Agenda item: 3

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

DRAFT

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

Tuesday, 2 November 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)
L Notley (LN)	Director of Patient Safety (DoPS)
C West-Burnham (CWB)	Director of Strategy (DoS)
C Castleton (CC)	Deputy Director of HR (DDHR) – Deputising for Director of People

In attendance:

J Gibson (JG)	Consultant Anaesthetist (agenda item 2)
N Hall (NH)	Chief Digital and Information Officer (agenda item 11)
S Jones (SJ)	Director of Strategic Estates Projects (agenda item 13)
L Preston (LP)	Board Committee Administrator (minute taker)

ACTION

200/21 1. CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from Jo Humphries, Director of People.

STANDING ITEMS

201/21 2. PATIENT STORY

FS introduced Consultant Anaesthetist John Gibson (JG). JG attended to share with the Board the story of the development of the SafIRA (Safer Injection for Regional Anaesthesia) device by members of Team QEH, working with Medovate, which has recently been the recipient of the HSJ Patient Safety Innovation Award.

JG explained the process of regional anaesthesia which can be used in surgery to anesthetise a region of the body in an awake patient for a procedure such as hand surgery and also for prolonged post-operative pain relief. A complication

of regional anaesthesia can be nerve damage. Regional anaesthesia is generally a three handed technique/two-person procedure with the assistant actually injecting the active drug not the anaesthetist. SafIRA device is a very simple, user friendly device, designed to help operators monitor the precise pressure of their anaesthetic injection, to reduce the risk of nerve injury during regional anaesthesia. It also allows regional anaesthesia to be delivered by one person, the anaesthetist.

JG described how he produced an initial model of the device at home. The device was developed by clinicians at QEH in partnership with Medovate and with grant funding from Health Enterprise East. It has now been CE marked and is undergoing formal clinical trials.

There are now 9 distributors across the world covering the USA, Europe, Singapore, New Zealand, Australia and Israel. The device is now being used in QEH in a clinical trial and is close to being standard practice. FS informed that as well as being CE marked and available multi-nationally it is also now also being adopted more widely including being used in the treatment of animals.

AJB queried who will receive income from this device. JG informed that along with the inventors and investors, QEH will receive some income from this device.

SR considered this is another example of the Trust punching above its weight. The fact the Trust will receive some income in the future is heartening.

GW informed that he has worked on the commercialisation of a number of medical intellectual property items and is aware of the effort and time it takes to progress these. GW recognised JG's success in taking this forward particularly in the absence of a university to drive this forward.

SH congratulated JG and his colleagues. SH queried the other clinical trials underway and the next steps for the device. JG informed the device is being marketed and distributed around the world. The next step is to see how well the device sells. It is at the stage of evaluation in practice, rather than research or a formal clinical trial, as it is already approved and available for use.

CF congratulated JG. CF queried how, through sharing the journey of innovation, staff are being supported to take forward their innovation ideas. JG informed that there are a number of innovations coming through with Medovate. FS informed that there have been early discussions to establish an innovation hub in a new build hospital to foster ideas from the ground up.

SB thanked JG. It is wonderful to see this device come to fruition and achieve national and international recognition for the inventors and the QEH. The main benefit will be for patients.

202/21 3. MINUTES OF THE PREVIOUS MEETING HELD ON 5 OCTOBER 2021 AND MATTERS ARISING

The minutes of the previous meeting held on 5 October 2021 were agreed as a correct record.

203/21 4. ACTIONS MONITORING

The Board agreed the following actions were complete and are to be removed from the action log: 110, 126, 127, 128, 129, 131 and 133.

Action 124 and 125: CS informed that it had been agreed with committee chairs to hold some joint meetings. The common factor within these is the Quality Committee. CS is meeting with IM and colleagues to review the Quality Committee and proposed that because of the pressure of meetings, a scheduled Quality meeting is used to take these items in the new year, rather than adding to the pressure of meetings this year. IM supported this approach and will be flexible regarding timings given the operational pressures the Trust is experiencing.

Actions 130, 132, 134, 135, 136, 137 and 139 are on track for delivery to the timescales as indicated in the action log.

204/21 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 (formerly trading as IDP) who are 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 Interests.

205/21 6. URGENT ACTIONS (UNDER STANDING ORDERS PARA. 5.2): NONE

None.

