Agenda item: 3

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

DRAFT

Minutes of the Board of Directors (in Public) meeting held

Tuesday, 7 September 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)
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	Chief Nurse (CN)
C Benham (CB)	Director of Finance (DoF)
J Humphries (JH)	Director of People (DoP)
L Notley (LN)	Director of Patient Safety (DoPS)
C West-Burnham (CWB)	Director of Strategy (DoS)
S Jones (SJ)	Deputy Chief Operating Officer (COO)

In attendance:

R Govindan	Deputy Medical Director (DMD)
A Prime (AP)	Trust Secretary (TSec)

ACTION

146/21 1. CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from I Mack, Non-Executive Director and D Smith, Chief Operating Officer.

STANDING ITEMS

147/21 3. MINUTES OF THE PREVIOUS MEETING HELD ON 6 JULY 2021 AND MATTERS ARISING

The minutes of the previous meeting held on 6 July 2021 were agreed as a correct record.

148/21 4. ACTIONS MONITORING

The Board agreed the following actions were complete and are to be removed from the action log: 98, 99, 104, and 109.

- Action 110: on track.
- Action 111: on track.

- Action 114: this is a standing update to the CELM (Chief Executive's Leadership Meeting), the Senior Leadership Team (SLT), People Executive Group (PEG) and People Committee agendas. 93% of staff have received their first COVID vaccination and 90.5% have received their second. Amongst BAME staff 92.2% have received their first vaccination and 89.2% have received their second.

SB queried engagement with staff who have not yet taken up the vaccination. JH confirmed that there is engagement.

149/21 5. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

LSK reminded the Board of her previously declared interest in relation to agenda items 9 and 13. The Trust is working with exi (formerly trading as IDP) who are supporting the Trust on the development of its expression of interest for a new hospital and wider estates projects. LSK's partner is employed by exi, as previously declared in the Register of Interests.

150/21 6. URGENT ACTIONS (UNDER STANDING ORDERS PAP. 5.2): NONE

None.

151/21 7. CHAIRMAN'S REPORT

The Board received and noted the Chairman's report.

152/21 2. PATIENT STORY

The Chairman welcomed Aidan to the Board. Aidan shared his recent positive experience of the Trust's emergency care services.

Aidan considered the service was efficient, effective, caring and he was treated as a person at all stages. Teams communicated well with Aidan throughout and Aidan felt like he was in safe hands. The nurses in A&E were fantastic and looked after him as a person and Aidan also observed that they also looked after each other well.

Aidan reflected on what could be improved and shared his experience of the wait at pharmacy which was up to 45 minutes. Given he had been informed it would be approximately a 10 minute wait at pharmacy, he would have been able to manage the time and his pain better had he been aware of this. It was a long 45 minutes given the lack of seating due to COVID distancing arrangements.

Aidan shared his views of the importance of management by walking about. On his second visit to the Emergency Department Aidan had observed the CEO walking about. Aidan understood from staff that this instilled great confidence amongst staff in ED that they are being listened to by the CEO who regularly walks about.

SB thanked Aidan for sharing his story with the Board. SB considered that often the best learning is from when experiences have gone well and this can be learnt from and built on. Aidan's positive feedback was well received.

153/21 8. CEO's REPORT

The Board received the CEO's Report.

CS thanked staff for their hard work at a difficult and challenging time particularly with ED demand and the increase in COVID cases, together with the delivery of the elective recovery programme.

CS highlighted:

- The Trust is now working within a new system oversight framework and a new recovery support programme. The N&W (Norfolk & Waveney) system has been placed in segment 4. This means the system will receive national support for system delivery. Within QEH, progress to achieve the exit criteria will be considered at the F&A (Finance & Activity) Committee. This means the Trust is now being regulated as a statutory organisation and as part of a System. It is imperative the Trust works with its system partners and the newly forming ICS (Integrated Care System).
- The Trust has been doing lots of work on leadership and values. The Trust has a great second Leadership Summit taking place for staff on 8th September with high calibre presenters. This has been well received by staff.
- CS shared that she was saddened at the last BAME Network meeting that many BAME colleagues are still facing some form of racism in their everyday lives from colleagues or the public. CS is determined to act on this and make QEH a fair place for all members of staff, embracing diversity and ensuring the public is aware of the behaviours towards staff which are unacceptable.

