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, 1 March 2022, 10:00 via MS Teams

Present:

Core Members:

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)
L Notely (LN)	Director of Patient Safety (DoPS)

In attendance:

A Prime (AP)	Trust Secretary (minute taker)
J Allen (JA)	Lead Critical Care Outreach & Deteriorating Patient (agenda item 2)
N English (NE)	Critical Care Unit Manager (agenda item 2)
N Hall (NH)	Chief Digital and Information Officer (agenda item 12)

AGENDA ITEM

29/22 1. CHAIR'S WELCOME AND APOLOGIES

There were no apologies.

STANDING ITEMS

30/22 2. PATIENT STORY

AW introduced N English (NE) and J Allen (JA) from the Critical Care Unit (CCU).

LSK informed that 'Room for Improvement' is the Trust's staff ideas scheme. Over 130 ideas have been received to request funding to improve patient and staff experience. This scheme has become an important feature of the Trust's quality improvement programme and is about encouraging staff to lead change at a local level. The scheme is generously supported by the QEH Charity.

JA informed that around a year ago CCU had to be evacuated quickly due to a problem with the roof. When undertaking remedial structural work, the relatives room was identified as needing refurbishment to improve the environment for relatives, particularly as the room has no windows. The relatives room is an important space for the use of relatives who use the room at difficult times in their lives. The team considered ideas to improve the room and the LED lighting was identified. The team successfully applied for funding via the Room for Improvement scheme. NE identified a supplier who provides LED panels for suspended roofing and worked with the estates team for the installation. The LED lights match the warmth of natural light which was missing in the room. The improvement has received positive feedback from relatives and staff. The team may look to extend the use of the lighting panels to also improve patient experience.

SB considered this is a great initiative and an example of how staff are looking to provide a caring environment for patients and families. The LED panels make a real difference to the room.

AW invited Board members to look at the room. The panels make a calming improvement to the environment. There is a significant evidence base around this lighting.

SH considered the improvements are a beautiful idea and empathised on how important a good environment is to a family's experience, particularly if receiving bad news about a loved one. SH considered the approach could also have a positive impact in the paediatric unit as a way of making the environment easier for children to cope with.

SR informed that the Room for Improvement scheme was considered at the People Committee meeting in January 2022. The Committee was particularly assured on the efficiency of the process which enables a quick turnaround time from the point the idea is proposed to the funding being provided.

CS informed that there is a focus on quality improvement, the culture and how the Trust has changed in the CQC report. This scheme demonstrates how all are getting involved in improvement initiatives from ward to Board.

CS congratulated the CCU team on being the first part of the Trust to receive an 'outstanding' CQC rating for 'well-led'.

SB thanked JA and NE for their presentation and expressed thanks to the CCU team for their 'outstanding' CQC rating.

31/22 3. MINUTES OF THE PREVIOUS MEETING HELD ON 1 FEBRUARY 2022 AND MATTERS ARISING

The minutes of the previous meeting held on 1 February 2022 were approved as a correct record.

32/22 4. ACTIONS MONITORING

The Board received the Action Monitoring Log.

Action 134 and 135 - the Urology Transformation Plan has been developed and was presented last month for approval to the necessary committees across the system. As meetings were not quorate the Plan will be re-presented in March. The Plan will then be shared with the Board and discussion with the Quality Committee on monitoring implementation.

Action 145 – The report will be presented to the Quality Committee in May and to Board in June.

Action 149 – The risk has been taken back to the Assurance and Risk Executive Group (AREG) and revised wording is reflected in the paper to Board.

Action 155 – to be reported through Senior Leadership Team, the Finance & Activity Committee and to Board in the next Integrated Performance Report (IPR).

Action 156 – discussions are ongoing. CS suggested the Board considers completing a declaration of the personal actions Board members will take to be greener. **ACTION: Include a future Board item on Board members' declarations of their personal green actions** **DoF**

The Board noted the updates provided on the Action Log and agreed the following actions are closed and are to be removed from the action log: 136, 137, 138, 148, 150, 151, 152, 153, 154, 157 and 158.

33/22 5. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

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

34/22 6. URGENT ACTIONS (UNDER STANDING ORDERS PARA. 5.2)

None.

35/22 7. CHAIRMAN'S REPORT

The Board received the Chairman's Report.