206/21 7. CHAIRMAN'S REPORT

The Board received and noted the Chairman's report.

207/21 8. CEO's REPORT

The Board received the CEO's Report.

CS highlighted:

- The Trust is under pressure from the demand for urgent emergency care services and elective recovery. This is a national and a local issue. CS is very pleased with the dedication and motivation of staff to deal with these pressures and the continued focus on patient safety. CS thanked staff and patients.
- A further three of the seven Section 31 conditions have been lifted by the CQC which is an important development in the Trust's improvement journey. When the CQC are on-site they will look at the evidence to lift the remaining four conditions. CS has spoken to the Trust's regional CQC lead who said it is unheard of to lift conditions during the pandemic and applauded the work that is being done at the Trust.
- The National Staff Survey is currently underway and the Trust is encouraging staff to complete the survey. It is important to note the work underway on staff inclusion and engagement, including the staff awards which will be held virtually, the support groups in place and work undertaken to support Black History Month, launch of the Supporting International Nurses Group,

the launch of the Trust's Rainbow Café. CS was pleased to promote the 'See ME first' campaign and would value the NEDs signing their pledge when next on-site.

SB echoed the thanks to staff who are dealing so admirably with the current operational pressures.

IM congratulated the CEO on this report and the long list of achievements and projects that are underway within the hospital, particularly given the ongoing pressures of day-to-day care. IM queried if the CEO agrees that this high level of success is due to having a hard working Executive Team based on this site. CS considered QEH has a motivated and focussed Executive Team who have a clear plan, clear objectives, with clarity for each individual Director. Their focus has been demonstrated over the last two years.

The Board noted the CEO's report.

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

208/21 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:

- Risk 2199 is in relation to timely access to emergency care including ambulance handover. The organisation has been and is today under considerable pressure with a large number of patients waiting to come in for hospital beds. This risk is to be made more sensitive to add risks in relation to the concerns of patients waiting to be admitted into the department and the risk around patients waiting to transfer out to tertiary services. The whole of the NHS is under pressure. The risks will be incorporated to the register during November. The assurance provided is that the Trust continues to work with and deliver care to patients until the moment they are transferred out of the hospital.

AJB proposed expanding the risk include the risk that patients are waiting for an ambulance to pick them up as well as the risk whilst and ambulance is waiting outside the hospital given the ambulance service are then unable to respond to other patients. AW informed this would be the East of England Ambulance Service's (EEAST) risk rather than a QEH risk. It is important to ensure QEH manages the risk of patients having waited longer than they should have when they arrive at the hospital. The Trust is working with EAAST colleagues.

DD appreciated the pressure the hospital is currently under. DD queried if there is any interest from the media particularly locally as there is a reputational impact from these pressures. LSK informed that the Trust has a healthy and strong relationship with local and regional media and is working closely with both, as QEH and as a system, to ensure that responsible messages are communicated to the public via the media, including when the Trust and system is under particular pressure. The local media is very supportive. There are also

communications the Trust can and does do itself through, for example, social media.

CF queried risk 2244 relating to mental health beds and requested an update on the work that is being undertaken locally to respond to this and whether it covers both adult and children's mental health beds. CS confirmed the work with the mental health trust covers both adults and children. The Board has an upcoming deep dive with mental health colleagues to look at this risk in detail.

IM informed that the Quality Committee is also concerned about the risk with regard to emergency care and has asked for appropriate assurance on this, using data which is already produced and used within the hospital. IM queried if the mitigating actions would include actions with Norfolk commissioners to co-ordinate and ensure that emergency care is regarded as a priority by all partners in the Norfolk & Waveney (N&W) system. There are patients that should be at home and other patients that could be appropriately treated elsewhere rather than in the emergency department. AW confirmed that the Trust needs to work as a partner with system partners.

SH congratulated the Assurance & Risk Executive Group which she considered has a thorough process and uses evidence to increase and downgrade risks as appropriate. SH considered the Board can take some assurance from this sound process.

GW informed that the Finance & Activity (F&A) Committee have looked at access to emergency care and have requested more information on patient flow to understand the pressures the Trust is facing. GW thanked all for the work to manage a difficult situation.

