Agenda item: 3

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

DRAFT

Board of Directors (IN PUBLIC)

Minutes of the meeting held 2 March 2021, at 10:00am
via MS Teams

Present:

S Barnett (SB)	Trust Chairman
A Brown (AJB)	Non-Executive Director (NED)
I Mack (IM)	Non-Executive Director (NED)
G Ward (GW)	Non-Executive Director (NED)
D Dickinson (DD)	Non-Executive Director (NED)
C Fernandez (CF)	Non-Executive Director (NED)
S Roberts (SR)	Non-Executive Director (NED)
C Shaw (CS)	Chief Executive Officer (CEO)
D Smith (DS)	Chief Operating Officer (COO)
L Skaife-Knight (LSK)	Deputy CEO (DCEO)
F Swords (FS)	Medical Director (MD)
A Brown (ApB)	Chief Nurse (CN)
C Benham (CB)	Director of Finance (DoF)
J Humphries (JH)	Director of People (DoP)

In attendance:

C O'Brien (COB)	Director of Patient Safety (DoPS)
C Castleton (CC)	Deputy Director of HR (DHRD)
C West-Burnham (CWB)	Director of Strategy (DoS)
K McGuire	Deputy Chief Nurse
Joanne	Patient family member (agenda item 2)
L Notley (LN)	Associate Director of Quality Improvement (agenda item 10)
A Prime (AP)	Trust Secretary (TSec)
S Gilder	Support Manager (Minutes)

30/21 1. CHAIRMAN'S WELCOME AND APOLOGIES

The Chairman welcomed Board members to the meeting. All Governors are able to attend Board meetings in public to observe the virtual meetings and SB welcomed those present.

STANDING ITEMS

31/21 2.1 PATIENT STORY

SB welcomed Joanne to the Board meeting, thanking her for sharing her family's experience about her mother's admission to the Trust. SB expressed the importance of the Trust learning from their story to ensure patient experience improves as a result.

Joanne shared the story about the care of her mother whilst she was an inpatient in December 2020. There were no concerns about the clinical care her

mother received. Joanne explained that she has worked at the Trust for 31 years and commended the staff for the brilliant care that was provided.

The family had difficulties in contacting the ward by telephone to obtain updates on their mother's condition, which was very frustrating. There were occasions when they had telephoned the ward up to 30 times a day and not received an answer. Her mother also experienced multiple ward moves before her discharge to a care home. Joanne shared that Leverington ward had been outstanding, contacting the family daily to let them know how their mother was and what was going to happen next in her care.

SB was pleased that Joanne's mother had received good care during her admission and was sorry to hear of the frustrations that the family experienced whilst trying to obtain updates about their mother. It is recognised that other families have also raised similar concerns. SB commented that there should be consistency in practice across the organisation in regards to communication.

ApB explained that the Trust experienced the height of the Pandemic in December 2020 and January 2021. The volume and acuity of the patients at the time was beyond what was expected. The impact of families being unable to visit (except in exceptional circumstances) is fully recognised. There were additional challenges due to high levels of staff sickness. Staff were actively telephoning families to provide updates but it is recognised that this was inconsistent at times.

The Trust has since implemented the COVID-19 patient helpline on 25 January 2021. Over 1060 calls have been received and responded to via that route and the helpline is now available 7 days a week.

ApB was sorry for the multiple ward moves that Joanne's mother experienced and processes have been revised to reduce the number of ward transfers for patients. Patients are allocated to the correct ward dependant on their COVID-19 status and in line with national guidance. The Trust continues to use the RAG status of amber and red wards. The Trust has also introduced point of care testing for rapid tests to be undertaken in the Emergency Department. Ward transfers will continue to be monitored.

SB thanked Joanne for the helpful feedback and for her long-term service as a staff member. SB conveyed the best wishes of the Board to her mother following her discharge from the Trust.

32/21 2.2 REVISITING PREVIOUS PATIENT STORIES

The Board received and noted the report updating on action taken in response to the patient story received at Board on 2 February 2021.

33/21 3. MINUTES OF THE PREVIOUS MEETING HELD ON 1 DECEMBER 2020 AND MATTERS ARISING

The minutes of the previous meeting were approved as a correct record with 2 amendments:

- Page 4, 09/21, amended to: '*not seeing the usual volume of surgical patients*.'

- Page 10, 14/21, amended to *'the Board was concerned some months ago.'*

34/21 4. ACTIONS MONITORING

The Board received the actions monitoring log.

The Board agreed the following actions were complete and are to be removed from the action log: 85, 91 and 92.

Action 84: SB queried the target completion date for April 2021 as the narrative refers to the need for immediate action. CB explained that the action refers to the need for immediate action for fire training to be available online and that COVID secure venues off-site have been secured. There is an improvement trajectory to complete and be compliant by April 2021. It was agreed the action log would be amended for accuracy to say 'to facilitate greater access to fire training leading to compliance.' **T Sec**

Action 86: FS confirmed a dedicated Board seminar session is arranged for 29 April 2021 on presentation of mortality data and an update will be provided to the Quality Committee in March 2021.