SB welcomed new public Governors Gilli Galloway, Julian Litten, Kenneth Wicks, David Chittenden, Antonia Hardcastle, Garry Monger and Chris Brewis and new staff Governors Stewart Nimmo, Sheena Johnson-Banks, Paul Cullen, Linda Purdy and James Richardson.

SB thanked those Governors who are leaving the Trust, including public Governors Jenny Brodie, Simon Clarke, Ann Easton and Dale Welch, and staff Governors Emma Carlton, Pru Fox and Dan Todd. SB thanked the Governors for all they have contributed to the successful development and progress of QEH.

The Board noted the Chairman's Report

36/22 8. CEO's UPDATE

The Board received the Chief Executive's Report.

CS highlighted:

- CS is delighted the CQC inspection report has rated the Trust good in three domains and the movement from 'inadequate' to 'good' for the well-led domain. The Trust is recommended to be lifted from SOF4 and out of special measures. CS assured the Board that the leadership will not be complacent and is now focused on moving forward from 'good' to 'outstanding' for all areas.
- CS was pleased to spend time with the Lead Governor on Saturday afternoon visiting all clinical and service areas. Staff shared how much it means to them to be out of special measures. CS thanked Esmé Corner, Lead Governor, for the time she gave to walk the floor with CS.
- CS received an email from the Chief Executive of the NHS Confederation congratulating the Trust on its achievement especially at a difficult time for the NHS during the pandemic and elective recovery. CS thanked all staff, the community, volunteers and the Board, who have all helped to achieve this improvement.
- Staff engagement was a theme throughout the CQC report particularly in terms of support and changing the culture. In response to staff feedback the Trust has taken a number of actions including extending free parking for staff for the next 12 months, introducing a new midnight café to enable those working at night to have access to hot food, encouraging healthy lives with half price gym membership for colleagues and has given the opportunity to carry over or be paid for five days annual leave.
- CS thanked SB given this was his last Board meeting as Trust Chairman. CS informed that she has had a tremendous three years working with SB. SB has led the Board in the right direction to achieve improvements in the best interests of patients and the community. CS wished SB the best in his new role.
- CS is pleased GW will be the new Acting Chairman and CS looks forward to continuing these improvements with GW in his new role from April 2022.

SB recognised the work of staff at the hospital and the support from partners and stakeholders who have all contributed to achieve this CQC inspection result.

AJB considered the CQC inspection outcome shows amazing performance achieved against the backdrop of the pandemic, carrying on driving through quality and finance improvements. It is a remarkable achievement by all in the Trust. AJB expressed congratulations to all.

GW considered it has been a privilege to work with Executive colleagues and staff on all they have delivered. The strength of the improvement is considerable. The challenge is about continuing the journey and moving the Trust on further. GW thanked everyone for all they have done to move the Trust forward.

IM considered this is an important moment in the history of the hospital to have this CQC report, recognising the huge improvements over the last three and a half years as a result of the amazing dedication of the senior leadership team and how they have conveyed their care and compassion to their colleagues. IM considered that the CEO goes far beyond other CEOs, and being a nurse and

midwife by profession demonstrates this by working in clinical areas when on site at weekends. IM had the privilege during the worst of the COVID-19 pandemic to contribute in a small way clinically, and to meet and talk with staff. The Trust would not have got through the pandemic without all the early work to make Team QEH a reality. This will continue to flourish for the good of staff and the community served. IM thanked all colleagues for contributing so much to making the CQC inspection so successful.

SB thanked colleagues for their sentiments which captures the pride the Board has in all that staff and supporters have done for QEH.

The Board noted the report.

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

37/22 9. BOARD ASSURANCE FRAMEWORK (BAF)
(Key Strategic Objectives 1 and 2)

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

KSO 1 - AW highlighted that the Assurance & Risk Executive Group (AREG) discussed in detail the risk relating to emergency access to care and agreed the wording did reflect the risk and the scoring was also reviewed. The risk and scoring will continue to be reviewed at regular meetings and also between meetings by the Division.

CF queried the challenges in terms of accessing the social care support needed, how the risk is being mitigated and how the Trust is working with system partners to support patients to have the care they need at discharge. AW informed that the Trust is continuously working with partner organisations to ensure people are cared for in the right place. The Trust's discharge team has been working with the local authority and community providers and was this week congratulated on the quality of QEH forms which are enabling patients to go to the right place first time. It is still a challenge but there is close working with the system on daily calls and daily reviews and continuous monitoring of the best place for the patient. There is still a challenge with the number of placements available and the number of people able to provide care in the community. This continues to be monitored on an ongoing basis.