KSO 2 - CB highlighted:

- The principal risk has been reviewed through the F&A Committee. The Committee has reassessed the RIS/PACs risk. There remains a significant risk around reporting and the risk will be reassessed again in November.
- The new Head of Cyber Security commenced in role in October. This post is part of the Trust's improvements in relation to cyber security.

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

209/21 10. CORPORATE STRATEGY KPIS QUARTERLY REPORT (Q2)

The Board received the report updating on progress against the underpinning Key Performance Indicators (KPIs) for all of the Strategic Objectives (SOs) as at Quarter 2 2021/22.

CWB highlighted:

- The Trust has a Corporate Strategy in place and progress against SOs is monitored on a quarterly basis.
- Whilst recognising the pressure the organisation is under, the document reflects some positive areas of progress against the Trust's KPIs. The report has been discussed at the Committees and updates from those discussions have been incorporated into the report.
- An overarching dashboard has been included to show progress against all the quantitative and qualitative KPIs.

SB queried whether the arrows will be incorporated in some of the later body of data so the Board can pictorially see what is happening with the indicators. CWB confirmed that arrows have been incorporated for the quantitative KPIs where appropriate.

CS considered this is a strong document but recognised it is comparable to producing an annual report each quarter. CS has asked CWB to look at a sharper, shorter report which is clear on indicators, where the Trust is not performing as expected and provides clear actions. SB would welcome this approach.

SH queried the mandatory training plan and the poor connect between QEH mandatory training and ESR given the difficulties she had experienced in recording completion of mandatory training. CC informed that there has been a lot of work in relation to mandatory training completion and the interface with ESR. An ESR Specialist is in place, looking at the ESR structure and compliance.

SR considered the report is generally improving and it is easier to see at-a-glance the progress against objectives. SR considered the dashboard shows strengthening staff engagement which would be expected given all the work in this area. However, within this strategic objective there are a number of specific performance indicators which are red. SR suggested consideration is given to how the overall dashboard is reported and the reporting of the individual KPIs. SR considered the need to include important context, particularly in relation to the operational challenges and the deterioration in staff sickness as this context and risk is not reflected in this report or in the risks overall. SB considered that aligning the indicators with the headline indicator is important.

ACTION: CWB to review the alignment of KPIs with the headline indicators for the next quarterly update. **DoS**

SB and CS have been reviewing Integrated Performance Reports (IPRs) from other organisations and have seen examples where there is a focus on triangulation of operational, clinical and staff related impacts. In future reports the Trust can begin to look at what the impact has been on some of the headline indicators.

IM considered that given the problems with the deployment of RIS it would be helpful to have included more information on the actions taken to learn from this given the Trust has an ambitious programme for digital maturity. IM takes personal assurance that the Deputy CEO is leading work to make further deployment of the digital strategy more effective. It would have been helpful to have included this within this report. SB considered this is a general position across the NHS where some of the investments in digital has not worked as well as it could. Within the Trust this is often because the capacity and capability of staff is not adequate to fully optimise the technology being invested in. LSK informed that she has commissioned the Director of Transformation and Improvement to undertake two formal debriefs, on RIS/PACs (Radiology Information System/Picture Archiving and Communications System) and the EPMA (Electronic Prescribing and Medicines Administration) system which will conclude by the end of November and will report to the Digital Forum to inform the approach to future digital projects including EObs (Electronic Observations).

SB informed that investment in digital will increasingly be at a system level in accordance with the Government's direction of travel for investments. It is important to ensure the Trust works closely with system partners to ensure digital investment is properly targeted.

AJB considered that in relation to learning the lessons from digital deployment it is important to get the balance right in ensuring the Trust spends the money allocated in time as assigned to this year, and getting the right pace in the implementation projects. There is a need for good clinical engagement, however if this starts too soon it will be in the midst of winter which will impact on the level of clinical engagement. This is being worked on in the business case that is currently being developed for EObs.

The Board noted the progress made to date against the agreed KPIs and the highlighted areas for focus in the next quarter.

210/21 11. INTEGRATED QUALITY IMPROVEMENT PLAN

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

LN highlighted:

- Good progress continues to be made on IQIP with 52% of the IQIP completed as at the October Evidence Assurance Group (EAG)
- There has been good news regarding the lifting of the three Section 31 conditions which is very unusual without an onsite visit and particularly in light of the pressures the Trust has been under for some time.
- Grant Thornton has been commissioned to undertake an audit of the IQIP. The audit was commissioned earlier this year but had been delayed due to COVID. The audit will commence in November and will provide a further level of assurance.