SH queried the action in the action log about analysis of ED being presented to the F&A Committee and requested this is also shared with the Quality Committee given the impact on patient experience. **ACTION: Action log item 110 - potential impact of rising COVID cases on A&E provision to be considered at the Quality Committee as well as the Finance & Activity Committee, as part of the Medicine Division's next presentation to the Committees, with enhanced slides on patient safety and experience in ED.** **COO**

The Board noted the report.

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

154/21 9. BOARD ASSURANCE FRAMEWORK
(Key Strategic Objectives 1 and 2)

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

KSO1 - AW highlighted:

- The transfer of coronary care from the stroke unit has been completed and coronary care is now successfully located on Tilney Ward.
- The decant of NICU (Neonatal Intensive Care Unit) onto Castleacre to enable essential maintenance work to be undertaken has been completed successfully.

SH queried the increase in delayed transfers of care and whether these have been agreed with social care as delays or delays identified by the hospital. AW informed they will be any delays attributable to health or social care. These are monitored daily and are reducing. Packages of care for the community have been enhanced by social care with effect from this week. This will contribute to the Trust's SAFER work.

KSO 2 - CB highlighted:

- The risk remains at 20 given the significant risk in relation to the roof which is aligned to KSO2.
- The Trust has some exciting business cases for significant investment in diagnostic capacity and for the Trust's digital programme.
- CB confirmed the Trust had formal approval from the Department of Health and Social Care for emergency funding for year one of the RAAC remedial work.

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

155/21 10. CORPORATE STRATEGY KPIs QUARTERLY REPORT (Q1)

The Board received the Corporate Strategy key performance indicator (KPI) monitoring for Quarter 1 (Q1).

CWB highlighted:

- There has been detailed discussion on progress and challenges at the SLT and the relevant Board sub committees.
- The report outlines the positive position for the Trust. Year 2 of the Corporate Strategy is now embedded within the organisation. This is the first quarter report on progress against the year 2 strategic objectives.
- The report continues to be further developed to effectively report the Trust's position on delivery of the strategy.
- Positive achievements in Q1 include progress to achieve the IQIP (Integrated Quality Improvement Plan), improving the Trust's response to complaints, the work underway on the case for a new hospital and receipt of emergency capital funding. There has been significant progress in digital, equality, diversity and inclusion (EDI) and in quality improvement. There is a need to continue to focus on access for patients.
- Q2 progress will be reported to Committees in October and to Board in November.

SB queried the extent to which the Trust will need to align its own corporate strategy and objectives with the ICS strategy given the move towards system delivery. CWB informed that work is already underway to do this with the emerging clinical strategy for the Trust and through alignment of year 3 of the Trust's Corporate Strategy.

LSK informed that the approach being taken to reporting progress at Board level is being mirrored through the monitoring of Divisional workplans to ensure consistency of approach from Board to the next layer within the organisation.

SB considered the next national staff survey will give an indication of whether staff are able to reflect on and recognise the impact of the corporate objectives

on themselves and their working environment. It is important to evidence the impact from these corporate initiatives.

SR considered this report is now clear and succinct. SR queried progress to recruit to the Head of Cyber Security role. LSK reported strong progress to deliver the Trust's Cyber action plan which is reported to the F&A Committee and the Audit Committee. LSK confirmed appointment to the Head of Cyber Security role and the postholder will commence in October 2021.

CF welcomed the clarity provided by the report. CF noted the culture transformation programme and the leading by values work and queried how the Trust is ensuring increased staff attendance and whether the Trust is monitoring attendance from an EDI perspective to ensure all staff are supported to attend and achieve their potential. LSK informed that this will be part of the next phase of this work. Phase 2 of the culture transformation programme has commenced and the Trust is doing all it can with all staff to increase attendance at all staff and leadership workshops. Given the operational pressures it is unlikely the ambitious attendance targets will be met. As we look to phase 3 this will be beyond the winter period and this phase will have an increased granular focus on attendance. CF considered this also links to staff appraisals and the aim to ensure good appraisals.

CS considered that there is unprecedented demand through the front door, and demand to continue with the elective programme. There is a need for the Board to be aware of this. There is a lot of intervention and support to staff to improve morale but staff are very tired, and this is the situation nationally. It is necessary to be realistic about what the Trust is able to do in the next few months. The top priority has to be keeping patients safe, keeping staff engaged and morale supported.

