham considered he had no discharge. Despite explaining he was a carer for his wife he was not asked if he could cope on return to home and at the point of discharge nobody said goodbye.

AW asked what Graham considered the Trust could do differently going forward. Graham asked that staff listen to patients. He explained to several nurses that he is a carer for his wife but there was no reference to the home situation and whether he could cope when he got home.

AW apologised to Graham that his experience was not as positive as the Board would want it to have been. Work will be undertaken with Graham to share the learning from his story more widely with staff, and improve understanding that carers issues are not just about whether the patient needs a carer, but also about whether the patient is a carer themself. Documentation will be reviewed to ensure the necessary carer questions are asked and the individual patient is listened to. AW thanked Graham for sharing his story with the Trust and the Board.

CS thanked Graham for sharing his story and was sorry Graham and his family did not have a positive experience. CS recognised that Graham's story may not be unusual at this time because of the high demand on services, the pressure on urgent and emergency care and pressures to offload ambulances in a timely manner, and this possibly results in delivering a less than high quality patient experience. The Board needs consider how to take forward these issues, thinking strategically about the demand on services, getting hospital avoidance right and effective discharge. CS informed that the Trust will learn from Graham's experience.

JS thanked Graham for sharing his story and asked if he considers that staff have understood the feedback he has given and whether he thinks there might be some changes resulting from his input. Graham considered that staff did understand his feedback. The local resolution team agreed aspects were not right and would speak to the relevant people.

GR was sorry for Graham's experience. GR queried if there is a clinical plan in place for when he next returns to the hospital and whether Graham was happy with the medical explanations provided. Graham informed he knows the doctor quite well but is not sure about plans for future visits/admissions. **ACTION: AW to check on clinical plans for Graham.** **CN**

IM was very sorry to learn of Graham's unsatisfactory experience, it being so important that carer responsibilities are taken account of and planned for as

part of discharge arrangements. IM queried if there is anything further Graham can do to help recognise the role of carers and their own health needs. IM queried the clinical approach to consent given Graham had informed an arm could not be used to take blood samples. Graham informed that he works with the patient experience team as a carer representative and helps QEH so his voice through this route will be listened to. AW informed that Graham does a great job informing on carers issues. Individual actions have been taken regarding consent and there is formal communication on consent to be circulated across the Trust.

DD thanked Graham for sharing his story. DD sought more information on the work underway to ensure patients are listened to, as they know their own bodies and situations better than staff do. AW informed that work is undertaken with individual staff to help them understand the importance of listening to the patient. There will also be team work on this and learning about Graham's story that will go to the whole Medicine Division. Just over 100 colleagues have been taken part in the Trust's Caring with Kindness programme which gives an opportunity to reflect on practise and take learning back into roles. The induction programme for health care support workers has been changed as these staff members are a critical part of the team. The new induction which includes the Caring with Kindness programme, supporting recognition that patients are partners in care.

GW thanked Graham for taking the time to share his story with the Board. A key message is the importance of listening to patients and acting on their feedback. Whilst GW recognised the current pressures on the hospital the Board aims for improvement. Graham's continued input to the Trust to support the understanding of carers issues is important and valued.

84/22 3. MINUTES OF THE PREVIOUS MEETING HELD ON 7 JUNE 2022 AND MATTERS ARISING

The minutes of the previous meeting held on 7 June 2022 were approved as a correct record.

85/22 4. ACTIONS MONITORING

The Board received the Action Monitoring Log.

Action 170 – on track. The draft place based care and health inequalities workplan to be taken to the Quality Committee in September and onto Board.

Action 171 – due to bring health inequalities data through the Integrated Performance Report (IPR) to Board from October onwards.

The Board noted the updates provided on the Action Log and agreed the following actions to be closed: 165, 166, 167, 168 and 169.

86/22 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.

87/22 6. URGENT ACTIONS (UNDER STANDING ORDERS PARA. 5.2)

None.

88/22 7. ACTING CHAIRMAN'S REPORT

The Board Received the Chairman's Report.

- GW recognised the Norfolk and Waveney Integrated Care Board (ICB) is now formally operating. This inevitably means some change and challenge adapting to a new system. QEH is part of the system working with the ICB.
- GW expressed a huge thank you to CS. CS is leaving the Trust at the end of September, and this is CS's last Board meeting. The Board wishes CS every success in her new role at Evergreen Life. GW highlighted all that CS has delivered for the Trust over the last three and a half years. GW considered that no one else could have done the same job. CS has made a huge difference to QEH over this time and QEH would not be where it is without her. GW has thoroughly enjoyed working with CS as a Non-Executive Director, and now as Acting Chair. GW expressed an enormous thank you to CS on behalf of the Board.
- GW highlighted the productive and helpful Board and Governors time out session in July and thanked all Governors for their participation. Tasks are now being taken forward to streamline Governors' agendas and meetings, clarify roles and responsibilities and clarify governor links with outside organisations. This will help relationship development with the Board and Governors.

