Agenda Item: 3

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

**DRAFT**

**Board of Directors (In Public)**

**Minutes of the meeting held Tuesday 6 October 2020 at 10am via remote dial in arrangements**

As part of the Trust's robust plans put in place to keep patients and staff safe, the Trust's Public Board of Directors meetings are not being held in public until further notice, consistent with arrangements in place across the wider NHS. The QEH Board of Directors therefore held a virtual public meeting on Tuesday 6 October at 10 am. Board Papers were published in advance of the meeting, as usual, and are available in full on the Trust website.

**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) |
| J Schneider (JS) | 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) |

**In attendance:**

| | |
|---|---|
| C O'Brien (COB) | Director of Patient Safety (DoPS) |
| P Tydeman (PT) | Director of Transformation (DoT) |
| C West-Burnham (CWB) | Director of Strategy (DoS) |
| A McCourt(AMc) | Deputy Director of HR (DHRD) |
| A Prime (AP) | Trust Secretary (minutes) (T Sec) |
| Jeannie | Patient (agenda item 2) |
| D Snowdon (DS) | Senior Sister (agenda item 2) |
| L Notley (LN) | Associate Director of Quality Improvement (ADQI) (agenda items 10 & 12) |
| E Corner (EC) | Lead Governor (observing) |
| A Vicary | NHSI (observing) |

**ACTION**

**157/20 1. CHAIR'S WELCOME AND APOLOGIES**

SB welcomed Board members to the meeting. It was noted that all Governors are able to attend the Board meetings in public to observe the virtual meetings and SB welcomed those present.

Apologies were received from D Dickinson, Non-Executive Director

**158/20 2. PATIENT STORY**

SB welcomed Jeannie to the Board meeting and thanked her for taking the time to share her patient story with the Board.

Jeannie related her mum's story and experience of care at QEH following a critical illness over the summer period. Jeannie's mum spent time on Tilney and West Newton wards. Jeannie greatly valued knowing that a staff member would sit with her mum when Jeannie was unable to be there. With the great nursing care and chaplaincy support Jeannie's mum's strength improved and with rehabilitation on the ward Jeannie's mum was able to return home and is now independent again and enjoying life. Jeannie and her mum consider the medical and nursing staff at the Trust were amazing and there are positive memories of the care received.

SB thanked Jeannie for sharing her story and was pleased to hear of the high quality care received, being an opportunity to learn lessons from what has gone well and replicate this quality across the Trust.

D Snowden, Senior Sister, informed that there is respect amongst staff on the West Newton ward with all staff focused on the needs of patients, carers and their families to ensure the holistic needs of the patient are responded to. SB thanked D Snowden for the level of care provided.

ApB was pleased to hear that Jeannie and her mum had received such fantastic care throughout the Trust and asked if there was anything Jeannie considered could have been done better. Jeannie considered it was fantastic care on West Newton and Tilney Wards.

FS thanked Jeannie for sharing her story and reflected that it illustrates the importance of working as a multi-disciplinary team, including the palliative care team, to care for the whole person and their family, regarding symptom control, not just end of life care.

SB thanked Jeannie for taking the time to speak with the Board and passed the best wishes of the Board to Jeannie, her mum and family.

**159/20 3. REVISITING PREVIOUS PATIENT STORIES**

The Board received a report updating on actions taken following the patient story at the Board meeting on 1 September 2020.

ApB informed that an action from the previous patient story was to bring learning closer to the bedside. Staff have invited Libby to join them at a ward meeting in November 2020 so that they can hear from Libby about her experience, what went well and what can be improved, to inform learning and change.

**The Board noted the actions taken following the patient story.**

**160/20 4. MINUTES OF THE BOARD OF DIRECTORS' PUBLIC MEETING HELD ON 1 SEPTEMBER 2020 – AND MATTERS ARISING**

The minutes of the previous meeting held on 1 September 2020 were approved with the following two amendments:

- Page 4, item 147/20, third paragraph, amend first sentence to read '…HEE have indicated they may be recommending the Trust is removed from enhanced monitoring …'

- 148/20, Page 7, fourth paragraph, first sentence – amend to read 'JS queried the Trust's capacity for obstetric diagnostic scans and the gap in provision for those scans'.

**161/20 5. ACTIONS MONITORING**

The Board reviewed and updated the Actions Monitoring Record. **The following actions were considered complete and were removed from the action log: 34, 37, 42, 56, 57, 58, 59, 60, 61, 62 and 63.**

Action 32 – the Chairs' Assurance Reports will start to be received in the Board meeting in public from November.

**162/20 6. DECLARATIONS OF INTEREST**

LSK reminded the Board of her previously declared interest in relation to the HIP programme as the Trust is working with IDP who is providing support in relation to the HIP2 programme. LSK's partner is employed by IDP.

**163/20 7. URGENT ACTIONS** (Under Standing Order Para. 5.2)

None.

**164/20 8. CHAIRMAN'S REPORT**

The Board received and noted the Chairman's Report informing of key updates and developments during August 2020.