KSO2 - CB highlighted new significant risk ID 2989, which has been added to the significant risk register relating to the reduction in national funding available for the future years of the RAAC response programme that has commenced this year.

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

38/22 10. CQC INSPECTION UPDATE

The Board received the CQC Inspection Report 2022.

CS highlighted:

- The Trust had an unannounced CQC visit in December 2021 to review three core services - Medicine, Emergency Care and Critical Care. The CQC returned in January 2022 to undertake a well-led review looking at documentation, speaking with staff, colleagues, stakeholders and Board members, and looking at the strategy and direction of the Trust.
- Following the inspections the Trust was recognised to be 'good' for the three core services reviewed and 'good' for well-led. The Trust has been recommended to be moved out of the Recovery Support Programme Single Oversight Framework (SOF) 4 rating and it is expected this will shortly be confirmed at a regional meeting.
- The Trust has 4 'must' and 9 'should do' actions from this inspection. In comparison, in the 2018/19 inspection the Trust had 206 must and should do actions. This demonstrates the difference the inspection found.
- The overall rating is 'Requires Improvement'. Due to the demand on the CQC they were only able to review three core services. CS has invited the CQC back to review the other core services as the Executive Team is confident if these services had been reviewed, they too would have been recognised to be 'good'. CS is confident of this given the evidence provided to the Trust's Evidence Assurance Group, to the Quality Committee and to the Board.
- CS highlighted some of the wording from the CQC report including: 'staff treated patients with compassion and kindness, respected their privacy and dignity and took account of their individual needs'. The CQC saw a significant change in staff engagement and the culture of the organisation and particularly said 'communication, inclusion and partnership working were some of the biggest improvements within the Trust.'
- CS highlighted that in a number of areas the Trust has improved by two ratings particularly for 'well-led'.
- Going forward the Trust will be removed from the Recovery Support Programme. The Trust has requested continuing support and funding to assist with the Trust's ongoing improvement journey, and there has been agreement from the Recovery Support Programme to continue to support the Trust.
- CS recognised and thanked partners and key stakeholders who have helped deliver this report and improvement.
- The Integrated Quality Improvement Plan (IQIP) will become a compliance document moving forward. Improvement Plans will focus on the improvement areas such as Urgency and Emergency Care (UEC), Radiology, Maternity and Ophthalmology and Elective Recovery. The same rigour and assurance processes that have enabled success will be applied to the Improvement Plans.

GW thanked LN and the team for all their work on the IQIP and Evidence Assurance Group (EAG) because this has given the foundation to achieve these improvements. The EAG has been thorough, with close management and tracking throughout. GW looks forward to seeing the compliance plan continued to complete the remaining actions and to ensure embedding of improvements into the future.

SH considered CS's leadership has been outstanding, and the leadership through the Directors and senior management. SH congratulated LN for the rigour that has been maintained to ensure the Trust has kept on target to ensure issues from the previous reports have been addressed. SH queried whether any of the new actions align with the remaining must and should do actions on which work continues.

LN informed that the CQC findings align with the Trust's current IQIP position, with some of the new actions aligning with the mandatory training and appraisal actions which remain open in the Trust's current plan. This gives further assurance that the review processes and rigour are the right approach. A lot has been learnt through the Trust's EAG process which is integral to the level of improvement achieved. LN has had contact from others seeking advice on how the improvements have been achieved.

DD reinforced that the movement from over 200 to 4 must and 9 should do actions is a tremendous achievement. This CQC report shows a very different position and an important achievement. Often when organisations achieve an improvement they regard it as having arrived at a destination. By the words and actions of the Executives at QEH DD has been given confidence that this is not the case and everyone wants to continue on to deliver an outstanding hospital for everyone in the area.

SR considered that in the way the results of the report are being communicated there is as much a focus on the achievements of the last three years as there is on the further improvement needed to propel the organisation forward to 'good' and 'outstanding'.

SB recognised the exceptional leadership from CS and the full Executive Team, ably supported by the Non-Executive Directors. From the front line up there has been great engagement, commitment, enthusiasm and pride for the services provided to our patients. This has made such a significant difference. This is a great period for the QEH. The commitment now is to make sure these improvements are institutionalised and is the next challenge which the Board rises to.