IM expressed his thanks to CS for all she has done in the hospital and in the West Norfolk health system as the CEO of the Trust. IM considered that words are inadequate to express the level of thanks he has to CS for all the hours she has put in and the extra work in and out of hospital, day and night. Because CS is a registered health professional she understands and relates to people. CS has gone onto wards to support washing of patients and other front facing patient care activities, living out what she says she will do. CS leaves QEH with IM's deepest thanks for everything she has done. IM considered the quote about Sir Christopher Wren – if you seek their monument look around you. If seeking CS's legacy look around QEH and talk to any staff and what has been done to improve the environment within the huge limitations of a decaying building. CS's gift to the QEH is her passion and care for patients. The Board must continue to cherish and nourish CS's legacy going forward.

CF expressed her huge thanks to CS.

CF queried the plans on place based care to understand how the Trust is engaging with system partners and how the work plan will come to public Board. GW informed that in terms of Integrated Care System (ICS) working there is a lot to work going forward. Committees in Common (CiC) work is coming together well and the relationship between the CiC and the ICB needs developing, recognising this is early days. There is a lot of work to do in Place, which is the area that needs a greater focus going forward.

LSK acknowledged there has been slower than desired progress in terms of Place-Based Care and work plans, but there have been pockets of good work.

Now there is a single and comprehensive work plan which includes Place-Based Care and the health inequalities work. This has been to Hospital Management Board, and is to be presented to Quality Committee in September and to Board in October. Strong relationships with partners are needed across health and social care in West Norfolk and care is being taken to invest in those relationships. Ahead of presentation to Committees the plan will be socialised with Non-Executive Directors and Governors. CS suggested time it taken to share this with the Board at their time together on 6 September. **ACTION: Share the Place-Based Care work plan with the Board on 6 September.** **DoSI**

GW requested this includes the work with Cambridgeshire, Peterborough and Lincolnshire as well as Norfolk and Waveney. CS informed there had been a good meeting with colleagues from Cambridgeshire and good relationships are being developed with opportunities to do things differently.

LSK, on behalf of the Executive Team, thanked CS for her significant contributions over the last three plus years. Patient and staff experience has improved immeasurably over the period under CS's superb leadership. Looking at public comments in response to the announcement shows the impact that CS has made, from QEH, from Norfolk and Waveney, and the wider NHS. LSK wished CS all the best in her new and exciting role. The focus will continue to get a new hospital and continue the improvement journey to outstanding. On behalf of all the Executives, a huge thank you for everything.

The Board noted the Chairman's Report.

89/22 8. CEO's UPDATE

The Board received the Chief Executive's Report.

- CS expressed a huge thank you to the people served in West Norfolk, the communities, patients and families. It has been a tremendous privilege to work with a fantastic Executive Team and Board. The delivery of care in West Norfolk and QEH progressing to become an outstanding organisation will always be close to CS's heart. CS thanked Governors as it has been about a team approach. CS believes the strong foundations are in place now to be an excellent organisation, to get the new hospital to give the care the community deserves and to continue with the fantastic strategy in place. CS expressed huge thanks to the Executive Team and wished AW the best as the Acting CEO. The organisation is in safe hands going forward.
- CS highlighted that the new Secretary of State opened the Trust's new West Norfolk Eye Centre. The opportunity was taken to highlight the need for a new hospital. On Friday LSK met Liz Truss MP, potential Prime Minister, and pressed the case for a new hospital. CS thanked staff for their efforts in dealing with the theatre roof issues over the weekend, which again demonstrates the need for a new hospital.
- CS highlighted the good events planned including the Annual Members Meeting on 6 September to celebrate the progress of the last 12 months and to look at the Trust's plans going forward. The meeting will be held at the College of West Anglia, where CS is very proud of the new School of Nursing. The Trust also has another leadership summit planned in September, with great speakers including Adam Peaty, Olympic swimmer.