Actions 87, 88 and 90: The actions are on track for the target completion dates.

35/21 5. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA

DS declared an interest in relation to agenda item 13. As declared on the register of interests DS's husband is employed by QEH as PMO Manager.

36/21 6. URGENT ACTIONS (UNDER STANDING ORDERS PARA. 5.2)

None.

37/21 7. CHAIRMAN'S REPORT

The Board of Directors received the Chairman's report.

The Board noted the update report.

38/21 8. CEO'S UPDATE

The Board received the Chief Executive's report.

CS highlighted:

- There are currently 59 COVID inpatients (55 patients are on the wards and 4 are in ITU). The Trust is pleased in the reduction of COVID positive patients and is focused on moving forwards with restoration and recovery plans.
- Following the regular review of Board Assurance Framework principal risks, there has been a reduction of rating for the principal risk for Key Strategic Objective 4 (KSO4) from 16 to 12.
- The Trust is ahead of the national agenda regarding the new NHS Patient Safety strategy. The focus of the strategy is to move to away from the investigative process associated with the current Serious Incident (SI) investigation arrangements in order to broaden thinking and learning

about not just why an incident has occurred but how to respond and prevent SIs in the future.

- NHS Providers have submitted their response to the NHS England and NHS Improvement consultation on the Transformation of Urgent & Emergency Care. The consultation regarding these measures would mean a step away from the long-established four hour A&E emergency access standard and in future would likely be a more clinically led access target about the emergency pathway. This standard is currently being monitored via the Finance and Activity Committee.

The Board of Directors noted the report.

	KEY STRATEGIC OBJECTIVES: QUALITY	**1. Safe and compassionate care** **2. Modernise hospital and estate**

39/21 9. BOARD ASSURANCE FRAMEWORK

The Board of Directors received the Board Assurance Framework (BAF) report for Quality KSO1 and 2.

Key Strategic Objective (KSO)1:

- ApB informed there was no change to the overall risk.

Key Strategic Objective (KSO) 2:

- DS informed there is no change to the overall risk for KSO2.

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

40/21 10. INTEGRATED QUALITY IMPROVEMENT PLAN

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

CS informed that the Trust continues to progress completing the 206 actions within the plan. The recent CQC report is being incorporated into the new IQIP and the Trust has applied to have further conditions lifted in the Emergency Department and in Medicine, with good progress being made. CS informed that the IQIP is reviewed in detail in the Quality Committee.

SB asked if the same approach and discipline in terms of data requirement and evidence will remain in place for phase 2 of the IQIP as it is overseen by the Quality Committee.

IM agreed that the approach will remain the same in terms of scrutiny and confirmed the Quality Committee looks at the IQIP and its progress in great depth. It is helpful that the report acknowledges the actions that are behind plan and key areas for completion which includes fluid balance charts and patient care records as well as mental health capacity assessments. IM considered it is important to ensure completeness in addressing actions before they are signed off. The areas challenged by the Quality Committee have highlighted areas that have clearly improved but have not yet been signed off as complete as further evidence is required that the actions are embedded. This demonstrates strength within the process to ensure the right actions are being taken.

The Quality Committee will continue to review the IQIP on a monthly basis in its refreshed format. The reintroduction of clinical audits and visits to wards will be welcomed in enabling the team to triangulate between completed actions and evidencing the embedding of progress within the Trust.

LN explained that there has been sustained progress of the plan and the current status is 88% of actions now being complete (181 actions have been completed out of 206). The revised IQIP will be presented to the Quality Committee in March 2021.

CF considered how useful the clinical review process was that was in place prior to COVID and how this process allowed for a deeper dive into issues that were raised. CF asked if there was a plan to accommodate the reviews and be able to ensure learning is embedded, as it is recognised that COVID will remain for some time. CF queried whether the new IQIP will also incorporate actions the Trust has agreed from internal work streams as the current plan is largely focused on CQC recommendations.

LN agreed that clinical reviews are an important element of internal assurance and these will recommence from 31 March 2021. This will be on a smaller scale with a focus in 5 key ward areas. This will be led by small teams initially and will scale up as and when possible in line with COVID and national guidance. When it is possible, external partners will be invited back to participate.

LN explained that the current IQIP does have focus as a compliance plan and the approach has worked well to ensure the Trust is in a better position to now work towards quality improvement. The new IQIP will demonstrate alignment to key work streams and links to key improvements such as Urgent and Emergency Care and End of Life care.

SR noted the report provided a lot of assurance and the significant steps taken by the Trust to carry forward into the new reporting format. SR queried the style of the report for the new IQIP, as it is currently challenging to maintain the continuity and thread from numbers from the header sheets and then the data in the report. SR suggested it would be helpful for the format of the new IQIP to include a clear summary of actions, ensuring maximum visibility of outstanding actions and a visible perspective on new plans to ensure the Board are fully informed of the current position.