SB queried what the Trust is doing to support staff at this extreme time given the top priority is patient safety. CS informed that it is the visibility of leadership, the encouragement of breaks and holidays, supporting staff, and continuing to provide the suite of wellbeing support offered. It is important to triangulate data, talk with staff and continually monitor the position.

AJB confirmed that there has been a strong appointment to the Head of Cyber Security post. The Trust has a good cyber action plan in place and the majority of actions have been completed. There are some actions that need to be completed and the centre has accepted the Trust's action plan. AJB is confident the action plan will be completed by December 2021. There will be a re-audit in January 2022. One area for additional work is to build cyber into business as usual within the Trust's business continuity plans.

JH informed that a regional task force is being established on staff wellbeing to further improve the support to staff. The Trust is continuing work with clinical psychology and planning more work with individual teams on personal resilience to support them throughout busy periods with additional tools and interventions.

The Board noted the progress made to date against the agreed KPIs, including the areas where the KPIs have not yet been met and there is therefore underperformance.

156/21 11. INTEGRATED QUALITY IMPROVEMENT PLAN

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

LN highlighted:

- There has been further progress since the report was written, with 40% of the IQIP actions now complete.
- There are a number of actions that are at risk or behind plan but all have plans in place and there is close monitoring of these.
- The CQC is currently reviewing the evidence submitted by the Trust for the request to lift the seven Section 31 Conditions.

SR noted that in September there are a lot of actions due for completion and 19 actions at risk or behind plan. SR sought confirmation of the level of confidence that the actions will be brought back onto plan for delivery. LN informed that the level of scrutiny through the Evidence and Assurance Group (EAG) underlined the importance of being rigorous in ensuring that improvements will be sustained. Given this level of rigour the standards are high and when setting IQIP originally the level of evidence required for sustainability was not factored in. EAG is ensuring sustainability through the evidence it is reviewing. In several cases more time is needed to demonstrate sustainability. There is also triangulation of evidence through processes such as the Clinical Reviews.

CF queried how this evolution is being communicated to the teams to inform their planning and approach to evidencing sustainability. LN informed that this is working well and has been evolving as the EAG has developed. EAG give direct feedback on the additional evidence needed and timescales, working directly with the teams on requirements. There are fortnightly meetings where appropriate with the teams to focus on the specifics of the evidence and how to demonstrate improvement. The EAG is looking to give assurance that improvements are embedded.

DD thanked LN for the informative report. DD recognised the demanding agenda for the coming months. There is a difference between the number of must dos and should dos. DD queried if priority is given to the must dos or all actions that are due on the agenda. LN informed that prioritisation of must and should do actions was set at the beginning. The same focus is on both the must and should do actions as they are all agreed actions for improvement. There are a number of actions due in September therefore an additional EAG has been arranged. Where it is considered actions are not yet ready to sign off it is not that there is not progress but that the evidence is not yet there that the actions are sustained.

FS informed that as well as the fortnightly meetings the teams are involved in the discussion and the decision making at EAG.

CS considered that there is a need to look at this differently. Some of the issues and actions remaining are the more complex actions that take longer to be resolved. Having issues and being aware of those and having plans in place is better than signing actions off if they are not embedded. The Trust has achieved 40% of actions within a year which is good progress. There is clarity on what further improvements are required and what actions need to be completed.

The Board noted:

a) **Progress at month 4**
b) **The Trust's application to the CQC requesting the lifting of the remaining 7 Section 31 Conditions**
c) **The decision to cancel the Quality Forum in August 2021**
d) **The key findings from the July Clinical Review visit.**

157/21 12. INTEGRATED PERFORMANCE REPORT
Including Safe, Effective, Caring, Responsive, Well Led

The Board received the Integrated Performance Report (IPR) reporting July 2021 data.

CWB highlighted the change in the way in which IP&C (infection prevention and control) data is shown within the report to enable easier interrogation and visibility of the key metrics. Alongside this, work is underway to refine the metrics within the Effective domain (specifically maternity) as well as ensuring alignment with the recently published SOF and oversight metrics.