IM considered the report highlights key areas where CS has had a significant role for the hospital and in the local health system. IM reflected on the patient story

and the huge challenges to emergency, elective and social care services, the consequence of delayed health needs in the health and social care system, and more advanced untreated diseases including cancer diagnosis. IM considered it is unrealistic to expect current levels of staffing to meet this demand and queried system discussions on the development of the NHS reserve, to help encourage retired former health and social care workers to come back to support over the next few years. IM considered the challenge cannot be met by the existing workforce and it will take time to train future health workers.

CS recognised workforce is key. As a statutory organisation there is a need to be clear about the Trust's plans to attract and retain people and ensure learning from the staff survey and the development of the Trust's culture. There is also a need to work in the context of the wider ICS and NHS as a whole. At the last Elective Recovery Board meeting CS challenged colleagues to consider elective recovery as a system development plan, and the need for joined up planning and support through the ICB and the wider NHS.

JH added that work is underway to look at the people resource needed for major system wide developments such as the DAC (Diagnostic Assessment Centre). JH has had discussions about looking to balance the day-to-day business alongside recovery work, ensuring there are both the physical resources and environment as well as the people to work in those new spaces.

GR added it is also about retaining staff and recruiting more. There is a need to be more flexible in the work offer, looking at the strengths of individuals. Flexibility is needed to respond to and retain people who are later in their careers, responding to the strengths they want to continue using. Work is underway to look at vertical upskilling to develop different skill sets. There is a need look at how to integrate the workforce system-wide, to take the workforce to where it is needed, rather than being in a fixed place.

GW re-emphasised that the Trust would not be where it is without CS and LSK in relation to a new hospital. The Board will continue to push for the new hospital on an ongoing basis on behalf of patients. GW thanked the College of West Anglia who have agreed to host the Annual Members Meeting on 6 September. This is an opportunity for Board members and Governors to see the new School of Nursing.

The Board noted the report.

COMMITTEE CHAIR'S ASSURANCE REPORTS

9. CHAIR'S ASSURANCE REPORTS

90/22 9a. AUDIT COMMITTEE

The Board received the Chair's Assurance Report from the Audit Committee. DD highlighted:

- The Committee has some assurance on the progress made on Clinical Audit. There is still some way to go and the Committee looks forward to further improvements over the coming year.
- The Trust's new internal auditors, PWC, are starting the first year of the new contract. The Committee would normally expect to have seen and approved an internal audit plan for the year but this is delayed due to handover work between auditors. DD as Chair of the Committee has met the PWC lead

officer and it is anticipated a three year and an annual plan will be brought to the Committee in September.

- DD thanked CS for her valuable help and support given to the Audit Committee, being always in attendance which has been very much appreciated. DD wished CS all the best and every success in the future.

The Board noted the report.

91/22 9b. FINANCE AND ACTIVITY COMMITTEE

The Board received the Chair's Assurance Report from the Finance and Activity Committee. DD highlighted:

- The Committee escalates performance on Stroke. The Committee will consider this in a deep dive in September.
- The Trust's financial strategy is aligned to the ICS Financial Strategy. There is a need to closely monitor the risks this presents to the Trust.
- The Financial Plan is on track currently, recognising it is only the end of the first quarter of the financial year and there will be challenges in the rest of the year. The Committee noted the new risk presented by the requirement to have a break-even financial plan for the Trust and across the whole ICS.
- The Multi-Storey Car Park business case was considered and is particularly important to address current car parking issues and is a key enabler to move forward with the development of the site and a new hospital.

GW welcomed the deep dive into stroke performance.

The Board noted the report.

92/22 9c. PEOPLE COMMITTEE

The Board received the Chair's Assurance Report from the People Committee. JS highlighted:

- There was a good staff story from the new dietetics team manager, demonstrating good leadership.
- A report from Clinical Support Services (CSS) highlighted the challenges delivering a long term plan of change and culture and service improvement. Starting to see progress in tackling management of sickness absence in the Division.
- The Committee discussed the achievements for quarter 1 of year 3 of the Corporate Strategy. The Committee reviewed the green rating for Key Strategic Objective 3 (KSO3) related to improving staff engagement and considered this does not align with evidence from the National Staff Survey and quarterly Pulse surveys. The Committee requested more measures and metrics to help to understand the position.
- There were areas of improvement around appraisals, mandatory training and management of sickness absence generally. There was concern on long waits for some appraisals, increasing vacancies and staff turnover rates.
- The Committee noted ongoing conflicting data between actual staffing establishments and associated finances. Deep dive work will look at what is happening along with clarifying nursing vacancies which have risen considerably in recent months.
- Whilst medical job plans are behind schedule the Committee was assured this is partly in relation to establishing the new model based on development of service level plans which will inform individual job plans. The Committee

looks forward to seeing how job plans progress, with all due to be completed by January 2023.

