Agenda item: 3

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

DRAFT

Minutes of the Board of Directors (in Public) meeting held on Tuesday, 7 December 2021, 10.00 via MS Teams

Present:

S Barnett (SB)	Trust Chairman
A Brown (AJB)	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)
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)
F Swords (FS)	Medical Director (MD)
A Webster (AW)	Chief Nurse (CN)
C Benham (CB)	Director of Finance (DoF)
D Smith (DS)	Chief Operating Officer (COO)
C West-Burnham (CWB)	Director of Strategy and Integration (DoSI)
J Humphries (JH)	Director of People (DoP)

In attendance:

Ceri	Patient (agenda item 2)
L Purdy (LP)	Associate Director of Patient Experience (agenda item 2)
N Hall (NH)	Chief Digital and Information Officer (agenda item 11)
S Jones (SJ)	Director of Strategic Estates Projects (agenda item 12)
A Ng (AN)	Independent Freedom To Speak Up Guardian (agenda item 18)
A Prime (AP)	Trust Secretary (minute taker)

225/21 1. CHAIR'S WELCOME AND APOLOGIES

Apologies were received from Lou Notley, Director of Patient Safety.

STANDING ITEMS

226/21 2. PATIENT STORY

SB welcomed Ceri to the Board who attended to share the story of her patient experience. This is an important agenda item, giving the Board the opportunity to hear patient stories in terms of what has gone well and what lessons could be learned to improve services and the patient experience.

Ceri informed that she works for the NHS at another hospital and had become unwell whilst away from home, needing to attend the QEH Emergency Department (ED). On arrival at QEH Ceri had found car parking was difficult. Ceri's initial impression of the Emergency Department was that it was too small

for the demand on the service that day. The busy environment and small space made Ceri feel vulnerable. Ceri was triaged efficiently and felt safe and well supported and informed by staff. On arrival at the assessment unit, Ceri noticed how busy the unit was and that staff were always visible. Ceri was struck and humbled by the number of multi-cultural staff at QEH. Whilst on the assessment unit Ceri noted that staff were consistently attentive and compassionate. Ceri was surprised to be moved to a different ward at around 1am and found this disorientating and unsettling. The Consultant and staff kept her fully informed and gave her choices around the next steps in her pathway. Ceri's experience as a patient at QEH was extremely positive, and she was proud of the staff at the hospital, and the NHS, during such a challenging period.

SB thanked Ceri for sharing her story with the Board. SB highlighted that the Emergency Department was originally designed for 40,000 patients but is now seeing around 70,000 patients each year and is one of the drivers for seeking investment to replace this hospital with the necessary facilities for patients and staff. SB was pleased that the Trust's key value of kindness is being experienced by patients. SB noted the issues that Ceri had shared including avoiding patient moves at night.

AW informed that she, the Medical Director and the Chief Operating Officer, are all supporting reducing night moves for patients, being keen to ensure patients are in the right place from the start of their admission, are cared for where they are and have knowledge and information about their condition whilst in the hospital. AW appreciated Ceri's observations about the QEH's multi-cultural staff and shared her pride in the Trust's team.

CF asked if Ceri and others on the ward had found the process of giving feedback easy and accessible and if it had been clear where post-discharge support and information could be accessed. Ceri informed that she had not discussed the issue of feedback with other patients and had not noticed anything on the ward informing patients about how to give feedback. Ceri informed that she may not have experienced the Trust's usual discharge process given she had sought early discharge to return home. However, Ceri had been given clear discharge information and was advised how to avoid a flare-up in future. Ceri was also provided with a letter to pass to her next health care professional and her GP received a timely letter from the hospital.

DD shared that a similar patient experience had enabled him to reflect upon the noticeable improvements achieved at the Trust over a 2-year period, including staff responsiveness. DD asked if Ceri had gone through the Discharge Lounge and how the process had worked for her. Ceri had not gone through the Discharge Lounge having sought earlier discharge.

GW noted Ceri's comments regarding the overall size of QEH's facilities, which would need to be addressed in future, but was glad that the quality of care provided had been positive. In terms of Ceri's observations about the QEH's multi-cultural staff, GW intended to take learning from QEH back to Sherwood Hospital.

Noting the additional pressures on staff to attend to patients' needs, SH asked if visiting was restricted while Ceri was admitted. Ceri informed that there had been no visitors but that patients had received a lot of telephone calls via Patient Line and that staff had been attentive in terms of relaying messages. Ceri

suggested a newspaper trolley round is provided to the wards as newspapers and magazines helped to pass the day.

SB thanked Ceri for sharing her experience with the Board.

AW informed that the patient story to the Board in November regarding sensory deficit had been followed-up and work is ongoing with the Trust's vision group and the West Norfolk Deaf Association. Sensory impairment work is ongoing with around 20 Health Care Support Workers participating in another session tomorrow. SB noted that this work has been formally consolidated into the Patient Experience Workplan.

CF asked if the estate improvement works were being incorporated into the sensory impairment improvement plans. AW confirmed that it was. LSK informed there is some excellent patient involvement in terms of estate modernisation and a Task and Finish Group is in place. Some Trust Governors are heavily involved with the estate improvements that are well advanced, including signage and patient information.

227/21 3. MINUTES OF THE PREVIOUS MEETING HELD ON 2 NOVEMBER 2021 AND MATTERS ARISING

The minutes of the previous meeting held on 2 November 2021 were approved as a correct record, with the following amendments:

- Reference 208/21, page 4, third paragraph, first sentence – to be amended to read '… ambulances are waiting …'
- Reference 211/21, page 8, fourth bullet point – to be amended to read '… the SAFER discharge principals …'

228/21 4. ACTION MONITORING

The Board received the action monitoring log.