The Board noted:

- **The findings of the 2022 CQC Inspection Report**
- **CQC's recommendation to remove from the Recovery Support Programme (Special Measures)**
- **Agreed the next steps**

39/22 11. INTEGRATED QUALITY IMPROVEMENT PLAN

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

LN highlighted:

- The IQIP will now evolve into a Compliance Plan and the governance arrangements to support this will be considered. There is good assurance the arrangements are robust.
- The Trust received notification on Friday that the CQC has lifted the remaining 29A warning conditions of which there were 16, spanning safeguarding, maternity and end of life. Of the remaining four Section 31

Conditions the Trust is applying at the beginning of March to have three of the four lifted.

The Board noted:

- **Progress at Month 10**
- **The closure of the final 29A Warning Notice condition**
- **The impact of the significant operational pressures on action progress**
- **Timeframe for the Grant Thornton Internal Audit**
- **Q3 themes from the Clinical Review Visits**

40/22 12. INTEGRATED PERFORMANCE REPORT
Including Safe, Effective, Caring, Responsive, Well Led

The Board received the Integrated Performance Report (IPR), presenting January 2022 data.

NH highlighted:

- Research - significant recruitment of patients against NIHR studies with 525 reported against a target of 63 in January.
- Complaints - continued compliance against formal complaint targets. Some concerns have been identified with informal complaints regarding the number and quality of responses, with plans in place to address this and see improvements.
- Finance - whilst the non-pay position is adverse by £1.5m by January, overall the month 10 (January) position shows a £23k surplus and a £202k year to date surplus. The Trust continues to forecast a break-even position for the year.
- Mixed-Sex-Accommodation (MSA) Breaches – there were 8 incidents encompassing 28 patients affected by MSA breaches during January, double the number of incidents compared to December. Capacity and demand pressures contributed to the breaches.
- Emergency access performance - there have been improvements to 4-hour performance and ambulance turnaround times experienced during January, however both remain significantly under target at 64.4% and 41.4% against a target of 95% and 100% respectively.
- Front door primary care streaming went live in January with further actions to improve escalation processes and address delays in place from February.
- A UEC Improvement Forum has been reinstated, chaired by the Deputy Medical Director.
- Sickness Absence Rates - continue to be a concern demonstrating an increasing absence rate from a base of under 5% in March 2021 to 7.96% in January 2022 which is approaching the 'peak' COVID period rate of just over 8% (in April 2020 and January 2021) against a current target of 4.5%.

SB noted the mortality indicator suggests the Trust is an outlier, and queried the reasons for this and the likely timescale for resolution. FS informed that the Standardised Hospital Mortality Index (SHMI) which is the key indicator of mortality used by NHSEI remains as expected at 101 from which the Board should take significant assurance. SHMI was developed by NHSEI as HSMR, which was created by Dr Foster, is unreliable, only covers a sub-section of deaths, and is adjusted for deprivation and palliative care rates. Also, it does not include deaths following a hospital admission. HSMR also includes deaths from COVID

due to coding requirements. This is discussed extensively and regularly through the Quality Committee.

The HSMR was previously very similar to the SHMI but has risen since the start of the pandemic. This is partly because overall activity has dropped dramatically. Unlike many hospitals, QEH has had to use the Day Surgery Unit for emergency patients and for the Trust's red Emergency Department during the pandemic and so the overall numbers being admitted to the hospital is fewer. The number of people who have died has also increased due to COVID and these deaths are included in HSMR but not in SHMI. From independent benchmarking and the national funnel plot, the Trust's COVID death rate is within the national expectation but there has been a higher incidence of COVID particularly in West Norfolk so on HSMR has risen more than many other hospitals in the region.

The Board and CQC have recognised the significant transformation in the Trust's palliative care team. Since March 2021 many more patients and families have been getting the palliative care service they deserve. Unfortunately HSMR is only published up to October 2021. For the 12 month period up to October 2021 the Trust's palliative care coding rate was 1.7% against a national average of 3.9%, therefore 3 times more patients admitted are recognised as expected to die in terms of the HSMR calculations in other trusts compared to QEH. The Trust is implementing the Learning from Deaths action plan agreed with NHSEI to continue to understand, improve and learn from deaths. This was also received by the Quality Committee.