GW welcomed the challenge and deep dive into staff engagement. Staff are so important and there is a need to look even closer at this area going forward.

CS agreed this is crucial and requested a regular people item at Board on culture development, recruitment and retention and the focus on people. **ACTION. A people focused report on culture, staff development, recruitment and retention to be a standing item at future Board meetings.** **DoP**

The Board noted the report.

93/22 9d. QUALITY COMMITTEE

The Board received the Chair's Assurance Report from the Quality Committee. IM highlighted:

- In June members of the Committee visited a number of services including the West Norfolk Eye Centre, Marham Ward, West Newton Ward, the Emergency Department and the Discharge Lounge. Non-Executives also attended the morning staffing huddle and the 2 pm capacity and flow meeting in order to gain an understanding and assurance on how the Trust flexes and adapts to the daily pressures of emergency care.
- The Committee noted the revision of the Radiology Improvement Plan with a reduction in the number of actions. The Committee was assured there is a tight governance process with close working between the Divisional Leadership Team (DLT) and Executive Directors. The Committee noted the turnover in key DLT roles and sought assurance of the additional support in place for this period of transition. The Committee will maintain an appropriate level of oversight as the Improvement Plan progresses.
- The Committee received the Chair's Assurance Reports from the Quality Improvement Board, and the Executive Groups for Safe, Caring and Effective, all of which provided significant assurance regarding executive oversight and challenge which allowed the Committee to focus on key issues. This included noting a Stroke Improvement Plan has been developed and the Committee will want to see triangulation of this with the findings from the Committee's previous visit to the service and evidence on progress of the plan on key performance indicators and patient experience. The Committee noted several improvement plans in the Trust have required review and revision and required further assurance the reported maturation of the approach to the development of the improvement plans is taking place. The Committee is assured of the robustness of the Evidence Assurance Group.
- The Committee looks forward to the People Committee deep dive on staffing and triangulating permanent and temporary staffing levels with issues of patient experience and patient safety.
- The Committee looks forward to the outputs of a new panel approach to falls as serious incidents and its potential impact on reducing these.
- Having rightly moved away from Trust target levels for caesarean sections, the Committee looks forward to receiving greater detail on the use of the Robson criteria giving the rationale for caesarean sections.
- The Committee is assured regarding the analysis and rationale for the slow improvement in the HSMR figure and notes SHMI remains in the expected range. The Committee will continue to closely monitor these metrics and look for the resolution of some of the numerical factors which have

influenced them. The Committee will look further beyond quantitative data assurance on end of life care and work sensitively for qualitative assurance on this important area of care in the Trust.

- The Committee noted the variability between Divisions on completion of the Getting it Right First Time (GIRFT) actions and will monitor this further via the relevant Chairs' Assurance Reports.
- The Committee commends the work of the Medical Examiner team described in their annual report. The Team is doing an important job in reviewing death certification and considering any lessons to be learnt through Structured Judgement Reviews where appropriate. There is early work on family feedback in terms of compliments and concerns and the Committee looks forward to seeing more on this as the project continues.

GW thanked the Committee for the in-depth analysis on assurance areas including triangulation work, which will continue through the upcoming deep dive between the Finance and Activity Committee and the Quality Committee.

The Board noted the report.

94/22 9e. HOSPITAL MANAGEMENT BOARD

The Board received the Chair's Assurance Report from the Hospital Management Board. CS highlighted:

- At the meeting on 6 June HMB considered the financial position and ensuring strengthened management controls in place around bank and agency costs, the Cost Improvement Programme (CIP) and moving forward with the financial strategy.
- Areas of concern have been the Urgent and Emergency Care (UEC) Improvement Plan, clarity of internal trajectories and further development of the plan, the relationship with the ICB, the development of support for those patients needing discharges and aftercare, and also working with Place on avoidance of admissions.
- There is concern on mental health care provision particularly for child and adolescent (CAMHS) patients. The grading on the risk register in relation to this has been increased, recognising the patients who do not have facilities within the system and the support the Trust has implemented internally for care through the Rudham Ward.
- Staff feedback on the Emerson Unit shows there is still concern regarding snagging issues and the comparison to other new facilities. Work is underway with staff on this, including being honest that the Unit will not be to the standard of the West Norfolk Eye Centre as this was developed in a different period of time. It is important staff are included and engaged in the issues raised.
- In relation to strategic estates and the development of a plan for RAAC it is necessary to understand the timeframes and impact on operational service areas particularly over the winter period, and ensure effective communication with staff who will be required to move to enable the estates work to progress.
- It is important the Information Services Improvement Plan is taken forward as information is key in delivery of plans and safe care to patients.
- If recognising feedback from staff and the National Staff Survey, staff were concerned they were not getting feedback from Datix or Serious Incidents. Work in response has started in the Divisions, recognising closing the

feedback loop is important for staff engagement and divisional and organisational learning.