Action 124 and 125: CS informed the Chairs of Committees had agreed that it is inadvisable to hold additional joint Committee meetings due to operational and winter pressures. Pressing issues would be escalated to the public or private Board meetings as appropriate. Alternatively, a joint Committee meeting would replace the normal Committee meeting scheduled for that month. CS informed that the Trust Chairman and Committee Chairs were undertaking a piece of work to describe the 2022/23 meeting schedule to reduce duplication whilst ensuring appropriate assurance is provided to the Board.

Actions 130, 132, 140 and 141: SB informed that it was the right time to review the narrative in certain data areas of the Integrated Performance Report (IPR) to ensure an appropriate data trail and provide an understanding around headline indicators, of which workforce is a prominent area. NH is tasked with a project to review the IPR. A revised approach will be presented to the next Board meeting in February 2022. LSK confirmed that a fulsome review was underway to further improve the IPR. This will take account of feedback received from S Riley at NHSE/I, and national best practice. An updated draft IPR will be completed later this month and will be presented to the Board early 2022. LSK confirmed that input would be provided by the relevant Non-Executive Directors (Board Sub-Committee Chairs) and Executive Leads.

Action 134: CWB confirmed that activity was on track and the Urology Transformation Plan is due to be presented at the System Clinical Oversight Group this week, ahead of being shared more widely.

Actions 136, 137 and 138: It was noted the actions were in progress for the end of the financial year.

Action 139: Activity is on track for February 2022 completion.

The Board noted the updates provided on the action log.

229/21 5. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

LSK reminded the Board of her previously declared interest in relation to agenda item 12. 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.

230/21 6. URGENT ACTIONS (UNDER STANDING ORDERS PARA. 5.2)

There were no urgent actions.

231/21 7. CHAIRMAN'S REPORT

The Board received the Chairman's Report.

SB highlighted:

- The national recognition for the Trust's digital innovations. The Trust was awarded the Imprivata Return on Investment award for implementation of Electronic Prescribing and Medicines Administration (EPMA) and Single Sign-On (SSO) at the Trust. The Trust has been credited as one of the quickest and most successful single sign-on developments seen in recent years. Given the Trust's low level of digital maturity it is reassuring the Trust is making progress in investing in digital solutions for QEH.
- It was noted that the Trust had been under considerable pressure during the last few weeks and months, and a debt of gratitude is owed to staff, volunteers, and the Executives in managing the unprecedented pressures. SB asked for the Board's appreciation and thanks to be conveyed to staff.
  Action: convey the Board's appreciation and thanks to staff and volunteers for managing the unprecedented pressures over the year. **CEO**

The Board noted the Chairman's Report.

232/21 8. CEO'S UPDATE

The Board received the Chief Executive's Report.

CS highlighted:

- The thanks within the report to staff, volunteers, the community, and key stakeholders for their support throughout 2021, both in the delivery of care and the new developments which are commencing on site. CS and LSK will communicate the Trust's thanks to wish everyone a merry Christmas and to say thank you.

- Exciting developments include the Outpatient Unit which will go live in March 2022. Following a public vote, the Unit will be called the 'Emerson Unit', after Chrissie Emerson, the Trust's much loved and valued colleague who sadly died of COVID-19 in 2020. Chrissy was well regarded by staff and the community.
- Another £3m capital has been secured to build and develop a new Eye Centre which will be an asset for patients and the community as the service is currently in a small location. The investment reflects the Trust's reputation in having the ability to deliver appropriate business cases and that NHSI/E is willing to support QEH with large capital investments.
- CS chairs the Elective Recovery Board, which is the partnership board for elective recovery across Norfolk & Waveney (N&W). A suite of national bids was submitted and achieved an award of £22m for the system, of which £12m revenue has been allocated to QEH to support winter pressures, to deliver the elective recovery programme and to support patients on the emergency pathway. The challenge will be to spend the money before the end of the financial year, but processes and systems are in place.
- Planning permission for the new state-of-the-art Endoscopy Unit has been granted by the Borough Council of King's Lynn and West Norfolk. The Unit will also unlock the site in terms of enabling roof fail-safe work to commence.
- Operationally, there is a huge demand on services. On a weekly basis the Executive Team receives a slide providing oversight of the key safety indicators and key risks in the organisation.

IM commended all colleagues within in the hospital for the huge amount of work they are doing in meeting the challenges of emergency demand and the restoration of the elective care programme as well as the positive developments in investments for the future. IM considered that the public would be interested to gain assurance regarding the Emergency Department waits and asked for the key actions being taken to be highlighted, particularly in terms of ambulance waits. CS informed that patients are reviewed on the hour, with assessments taking place within ambulances. There is significant focus on flow and discharge with the development of a system wide group to focus on urgent and emergency care. When there is patient flow and discharges there is the ability to move patients out of the Emergency Department and a great amount of work has been done in terms of appropriate assessment, risk mitigation, and a focus on keeping patients safe and safe discharges.

FS informed that the team is experienced in managing an Emergency Department that is too small for its needs and works very closely with colleagues in the ambulance service. Standard Operating Procedures and policies are in place, and if the ambulance service is concerned about deterioration in any patient who stays on an ambulance, or if any patient reaches an hour's wait, there is a formal policy for an ED team to go into the ambulance to assess and treat the patient. Where it is not possible to offload patients immediately or within 15-minutes, patients are clinically prioritised to ensure safety is maintained at all times. A previous patient story had been received regarding the excellent care and support they received from the Trust while waiting in an ambulance. Key aspects include demand management, flow improvement and the back door, which was exemplified during the first and second COVID waves when a dual Emergency Department was in place, giving the team enough space to work in, so enabling prompt offloads from the ambulances.