CF considered that the clinical reviews are providing useful triangulation and further assurance on actions approved through the IQIP. CF queried whether there is a process to reintroduce actions back onto the IQIP if there are any themes arising from the clinical reviews of actions not being embedded and sustained. LN informed that through the clinical reviews the findings are largely aligned to the IQIP which is positive. Where there are individual actions these are being taken back for inclusion and ownership in local action plans. LN informed that where there are re-emerging themes, actions are being taken into the local action and improvement plans in place in the relevant areas of the Trust. The IQIP is a compliance plan and is evolving and it will increasingly be seen that actions are incorporated into individual local improvement and action plans.

CS informed that the Director of Transformation and Improvement will later today be running a session for the Board about the PMO (Programme Management Office). As this agenda evolves, business-as-usual actions will be owned by Divisions to take forward and overall improvement projects will be taken forward through the PMO. The IQIP is a set of transactional improvements to lift the Trust out of special measures. Once the Trust has the evidence to be lifted out of special measures there will be a move to an improvement methodology approach.

SB queried whether the Trust makes sufficient reference in the plan to the context of the pressurised environment in which the Trust is operating as it enters into winter. The operational pressures will impact on areas such as appraisal and mandatory training rates when the overall concern is the provision and delivery of services to patients. SB and CS have raised this in their meeting with Professor T Baker, Chief inspector of Hospitals at the CQC, and asked that inspectors take account of the difficult environment in which the Trust is operating.

LN considered that this context can be reflected in the IQIP. The CQC recognises the pressures all organisational are under at the moment. The CQC's priority is to ensure patients remain safe and that the Trust has measures and mitigations in place. FS informed that the EAG considered this at their last meeting. There is an action within the IQIP on compliance with a cancer access standard. The Trust can evidence considerable improvement but is not quite complying, and yet is the best in the region on this standard. This has been discussed with the CQC and the CQC have confirmed the action would not be worded in the same way now. It is about being as safe as possible and prioritising the care provided.

SB congratulated the team on the lifting of the three Section 31 conditions.

The Board noted:

- **Progress at Month 6**
- **Closure of one 29A Warning Notice by the EAG**
- **Outcome of the formal application to the CQC to lift Section 31 Conditions**
- **The increase in the number of 'Behind Plan' actions, rationale and recovery actions**
- **The key findings from the September Clinical Review Visits.**

211/21 12. INTEGRATED PERFORMANCE REPORT (IPR)

N Hall presented the Integrated Performance Report (IPR) with August 2021 data.

N Hall highlighted:

- There has been sustained performance on complaints metrics with continuation of 100% of complaints responded to in 30 days, over four consecutive months.
- Dementia screening has improved over the spring and summer with over 90% achieved and 100% screening compliance in August.
- Finance have demonstrated controls in terms of agency spend and further efficiencies realised through the Trust's Cost Improvement Programme (CIP).
- The Trust's 4-hour emergency access performance deteriorated to 64% in September from 68% during August and there are 58 patients who have breached the 12-hour decision to admit standard. Actions are being taken to address this through SAFER discharge principles and a review of internal escalation processes.
- There are challenges in appraisals rates and sickness absence. Considering regional benchmarking, the Trust is reporting around 2% higher sickness rates than JPUH and NNUH.

SR recognised the overall progress in developing the IPR report. SR considered the report could be further strengthened to ensure the Board is able to focus on

important aspects within the report, for example drawing out key aspects for consideration in the Safe dashboard narrative. NH welcomed the feedback which will be incorporated into the work following up the actions from the recent Board seminar session with NHSEI on the evolution of the Trust's IPR. The focus on exception reporting will be picked up with domain owners. SB requested consideration of the example IPRs from other trusts where there is a greater focus on triangulation. **ACTION: consideration to be given to exception reporting within the IPR narrative and consideration of other Trust's IPR reports which have a greater focus on triangulation.** **CD&IO**

AW reminded the Board that the Trust Board Committees review the relevant sections of the IPR report and there is also consideration at specialist committees such as the Hospital Infection Control Committee which is also attended by experts. AW considered there is a need to use the governance structure in a smarter way and provide a shorter report to Board, given the assurance through the governance structure.