DD reported that the Quality Committee is focused on seeking assurance that any actions that have been approved over the last few months continue to be embedded within the Trust. There has been good progress and it is important to ensure continuing progress and that actions taken are sustainable.

ApB commented from CF's observations that the plan is largely focused on the CQC. Whilst the CQC is an important aspect, the most important element is getting it right for patients and their families and this is the key focus that drives the Trust.

CS agreed that the plan is rightly driven by patient experience. The Trust's approach to the management of the IQIP has CQC and national recognition. CS has been asked to visit other organisations to help develop their plans in the same way. The intention is that there will be synergy between the

transformational and improvement work over the coming months. CS offered reassurance to the Board and the public that the Trust does not intend to lose momentum in the approach that has proved successful and highlighted that patients and their families come first.

GW considered the IQIP has been a success and commented on the importance of continuing to progress towards 'good' and 'outstanding'. GW suggested it would be useful to widen the scope of the IQIP to capture other major areas for improvement, such as business cases and other work streams in a plan on a page in order to see the overall progress of the organisation.
ACTION: Consider widening the breadth of content in the IQIP to provide a plan on a page for other key improvement activities such as business case process development. **ADQI**

SB summarised that the external recognition for the approach taken should be regarded as confirmation that the Trust is taking the right approach. Notwithstanding the requirement to ensure compliance with CQC standards, the same drive and ambition to achieve quality improvements must be applied in everything that the organisation does.

The Board of Directors noted the report.

41/21 11. INTEGRATED PERFORMANCE REPORT – INCLUDING SAFE, EFFECTIVE, CARING, RESPOPNISVE, WELL LED

The Board received the Integrated Performance report (January data).

CWB advised that the report is written in the context of COVID and that focused discussions about key areas that are statistically significant are undertaken in the relevant sub-committees as required.

GW queried the Infection Prevention and Control (IPAC) position, identifying that this was not highlighted in the summary narrative however the metrics are deteriorating. The actions being taken by the Trust have not been clearly described in the report.

CF noted the staff sickness rates and queried whether there is a correlation of this with the increase of IPAC and the impact on this for staff and patients.

AJB noted that the metrics are rising during a time of intense focus for IPAC and queried any impact this may be having on the spread of COVID.

SR considered that the use of SPC (Statistical Process Control) methodology has illuminated how priorities are presented to the Board. The methodology has now been in use for 10 months and it is recognised that it is useful in terms of highlighting trends that are changing or a special cause variation that shows a curve outside the norm. However, when aspects are below target or outside of parameters for a consistent period of time, the SPC chart will shade this data out as it is no longer showing a change. SR asked for assurance as to how effective SPC is as a methodology and queried whether the SPC chart is alerting Executives or if the Trust is relying on manual intervention of data.

ApB apologised that the rise in IPAC was omitted from the summary and will ensure this is addressed. IPAC is taken very seriously and although the Trust has been focused on COVID-19, staff do continue to learn from other infections such as norovirus. There have been 5 reported cases of norovirus within the last month; 3 community acquired and 2 hospital acquired cases. Antimicrobial ward rounds continue to be conducted and the team reviews 20 – 30 patients

per day on the wards and provides advice on antibiotic use to ensure improvement. ApB informed that the measurements for C.Difficile are now slightly different in terms of national reporting requirements and the SPC will be reviewed accordingly to reflect this change.

SB asked if there is any likely correlation between rising infections in patients and staff absences. ApB explained that there is no indication that this is the case.

FS agreed that a rolling 12 month average on an SPC chart can be confusing for the presentation of some metrics and that there would be more value in the use of other methods. For example, with C.Difficile, the Trust had 16 cases in January 2020 and there has since been a downward trend but the 16 cases from the previous year continue to show. This is a timely opportunity to relook at how the Trust presents some of the IPR metrics and how this may be improved.

CS suggested that CWB's team conduct a review of the current IPR metrics and that the Trust invites the external expert back to a Board development session to review how the Trust has been working with the SPC methodology.
ACTION: Consider presentation of some IPR metrics. CWB to review data and invite external expert back to a Board development session to review how the Board is using the IPR report. **DoS**

CWB informed that SPC is one tool that is used for monitoring purposes but in terms of Executive oversight, all data is available and visible across the organisation.

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

42/21 12. BUSINESS PLANNING UPDATE AND CORPORATE STRATEGY HIGH LEVEL OBJECTIVES 2021/22

The Board received the report on Business Planning Update and the Corporate Strategy High Level Objectives for 2021/22.

LSK informed that the Trust has made an early start with business planning and that plans are well advanced at divisional, speciality and corporate levels.