AJB noted that staff flu vaccinations were reported at 53.9% compared to 87% for the same period last year and asked what plans were in place to improve uptake. AW informed that a roving flu vaccination trolley had been deployed around the organisation and data is being uploaded which means that the uptake will now be higher. CS informed that there is a daily focus on vaccination and booster uptake. **ACTION: AW to provide the Board with an update on flu and booster vaccination performance outside of this meeting.** **CN**

CF echoed the thanks expressed to the QEH team for their support and hard work during the unrelenting operational pressures. CF welcomed the Trust's Celebration Week which was very positive. CF shared that she had attended a recent lunch session and heard about the diverse range of improvement projects that the Trust is supporting and which utilise staff insight and expertise. CS informed that the Trust's Celebration Week had been particularly exciting in terms of recognising the growth of individuals and recognising those who had won national awards. The week reflected the motivation, energy, quality improvement and diversity across the organisation. CS had attended the end of the QSIR course to congratulate the diverse range of staff completing the course.

SR noted that both the CEO and Chair's reports reflect the pressures the organisation is under and extended Non-Executive Director thanks to the staff. SR was reassured to hear of the positive atmosphere within the organisation. SR recognised the Trust is embarking on an extensive programme of capital investment over the winter, and sought assurance that construction activity across the site is being managed to ensure it does not present a further pressure or impediment to the mobility of patients around the site. CS acknowledged the pressure involved in delivering a £20.6m capital scheme. The team has grown and developed under LSK's leadership, activity has been communicated well to staff, and staff have been purposefully involved and engaged in the developments. There is detailed project management. In looking to the future and the potential to secure further estates developments for the hospital it is necessary to review the Trust's capacity and capability to deliver further capital schemes in the future should the Trust be successful in its bid for a new hospital build. An experienced Director of Estates has been invited to visit the Trust next week to review the current position and structure and to give their advice about future needs (including structure and resources needed moving forward to successfully deliver on this agenda). The outcomes of the review will be reported to the Board.

AW informed that staff were delighted to have the new buildings and felt engaged and listened to in terms of what will best serve patients' needs.

The Board noted the report.

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

233/21 9. BOARD ASSURANCE FRAMEWORK (Key Strategic Objectives 1 and 2)

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

AW highlighted:

- Risk ID 2634 has been regraded following rigorous discussion on risk likelihood.
- The Grant Thornton Infection Prevention and Control internal audit report will be presented to the next Audit Committee meeting.

IM confirmed that constructive challenge had been put forward at Quality Committee in terms of the downgrading of Risk ID 2634 and that full and fair assurance had been received and was reflected in the Committee Chair's Assurance Report to Board.

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

234/21 10. INTEGRATED QUALITY IMPROVEMENT PLAN

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

FS highlighted:
- 43 of 83 actions are complete which is 55% of the IQIP.
- Due to the recent lifting of section warning notices, the Trust is now down to 4 open section warning notices from the original 46.
- There are 25 actions where the Trust is behind its original plans. This is where there are complex actions and also because of the sustained operational and pandemic related pressures which has meant that it has not been possible to achieve some actions as quickly as originally intended. All these actions have been reviewed and revised submission dates and recovery plans are in place.
- The Evidence Assurance Group (EAG) signed off another 12 actions last week, raising completion to 66%.
- Executives have been asked how they can be assured that when marking an action as closed that it is embedded as business as usual. The end of the report highlights the ongoing clinical reviews to triangulate and check that. Grant Thornton is undertaking an internal audit of 21 closed actions to review whether the evidence and process was robust and that the actions have been embedded a year later.

SB considered that sustainability and institutionalising the changes is fundamentally important. It is important that there are enough structural arrangements in place to ensure this becomes part of the QEH way of doing things to improve on an ongoing basis. Seeing the evidence on an ongoing basis is critical.

SH queried action 004 centred on palliative care, highlighting the significant work that has been undertaken to improve palliative care. FS informed that as explained at the Quality Committee, the final section 29A relating to ownership of End of Life care by every team and consultant leadership has been closed and moved to business as usual at EAG this month. All the mitigations in place, including the new innovative skill mix, the way the team is working across the different agencies and the dashboard and clinical referrals have all had a positive impact.

SR considered that this report and the way it has evolved over recent months is a good example of a well written assurance report. The assurance SR takes from this report is the level of scrutiny the actions receive, and that actions are only

closed when there is evidence of sustainability. SR queried the actions around mandatory training which were considered by the EAG in November. JH confirmed 9 of the 12 actions have been closed, but the overall action remains open as more evidence is required for those three actions. The appraisal action was not approved for closure as whilst the appraisal processes have improved the 90% Trust target is not yet being met.

AJB reported that he had participated in a clinical review in November and the ward AJB visited was good. At the feedback session AJB was struck by the level of consistency in the feedback across all the areas of the clinical review and AJB took a lot of assurance on the level of embedding of improvements from that clinical review process.

DD queried whether highlights from the Grant Thornton internal audit will be brought to the Board so all Board members are fully aware. Given the audit is being undertaken at a point when the IQIP is around two thirds implemented DD suggested that the audit should be repeated at a later stage to give more assurance of the embedding of the second half of the IQIP programme.

ACTION: Consider scheduling a second internal audit to provide assurance on embedding the actions from the second half of this year's IQIP programme. **DoPS**

ACTION: The Grant Thornton internal audit to be reported to the Quality Committee with appropriate assurance and/or escalation reported to the Board through the Quality Committee Chair's Assurance Report. **DoPS**

CS informed that she is often challenged by the Non-Executive Directors (NEDs) and external bodies on what happens when the IQIP is complete or if the Trust is moved out of special measures given the IQIP is a transactional plan. This afternoon in the Board development session the approach will be described as the Trust moves forward with its Improvement Plans and the PMO. It is intended to transition into the QSIR improvement methodology with improvement plans for high risk areas, monitored through the operational delivery arm of the Trust and assurance reports provided to the relevant Committees and up to Board.