GW noted HBM is addressing some of the Board's key issues. The CiC is undertaking a UEC deep dive next week, and outcomes will be fed into Board.

CF noted the mental health support risk for paediatric patients and queried whether the risk is reflected in the Norfolk and Suffolk NHS Foundation Trust's (NSFT) risk register to support joined-up working to resolve the issue. LN confirmed this is on the NSFT risk register and is reviewed closely. When escalated and raised as a significant risk on the QEH risk register additional control measures were put in place including changes in escalation of paediatric patients with mental health needs to NSFT. Whilst this is having an effect this does remain a significant risk and is not likely to change soon.

CF queried if there is an estates road map which could be shared with staff and how learning from the Emerson Unit and staff issues with those facilities is informing the estates plan going forward. LSK informed that there was a lot of learning from the Emerson Unit and time has been taken at HMB to reflect on this. Listening sessions have been held and it is important to now move forward. Learning from this has been demonstrated through the work on the West Norfolk Eye Centre, the Endoscopy Unit, Brancaster Ward, NICU and the Maternity Bereavement Suite where teams have been involved in developments from the start. Snagging lists are being worked through on Brancaster, NICU and other areas but there are no major issues. A key piece of learning is the importance of managing expectations from the start of a development. LSK informed that a road map with month-on-month moves, builds and RAAC work has recently been produced and shared with staff, and externally.

The Board noted the report.

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

95/22 **10. BOARD ASSURANCE FRAMEWORK (BAF)**
(Key Strategic Objectives 1 and 2)

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

KSO 1 – AW highlighted:

- Risk 2957 - Lack of mental health support for paediatric patients, as already discussed.
- New Risk 2788 regarding the high level of pharmacy vacancies. A plan is in place and there is support from neighbouring organisations.

IM considered pharmacists are pivotal to patient care and the running of patient pathways. IM queried how mitigations from externals helps with pharmacy delivery within the hospital. AW informed that there has on occasion been support from NNUH pharmacy colleagues coming onsite to assist. The Trust is also working with community pharmacist colleagues and there is a piece of work on how to work as a system to deliver support.

IM sought assurance this is not a system-wide problem and if so whether ICB and national colleagues aware. AW informed that this is a wider problem, but QEH

is slightly more affected due to its geography. The ICB is aware and this is part of the workforce plan, with actions and plans being developed across the system. GR informed that internally there is prioritisation on how pharmacy staff are used most effectively and system work enabling support from the community through discharge medication arrangements, procurement arrangements and supply.

LN informed that risk based prioritisation has been undertaken. NNUH have been providing antimicrobial stewardship support. The Trust has been successful in recruiting into that post and two other pharmacy posts. However, there remains a significant vacancy gap, with mitigation in place and actions progressed.

KSO 2 – LSK highlighted:

- There is now a weekly core operations group in place and the monthly Strategic Estates Forum to ensure all estate programmes are joined up. These groups are now working well.
- The Trust has recruited a substantive Director of Estates & Facilities and a substantive Chief Digital and Information Officer, both experienced and excellent appointments.
- There is support from NHSEI colleagues to pursue the full quantum of £130m capital over the next three years to make the current hospital safe and compliant. A national response on this is awaited in the coming weeks.

GW considered it is not just about the roof but also the walls and floors and there is a need to ensure the risk description covers this appropriately. **ACTION: Ensure the roof significant risk description is well rounded, incorporating wall and floor issues.** **DCEO**

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

96/22 11. INTEGRATED PERFORMANCE REPORT

Including Safe, Effective, Caring, Responsive, Well Led

11b - FURTHER DEVELOPING THE IPR

The Board received the Integrated Performance Report (IPR). CS highlighted:

- The IPR now includes benchmarking data which will be further developed. This gives insight on what is needed to focus on in terms of improvement plans and where we can learn from others.
- There are some good areas of performance – 100% has been achieved in managing the response to complaints for the fourth consecutive month. The achievement of 104 week waits, movement on the 78-week performance for patients. There was one breach in month for a patient who chose to wait longer. There has been a decrease in falls and ongoing work with colleagues in ward areas on this.
- Concern is around 4-hour performance, ambulance offloads and the internal UEC improvement work. Work plans are in place for performance improvement in diagnostics, cancer performance, particularly the 62-day wait performance, the Trust's turnover and leaving rate. There are local action plans in place for hospital acquired pressure ulcers.
- Nationally, trusts are being placed into tiers in relation to elective and cancer performance. Tier one is for poor performance, tier two is average

performance with room for improvement and tier 3 is good performance. The Trust has been placed in Tier 2 for both elective and cancer performance. The Trust is challenging this for elective performance believing the Trust should be in Tier 1. Tier 2 means there will be increased regional overview and scrutiny, and national input.

- Yesterday the region informed that the Trust has been identified for national intervention support for discharges, bed occupancy and the number of stranded patients over 21 and 7 days. Internally work is progressing and good progress is being seen on discharges. However more work is needed with the community and the ICB to get further improvement in this area.
- The Norfolk and Waveney system has been placed in a system review around additional support for ambulance offloads and there will potentially be some capital and revenue funding to take necessary developments forward.
- For elective care and UEC the system is very stretched and there is national focus on these areas going forward. QEH is still a statutory organisation with statutory responsibilities to deliver for QEH patients and the community.

JS queried the care hours per day which appear low, and the new mechanical thrombectomy pathway querying the number of patients who may be impacted by the reported staff absence. AW informed that care hours per day will be incorporated into the workforce presentation to the People Committee. Metrics continue to be monitored such as pressure ulcers and falls. **ACTION. Include care hours per day in the workforce presentation to the People Committee.** **CN**

GR informed that a very small number of patients are impacted in the thrombectomy service. The nursing impact of the shortage will not impact as there is clinical focus to see patients in a timely way. GR does not currently envisage a problem.

SH queried the effective domain peer benchmarking summary and noted diagnostic activity levels which appear low in comparison to other areas. SH queried if the Trust monitors DNA levels (did not attends) in diagnostics and the Outpatient Department. SJ confirmed DNAs are monitored and there are policies in place on how those patients are managed, which also includes inpatients and admitted patients. SH queried if this should be reflected in the IPR. CS informed that the Elective Recovery Board looks at a suite of metrics including DNA rates. QEH is not an outlier.

DD recognised the stresses on the system and the pressure the hospital is under. DD noted there is only a 3 day a week TIA service and sought clarification on the plans to increase to daily clinics. GR informed there is a shortage of professionals to support the TIA on a 7 day basis. The national mandate is to respond to a suspected TIA within 48 hours of discharge or make a plan within 48 hours. The aim is for dedicated clinics. If this is not possible, staff will be used more flexibly to provide the service in the time needed. Going forward the service plan will inform job plans. GR informed the aim is for a 6 day service to cover the gaps in the system.

IM considered the stroke nurse is pivotal to the fast track pathway for assessment of possible stroke patients. IM sought assurance that if the stroke nurse is tied up with mechanical thrombectomy other urgent patients are still able to access the fast track pathway so patients who may benefit from timely thrombolysis are getting this in a timely way. GR informed that teams are working flexibly including junior doctors, nurse practitioners, middle grade

doctors and consultants. The volumes enable a more flexible approach to be tried and the position is being monitored closely. Stroke nurse engagement in mechanical thrombectomy will not delay the thrombolysis process.

CF queried ED performance and whether there is still a sustained increase in demand and whether the local holiday season will have an impact. SJ confirmed there is still a sustained increase in attendances. It is not expected that this will change during the holidays as there are no longer seasonal variations, with consistent pressure throughout year. Through the UEC programme work is taking place on the exit block from ED to support ambulance handover and off loads. Over the last few weeks, although some long waits, the Trust has performed better than others. However in those instances the Trust is sent more patients. There is a focus through the UEC Improvement Programme on early discharge to improve the flow out from ED in the morning.

CF queried if there is follow up on the number of out of area transfers and whether this results in additional challenges at the point of discharge. SJ informed that there are challenges if the patient requires supported discharge packages. It is difficult to track where the ambulances are coming from other than on a real time basis which is person dependent. Over the last few weeks it has been noticed there are several ambulances coming from the east. Work takes place with the community teams and the local hub to discharge patients in as timely way as possible.