Key items to note are:

- Continued sustainability in performance in relation to VTE screening, Dementia Case Finding and Complaints. Positive work continues in relation to Research deliverability. As at month 4, the Trust is on plan from both a financial plan and CIP delivery perspective. Notably, Mandatory Training compliance has also increased this month.
- With regard to mortality, national reporting issues continue but SHMI data has now been issued to March 2021. SHMI remains within the 'as expected' band and HSMR data has fallen for the period to March 2021. There is continued focus on this area with robust organisational and system actions in place.
- The Trust and system continues to be under pressure in relation to 4 hour performance and the wider Urgent and Emergency Care pathways.
- Whilst July's 18 week performance fell in comparison to June's performance, there has been an improvement in elective activity and delivery during August and it is anticipated that this will be reflected in the report which comes through to the Board next month.

SB queried whether HSMR improvements are a result of improved coding or associated with actions the Trust has taken to manage patients in a different way. FS informed that this is a complex area. One of the biggest changes is the dramatic fall in our crude death rate, since the first and second peaks in the number of deaths that occurred during the first and second pandemic waves. The Trust's SHMI, which excludes COVID deaths, has remained consistent throughout the pandemic, but the HSMR, which includes COVID deaths and adjustment for coding including palliative care, has risen since the first peak of deaths in the pandemic. Because this is a 12-month rolling metric it has remained elevated whilst that peak remains within the 12-month reporting period. In the last three months there has been a significant fall in deaths and there has also been an increase in overall patients admitted to the Trust since the first wave. The actual number of deaths due to COVID is the biggest change. The other change is the active changes the Trust has made to improve care. This is the learning from deaths collaborative work the Trust is engaged in, alongside work with families to learn from their experience of end-of-life care and work

on documentation and the SAFER bundle relaunch. The palliative care team has been redesigned and expanded since March 2021 which has resulted in more than 40% of patients who have died in the last month being seen previously by the Palliative Care Team. This is an improvement in the quality of care being provided and should also filter through to demonstrate a positive impact on HSMR in the coming months.

SB queried the development of system based approach to these areas and whether the Trust is in a position to improve its own approach by learning from best practice in other trusts in N&W. FS considered that the electronic patient record would make the single biggest difference and work continues with system partners to bring in this solution. The Trust is working closely with the palliative care team and the learning from deaths team from NNUH on improving the care of patients recognised to be at the end of life.

SR queried the future intention regarding reporting in relation to smoking cessation in pregnancy. FS informed that smoking at the time of booking reflects demographics and is not within the Trust's control and will not therefore be included within the report. The proportion of women who did smoke at booking and have stopped smoking during their pregnancy is the metric the Trust can influence and is therefore the metric that will continue to be reported on. CF informed that the Trust is doing a joint piece of work with Public Health for women who smoke during pregnancy.

CF noted the challenging level of A&E attendances and queried whether more detailed analysis can be done on who is coming into A&E, from where and when, to inform more detailed planning. SJ informed that more detailed analysis is being worked on including a forecast for winter. The Trust is also working with partners to ensure only those who need emergency care come to ED, with further clarification of support and advice available through the Trust's directory of services.

GW shared the A&E experience at Sherwood Hospital. A real pressure peak at Sherwood is in the evenings and the Trust is starting to put in place a communications strategy to encourage people to attend earlier to help even demand. GW queried if QEH has the same experiences and is doing anything similar. SJ confirmed the similar evening peak and welcomed the opportunity to learn from Sherwood.

SB considered that it would be beneficial to have a public information campaign to explain to patients that the primary care service is available and that A&E should not necessarily be the first place of call. If it is possible to route patients to the right part of the primary care service this would have a positive impact on A&E demand. CS informed that ED performance and emergency demand is discussed at CEO meetings three times a week. The communications campaign is being led at a system level and strengthening this campaign will be picked up with the system leads. **ACTION: Through the Communications Team, request that the System's public information campaign is strengthened to help direct patients to the most appropriate NHS service.** **Dep CEO**

SB queried whether the Trust has pursued the mental health trust on improving the position on 12-hour waits where patients are waiting for a mental health assessment or mental health bed. CS confirmed that she has had a discussion

with the NSFT Interim CEO and a deep dive with the Board is scheduled to discuss the issues, challenges and collective work plans for improvement.