The Board noted:

- **Progress at Month 7**
- **Revised completion dates of 4 Clinical Support Service actions**
- **25 'Behind Plan' actions and rationale with recovery actions**
- **The key findings from the October Clinical Review visits**

235/21 11. INTEGRATED PERFORMANCE REPORT
Including Safe, Effective, Caring, Responsive, Well Led

The Board received the Integrated Performance Report (IPR), presenting October 2021 data.

NH highlighted:

Safe Domain

- VTE assessment continues to experience sustained delivery above target.
- The falls rate has increased during October compared to September with 80 compared to 63. 4 falls were moderate and 1 major in nature.

Effective Domain

- Whilst there was a single still birth during October, neonatal mortality and management of neonatal admissions continues to demonstrate safe and effective care.
- The Trust's maternity haemorrhage and trauma rates are positive against target.
- Section rates have slowly risen over the course of the summer. The multi-disciplinary team is meeting to review sections to both learn and make appropriate changes.

Caring Domain

- The timeliness of responses to complaints remains much improved.
- The dementia screening process, whilst not achieving 100% as last month, continues to demonstrate embedding of good practice with a 96% rate against the 90% target.
- Mixed sex accommodation breaches continue to see a rise being the highest figure (seven) since March 2021.

Responsive Domain

- ED 4 hour wait performance has fallen to below 63%.
- The 15-minute ambulance hand-over percentage has fallen below 30%. A co-located primary care service is planned for this month.
- Cancer waiting times have, since 2019, dropped below the 93% target due to capacity constraints and an increase of referrals.
- Diagnostic Waiting Times show continued pressure, however action in terms of outsourcing and additional lists have been undertaken during October 2021.

Well-Led - Finance

- Positive in terms of a £27K surplus in month, along with a £79K surplus year to date.
- The Cost Improvement Programme continues to be favourable against plan to a value of 500K.

Well-Led - People

- Mandatory training rates are positive, at 82% against a target of 80%.
- Absence rates continue to be of concern at 7.2% against the Trust target of 4.5%.

SB considered that whilst there are some positive headlines there are a number of areas of concern. The impact of COVID and post recovery and the pressures operationally are impacting all NHS organisations.

IM informed that a number of the IPR indicators were considered at the Quality Committee and the levels of assurance are reflected in IM's Chair's Assurance Report to the Board. IM queried the sickness absence rate of 7.22% compared to benchmarks at NNUH of 4.9% and JPUH of 4.6%. IM sought assurance that there has been early analysis and that any immediate actions identified are being progressed, rather than waiting for detailed analysis and Board discussion in January.

AJB considered that the way in which the numbers are reported is not entirely consistent as the report indicates that there is rising sickness, rising vacancies, reduced agency spend and a hot hospital and yet there does not seem to be a problem and AJB found this difficult to understand.

CF informed that maternity metrics and caesarean section rates are reviewed at the Maternity Safety and Strategy Forum and the Quality Committee. As part of the maternity safety champion drop-in the induction of labour was flagged as an issue and therefore an audit is underway. Work is also underway to capture the patient voice in relation to induction of labour. CF queried stroke and the challenges in providing stroke care and sought assurance on whether the challenge in providing care to all stroke patients on the stroke unit is impacting on patient outcomes.

SR confirmed that staff sickness is scrutinised at the People Committee and there is positive dialogue with Executives on what actions are being taken to address the concerning sickness levels. As the Trust is under such pressure, SR queried what assurance there is of the impact on key indicators around quality and the services delivered to patients. Given the pressure will not improve over the winter period, SR queried what assurance the Board can receive that this is being triangulated and how this is reflected in the Board Assurance Framework and risks, to be assured that staff sickness levels are not out of control, and will not impact on service delivery to patients or the Trust's finances.

GW informed that the Finance & Activity Committee has a close look particularly at the 4-hour wait and the ambulance turnover. The Committee welcomed extra information provided to the Committee this month giving more detail around patient flow and the issues faced. It is good to see the funding is in place for a primary care front end at the front door and how important it is to secure further funding given the current funding is only for the winter period.

DD queried the recovery forecasts within the report particularly in relation to emergency care access with the target to achieve 90% by March 2022. These targets depend on a number of internal and external factors and DD queried how the recovery forecasts are derived and how they will be monitored over the next few months.

JH confirmed that action is being taken now on staff sickness absence. A root cause analysis has been presented to the People Committee and was discussed in depth. JH and SR have been discussing the improvement trajectory and the improvement strategy, and investment requirements will be built into the business planning processes. In October there was a 10% sickness absence rate for midwives. There is a Maternity Improvement Plan in place and a resulting reduction in sickness absence is expected as a result of the culture work underway. Work is being stepped up to address sickness absence amongst Healthcare Support Workers and dedicated HR support has been provided to Estates & Facilities. The wellbeing programme is to create an incentive to stay well at work and be well in work rather than out of work. The Trust's sickness policy needs to be reviewed to reward attendance. JH informed that there are a lot of daily actions in place to ensure there is safe staffing every day. JH is working with the information team to ensure there is good quality data. There is a good plan for short term transactional actions as well as longer term improvements.

SB requested that when reviewing the IPR and narrative around the workforce, if there are contra-indicators for productivity there is a need to be able to interrogate the impact and what is happening within the workforce.