GW noted the ongoing pressures and challenges being faced. There is a lot of work underway and a lot of improvements to make. GW thanked the team for the road map on the IPR which moves towards inclusion of benchmarking and trajectory information which will support assurance activities.

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

97/22 12. COPORATE STRATEGY KPIs QUARTERLY REPORT (Q1)

The Board received a report on quarter 1 (Q1) monitoring of Year 3 Corporate Strategy Key Performance Indicators (KPIs). LSK highlighted:

- Reports have received positive feedback through Board sub committees.
- This is a new escalation style report for corporate strategy quarterly reports.
- Consistent with previous quarters, the Trust has already communicated progress for quarter 1 with staff internally and with wider stakeholders and partners and this is well received.

The Board noted the progress made in Quarter 1 against the agreed KPIs underpinning delivery of the Strategic Objectives that underpin the Corporate Strategy including the clear actions which are in place to improve performance in the areas which have not achieved.

98/22 13. NEW HOSPITAL PROGRAMME, RAAC AND ESTATE STRATEGY PROGRAMME UPDATE

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

- The tap and test roof and wall surveys have been completed.

- Good progress continues with RAAC year 1, opening the new frailty ward in West Dereham, Brancaster the newly refurbished maternity ward. Work is on track to open the new Endoscopy Unit to patients in September. These developments provide the necessary ward and theatre decant capacity to enable the three year rolling fail safe programme to commence (6 wards per year plus theatres). In light of theatre issues in recent days the decision has been taken to bring the theatres forward in the RAAC failsafe programme. LSK informed that theatres have safely reopened today following propping work in the main theatres complex.
- The report includes a month-by-month road map for the main strategic estates projects for the remainder of the year, including the RAAC programme.
- There will be no national announcement before the autumn on the New Hospital Programme. The Trust has completed the Strategic Outline Case and is progressing planning application work for the multi-storey car park scheme. LSK will continue to press the QEH case through ongoing lobbying.

CS welcomed the road map which needs socialising with colleagues and key stakeholders. It simplifies the moves and what is being done in the next 12 months which is really exciting. GW welcomed the clear road map and supported wider communication of this.

IM queried if the delay in knowing if the Trust will be delivering a new hospital has been quantified in terms of timelines and the costs of delivery given the rate of inflation in the building industry and availability of supplies. The longer the delay the greater the costs may be. LSK informed that there had been a productive meeting with the national lead for the New Hospital Programme. There is national recognition there must be a long-term solution for RAAC hospitals through new builds and there is potential for RAACs to be added to the list in October. QEH is working with other RAAC hospitals not currently on the new hospital programme list in relation to the financial aspect to put forward a collective sum for all RAAC hospitals. IM considered it is potentially not a good use of public money or capital to have delays.

CF welcomed the visual road map. CF noted the plans are changing to respond to challenges in the estate and queried how the impact of the estate on the requirement to deliver on UEC and elective recovery is being drawn together.
LSK informed that the failsafe programme, implementation of a significant capital programme, elective recovery and winter planning are all taking place at the same time which is hugely challenging. The failsafe programme will be operationally challenging particularly as it is necessary to reschedule the theatres work. This is a dynamic programme. SJ is chairing a theatres task and finish group which is undertaking detailed theatre scheduling to understand the impact of the theatres failsafe programme on the elective recovery programme. CF queried if this is recognised by system partners and national colleagues. LSK confirmed this has been discussed with the Chair of the ICB, to describe how challenging this is and the reality that there will be an impact on elective recovery and to request support.

SH was in the hospital when the model for a new hospital had been placed in the reception area. There was a lot of interest from the public and staff and it was good to have staff at the model to speak about it.

The Board noted the:

- **latest operational position with regard to the surveys, the temporary propping and steel and timber support props**
- **update on the remaining 2021/22 RAAC Year 1 projects**
- **update on RAAC Years 2-4**
- **New Hospital Programme update.**

99/22 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). LN highlighted:

- There are now 16 significant risk on the risk register, an increase in 3 from the June Board meeting. Two new significant risks are aligned to KSO1 and one to 1 KSO4.

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**

100/22 15. BOARD ASSURANCE FRAMEWORK
(Key Strategic Objectives 3 and 4)

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

KSO3 - JH highlighted:

- The Equality, Diversity and Inclusion (EDI) work programme is focused on building on staff networks focusing on leadership, education, communication, data and action. The culture transformation programme will continue with bite size learning interventions to continue to educate the workforce particularly as international nursing and doctor staffing levels continue to increase.
- The BAME Network has been relaunched as REACH – Race, Ethnicity and Cultural Heritage which better aligns with the European and international staff profile of QEH.
- Looking at the people plan risks to ensure the Trust's People plan covers all eight areas of the NHS People Plan areas and is aligned with KSO3 and 6.