IM informed that he requested that the Learning From Deaths report received by the Quality Committee was shared with all Non-Executive Directors. The Medical Director is clear on the main drivers for this indicator. The clear lags in data means the Trust is looking at a historic view and it is necessary to wait for the system to catch up to have a more up-to-date position. The Quality Committee has a detailed focus on and scrutiny of learning from deaths and seeks assurance that the Trust is delivering the learning from deaths action plan with specific and measurable outcomes. IM suggested consideration is given to what further information can be shared in the public domain. IM is confident the Quality Committee will see evidence of improvement as the data comes through.

SB queried the rising staff sickness absence rates. JH informed that staff sickness absence is taken seriously and monitored closely. The average level of sickness across the region for January was 7.2%, with the QEH position close to this. There is a regional team working party dedicated to looking at how to improve the position across the region and all acute trusts. The Executive Team has set ambitious management targets this week to reduce to 6% by May and 5% by June. A more forensic approach to sickness management will yield benefits. The performance achieved in facilities was over 14% and is now reduced to 12% due to targeted management actions. JH is stepping up actions and triangulating information across the culture work and data from the staff survey to understand the root causes of sickness.

SR considered the level of scrutiny the organisation has on levels of staff sickness is unprecedented. SR informed he is assured the Executive Team is taking this seriously. The People Committee consider comparator data far more than in the past. There is a greater understanding of the pressure points in terms of staff sickness. Excellent work was presented at the People Committee in November

2021 looking at root causes around staff sickness relating to both the pandemic and the sickness that was inherent in the organisation prior to the pandemic. This piece of work highlighted the need for investment. The re-orientation from a focus on sickness towards how the organisation can implement an ethos of health and wellbeing is a positive outcome from the pandemic, looking at what can be done to put more health and wellbeing initiatives in place to support people to come back to work as soon as possible.

SH queried labour turnover rates. During the previous two years these have been very low but there is a significant trend of increased labour turnover and SH queried how this aligns to sickness. JH informed that long-term sickness is monitored closely. There is movement from fixed-term and interim contracts to substantive contracts or no longer keeping roles in place. There are indicators that inform whether there is a need to work more closely with a particular area in the Trust to target actions. The Divisions at their Performance Review Meetings will be able to look at this data in a holistic way to give insight on whether there are more fundamental needs to be addressed.

IM queried stroke performance and looked forward to next month's report to see how stroke performance has improved. IM queried how ambulance handover performance will be improved, acknowledging this is an issue for all hospitals in the region and country. There has been a letter from the NHS centrally calling for improvements in ambulance handover times and IM queried the Trust's actions in response to the letter. IM welcomed the Deputy Medical Director chairing the UEC Improvement Forum, being a leader who will help to bring people together, and hoped the Forum will begin to look at performance metrics in the round and ensure the system designs actions which put the right support in the right place.

DS confirmed that clinical leadership will be provided by the Deputy Medical Director as it is critical there is medical engagement in any changes to be made within UEC. In relation to ambulance hand over, on the days there is flow in and out of ED there is good ambulance handover and the Trust regularly provides support to the system on ambulance handovers. The Trust experiences challenges on ambulance handover times when there is insufficient space in ED, and exit block from ED. Work continues to focus on how to expand the UEC footprint so the service is fit for the demand being experienced, and how to expand the same day emergency care footprint so that ambulances can present to other locations rather than just the front door. In relation to the exit block the focus is on how to improve pre-noon discharges and create flow earlier in the day and how to admit fewer patients overall. Where there is any ambulance handover delay, those patients are deemed to be QEH patients from the point of arrival at QEH, and the QEH clinical team assesses the patients to ensure they are safe and that they start treatment even before they come into the building.

CF queried labour turnover and considered that as an organisation there has been a significant focus on learning from complaints and there needs to be a similar focus on ensuring the same level of understanding from the learning from staff moving on from the organisation. CF queried breast feeding support at discharge and the recent dip in performance which reflected sickness absence in the team and queried plans to support the resilience of that team.

AW informed that she has met with the Infant Feeding Specialist and Head of Midwifery to develop a plan. There is a need to ensure there is specialist advice

for those who need it and generalist support through existing staff. AW is proposing this is managed through the Division for inclusion in the Maternity Improvement Plan and monitored through the Maternity Safety and Strategy Forum.

CS informed that the Executive Team is focused on staff engagement, sickness and UEC. It is about quality of care and if the target is right it enables delivery of the recovery programme and other improvements. There will be a renewed energy from the whole of the Executive Team on sickness and urgent and emergency care. CS looks forward to sharing plans with the Board. The IPR is being reviewed and changed. To take this forward the appropriate sections will be taken to the appropriate Sub Committees to ensure there is a final document format that the Board supports.