ACTION: NH to incorporate into the IPR review the need to understand contra-indications for workforce and productivity. **CD&IO**

DS informed that there is a time-lag in stroke reporting. The Coronary Care beds were moved onto Tilney Ward in August 2021 and the stroke indicators reported to Board this month relate to July. DS does expect to see an improvement in the next report to Board as the Stroke Unit was fully operational again from August.

DS informed that work will be undertaken over the Christmas period to reset the trajectories for January 2022. The original trajectories for this financial year were set without the impact of COVID and the position post COVID is very different. The indicators that measure emergency, elective and cancer care are being reviewed to reflect the recovery trajectories and for elective services most of the Trust's services are back up to over 90% of the recovery standard. The Trust is working within the constraints of some of the ongoing infection prevention and control standards. There is a need to rework the trajectories over Christmas to reset and these will be taken forward to the next financial year. It is not appropriate to continue to work to the trajectories that were set pre-COVID.

SB requested that the actions arising from the discussion are taken forward through the IPR review to ensure there is the ability to understand the dynamics of what is going on behind the numbers and the actions being taken to improve the indicators. **ACTION: Build into the IPR review the ability to understand the dynamics of what is happening behind the numbers and the actions being taken to improve the indictors.** **CD&IO**

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

236/21 12. NEW HOSPITAL PROGRAMME, RAAC AND ESTATE STRATEGY PROGRAMME UPDATE

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

SJ attended and highlighted:

- The wall survey is now complete, and the roof survey is 85% complete. There have been some difficulties in accessing some clinical areas to complete the survey work but plans are in place to ensure that survey work is completed by the end of March 2022.
- Good progress has been made in terms of RAAC Year 1 schemes. Planning permission was received yesterday for the new Endoscopy Unit, with unanimous support from the Council Planning Committee.
- The Outpatient Unit is on track to open as planned on 4 January 2022 and has been named the Emerson Unit.
- Dialogue with regional colleagues is ongoing in terms of requirements for RAAC Year 2 onwards. A deep dive is being undertaken this week with regional colleagues to ensure they understand in full the Trust's requirements.

LSK highlighted:

- In terms of the new hospital programme, the national announcement of the longlist for the further 8 new hospital schemes is expected in January 2022.
- Good progress has been made in the development of the Strategic Outline Case (SOC), which is on track for completion in the early part of 2022 following a formal review by regional NHSE/I colleagues.
- A further engagement workshop was held in November 2021, attended by a range of internal and external stakeholders and a proposed preferred option for a new hospital has been identified.

GW informed that the Finance & Activity Committee reviews the capital programme each month and has sight of the expenditure profile. The completion of the Emerson Unit will enable the commencement of the decant process and failsafe work and it is assuring to note that progress is on target.

IM recognised that the public is interested in the new build programme and IM is assured by the hard work and dedication involved. IM expressed concern regarding the issue around getting the required level of funding for the remedial RAAC programme work for Years 2 and beyond and asked what the impact would be in terms of quality of care and safety if the required funding allocation is not granted and how it would be expressed in terms of risk and mitigation, particularly as the Trust needs to continue to provide safe, effective services in an increasingly busy hospital over the coming years.

LSK informed that the Trust has been clear with NHSE/I colleagues about the quantum of funding needed between now and 2030, which is the end-of-life date for the current hospital, which spans both completing the full failsafe programme and meeting the statutory requirements around safety. That work is being scrutinised this week. Work is needed to review what will be needed year-on-year, depending on the quantum of funding that is allocated, and prioritisation based on the national expert's view of the most damaged planks. A series of prioritisation exercises have been concluded to inform the action that would be taken depending on the amount of funding allocated. Forensic risk assessments are continuing. The failsafe, the statutory and the backlog maintenance work have been drawn together but could equally be separated, mindful those aspects will be effectively funded from different funding streams.

SB considered that there is a need to accurately reflect in the risk register what the implications of not receiving ongoing funding for mitigation works would be and the necessary mitigation arrangements need to be recorded. If ongoing funding is not received to support the mitigation there is a risk of sub-optimal patient care in a working environment that is also sub-optimal. Although the Trust is grateful to have received £20.6m, it in no way resolves the QEH's problem. **ACTION: review the risk register to ensure the implications of not receiving ongoing funding for mitigation works is accurately and appropriately recorded.** **DCEO / DoF**

<u>The Board noted:</u>

- **<u>the latest operational position with regard to the survey, the temporary propping and temporary steel works</u>**
- **<u>the progress being made following the Board's approval of the £20.6m</u> business case to access the emergency capital funding for year one of the**

failsafe system that will mitigate the risk associated with the structural integrity of the roof and thereby further improve safety

- **the position on the Trust's Expression of Interest to be one of the further eight new hospital schemes and latest progress with the development of the Strategic Outline Case (SOC) for a new hospital, which is on track for completion in the early part of 2022.**

237/21 13. NATIONAL INPATIENT SURVEY RESULTS

The Board received a report on the National Inpatient Survey 2020.

SB noted that an action plan is in place and completion of actions is being monitored through the Quality Committee.

AW informed that the survey outcomes have been reviewed in detail at the Quality Committee, as reported to the Board through the Chair's Assurance Report.

The Board noted the results of the National Inpatient Survey 2020.

238/21 14. SIGNIFICANT RISK REGISTER (15)

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

CB highlighted:

- The nine main significant risks are aligned to KSO1 and 2.
- Timely access to cancer care and the implementation and reporting from RIS and PACs were downgraded.
- Last month the RIS risk was split into 3 and the risk is reducing due to the efforts of the RIS team.