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

158/21 13. NEW HOSPITAL PROGRAMME, RAAC and ESTATE STRATEGY PROGRAMME UPDATE

The Board received a report on the new hospital programme, RAAC and the estate strategy programme.

CB highlighted:

- Section 1 of paper details the overall percentage completion of the roof survey at 95%. The walls survey has commenced.
- Progress against the capital emergency business case will be reported to SLT and the F&A Committee.

SB considered the national shortage of HGV drivers and the shortage of supplies in the building industry and queried the level of confidence that the works will be completed within timescales if there are supply and delivery issues of materials. CB confirmed there are shortages of steel and timber. The majority of expenditure this year is in the modular endoscopy unit. The main supplier of the unit is stockholding materials for this development. Contractually the Trust will do what it can to ensure financial penalties and/or operational impacts are captured to ensure delivery by the 31 March 2022 which includes weekend working to ensure delivery this year. Ongoing risk will be monitored throughout the project.

SB queried whether, if there is failure to spend due to these reasons, the Trust can hold onto the funding into the next financial year. CB informed that there are weekly programme board meetings with NHSEI colleagues in attendance so they are fully aware of the Trust's position, progress and risk mitigation. **ACTION: CB to agree position with NHSEI colleagues on the Trust being able to carry capital over into the new financial year if the project is impacted by national building supplies shortages.** **DoF**

GW informed that the F&A Committee is monitoring this closely. If the programme is not completed by March 2022 the Trust will be able to demonstrate it has taken all possible action to deliver on time. There is a need to monitor progress closely going forward.

CS suggested a letter from the CEO and Chairman to the Regional Director on this risk and to request confirmation that the Trust will not lose funding if construction materials are not available. **ACTION: Letter to be sent from Chairman and CEO to NHSEI on the approach to the risk of non-delivery of the project within required timescales given the national shortages of building supplies.** **CEO**

LSK highlighted:

- Subject to approval by the Board today the Trust is on track to submit its expressions of interest this week to the Department of Health and Social Care in a bid to become one of the eight further new hospital schemes.

- The Trust continues to make progress with the development of the Strategic Outline Case (SOC). There is now an established Programme Board and governance routes. There is good engagement with divisional leadership teams and clinical teams. The Programme Board includes NED and Governor representation and a colleague from JPUH to support sharing of learning.
- LSK thanked the local community for their ongoing fantastic support for the new hospital campaign. The Trust has almost 12,000 signatures on the e-petition for a new hospital.

SB considered the need to make clear in communications that what the Board means by a new hospital is a new full hospital. LSK informed that the Trust is looking at all scalable options recognising there may be limited capital available. The Trust's preferred option is a single phase full new hospital on site and this will be detailed in the expression of interest to be submitted. However, the Trust will provide an update to external stakeholders and partners to chime with the submission of the expression of interest which sets this out clearly.

The Board:

- **Noted the latest operational position with regard to the survey, the temporary propping and temporary steel works**
- **Noted The progress being made following the Board's approval of the £20.6m business case to access the emergency capital funding for year one of a three year failsafe system that will mitigate the risk associated with the structural integrity of the roof and thereby further improve safety**
- **Noted the position on the development of Trust's Expression of Interest to be one of the further eight new hospitals and progress with the Strategic Outline Case (SOC) for a new hospital.**

159/21 14. SIGNIFICANT RISK REGISTER (>15)

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

LN highlighted:

- There is one new risk on the significant risk register which is the risk to patients developing harm due to increased waiting times.
- A review has been carried out of low risks which was part of an internal audit report recommendation. This review showed risks to be appropriately graded with no hidden risk within the risk register. A review will next be undertaken for moderate risks.

SR queried the description of the new risk 2915 given the different descriptions within the report. LN confirmed the risk is about the general risk of increased waiting times for elective surgery. There are a number of risks related to access within KSO1. The risks are being reviewed through the Assurance and Risk Executive Group (AREG) and consideration will be given to a broad access risk with individual risks related to specific services within this. **ACTION: Clarification of wording for the new risk 2915.** **DoPS**

SB queried the need to incorporate further detail on the risk register in relation to the new hospital. **ACTION: Review risk wording to ensure it appropriately**

articulates risk in relation to potentially not receiving full RAAC emergency capital funding. **DoPS**

<u>The Board noted the contents of the report and the management of existing Significant Risks.</u>

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

160/21 15. BOARD ASSURANCE FRAMEWORK (Key Strategic Objectives 3 and 4)

The Board received the Board Assurance Framework (BAF) report for Key Strategic Objectives (KSO) 3 and 4.