Since the last review by the Board, there has been wider engagement with the Senior Leadership Team (SLT), Governors and a range of external stakeholders and this valuable feedback is reflected in the report. LSK asked the Board to note two changes in regard to Executive leads for strategic objectives. KSO2 will be led by the Director of Finance and KOS4 will be led by the Director of Strategy.

CS commented on the extensive amount of work that has been undertaken and the internal consultation. The Trust has also been clear about the indicators and ensuring these are not repeating within reporting in the IPR. CS reminded the Board that this planning activity has been undertaken through the Pandemic and this has ensured the Trust is in a good position for the new financial year. Many organisations have paused business development during COVID and it is recognised that this plan has proceeded at pace.

SB commented on the disciplined approach of sourcing evidence on the impact of actions. The Trust is increasingly shaping its own business planning within the system based business planning structures and this will be particularly critical in view of the impending legislation for Integrated Care Systems (ICS).

IM noted the progress that has been achieved, particularly in the context of the Pandemic. IM suggested reviewing healthy lives KPI's around smoking cessation and considering some harder metrics to provide assurance. Metrics for GP services regarding engagement may need to be strengthened to ensure a demonstrable change. CS agreed and suggested IM and FS agree the amendments to incorporate into next year's monitoring outside of the meeting.

ACTION: Look to incorporate more underpinning metrics for some KPIs e.g. SO5 smoking cessation **MD**

The Board of Directors approved the report and agreed with the strategic objectives and the underpinning Key Performance Indicators.

43/21 13. PMO PRIORITIES 2021/22 AND GOVERNANCE ARRANGEMENTS

The Board of Directors received the PMO Priorities 2021/22 and Governance Arrangements report. SB welcomed MB as Director of Transformation and Improvement.

LSK highlighted:

- This is a transitional year for the PMO from working towards compliance to continuous improvement and moving forwards to a transformational PMO.
- The PMO remit will span a wider area of improvement which includes the IQIP improvement areas as well as the annual plan objectives, including business case development, urgent and emergency care and the Cost Improvement Programme (CIP).
- The report includes proposed revised governance arrangements including the introduction of a Transformation Board from April 2021.

SR expressed his support of the priorities identified and queried what direct action is being taken in regards to branding the programme to ensure it is effectively communicated and embedded with staff.

LSK explained that a consistent methodology for quality improvement will be used across the organisation which is Quality, Service, Improvement and Redesign (QSIR), with culture and staff engagement underpinning the PMO. The 'Better Hospital' programme branding will be used to commence and refresh the PMO and moving forwards the branding and communication plan will be initiated.

DD welcomed the positive direction of travel for the PMO. DD noted from the report that there are a range of priority projects with an overarching theme of patient flow and queried if the different projects are linked to make a strategic difference rather than individual projects. LSK explained that the programme of work relating to Urgent and Emergency Care is a key priority with the front door, ward processes and discharge as the distinct work streams.

GW was supportive of the report and suggested that business cases should be treated as a top priority and included on the front page as it is important to progress this year.

AJB noted that digital transformation is outside of the scope of PMO. It is recognised that the technical elements are within the remit of the Digital Forum. However there are a lot of improvements and work streams that are supported by digital and is dependent on clinical engagement. AJB queried whether a parallel project within the PMO is required for digital programmes. LSK reported that this has been considered as part of the next phase in the evolution of the PMO but it was recognised the Trust needs to be realistic in terms of top priorities and what can be realistically delivered in the next period. The organisation has confidence in the ability to progress digital transformation including via the Digital Forum in 2021/22. It is recognised that the Trust is working towards digital being included within the PMO in the future.

CF queried the sustainability of the PMO team moving forward as this is currently being supported by special measures funding and asked for assurance of the team being embedded within the organisation. LSK informed that the Trust is reapplying to extend the special measures funding for 12 months and if this is unsuccessful, a business case will be submitted. The need to move towards a substantive team by 2022/23 is a priority and the benefits in doing so are recognised.

IM noted that project support for the COVID and flu vaccinations programme ceased from January 2021 and sought assurance that there is sufficient maturity within the organisation to continue to manage these successful vaccination drives. LSK explained that the organisation learnt from the task and finish groups that were put in place for the vaccination programmes this year and that these activities should now be incorporated as business as usual. There is no longer the requirement for PMO involvement to the degree that there has been, as moving forwards this is now a sustainable model. ApB agreed that the Trust has learnt from the successful flu campaigns.

SB commented that successful PMO's are those that are fully integrated within an organisation and are clear in terms of influencing change and asked MB if this is the approach that the PMO will be embracing. MB agreed and reassured the Board that the PMO have ensured an operational lead and that all of the team understands how the hospital works, the key contacts and have received a full induction. It is anticipated that when there is a substantive team, the PMO will develop staff internally within the Trust. The PMO will continue to work closely with the culture and digital transformational teams to deliver the strategic objectives of the Trust.

SB thanked the team for their contribution.

The Board noted the report and welcomed the upcoming developments of the PMO to a transformational model.