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

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

239/21 15. BOARD ASSURANCE FRAMEWORK (KEY STRATEGIC OBJECTIVES 3 AND 4)

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

KSO3 - LSK highlighted:

- There were no material changes but additional and strengthened controls are in place.
- Phase 3 of the Trust-wide culture transformation is being scoped. The PMO is supporting the 4 priority Improvement Programmes, all of which have a culture aspect, including Radiology, Maternity, Ophthalmology and Information Services.
- From January 2022 QEH will join the national quarterly staff Pulse Survey.
- The Trust had a successful 'Celebrating Team QEH Week' which is an important part of the reward and recognition programme for staff.

KSO4 – CWB highlighted:

- The positive financial position as at Month 7 including delivery of the CIP.
- The continuation of the proactive collaborative work in relation to acute provider collaboration and place-based care.

CF asked if there was any provision in the Risk Register or Board Assurance Framework (BAF) to reflect the risks associated with the acute provider collaboration in terms of quality outcomes or Executive leadership. CWB confirmed there are specific risks on the organisational risk register around workforce and the potential impact on quality of services. CWB had spoken with the risk team regarding a review of those risks and to ensure that grading and mitigations are accurately reflected.

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

240/21 16. INTEGRATED CARE SYSTEM (ICS) UPDATE

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

CWB highlighted:

- The Trust continues to work proactively with NNUH and JPUH in relation to acute provider collaboration.
- The Norfolk & Waveney Hospitals Group Committee continues to meet on a monthly basis and is driving forward the development of the hospital group model.
- There is an increased focus on place based care and ensuring that as alliances develop across N&W that there is a framework in place to focus on West Norfolk, to recognise the local population and local needs.
- There is ongoing development and clarity of the membership of the Integrated Care Board (ICB) which will be finalised this month and will inform the formal membership of the ICB as it moves forward to being a statutory entity next year.

SB queried the commencement date for the ICB Board. CWB confirmed that this is likely to be delayed but this has not yet been confirmed.

IM considered that it will be an issue if there is a delay to the ICB given CCGs are preparing for shut down. As the Trust works in a challenging health and social care environment and there is a need for a commissioner to work with providers, including social care, over the winter period and into the spring, IM sought assurance that there is a continuity plan in place to ensure there is no hiatus in the intervening period. CWB informed that all discussions with CCG commissioners indicate that there will be a robust process in place and continuation of the current arrangements.

CF queried whether there has been any discussion at ICB meetings and acute provider collaboration meetings on alignment of winter plans, including social care, at a system level to understand performance and the metrics to recognise risks and challenges. DS informed that there is a system wide urgent and emergency care system transformation group chaired by Anna Hills. System plans are discussed in that group to ensure oversight across the system.

SH queried whether the transition of the current Local Delivery Group into the Local Health and Care Alliance is dependent on the commencement of the ICB. CWB informed that the process is already in place and conversations are ongoing. Discussions are taking place on the membership and governance for the Alliances.
SB considered that the Trust should not wait for the ICB to be established. A delay should not stop the Trust being the leading institution for place based care in the West Norfolk area.

FS informed that the Quality Committee asked how well sighted the Urgent and Emergency Care System Transformation Group is on individual safety impacts on each site throughout winter. FS has fed this into the Chair of the group and has requested that this now be included monthly to enable monthly sight across the system of each other's safety risks and the impacts of winter on safety.

The Board noted the update.

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

241/21 17. BOARD ASSURANCE FRAMEWORK (KEY STRATEGIC OBJECTIVES 5 AND 6)

The Board received the Board Assurance Framework (BAF) Report for KSO 5 & 6.

KSO 5 - FS highlighted:

- SHMI remains as expected. The Trust previously had a gap in assurance around HSMR due to issues affecting the Dr Foster team. The Trust now has data up to June 2021 which show that the HSMR rate is reducing significantly, providing good assurance.
- FS had hoped to appoint a smoke free site lead. This has been delayed and will be an item at the Charitable Fund Committee in January. The Trust is working with the system to help with smoking cessation across the integrated care system, including the three acute hospital sites.
- On health inequalities successful work has been carried out by South Norfolk Health and the Protect Now Scheme which is expanding and building on improving access for long waiters to ensure we are proactively contacting patients who have been waiting more than 40 weeks to ensure they are well, to check that they have not deteriorated, whether they require any other intervention and to assure the patients they have not been forgotten.

KSO 6 - JH highlighted:

- Sickness absence is recorded as an emergent risk and is tracked through the Assurance & Risk Executive Group on a monthly basis with the necessary controls in place.
- Following review of business planning, further work on the staying well at work programme will start to feed into this report.

SB highlighted the need, when looking at peer comparative data on sickness absence, to understand the way peers gather and calculate their sickness absence.

CF queried KSO5 relating to research recruitment. Given the Trust's recruitment ambitions were exceeded last year and this year again the Trust is performing well, whether there is an opportunity to update the assurance related to

research. CF noted the emerging risk relating to clinical guidelines. The Quality Committee heard of the use of Up To Date and how this is helping to mitigate risk. FS informed that this is reviewed monthly. From a research perspective accruals fluctuate at different times of the year. FS expects that accruals will dip this month due to staff sickness and the operational pressures on clinical staff. This is reviewed monthly to ensure the position is live.

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

242/21 18. FREEDOM TO SPEAK UP BI-ANNUAL REPORT

The Board received the Freedom To Speak Up (FTSU) bi-annual report for April – September 2021.

SB welcomed Annie Ng, the Trust's Independent FTSU Guardian.