CF considered the report is an aggregate rather than an integration of performance reports. Drawing together the narrative that connects the different parts is important and will show how the organisation is developing. CF considered there are some examples where SPC (Statistical Process Control) charts are not accurately reflecting the Trust's position, such as for dementia screening where the Trust is achieving the target but the SPC is showing the Trust as failing. There is a need to ensure these dashboards reflect the correct position.

DD supported the need for smarter reporting at Board. DD queried the infection prevention and control (IPC) indicators that are significantly above target. AW informed that the indicators have been discussed at the Quality Committee. Some are total numbers but not all are attributable to the hospital as some infections are community acquired. As an organisation there are no concerns around areas such as C-Diff, MRSA or MSSA but there is a requirement to record any patient coming into the hospital with an infection. There have been no escalations of IPC concerns and this has been reviewed by the CCG, and the Trust also works with Public Health England. Against benchmarks, the Trust is not an area of concern.

DD queried if there is a concern these infections are rising in the community. AW informed there is a concern regarding infection rises and a number of actions are being taken in the community. There is a need to ensure primary care colleagues are engaged. FS informed that this has been raised with system partners who are looking into a possible increase in community-acquired infections which might be due to virtual consultations in primary care and the issuing of antibiotics without always having had a face-to-face consultation or samples taken.

AJB considered there is a need to ensure the IPR dashboard is reflecting the issues the Board should have an overview of. The July data for stroke performance indicators appears to be off track but this is highlighted on the dashboard and there is no narrative to explain the position. DS offered to review the summary narrative to reflect this. During COVID it has been necessary to move coronary care beds onto the stroke unit. The coronary care beds have now been moved back and the full stroke unit has been restored. As there is a delay in reporting the improvements are not yet visible within the report. The

unvalidated position for August shows an improvement and DS expects further improvement which will show in future reports.

ACTION: review stroke data narrative to provide an explanation of the position. **COO**

SH congratulated the team on the improved management of complaints. SH considered that complaints can be seen as a measure of how well an organisation is or is not working and queried how concerns identified by the Family Liaison Officers (FLOs) and the wards are being picked up in other ways and shared across the organisation so that knowledge and information is not lost. AW informed that issues FLOs pick up are captured and reviewed on a daily basis. Informal complaints are recorded and monitored in the same way as formal complaints. Themes and trends can be seen across the organisation. Issues are more rapidly being picked up on the wards and reviewed centrally.

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

212/21 13. NEW HOSPITAL PROGRAMME, RAAC AND ESTATE STRATEGY PROGRAMME UPDATE

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

S Jones (SJ) highlighted:

- The roof survey is now 79% complete. The visual roof inspection of main theatres in October showed no immediate significant concerns however it is a priority to complete the failsafe work in main theatres next year. SJ is already working with the clinical teams to achieve this.
- Two additional props were installed during October.
- On the emergency capital allocation, the groundworks are progressing well for the endoscopy unit. The works to convert the Churchill Ward into a new outpatient unit is on track and means the creation of the two decant wards that will follow this are on track to be delivered by the end of March 2022.

LSK highlighted:

- Following the Trust's submission of two Expressions of Interest to the Department of Health and Social Care in September, a regional assessment and ranking process is now underway across all seven regions including in the East of England.
- The Trust is proceeding at pace to develop the Strategic Outline Case (SOC) and following an engagement workshop with a range of internal and external stakeholders at the end of September, a shortlist of options has been developed for approval.
- A new group has been set up to look at communications and engagement and patient involvement in the context of the work to modernise the hospital and the new hospital development. There is a breadth of stakeholders involved in this group including Governors, Healthwatch, some Foundation Trust members and staff. The group met for the first time in October.

SB formally recorded the Board's thanks to Liz Truss MP, Foreign Secretary, and the Trust's local MP James Wild, for their work in keeping the profile of the case for a new hospital for QEH at the very highest levels of Government.

SB considered the need to ensure the £20.6M allocated to the Trust for the works to mitigate roof risks is fully committed and spent in this financial year. SJ informed that this is closely monitored and SJ confirmed the Trust is on track to deliver by the end of the financial year 2021/22.