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

41/22 13. NEW HOSPITAL PROGRAMME, RAAC AND ESTATE STRATEGY PROGRAMME UPDATE

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

LSK highlighted:

- Installation of failsafes in-month on the main evacuation route in the hospital accounts for the increase in the number of roof props and supports.
- There has been good progress on delivery of the RAAC year 1 business case including successfully lifting the new Endoscopy Unit into place, which remains on plan to open in June 2022.
- The business case for RAAC years 2–4 is a welcome 3-year capital settlement with discussions ongoing with the regulator NHSE/I and the business case is on track to come to Board in April 2022.
- The full draft Strategic Outline Case (SOC) for the new hospital is ready to come through the Trust's governance processes soon and onwards to Board. The SOC has been through an informal confirm and challenge session with NHSE/I which provided helpful feedback on how to further strengthen the document. The SOC is on track to come through to Board for final approval in June.

SB thanked LSK, SJ and the team who have continued to work hard on these issues.

The Board noted:

- **The latest operational position with regard to the survey, the temporary propping and temporary steel works**
- **The progress being made following the Board's approval of the £20.6m business case to access the emergency capital funding for one year of the failsafe system that will mitigate the risk associated with the structural integrity of the roof and thereby further improve safety**
- **The progress with discussions with regional NHSE/I on the 3-year capital funding settlement for RAAC years 2-4.**

- **The position on the Trust's Expressions of Interest to be one of the further eight hospital schemes and latest progress with the development of the Strategic Outline Case (SOC) for a new hospital**

42/22 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 10 significant risks including one which has been covered under the review of the BAF for KSO1 and 2 earlier in the meeting. The new significant risk is within KSO2 and relates to the potential reduced capital funding of the RAAC programme. There is otherwise no change to the significant risk register.

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**

43/22 15. BOARD ASSURANCE FRAMEWORK (Key Strategic Objectives 3 and 4)

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

KSO3 - LSK highlighted:

- There are strengthened controls in place in relation to KSO3 including the range of staff benefits described earlier in the CEO report and have been introduced in direct response to staff feedback including the extension of free car parking for staff, the introduction of hot food at night and discounted gym membership. A recruitment process is underway for a new Freedom to Speak Up (FTSU) lead.
- The staff engagement programme, the culture programme, the speak up and open culture now in place in the organisation and work around equality, diversity and inclusion were central within the CQC report and demonstrate the impact on staff morale, engagement and staff feeling valued and listened to which is strong assurance for KSO3.

KSO4 – CWB highlighted:

- The Trust's positive financial position and the ongoing wider system collaboration work at Place and at acute levels.

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

44/22 16. INTEGRATED CARE SYSTEM (ICS) UPDATE

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

CWB highlighted:

- Work continues at Committees in Common (CiC) with the CiC meeting monthly and a clear focus on key areas of collaboration relating to urgent and emergency care, elective recovery and the broader strategic developments around estates and capital.

- Work is underway on the development of an acute clinical strategy to underpin the collaboration work.
- A West Norfolk Place based care workshop is taking place next week to look at confirming the priorities for delivery and the underpinning projects.

SB informed the Integrated Care Board (ICB) is due to be established from 1 July 2022. Work to populate the Board has commenced. SB recently sat on the selection panel for the three independent Non-Executive Directors and recommendations have been put forward to the Department of Health. How the voices of the provider sector and the voluntary and other sectors including primary care networks are to be represented on the ICB is yet to be agreed. As part of the ICB there is to be an Integrated Care Partnership (ICP) which is likely to be initially the Health and Wellbeing Boards of the two County Councils involved, forming the ICP. Membership of this is yet to be confirmed. It is likely QEH will continue as an acute provider to have a seat at the ICP.

IM noted that in the public appointment documents for ICB non-executive directors there was not an advertisement for a non-executive director for quality. IM queried how quality will have a high profile in the new ICB and independent non-executive oversight.