LSK highlighted:

- There has been an increase in cases compared to the same period last year – 32 referrals v 25 this time last year.
- Most referrals still come through to the lead FTSU Guardian and the themes remain unchanged; being poor attitudes and behaviours, concerns about HR issues and processes and cases where relationships with line managers have broken down.
- The service areas in which cases relate to are largely unchanged – either areas where culture work is already underway in the organisation including Radiology and Maternity and areas which are particular pressure points including A&E.
- At the end of September 2021 the Trust moved to a new blended model of 3 FTSU Guardians, including 2 staff Guardians and 1 independent Guardian. The Trust has also increased FTSU hours of support from 30 hours to 120 hours per month.
- There are clear priorities in this domain for the remainder of the year including a review of the Blackpool Hospital case review which looked at FTSU and leadership. The team is working through the case review to see if there is any further learning to build into the QEH plan moving forward. The outcomes of this review will be reported to the People Executive Group and the People Committee.
- The number of FTSU referrals from the BAME community within the report should read 3 rather than 7.

IM queried the transition of the speak up agenda from the Deputy CEO to the Director of People. IM had considered that the Deputy CEO portfolio would be perceived to be more independent than the Director of People's portfolio which staff might consider is too close to all the other HR processes. LSK informed that FTSU typically sits under a Director of People's portfolio across the NHS though acknowledging there are a range of options. There is also increasing synergy and overlap with speak up, staff engagement, culture, staff networks and equality, diversity and inclusion and sits neater under a single executive lead portfolio. Whilst the FTSU Guardian will have a direct line to the Director of People, the CEO, Deputy CEO and lead NED will still give close attention to this agenda, including through quarterly oversight meetings which are already scheduled. CS informed that AN and the FTSU Guardian have open and direct access to CS as the CEO at any time she has concerns.

SB considered it is important that there is a defined process on how issues are raised and a defined process for how issues are managed, dealt with and resolved. This is important in order to encourage people to continue to raise concerns and ensure concerns are responded to.

AN informed that she is pleased to join QEH and has received a wonderful welcome. AN is impressed by the commitment from the Trust to further improve the FTSU culture in the Trust and AN is pleased to be part of this. AN will support the team and senior leaders to further improve and consolidate some of the baseline framework for speak up including the processes and procedures and ensuring the opportunity to learn from the Blackpool case review. There has been a positive and constructive meeting on this recently. Going forward AN will be building on the freedom to speak up engagement with the Divisional Leadership Teams which is a positive move to increase visibility and ownership at that level.

SB considered that AN holds an important role and the Board is delighted to have AN on board.

The Board noted the bi-annual report and progress.

19. CHAIR's ASSURANCE REPORTS

243/21 a) EDUCATION, RESEARCH AND INNOVATION COMMITTEE

The Board received the Chair's Assurance Report from the Education, Research & Innovation Committee (ERIC) meeting held on 11 November 2021.

CF highlighted:

- There was not a divisional presentation this month due to operational pressures. The Committee welcomed Osama Suwar new Junior Doctor representative and Lisa Mead the student representative for student nurses, midwives and allied health professionals (AHPs).
- The nurse and AHP student update flagged challenges around notice of location of placements. The Committee noted these issues are being addressed by the Head of Education for Nursing & Midwifery. There are also concerns students are not always being treated as numerary, and are not always being treated respectfully. JH is looking into this feedback.
- There was an item for escalation from the non-medical education report around the new School of Nursing. The new build has been delayed but the first cohort of students will be based at Peterborough to begin with and their clinical placements will be at QEH from September onwards so there is good mitigation in place. There was also good information on the continuing professional development (CPD) allocation process which has been revised and strengthened this year. The Committee also had a focus on equity of access and opportunity for BAME staff to CPD.
- The Committee noted the launch of the N&W recruitment hub and training centre for all international nurses will commence in January 2022 and will be based in JPUH, building on the expertise and insight gained at QEH which has been recognised externally. There will be a focus on induction for those nurses when they come on site.
- The Committee received good assurance around the nurse and AHP update in terms of the orientation that students received and noted that the Multi-

Professional Learners Forum will be launched in December to gain feedback from nurse, midwifery and AHP learners at an earlier stage so feedback can be acted on.

- The Committee received assurance around the COVID recovery fund and support for the recovery of training in the Medicine Division.
- There was good triangulation with the Guardian of Safe Working, ensuring response to feedback from junior doctors on training opportunities and rota changes, to ensure teaching opportunities are provided despite the operational pressures the Trust is experiencing.
- The Trust is exploring exception reporting for QEH fellows and LED doctors. Whilst this is not part of their contractual requirements it is the right thing to do to ensure they have an opportunity to exception report and there is an understanding of their experience.
- The Committee noted the feedback from the Junior Doctors' Forum around operational pressures and how the organisation is responding.
- The Committee received the research and innovation bi-annual report which highlighted the tremendous progress of the research department in the last 12 months.
- The SaFIRA team won the national HSJ award and the research team was finalist for the QEH clinical team of the year award.
- The Trust is about to set up its first commercially funded QEH investigator led research study which is a significant achievement for the Trust and a sign of the maturing research activity within the organisation.

The Board noted the report.

244/21 b) FINANCE AND ACTIVITY COMMITTEE

The Board received the Chair's Assurance Report of the Finance & Activity Committee meeting held on 24 November 2021.

GW highlighted:

- The establishment of a Finance PMO which is being led by CB and will take a particular interest in the grip and control areas and the CIP programme going forward. The Committee looked at how this is progressing and the Committee will receive a draft CIP programme for the year ahead and beyond in the January meeting.
- The Committee is pleased with the progress in developing plans for RAAC years 2 and 3. There is more work and discussion to be had to take this forward but good progress is being made.

The Board noted the report.

245/21 c) PEOPLE COMMITTEE

The Board received the Chair's Assurance Report of the People Committee meeting held on 24 November 2021.