GW informed that the F&A Committee monitor this closely. The Committee has received increased reporting on the capital programme and this will continue to further evolve. A key element is not just the amount of money incurred but also the commitments made. There are a lot of issues generally within the marketplace for delivery of resources, of both people and goods. It will be difficult but it is being closely monitored. The team are actively looking at the programme for years 2 and 3 which is particularly important for RAAC.

IM requested information on Borough, County and Parish Councillor engagement collectively and individually. IM declared an interest as a Parish Councillor. This is a potential groundswell for support that could be very useful in encouraging elected representatives in Parliament and Local Authorities. LSK is mindful efforts until recently have been focussed on MPs and the local Borough Council. Over the last month the Trust has reached out to communicate with the District, Town and Parish Councils initially through written communications with a newsletter update and is mindful this engagement needs to be stepped up. It is intended to meet with Council leaders over the coming months including district, town and parish councils in Norfolk, Lincolnshire and Cambridgeshire.

CF queried the data collection issue identified by the surveyors and whether there is a strengthened process in place to ensure there is an accurate assessment of the roof survey given this is a key risk for the organisation. SJ confirmed there is a strengthened process and the understanding of RAAC has not changed. It is a data collection error and the Trust is working closely with the surveyor.

SH considered it is likely the patient group and Governors will query the number of single rooms within the new hospital which will have a significant impact on the size and shape of the organisation and the number of staff required to be able to manage patients in a larger number of single rooms. SH queried the Targeted Investment Funding (TIF) to support endoscopy and queried if there is a time limit for spending and how this is incorporated with the investment already going into endoscopy.

LSK confirmed that consideration is being given to infection, prevention and control and staffing requirements moving forward as the size of the new hospital is being scoped. AW is the lead for the IPC requirements and the Director of People is also leading the people's workforce workstream. The SOC is high level and the detail will be worked through at the OBC (Outline Business Case) and FBC (Full Business Case) stages and patients will have more fulsome input at those stages once a scheme is confirmed.

CB informed that the Trust has not yet received confirmation of the £2M TIF funding. The funding would have to be spent this year and has to be related to elective recovery work, hence the link to the endoscopy unit.

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 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 Expressions of Interest to be one of the further eight new hospital schemes and latest progress with the development of the Strategic Outline Case for a new hospital.**

213/21 14. SIGNIFICANT RISK REGISTER (>15)

The Board received the report on Significant Risks contained within the Trust's Risk Register.

The Board noted the report and received assurance relating to the management of existing Significant Risks.

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

214/21 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.
1:18

KSO3 - LSK highlighted:
- There are no significant changes. There are a number of strengthened controls in place for KSO3 including attendance by over a third of the Trust's staff in the values workshops to date between May and September 2021, restarting of the Schwartz Rounds in month under the leadership of the Head of Organisational Culture which is a key listening forum for staff and strengthened work around creating an inclusive culture.

KSO4 – CWB highlighted:
- Positive working in relation to delivery of the finance and CIP plan to month 6 and the continued engagement in relation to the wider Place and acute collaboration discussions.

CF queried the controls in place in relation to the culture transformation programme and the values into action workshops and whether attendance and EDI data is being captured to ensure equity of access across the organisation. LSK confirmed this information is collected at Divisional and Corporate levels. This will inform an understanding of gaps in attendance and will inform the scoping of phase 3.

SR queried KSO3 on culture transformation and was assured by the description of the broad depth of the programme. SR noted around half of the staff targeted to attend leading values into action workshops have not yet attended and sought assurance how these staff would be picked up in the future to ensure the widespread benefits of this programme. LSK informed that whilst the target has not been achieved, given COVID and the operational pressures, LSK is pleased a third of the Trust's staff have attended over a 4-5 month period. In

terms of colleagues yet to attend the workshops, including the leadership community, work is underway through the People Executive Group to rescope what is needed for phase 3 of the values work, keeping the ethos of the work through phases 1 and 2 and shaping this going forward to ensure a sustainable programme which also includes new starters. This will be developed with the People Executive Group and will be reported through to the People Committee.

CS reminded the Board that the Board will be undertaking the culture workshop this afternoon to ensure this programme is taken forward from Board to Ward.

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

215/21 16. INTEGRATED CARE SYSTEM (ICS) UPDATE

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

CWB highlighted:

- The continued ongoing engagement with Place and acute provider collaboration colleagues.
- The development of the Health Inequalities Oversight Group across N&W which the Trust is linking with and is ensuring the key priorities for West Norfolk are pulled through into business planning for next year.