ACTION: CWB to raise with ICB colleagues independent NED oversight of the quality agenda. **DoSI**

CF queried how the Trust is working at the integrated care system level with partners in Cambridgeshire and Lincolnshire. CWB informed that there are regular meetings with these partners. The Trust has a place on the North Place for Cambridgeshire and Peterborough, focused around North West Anglia NHS Foundation Trust and their population catchments that QEH links with. Any conversations within West Norfolk are for the totality of the QEH population. SB considered that given a third of the QEH patient flow is from those areas outside Norfolk and Waveney it is necessary to ensure the QEH is properly represented.

CS informed that Healthwatch have taken an interest in understanding how quality will be represented on the ICB and how the population and community will be consulted and communicated with in the future. Healthwatch have raised this with the new CEO for the ICB who was supportive in looking at this. Going forward it is necessary to include patients and represent them appropriately, and to ensure a focus on quality.

SB informed that as the ICS looks to move out of SOF4 the ICS will also need to address mental health services as well.

The Board noted the update.

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

45/22 17. BOARD ASSURANCE FRAMEWORK (Key Strategic Objectives 5 and 6)

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

KSO5 – FS highlighted:

- A second pilot has been completed to undertake an outpatient waiting list review initiative to address and reduce inequalities in the backlog of patients waiting for their first appointment.
- The Quality Committee has done a lot of work on clinical audit. The historic backlog of audits has been almost entirely cleared and there is a clear audit plan.

KSO6 - JH highlighted:

- The Trust is continuing to move ahead with scoping a new faculty of education, to bring education resources under one leadership point and to drive talent and organisational development programmes. JH hopes to launch the new programme in the new financial year.

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

46/22 18. EQUALITY, DIVERSITY AND INCLUSION BI-ANNUAL REPORT

The Board received the Equality, Diversity and Inclusion report.

JH highlighted the Trust's equality, diversity and inclusion (EDI) calendar. There are a range of monthly activities to help to educate, inform and close gaps by better understanding difference and what is important to the different cultures of those working at QEH. The new EDI dashboard is received by the People Committee and is making all EDI data accessible in one place. The foundations are in place and work is continuing to develop strategies and draw down available resource from NHSEI.

SB informed that a number of trusts are providing support to employees and families who may have come over to work in the NHS from the Ukraine and sought assurance QEH will be providing similar support. JH confirmed the Trust will provide support. The Trust has a spousal support programme for all overseas members of staff who have families coming over to join them, to help families settle in the community and find work.

CF queried how the Trust has been harnessing the experience and expertise in the staff networks to support the development of the corporate strategic objectives going forward and whether it is possible for networks to contribute their insight on the development of the Trust's Improvement Plans. JH informed that each Network has a Chair and the chairs now meet together and have recently discussed the bias and disadvantages for black women in labour and to explore popular news topics. There are opportunities to get the Networks involved further in the Trust's work. The Networks are embedded in the programme of work presented in the Board report.

SR informed that the Board should take assurance from the increasing level of profiling around the EDI agenda. This organisation has set an ambition to be an exemplar in EDI. SR considered that the way this is now being given higher profile and visibility at the People Committee and Board should be commended. The Trust is on a journey. In future there will be more data driven visibility of how effective we are being and future reports will increasingly highlight this.

The Board noted the report.

REGULATORY AND GOVERNANCE

19. CHAIR's ASSURANCE REPORTS

47/22 a) FINANCE AND ACTIVITY COMMITTEE

The Board received the Chair's Assurance Report of the Finance and Activity Committee held on 16 February 2022.

GW highlighted:

- There was a lot of discussion about activity. It was important to recognise all the challenges being faced by the Trust including activity levels and staffing levels.
- DMO1 was discussed with the Clinical Support Services Division and as part of the IPR. There is a lot of work necessary in this area including the mix of in/outsourcing and strategy. This is being looked at carefully and planned for going forward. The Committee will monitor this closely. The strategy is based on using outsourcing for a period of time but this is not a sustainable model and consideration needs to be on to how to shift to have more control.
- The Committee is assured that 104 week waiters will be reduced to zero for the end of the year. The Trust is supporting colleagues in NNUH and is taking some patients to try to help. It is good to see partnership working and the drive to address the 104 week list.

The Board noted the report.

48/22 b) PEOPLE COMMITTEE

The Board received the Chair's Assurance Report of the People Committee held on 16 February 2022.