44/21 14. SIGNIFICANT RISK REGISTER (>15)

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

COB highlighted:

- The Trust received significant assurance from the audit undertaken in December 2020 as part of the improvement journey. Two minor recommendations were identified to ensure the controls that have been put in place are working and this has been reviewed in detail.
- Over the next two months there will be a review of the individual controls in place. A new substantive Risk Manager joined the organisation last week and will lead on the review of the existing controls.
- There was a significant risk for KSO4, Risk ID 2759, that has been reduced in rating from 16 to 12 and this has been reported into the Finance and Activity Committee.

SB asked about the development of the ICS/STP risk register and which of the Trust's key risks are likely to feature on the ICS register. COB informed that the ICS has not yet defined the keys risks to delivery of the ICS objectives, however the current BAF outlined the QEHKL risk associated with partnership working under KSO4 - "To work with patients and system partners to improve patient pathways and ensure clinical and financial sustainability". Separately the early work associated with the Committees in Common (CIC) has been put on hold for the moment. There is not yet a confirmed approach regarding the ICS risks, which will need consideration in the future.

CF queried risk 2699, in regard to the impact of COVID and asked if this will be reviewed and adjusted moving forwards when the impact of vaccination is seen. COB confirmed this will be included in the review of the existing controls.

The Board of Directors noted the contents of 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 sustainability**

45/21 15. BOARD ASSURANCE FRAMEWORK

The Board of Directors received the report on the Board Assurance Framework for Engagement KSO3 and 4.

Key Strategic Objective (KSO) 3:

- LSK informed that there is strengthened assurance from the national staff survey scores which have improved for the Trust and are due to be published next week.
- The Medical Engagement Survey also shows much improvement and therefore further assurance.
- There is a clear staff engagement programme for 2021/22 which has been approved by the People Committee and a robust culture transformation programme with priorities in place which will commence at scale and pace from April 2021.

Key Strategic Objective (KSO) 4:

- CB noted the downgrade of the principal risk aligned to KSO4 as a result of month 10's position in terms of the IPR.

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

46/21 16. STP UPDATE

CWB highlighted:

- The timescales for completion of the Norfolk and Waveney Clinical Strategy are now confirmed as the end of May 2021.
- The next meeting of the Norfolk and Waveney Acute Hospitals Group Committees will take place on the 8 March 2021. A formal update of the outcomes of the meeting will be brought to the next Board of Directors meeting.
- On the 11 February 2021, the Department of Health and Social Care formally published its legislative proposals for a health and care bill.
- The framework is for the ICS to be established on a statutory footing and to be accountable for the health priorities of the local population.
- An ICS will be in place for Norfolk and Waveney from April 2022. ICSs will comprise both an NHS ICS Board and an ICS health and care partnership.
- There is a clear duty in legislation to collaborate across health care, public health and social care and to reduce bureaucracy in terms of procurement.
- The legislation incorporates guidance to the powers of the Secretary of State directing NHS England. This does not include powers to direct local NHS organisations or to intervene in clinical decision making.

SB queried what assurance the Board can provide that the Trust's clinical staff have had the opportunity to contribute to the clinical strategy and are likely to own and adopt the principles once it has been ratified. FS commented that the strategy is fairly generic at this stage and the next phase will specify key areas of focus of the ICS. This will inform the clinical engagement that is required alongside patient and public involvement.

ApB commented that the Trust has recognised learning from other NHS integrations across the NHS that clinical engagement is paramount to ensure a successful integration.

It was noted that plans are in place to ensure clinical and public involvement and engagement in the development of the clinical strategy.

AJB informed that the focus of ICS in relation to digital is primarily in relation to Electronic Patient Records (EPR). Last year, a strategic outline business case was approved by the three acute provider Boards in order to procure together. There is a delay in moving forwards with the proposal as the business case was not approved at a regional level.

The strategic outline business case was reviewed and discussed at the EPR Programme Board last week and it was agreed to take it back to Region and NHS Digital as a draft for input before being brought back to boards for re-approval. Due to the delay, this is likely to be towards the end of the year.

In parallel to this, from a contracting perspective for a single EPR system to work across the three Trusts and potentially the wider system, there are some regulations to ensure all organisations work in the same way. This may mean some loss of sovereignty of the organisational system, as it must be considered that decisions made by any of the Trusts will affect the others. A meeting with

Trust lawyers, NNUH and JPUH has taken place and guiding principles have been drafted into a Memorandum of Understanding (MOU) which will be scheduled for informal and formal discussions at the respective Boards as it develops.

IM commented on the clinical strategy development and reiterated the importance of ensuring visibility to public and patient involvement groups and queried whether a plan in place is for this. IM queried the structure of the new Boards within the legislation and whether there will be consideration of a Non-Executive approach with the inclusion of independent members who will not have conflicts of interest as the other members clearly will have in terms of their respective organisations. It is important this is considered as part of public assurance that there would be independent members who can provide independent challenge. IM asked for assurance that the third and voluntary sectors are fully involved in the falls prevention work to engage the considerable knowledge, expertise and capacity the sectors can bring to the revised system.