KSO4 – CB highlighted:

- Delivery of the finance Q1 position for Income & Expenditure and CIP.
- The new significant risk related to the delivery of the breakeven financial position for the Trust.

GW recognised the risk to deliver a break-even financial position as there is a lot of risk and little that can be put in place to mitigate.

CF queried the impact of not achieving a break-even position. CB informed that further clarity would be described following ongoing discussions with the ICS. Although the full impact is not fully known, there is likely to be further scrutiny by the regulator at a trust and ICS level.

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

101/22 16. INTEGRATED CARE SYSTEM (ICS) UPDATE

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

- A Committee in Common (CiC) meeting took place on 11 July and a paper is included within the Board papers.
- The ICB went live on 1 July 2022. GW is the NED/Chair representative for the three acute trusts on the acute finance director and provider sub Committee.

GW informed that there are a lot of good conversations but also challenges as people come into post and detail is worked through.

IM considered the report demonstrates a complex system and a number of additional meetings. It is good to hear there will be discussions on emergency care and recognition this needs to include primary and community care. Nationally it is considered the NHS is currently experiencing demands as if in the winter period. This coming winter will therefore be very challenging unless the acute pathway is radically transformed in the short term for the coming winter. Actions would need to be agreed by September in order to ensure arrangements are in place before the winter. IM sought assurance there is a coherent decision making process and that emergency pressures for the coming winter will be addressed over the coming month.

GW considered it is not possible to give this level of assurance as it is evolving. QEH is a statutory body and so there will be elements within this where the Trust needs to ensure it has taken as much action as possible on those aspects internally. It is questionable how much can be achieved by September but GW recognises the urgency.

CS gave full assurance on the focus internally and the internal work being led by GR supported by SJ. There are detailed actions and a trajectory around internal processes and the effectiveness of the Trust's discharge processes. With the development of a new body and new external relationships there is a need to ensure the Trust is not over regulated and over performance managed. Clarity is needed on who is leading system workstreams, trajectories for delivery and expected outcomes for patients and the community. In relation to the UEC pathway there needs to be a focus on avoidance of admissions and ED attendances. The national interventions will be welcomed in relation to discharges. A lot of work is being undertaken on pre-noon discharges internally and good progress is being seen. CS's concern is in relation to P1, P2 and P3 pathways particularly around domiciliary care and patients with complex health needs. CS has asked SJ and the Deputy Chief Nurse to look at what the Trust can commission if external colleagues are not doing this.

GR informed that opportunities to improve flow outside the hospital are being sought through participation in system-wide meetings, giving the ability to network and for clinically-led decision making, also engaging with communities to see if there are alternative pathways to support discharges and pharmacy needs. GR confirmed there is also a big focus on efficient and effective internal processes.

CF informed that the CiC will have alternate month deep dives, with the next deep dive looking at UEC, including winter planning.

The Board noted the update.

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

102/22 17. BOARD ASSURANCE FRAMEWORK
(Key Strategic Objectives 5 and 6)

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

KSO6 – LN highlighted:

- The Trust has its first three qualified QSIR (Quality, Service Improvement and Redesign) Facilitators, who are trained to teach QSIR in line with QSIR College standards. To date the Trust has been reliant on Sherwood (previous buddy Trust) for QSIR training who have been very supportive, however the skills inhouse will enable the necessary inhouse resource to be built.
- Quality Improvement (QI) awareness is being built into the induction for all staff.

CF queried if plans are in place to track and measure the impact of the QI training. LN informed that with a more established team, work will now progress during 2022/23 to review the outcome of QI training and projects. This will start to be detailed in the bi-monthly reports to the Quality Improvement Board and through to the Quality Committee.

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

REGULATORY AND GOVERNANCE

103/22 18. REGISTER OF DIRECTORS' INTERESTS

The Board received the Register of Directors' Interests.

The Board noted the report.

CLOSING BUSINESS

104/22 19. ANY OTHER BUSINESS (TO BE AGREED WITH THE CHAIRMAN)

There was no other business.

105/22 20. QUESTIONS FROM GOVERNORS AND THE PUBLIC

There were no questions from Governors or the public.

106/22 Board resolution:

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 (in Public): Tuesday 4 October 2022, 10:00 am, via Teams.

The meeting closed at 12:04 pm.