KSO3 - LSK highlighted:

- There has been significant investment in the Freedom to Speak Up (FTSU) agenda including 3 new FTSU guardians and an increase in hours of support from 30 to 120 hours per month.
- Phase 2 of the Trust's culture intervention programme has commenced in-month with the workshops restarting.
- There are well advanced plans for the national staff survey 2021 which is due to open this month and plans to maximise response rates (55% of organisation) consistent with the target set in the Corporate Strategy.

KSO4 - CWB highlighted:

- The Trust is on plan for financial performance and CIP (cost improvement programme) delivery.
- The Trust has strengthened acute provider collaboration work. This includes creation of a Governors' sub group to improve engagement and consistent communication with governors in this work.

<u>The Board noted the current position relating to the BAF and Significant Risks aligned to the BAF.</u>

161/21 16. INTEGRATED CARE SYSTEM (ICS) UPDATE

The Board received a report providing an ICS Update.

CWB highlighted:

- The new national Recovery Support Programme arrangements for the N&W system.
- The next meeting of the N&WHGC (Norfolk & Waveney Hospitals Group Committees) is on 13 September 2021 and an update will be brought to the October Board meeting.
- System-wide discussions continue on Place boundaries.
- Work continues in the West with progress in relation to agreement of a strategic framework around the priorities for Place delivery and alignment with regional priorities and the System Oversight Framework (SOF) 4 priorities as part of the recovery support programme.
- Work continues for the transformation of Urology and Dermatology services across the three acute Trusts in Norfolk. QEH is engaged in the development of the primary care hub and community diagnostic hubs in West Norfolk.

SB informed that plans are underway for another tri-Board meeting in October to discuss governance arrangements for a group model for the delivery of acute care in N&W. The development of the ICS and the ICS Board progress. The ICS Chair roles are progressing nationally. SB sat on the interview panel last week for the chair for N&W which requires Secretary of State approval. Adverts for the CEOs for ICS organisations have now been published.

The Board noted the report.

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

162/21 17. BOARD ASSURANCE FRAMEWORK
(Key Strategic Objectives 5 and 6)

The Board received the Board Assurance Framework (BAF) report for Key Strategic Objectives (KSO) 5 and 6.

KSO5 - FS highlighted:

- The Trust has appointed a new guidelines lead and a clinical audit improvement plan is in place
- The Quality Committee has discussed the national report on COVID mortality and received full assurance QEH mortality rates are within the funnel plot nationally.
- A gap in assurance is the delays in national reporting on mortality, being only in receipt of national metrics up to March 2021.

KSO6 – JH highlighted:

- A long COVID clinic and self-support groups have been established as part of staff health and wellbeing developments. There are around 6-8 new referrals through each monthly clinic and 23 staff have been seen to date. Only 3 staff have not returned to work due to long COVID. Other staff who have gone through the clinic have had referrals to respiratory, orthopaedics, psychology, and physiotherapy clinics to support their return to work.
- New recruitment practices have been introduced to ensure gender balance and BAME representation on recruitment panels. Panels were 100% compliant in the last month.

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

REGULATORY AND GOVERNANCE

18. CHAIR'S ASSURANCE REPORTS:

163/21 a) EDUCATION, RESEARCH & INNOVATION COMMITTEE

The Board received the Chair's Assurance Report of the Education, Research and Innovation Committee meeting held on 8 July 2021.

CF highlighted:

- Junior doctor representation on the Committee has previously been through Dr R Perris who has now moved on in her career. A process is underway to identify a new representative. The Committee thanked Dr Perris for her contribution.
- The Committee is welcoming an AHP non-medical student representative to the Committee.
- Extra space is needed to manage additional medical nursing, AHP and clinical psychology student placements. Plans need to be in place to accommodate this in the current hospital and within new hospital plans. There may be a need to expand the medical education team to support this increase in student numbers.

SB was pleased to see the agenda is progressing and is supporting a high quality education environment.