SB confirmed there is involvement from voluntary services in Norfolk and Waveney and that this will be enshrined in arrangements going forwards. SB will share the suggestion of whether there is provision for an independent NED position on the Board with the STP Oversight Group meeting being held this week.

ACTION: SB to feed into the STP Oversight Group meeting the suggestion of an independent NED position on the ICS Board. **Chairman**

CWB explained that there are plans in place for public involvement as part of the clinical strategy development. This is aligned with key local stakeholders and has not yet been enacted as the development is in early stages.

CS agreed that public involvement is key and updated the Board that the CEO of Healthwatch has raised formally with the Strategy Board to highlight the inclusion of an appropriate public consultation. CS commented that it is imperative to do this sooner rather than later and ensure all opportunities are taken at an early stage.

CF queried if there was an update with how the Trust is strategically working with Lincolnshire and Cambridgeshire on service developments for West Norfolk. SB confirmed that the Trust remains in discussion with the relevant Commissioning groups and the expectation is for Trust contribution to discussions about their respective ICSs. There are ongoing discussions with Cambridgeshire about how to network more effectively on an ongoing basis. The Trust has been proactive in contacting commissioners for the areas where 30% of Trust business is transacted to ensure consistent engagement.

The Board of Directors received and noted the report on the STP update.

47/21 17. COVID-19 UPDATE, RESTORATION OF SERVICES, WINTER AND EU EXIT

The Board of Directors received the report on COVID-19, COVID-19 Restoration and Recovery, Winter and EU Exit.

DS highlighted:

- The Trust continues to see a reduction in the number of COVID positive patients.
- The Sandringham Unit has now re-opened as a green surgical ward.
- Over 19,500 vaccinations have been completed with over 4,000 of those being staff members.

- The Trust is now working towards the restoration of elective services. National guidance is expected within the next week and a full update will be provided to the next Board of Directors meeting.

SB commented on the positive impact of the vaccination programme and the reducing number of admissions of elderly patients.

FS welcomed the reduction in the number of COVID positive patients and transmission rates falling. The Trust is acutely aware many patients have contracted COVID whilst in hospital care and some of those patients have died. FS emphasised it is important to acknowledge this and to be candid and open to ensure learning. The Board can take assurance of the scrutiny of 100% of deaths via the independent Medical Examiner. The Trust is also undertaking Structured Judgement Reviews for all deaths related to potential hospital acquired infections. In addition, all cases are being logged and reviewed in relation to probable or definite hospital acquired infections to ensure Duty of Candour is completed and patients and their families understand that it is being taken seriously, that the Trust is sorry and determined to learn . Themed investigations are being arranged to pull together all learning. This will includes measures such as rapid testing and work to reduce patient transfers that were also picked up in the Patient Story.

SB noted the Board are assured with this approach and agreed the Trust must always be candid and transparent with patients and their families on all of these issues and the underpinning work described will ensure this.

AJB registered the Board's thanks to all staff for their uptake of the vaccination. SB commented that there may be lessons for future winter planning in terms of the almost eradication of influenza cases, likely contributed to by behavioural changes and the vaccination programme.

CF asked for feedback about the implementation of the Patient Helpline and if the service is being developed. CF also queried the EU Exit settlement scheme and if there is any risk to the Trust as this applies to a significant proportion of the workforce.

DS informed that the Patient Helpline has received over 1000 calls. The Trust has recruited to the Family Liaison Officer roles and will embed the service developments from this as business as usual. The HR team are supporting staff with EU exit applications. CC updated that the Trust is being proactive in supporting staff to apply, with support sessions being held to assist with completion of applications and the team are monitoring progress on a weekly basis.

The Board of Directors noted the report and expressed their appreciation of all staff who have taken up the vaccination.

	KEY STRATEGIC OBJECTIVES: HEALTHY LIVES	**5. Healthy lives staff and patients** **6. Investing in our staff**

48/21 18. BOARD ASSURANCE FRAMEWORK

The Board of Directors received the report on the Board Assurance Framework for Healthy Lives KSO5 and 6.

Key Strategic Objective (KSO) 5:

FS highlighted:

- Research continues at pace and a new lead is now in post who has reenergised the team, currently exceeding the agreed recovery targets.
- There is a significant amount of work progressing in terms of palliative and End of Life (EOL) care that will provide assurance around improvements and improve longer term outcomes.
- The Cancer Wellness Centre is on track.

The Board welcomed the progress, particularly in relation to the necessary EOL improvements.

Key Strategic Objective 6:

CC highlighted:

- There is an ongoing review of HR processes as part of the cultural transformation process.
- The Leadership conference and workshops are scheduled to take place this month.