SB queried the representation from key partners on the group. CWB confirmed representation includes key partners including the council, public health, acutes, community providers, mental health providers, the primary care network and GP representatives.

IM considered that the Public Bodies Admission to Meetings Act 1960 as amended up to November this year requires meetings to be held in public unless there is a specific reason to hold meetings in private and queried how this applies to the Committees in Common and the discussion scheduled for private board today relating the group model. SB informed that there have been discussions regarding holding Committees in Common meetings in public and a paper will be received at the next Committees in Common meeting for consideration. There is a paper to inform discussions about the acute provider collaborative which will be discussed this afternoon. Given the formative nature of those discussions at this stage it was deemed appropriate to take this in the private part of the meeting. SB remains committed to holding as much discussion as possible in the public part of the Trust's Board meetings.

The Board noted the update.

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

216/21 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:

- Last month there was a gap in assurance because of delayed reporting from Dr Foster. This has improved markedly and has allowed up to date mortality metrics up to May 2021 which is showing a significant improvement.

KSO6 – CC highlighted:

- There are no significant changes. The recruitment pipeline is now in place to monitor recruitment KPI's including the panel compositions, and continues to be monitored via the People Committee.

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:

217/21 a) FINANCE & ACTIVITY COMMITTEE

The Board received the Chair's Assurance Report of the Finance & Activity Committee meeting held on 20 October 2021.

GW highlighted:

- The Committee received a good presentation from the Surgery Division which included the theatre improvement programme and the need to recruit more theatre staff particularly for Sandringham. The Committee understands a business case is to be put forward for this. The Committee noted the Division's commitment and support to look for potential CIP schemes going forward.
- The Committee escalated the Winter Plan to Board which is included on the private Board agenda.

The Board noted the report.

218/21 b) PEOPLE COMMITTEE

The Board received the Chair's Assurance Report of the People Committee meeting held on 20 October 2021.

SR highlighted:

- The Committee received a positive presentation for the staff story, led by the Trust's new Freedom to Speak Up Guardian. This provided evidence of how the service is starting to deliver dividends across the hospital and gave assurance in the increase of the resource over recent months and how this will improve access and transparency around Speaking Up.
- The Committee received a positive presentation from the Medicine Division. Whilst there are still some challenges around staff sickness, the return to work policy and how the Division have been bringing staff back to work is worthy of credit. Some concerns were raised on single points of failure in relation to appraisals, noting the context of the significant operational challenges the Division is facing.

- The Committee had a diagnostic presentation from the Director of People about the work underway to strengthen capability in the HR team. For assurance purposes the Committee requested more detail about the action plan in place and clear objectives on how the changes will be made over the coming weeks and months.
- The Committee escalated the future funding of the staff engagement programme. This is an excellent programme and has achieved positive results across the organisation. There is a need to ensure the enduring funding for this programme as to date, funding has been through charitable funds.
- In terms of the workforce metrics report, concerns about staff sickness have already been discussed at Board. The Committee recognises the pressures the NHS is under. The People Committee will receive a report on a piece of work to understand the root causes of sickness. The staff sickness challenges in the organisation pre-date the pandemic and the Trust's sickness rate is higher than other trusts in the region.

CS advised there is a need to be cautious in benchmarking against the other two acute trusts in the N&W system and the need for a wider perspective to look at comparative information nationally. CS recently visited an outstanding Trust which has a sickness rate of 7%. SB considered that if there are exemplars in the NHS who are doing things differently and achieving a low sickness absence rate, the Trust should take due account of that.

CF queried if the People Committee discussed absence due to caring for children who are required to self-isolate. Given the rise in the community in the numbers having to self-isolate this will be a challenge for many staff and a source of anxiety and worry. SR informed that previous reports to the People Committee have provided reasons for absenteeism and the Committee has asked for this information to be included in the revised reports coming forward. Some of the drivers for absenteeism will have changed.

The Board noted the report.

219/21 c) QUALITY COMMITTEE

The Board received the Chair's Assurance Report of the Quality Committee meeting held on 26 October 2021.