SR highlighted:

- The Committee was delighted to have a presentation from S Jude who leads the BAME Staff Network. The Committee was assured the Networks are now actively engaging with the increased FTSU resource in a proactive way and working together productively to give staff the safe space to speak up.

- The Committee received a good presentation from Clinical Support Services. The Committee heard about how staff are responding positively to the progress around the Radiology Improvement Plan and the capital investments within the Directorate particularly around MRI and the Diagnostic Assessment Centre. There are some challenges within the Division particularly around staff vacancies and sickness. The Division is looking at a detailed action plan on how this is addressed.
- The Committee received the bi-annual report on FTSU and the impact of the increased resource which will be a benefit to the organisation. The Committee expects that there should be a manageable increase in referrals given this additional resource.
- The Committee closely scrutinises the challenging position around staff and HR metrics on an ongoing basis and between Committee meetings through the regular meetings SR has with JH and LSK.
- Root cause analysis work has already been highlighted and will come to the Board next month so JH has the opportunity to share how the root cause analysis work will be taken forward.
- There is visibility at the Committee around the connectivity between the deterioration in staff metrics and how this is reflected across the BAF and risk register. Visibility is improving to ensure the appropriate controls and mitigation measures are in place.

CF queried whether the Committee looks from a wellbeing perspective at whether staff are taking breaks away from work using annual leave and their wellness days to step away and recharge. SR informed that the Committee is moving towards finalising the staff wellness programme and there will be more emphasis on the support in place to support staff to take their breaks. JH informed that there is a focus on prevention of illness and keeping people well at work. During COVID the Trust had wobble rooms to enable staff to step away into a peaceful environment to offer space to rest during shifts. The e-roster system helps to track staff taking annual leave. There are other ideas such as a staff trail around the hospital to encourage people to safely move away from their environment and get exercise in a safe place.

SH queried whether the Trust's staff wellness offer includes financial advice and signposting to where they can go to get financial support as this can have a major impact on wellbeing. JH informed that this support is already in place for staff, along with a comprehensive list of other staff support. JH considered that this could be better communicated. This is being built into a wellness passport for staff which is intended to support opening up conversations between staff and managers at work about health and wellbeing at work. This will be a new package for the new year.

CS reminded the Board that the Trust has already done a lot of work on wellness over the last three years. CS is a big advocate of wellness for staff. As the Trust is offering the wellness pathway the Trust is also asking staff to do additional shifts and come into work on days off. This is a challenge the NHS is having to deal with. It is important to stay focused on this given there are conflicting messages.

The Board noted the report.

246/21 d) QUALITY COMMITTEE

The Board received the Chair's Assurance Report of the Quality Committee meeting held on 30 November 2021.

IM highlighted:

- The Committee received an excellent presentation from the Medicine Division. There were significant improvements in dementia case finding, duty of candour, improved quality and timeliness of serious incident investigations and better management of complaints. It was good to meet face to face to congratulate the team and colleagues and to enable the Committee to triangulate in a more rounded way.
- The Committee was assured about patient safety serious incident investigations. These are now completed in a more timely fashion. There has been good progress and the Committee look forward to seeing timely completion of actions from these incident investigations using the EAG process. The Committee gained assurance about the learning from incidents and it was good to hear that culture was not a recurring theme.
- The Committee received a comprehensive paper on clinical audit which negates the need for a joint committee meeting with the Audit Committee on this. There is work to improve the number of clinical audits which are behind plan but there are recovery actions in place and this is now excellent leadership in the team to put together an improvement trajectory to be monitored through the Committee.
- The Committee received the Radiology Improvement Plan. This has benefitted from using the same oversight approach as the Maternity Improvement Plan. IM made an unannounced visit to the Radiology Department following the meeting and it had been helpful to meet staff and patients and to triangulate the information received in reports and with conversations with staff. The Committee supported the governance structure for the Improvement Plans with monthly reports to the Quality Forum and quarterly reports to the Quality Committee.
- The Quality Committee also reviewed the Winter Plan and the potential quality impacts of this. It will receive a monthly exception report which will make use of the weekly safety metrics presented to the Executive Team.
- The Committee looks at the IQIP at all its monthly meetings. It was good to see how robust the process is in signing off actions as complete, and to get specific examples from the Chair of the EAG on sign off or deferral of actions. This is being strengthened by the monthly clinical review visits.

The Board noted the report.

247/21 e) SENIOR LEADERSHIP TEAM

The Board received the Chair's Assurance Report of the Senior Leadership Team (SLT) meeting held on 16 November 2021.

CS highlighted:

- The outcome of the mortuary assessment which was a national requirement. The Trust completed its submission and is compliant with requirements.
- Work is commencing on the corporate strategic objectives for 2022/23 which is year 3 of the Trust's corporate strategy.

- There is a significant focus on urgent and emergency care and elective recovery. There is a real focus on the financial strategy and the plans for 2022/23.
- SLT reviewed the staff wellbeing service tender and want to work with the People Committee to ensure there are clear KPIs for that tender.

The Board noted the report.

248/21 20. REGISTER OF DIRECTOR'S INTERESTS

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

249/21 21. COMPANY SEAL REGISTER: NO ENTRIES

There were no entries.

250/21 22. ANY OTHER BUSINESS (TO BE AGREED WITH THE CHAIRMAN)

There was no other business.

23. BOARD EFFECTIVENESS:

251/21 23.1 What has gone well

SH reflected that the meeting had been chaired well and had run to time, with the opportunity to raise issues and to have discussions.

AW noted there had been good discussion and use of IPR.

252/21 23.2 Even better if

No comments were received.

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

The meeting closed at 12:09 pm.