IM agreed that a number of initiatives in terms of EOL are progressing. IM commented that the Trust needs to ensure a holistic approach to bring all of the separate initiatives together and to ensure qualitative aspects are considered. It should also be considered from clinical reviews to ensure that the improvements being made are experienced by patients and their families.

ApB agreed with this approach and informed that the PMO has one of the strands for EOL. The Trust does receive positive feedback from families although it is recognised that feedback is variable. It is also recognised that the Trust is on a journey of improvement and that this year is about embedding and moving forwards to consistently achieve the strategic objectives for EOL care.

FS confirmed that the PMO will give the discipline required for this improvement work and that the newly appointed Improvement Director has been helpful in supporting this work.

CS informed that external support has been provided to the Trust from the Regional Director and there is assurance of progress.

SR highlighted the need with this approach of reporting to ensure triangulation against the BAF, specific KSO's and alongside the Chairs Assurance Reports which highlights assurance gaps that may not have been considered.

ACTION: Consider triangulation of BAF KSO papers at Board with the Chairs' **DoPS**

Assurance Reports from committees of the Board.

The Board of Directors noted the report.

49/21 19. HEALTH INEQUALITIES

The Board of Directors received the report on Health Inequalities.

CWB highlighted:

- This is an area of focus and the Trust is working collaboratively with partners to take this forward in light of the COVID-19 Pandemic.
- Further national guidance will be published during March 2021 which will provide a further steer on key priorities.
- The establishment of the internal BAME Network has been positively received. This has demonstrated great work internally for staff with links also being formed externally with peer support and a greater collaboration for the workforce.

SB asked that once the national guidance is received, a further paper is reported for consideration via the Quality Committee. **ACTION: Further paper on Health Inequalities to be taken to the Quality Committee (given publication of national guidance in March).** **DoS**

IM noted the importance of addressing inequalities within the BAME communities. In addition to this, it will be important to also address inequalities for ethnically white groups who have had poor opportunities for training and education as some of these individuals have suffered long term health and other inequalities. It is expected that there will be an holistic approach that includes this group as well as the other communities within the future report.

CF commented on the need to ensure that the patient voice is heard and how this will be integrated as part of the ongoing work.
ACTION: Health Inequalities: The patient voice to be heard in this work. **DoS**

The Board of Directors noted the report.

50/21 20. EQUALITY, DIVERSITY, AND INCLUSION (6 MONTH UPDATE)

The Board of Directors received the report on Equality, Diversity and Inclusion (6 month update).

SB considered that this area of work will benefit from a more detailed review at a board development session to ensure the Trust embraces and institutionalises the changes that are needed. SR agreed with this approach and has reflected on how the monitoring of this should be incorporated on a more regular basis via the People Committee.

FS reported that the composition of consultant interview panels over the last 3 months had been reviewed to provide assurance and that a compliance of 100% was achieved in terms of interview panels being both gender and ethnically diverse and it is positive to see this is being embedded.

CF noted that the Board is largely driven by the data and it is important to

understand what different staff groups are experiencing and the impact that this has. There is huge disparity between ethnic groups in terms of vaccination hesitancy and it is important there is an understanding of key issues.

ApB agreed this is about moving beyond the data and ensuring specific interventions are noted. It will take some time to embed as this is a cultural change within both the Trust and the wider NHS. The Trust has a detailed cultural programme and under the CEO's leadership some progress has already been made and continues to move forward.

CS informed the Board that this is a top priority both personally and as an organisation. The ambition is to be an exemplary employer for all staff. CS shared that a staff member had shared their story with the BAME Network to explain to Matrons about the difference between nursing in England and India which was very useful.

CS informed this report was completed prior to the publication of the new Workforce Race Equality Standards (WRES) data. The Trust is currently not performing well in terms of Indicator 6 and feedback has been taken from the staff survey regarding discrimination and ethnicity. It is positive that staff have been able to include this feedback in the staff surveys. This has provided the opportunity for the consideration of some important developments and actions within the cultural programme to ensure staff do not feel this way in the future.

COB agreed and noted the Trust has the reverse mentoring programme and often discuss in Executive groups about feedback to get underneath the challenges faced by staff to ensure this is included in the work streams.

LSK noted the theme about how the Trust will pull different work strands together. LSK reported that the staff engagement, culture and inclusion teams will have a joined-up approach with one work programme in 2021/22. This will be a welcome development and the next step for the evolution within the Trust.

SB suggested arranging a deep dive of the data for the People Committee and a separate board seminar session that focuses on leadership, behaviour and attitudes and acknowledged the need as a Board to ensure progress at a significant pace to provide assurance to staff and to patients.

ACTION: To feature as a Board seminar session (deep dive on data and leadership, behaviour, systems and attitudes) **DoP**

ACTION: Consider how the metrics are made available to the People Committee on a systematic basis **DoP**

CC summarised there has been a number of improvements in the last 12 months, there is much more work to do as can be seen in the report, but it is recognised that this area of work is a key priority for the Trust moving forwards.