SR highlighted:

- Positive aspects included the staff story presentation from the Radiology Team and a Divisional presentation from Women & Children. Key messages from both presentations gave assurance on the effectiveness of the cultural intervention work that is taking place with positive reflections from both areas on how effective this has been whilst recognising there is further work to do.
- Whilst recognising the significant improvements made in this organisation in recent years in relation to staff engagement, an item of escalation is the disappointing response rate to the staff survey this year as there has been movement away from the median for acute trusts. However the Committee takes assurance from the focus on the initiatives being taken for staff engagement. The Committee's aspiration is that the staff engagement initiatives will start to positively impact on the way staff feel about the organisation. The Committee would like to see the efforts the organisation is making to improve staff engagement being reflected in the measurable metrics that are looked at every year.

The Board noted the report.

49/22 c) QUALITY COMMITTEE

The Board received the Chair's Assurance Report of the Quality Committee held on 22 February 2022.

IM highlighted:

- The Committee escalates the challenge of active case finding of COVID for inpatients. When patients are admitted with an unrelated health issue and have a negative swab on admission, through repeat swabs on day 3 or 7 can then be found to be COVID positive. This leads to significant challenges where the patient needs to be moved to a COVID ward, impacting on their experience. The rest of the bay then requires isolation and closure, impacting on the experience of others in the bay, leading to discharge delays for those patients who are at risk of hospital acquired COVID, and impacting on plans for discharge with the further knock on effect of reducing the availability of beds for admission and flow through the hospital.
- The Committee was assured on Duty of Candour, formal complaints, VTE assessments, research and the improving metrics and approach to significant investigations.
- The Committee continues to focus on falls. There has been no increase in falls with harm, which remain within common cause variation. The Committee continues to look at actions to further reduce the incidents of falls and there is a lot of work underway of which the Committee will have oversight going forward.
- The Committee discussed the mixed sex accommodation breaches which have occurred in areas of the Trust where breaches have not previously been seen. The Committee hopes this is due to the recent operational pressures and that these will not be occurring in the future.
- The Committee continues to scrutinise improvement plans such as ophthalmology and continues to consider key issues for maternity services in terms of service improvement plans and significant incidents.

The Board noted the report.

50/22 d) SENIOR LEADERSHIP TEAM

The Board received the Chair's Assurance Report of the Senior Leadership Team (SLT) held on 15 February 2022.

CS highlighted:

- The focus on the delivery plan for RAAC related to operational pressures and ensuring synergy with the winter plan for 2022/23, ensuring plans take account of the pressures on the organisation.
- Urgent care performance is a top priority. An Improvement Plan is in place and is managed on a weekly basis through the Executive Team and a monthly basis through SLT and the Finance & Activity Committee.
- Exceptional progress is being made on 104 week waits. It is intended to achieve the national target of there being no 104 week waits for patients by the end of March 2022 but this is dependent on the Day Surgery Unit returning to its original function which is challenging with the increase in COVID cases.
- There is a focus on delivery of the plan for the use of elective recovery funding (ERF funding).
- There is a focus on delivering the capital plan expenditure.

- The Trust has confirmed approval of phase 1 of the ICS unified digital team proposal, being clear it is necessary to ensure there is strong leadership onsite at QEH to ensure effective delivery of our priorities.

The Board noted the report.

51/22 20. REGISTER OF DIRECTORS' INTERESTS

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

52/22 21. COMPANY SEAL REGISTER

There were no entries to the register.

CLOSING BUSINESS

53/22 22. ANY OTHER BUSINESS (TO BE AGREED WITH THE CHAIRMAN)

No other business.

Closing remarks from the Trust Chairman
SB recalled that when he arrived at the Trust nearly four years ago, SB recognised this would be a tough role. Having had the opportunity to appoint a largely brand new Board, SB began to realise this was a deliverable turnaround challenge. Having gone from what felt like a difficult challenge SB leaves at the point that the turnaround has been made. It is the most rewarding part of any Chairs' job to see the turnaround achieved through so many committees and individuals, the Board, the outstanding CEO and outstanding executive team.

SB thanked the volunteers, the Governors, partners and the communities served, which have been so supportive of the work that has been undertaken, and most importantly the staff across the organisation who have made SB so proud. It is difficult to leave the Trust at this point when SB knows that fantastic things will happen for QEH and the communities served.

SB wished GW the very best in his role as Acting Chair. GW will continue to take the Board forward on the right direction of travel.

SB thanked all for their support, commitment, friendship and for caring.

Date of next meeting: Tuesday 5 April 2022, 10:00 noon, via Teams.

The meeting closed at 11:40 am.