IM highlighted:
- There were no matters to escalate to the Board.
- It had been good to meet in person again. It was a positive meeting and a collective sense of purpose and drive.
- The Committee received a presentation from the Clinical Support Service Division and noted the positive actions on risk management, incidents and addressing potential complaints. There was acknowledgement of the challenges in radiology, the RIS implementation and the Radiology Improvement Plan that will address a number of areas in the department and will be received at the next meeting of the Committee.
- The Committee had monthly oversight of the Maternity Improvement Plan on which there was positive discussion and assurance on the depth of staff engagement and the use of various appropriate methods and tools to ensure all staff voices are heard within this. There are challenges around maternity

staffing which is a national challenge and the Committee gained reassurance regarding some of the mitigations in place.

- It was good to hear the CIP schemes are not causing any harm or deterioration in patient care and there was positive feedback on improvements in quality through a reduction in the use of medical agency staff, having recruited to posts.
- The Quality Committee reviewed metrics and complemented improvements in the complaints metrics and the positive factors that led to that including the FLOs.
- HMSR data is now going through a bit quicker. There continues to be some internal challenges on timely data processing and the Committee will continue to seek assurance on this.
- The Committee received the End of Life Care annual report. There is significant progress on a number of issues which is a result of the hard work and dedication of colleagues at executive level and throughout the Trust. This will reflect in improvements in patient care at end of life. There is still a lot to be done, as recognised in the annual report, but massive progress has already been made.
- The Committee received the Safeguarding quarterly report. There are areas of good progress. There are issues around recording of training data on ESR and reassurance was sought that this will be resolved. There was reassurance from the Deputy Medical Director on the actions being taken to get medical staff to complete their MCA (Mental Capacity Act) training.

The Board noted the report.

220/21 d) SENIOR LEADERSHIP TEAM

The Board received the Chair's Assurance Report of the Senior Leadership Team (SLT) meeting held on 19 October 2021.

LSK highlighted:

- As discussed at the F&A Committee there was positive discussion with Divisional Leadership Teams regarding the need to have an increased focus on the Trust's financial position, the need for greater financial grip and control and the requirement to engage staff across the organisation in the context of recognising the financial challenge ahead.
- SLT welcomed and approved the Information Services Improvement Plan, recognising the significance of this in the next chapter of the Trust's improvement journey.
- SLT approved a revised digital plan for the year recognising the implementation of RIS/PACs and EPMA has taken longer than planned and recognising the need to take the learning from this before embarking on the implementation of EObs.

The Board noted the report.

221/21 19. FIRE REPORT

The Board received the Fire Safety Report – six months to 30 September 2021.

CB highlighted:

- In terms of improvements to the fire alarm and alert system the L1 fire programme continues into next year.

- Last year there were access to fire training issues. There are now various methods of delivering the training and mandatory training levels are now at 82% compared to 66% this time last year.
- The Trust is supporting the fire safety of the Trust's satellite units and vaccination hubs. Whilst not the landlord, the Trust is ensuring teams and patients are safe at those units.
- The Trust has increased engagement with the local fire service particularly in relation to the temporary propping of the roof and also in relation to the works on site, particularly the endoscopy unit to ensure the developments are fire compliant.

SB requested the Board's thanks are passed to the whole team. Members have been recognised for their contributions in previous staff awards and it is assuring to recognise all the efforts that go into ensuring the QEH is safe.

The Board noted the report.

222/21 20. GOVERNANCE STRUCTURE

The Board received updates to the Trust's governance structure for approval.

CS highlighted that following the CQC inspection the operational arm of the governance structure will be reviewed as there is a need to streamline the number of operational meetings going forward. The updates are to the operational groups that report up to the Senior Leadership Team.

The Board:

- **approved the revisions to the operational arm of the Trust's governance structure**
- **noted the governance structure will be reviewed early in 2022 to take account of feedback and learning from the upcoming CQC inspection.**

CLOSING BUSINESS

223/21 21. ANY OTHER BUSINESS (AGREED BY THE CHAIR BEFORE THE MEETING)

There were no further items of business.

224/21 22. BOARD EFFECTIVENESS

What has gone well and even better if

There were no comments.

The Board agreed that this aspect of the meetings will be revisited to make this more impactful and provide opportunities outside of the Board meetings for practical suggestions on how to improve the running of meetings.

Date of next meeting: Tuesday 7 December 2021, 10:00 am via Teams.

The meeting closed at 11.39 pm.