<u>The Board of Directors noted the report.</u>

51/21 21. CHAIR'S ASSURANCE REPORTS

21a. Education, Research and Innovation Committee

The Board of Directors received the Chair's Assurance Report of the Education, Research and Innovation Committee held on 11 February 2021.

CF informed that the Committee had two items to escalate:

- In relation to the LED report and the requirement to ensure LED/SAS doctors are included as part of the medical interview panels. The Committee is aware that this SAS representation is not always prioritised. An increased requirement for weekly self-development time for F1 and F2 is to be introduced. This will require a review of rotas and foundation doctor working pattern review following the pandemic.

SB questioned how junior doctors are managing following changes to the rota due to the Pandemic. FS reported that several junior doctors are now back to working in their designated areas with a staged return planned as the numbers of COVID cases reduce. FS meets fortnightly with the junior doctors to discuss any concerns.

SB considered that the junior doctors have been very supportive during the Pandemic and that this has been appreciated.

21b. Finance and Activity Committee

The Board of Directors received the Chair's Assurance Report of the Finance and Activity Committee meeting held on 17 February 2021.

GW reported that the Committee escalated access standards and restoration of services going forwards and a report for restoration will be reported in future Board meetings.

The Committee raised concerns on the delays of the NICU refurbishment programme and have requested a detailed paper for review at the March Committee meeting.

21c. People Committee

The Board of Directors received the Chair's Assurance Report of the People Committee meeting held on 17 February 2021.

SR informed while the strong positive progress was recognised by the Committee in relation to job planning (with 86% compliance), there was partial assurance from the Committee, recognising that evidence of learning from the process this year to inform the process for 2021/22 was required to give full assurance.

In terms of escalation, whilst recognising the challenges during COVID, the Committee has asked for a report underlining the systemic challenges within the organisation regarding mandatory training, sickness and appraisals. There is concern in relation to some metrics, in particular regarding long standing overdue appraisals. Challenges remain in these areas, and there is a requirement from the Committee to understand the next steps that will be taken to address the systemic issues. The Committee has also asked for a

review of the format of the data presented to ensure clarity of the current position.

The Committee was not assured regarding the Terms of Reference of the People Executive Group as there was a mismatch between the Chair's Assurance Report and the proposed Terms of Reference.

21d. Quality Committee

The Board of Directors received the Chair's Assurance Reports of the Quality Committee meeting held on 23 February 2021.

IM highlighted that there is an upward trend of falls and that this is not well flagged within the current reporting format. There is a deep dive scheduled today and the Committee will continue to monitor actions.

The Committee has yet to be assured regarding responding to complaints and that systems and processes are effectively embedded to consistently deliver.

Regarding the Friends and Family Test (FFT), it was noted that there is a low level of responses but it is understood from managers that the number of responses is not considered to be as important under revised national guidance as the action taken in response to the feedback received. A paper will be considered at next month's Quality Committee to understand this and the provision of the new FFT provider as well as assurance of the complaints process.

The Committee received a very helpful Healthwatch observational study interim report which provided assurance regarding improvements. Positive comments were shared of the evident changes within the Trust over the last 2 years and a plan to deliver on the actions that were identified.

A Board seminar session is to be confirmed regarding Mortality metrics to ensure there is better coding of patients on admission as it can mean having alerts about certain diagnosis which may not actually be the case due to inaccurate coding. There is no impact on patient care but this does have an effect in terms of how this is monitored and managed.

21e. Senior Leadership Team

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

LSK reported that there were no items for escalation. There was notably much discussion with DLT's on the focus and reformat of the PMO and about Year 2 strategic objectives. The FLO business case was approved which has since been recruited to.

SB thanked LSK for ensuring the format of the Chair's Assurance Report is now in line with other assurance reports.

52/21 22. REGISTER OF DIRECTORS' INTERESTS

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

53/21 BOARD OF DIRECTORS – FORWARD PLAN

The Board received and approved the Forward Plan.

CLOSING BUSINESS

54/21 23. ANY OTHER BUSINESS (to be agreed with the Chairman)

- SB informed that April's Board of Director's meeting will be held on a Wednesday due to the Easter bank holiday dates.
- SB thanked CC for assisting during such a difficult time for staff and the increased workforce pressures and for her diligent approach in stepping up as interim Director of HR.
- SB thanked ApB who leaves the Trust on 16 March 2021. The Board is grateful for all of the direction given to so many priorities during a challenging time and the Trust has benefitted from the expertise ApB has provided. The Board offered their best wishes to ApB for her return to her substantive improvement role at NHSE/I.

55/21 24. BOARD EFFECTIVENESS

24.1 What has gone well

No comments.

24.2 Even better if

No comments.

Date of next Board of Directors' meeting (in Public) – Wednesday 7 April 2021, 10:00am, via Teams.

The meeting closed at 11:56 pm.