SB queried the progress in establishing the West Norfolk School of Nursing. CF informed of the challenge around the NMC approval and timelines. This is being closely monitored. FS informed that there is now approval via Anglia Ruskin and plans are on track for a January 2022 intake. AW informed that there is a delay to the building due to shortages of construction materials. The January 2022 intake will be celebrated.

164/21 b) FINANCE & ACTIVITY COMMITTEE

The Board received the Chair's Assurance Report of the F&A Committee meeting held on 21 July 2021.

GW highlighted:

- The Committee had a good presentation from the Medicine Division. The Committee recognised the huge challenges for the Division over the 18 months. The two extra wards are being kept open on an ongoing basis. The Committee commends the Division's work over the last 18 months in particular.
- The Committee considered a business case for additional MRI capacity. A key cause for MRI breakdowns has been identified and the water supply issues have been rectified. A combination of outsourcing and insourcing solutions will help to maximise the Trust's MRI capacity going forward.
- Business case templates and process improvements are progressing well. There are changes in authorisation levels at different points. An internal audit review of this area will be carried out in 6-9 months.
- The Committee approved the Premises Assurance Model submission.

The Board noted the report.

165/21 c) PEOPLE COMMITTEE

The Board received the Chair's Assurance Report of the People Committee meeting held on 21 July 2021.

SR highlighted:

- The continuing pressures on the organisation is impacting on staff sickness. Given staff are tired the Committee is expecting pressure on staff sickness to continue. Root-cause work is underway which will enable the Committee to

get a better understanding of the causes of systemic sickness prior to COVID which will support setting a more realistic trajectory and action plan to bring the position back to the Trust's target of 4.5%. This will include looking at the Trust's position in relation to peers. This work will be reported to Committee in the autumn.

The Board noted the report.

166/21 d) QUALITY COMMITTEE

The Board received the Chair's Assurance Report of the Quality Committee meetings held on 27 July and 31 August 2021.

SH highlighted:

- At the July meeting the Divisional presentation was from the Women & Children Division. The Division has had uplifts in establishment which means it now has additional vacancies to recruit to. The Committee has some assurance in this area and is awaiting additional assurance on the late funding for 6 additional posts and whether the Trust will be able to recruit to these given the national recruitment challenges. The Committee discussed the consultant of the week proposals in obstetrics and noted the plans for a future consultant of the week arrangement within gynaecology.
- The Committee received a paper on health inequalities and the work QEH has been doing in this area. The Committee suggested that this report is circulated to the Board for information. **ACTION: Health inequalities report received by the Quality Committee to be circulated to the Board.** **T Sec**
- The Committee has requested a single agenda item for a joint meeting with the F&A Committee to jointly review the impact of increased waiting lists on quality, finance and activity.
- The Committee recommends a joint meeting with the Audit Committee to review clinical audit performance.

The Board supported the proposed joint meetings of the Committees where there are issues spanning committee agendas.

- **ACTION: Joint meeting with the F&A Committee to review the impact of increased waiting lists on quality, finance and activity.** **T Sec**
- **ACTION: Joint meeting with the Audit Committee to review clinical audit performance.** **T Sec**

The Board noted the report.

167/21 e) SENIOR LEADERSHIP TEAM

The Board received the Chair's Assurance Report of the SLT meetings held on 21 July and 24 August 2021.

LSK highlighted:

- At the July meeting there was one item for escalation in relation to elective recovery. SLT asked divisional leadership teams for a clear focus on this to increase levels of activity against plan and improvement has been seen over August.
- There are no items for escalation from the August meeting. There was a rich discussion with the DLTs on the emerging clinical strategy for the Trust and

a number of important strategic items including a number of business cases on the expression of interest for a new hospital, the Digital Aspirant business case and the Diagnostic Assessment Centre. Time was also given to focus on urgent care improvement and elective recovery.

The Board noted the report.

168/21 19. REGISTER OF DIRECTORS' INTERESTS

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

CLOSING BUSINESS

169/21 20. ANY OTHER BUSINESS (AGREED BY THE CHAIR BEFORE THE MEETING)

There were no further items of business.

170/21 21. BOARD EFFECTIVENESS

20.1 What has gone well and Even Better If

There were no comments.

Date of next meeting: Tuesday 5 October 2021, 10:00 am via Teams.

The meeting closed at 11.39 pm.