SB thanked staff who had worked hard to prepare for and manage the CQC inspection visits and feedback sessions which took place in September. It was heartening to receive recognition of the vast improvements that have been achieved on the Trust's quality improvement journey.

SB was pleased to chair the inaugural formal meeting of the Norfolk and Waveney Hospitals Group Committees between QEH, NNUH and JPUH.

SB thanked all the staff and Board members who had contributed to the successful completion of the BMI Sandringham acquisition project.

IM shared his disappointment that the Trust had not been added to the national Health Infrastructure Plan Two (HIP2) programme given how outdated the QEH hospital is, with the same roof challenges as other hospitals who are already on the scheme. SB considered the Trust had put forward a compelling case and thanked LSK and those who had been involved in the production of that case. SB recognised it was always going to be difficult to make it onto the list and valued the strong encouragement from stakeholders, including MPs, to pursue the QEH's strong and compelling case. There will be an opportunity to bid for a place as part of a further eight capital investment schemes for new hospitals.

LSK informed that steps have already been taken to review the Trust's approach. The Trust has been inundated with emails of support and offers of help from the community. It is intended to proceed to develop a strategic outline case (SOC) in order to progress towards competing for selection as one of the additional eight schemes.

CS expressed her determination to secure a new hospital for the patients of West Norfolk and looked forward to working with the MPs in the community to take the QEH case forward. A clear clinical strategy for services across Norfolk needs to be developed and woven into the case.

GW considered it is important to highlight the move to being an anchor organisation across the patch and the benefit of considering what other services can be brought in to widen those offered on the site.

SR considered the need to articulate alignment with and the combined voice of the STP.

SB considered the QEH case will emphasise how a new hospital will improve care for the patients of West Norfolk through investment in innovation, integration of services and value for money. SB welcomed the encouragement to continue with the development of the SOC and the Trust has been given the funding to support this next stage work. SB emphasised that the Board is fully supportive of ongoing work to pursue delivery of a new hospital for QEH.

SB informed that he had the pleasure yesterday, of presenting CS with a 'Love West Norfolk Hero Award', awarded to CS by the Mayor of King's Lynn & West Norfolk, in recognition of CS's significant contribution to improving services at QEH, reaching out to the communities we serve and ensuring development of services. SB congratulated CS on the award. CS considered the award is a result of the team effort at QEH and the Executive Directors who are part of the leadership team.

**165/20 9. CEO'S UPDATE**

The Board received the CEO's Update informing of key external/internal events and activities.

CS highlighted that it had been a very busy month, particularly with the unannounced CQC visit. CS shared the extent to which the inspection had been a positive experience and staff were pleased to have the opportunity to meet the inspectors and share their pride in their services. The inspectors had been very positive throughout the inspection. 16 inspectors had been present on site over a two week period and there had been 190 requests for information. CS did not anticipate that the inspection will lead to a change in the Trust's current ratings given the CQC is currently reviewing how they rate organisations in the future. The Trust will participate and provide feedback to that review.

CS extended a warm welcome to the BMI Sandringham staff who have now joined QEH. Induction processes have commenced. The additional capacity the Sandringham will bring will be hugely beneficial, especially over the winter period.

CS was delighted to have received confirmation that West Norfolk is to get its own School of Nursing with funding from the Government's Town Deal to take this exciting development forward. It is anticipated the first intake of students will be in September 2021.

CS highlighted that the integrated performance report shows performance improvements in August however September had been a more challenging month with increasing demand. The Trust is working closely with partners on effective discharge and community care provision.

33% of the QEH's front line staff have taken up the flu vaccination in the first two weeks of the campaign. Efforts are being made to promote the national NHS staff survey and as of yesterday 23% of QEH staff had already completed the survey.

CS informed the Board a senior matron has been appointed to be Trust's first Chief Nurse Information Officer, 1.5 days a week, focussing on implementation of EPMA. This is a step forward and it is hoped to be able to give the post holder more time to take this important work forward.

There is ongoing focus on planning for winter, restoration and recovery of services and preparing for an increase in COVID patients.

**The Board noted the CEO's report.**

**Time to Change Pledge**

SB informed that the Trust has signed up to the Time to Change pledge as part of its commitment to support staff with mental health. Given the 'virtual' nature of the Board meeting due to COVID social distancing restrictions, SB and CS signed the pledge earlier this week and the Board are asked to endorse this at today's Board meeting.

> 'Working within healthcare can be a source of great fulfilment, growth and with great reward but also at times a significant source of stress, working through the current pandemic without doubt has seen this come to the point of it being overwhelming for some of our staff members.
>
> It's in everyone's interest to create a more mentally healthy workplace. One in six employees within the UK will experience mental illness and people with mental health problems report that the workplace is one of the most common areas of discrimination. Challenging how we all think and act about mental health at The QEH can make a real difference to employee wellbeing it will lead to improving our sickness absence rates, staff wellbeing, productivity, and staff retention.
>
> By signing this pledge we commit to change how mental health is talked about and acted upon at The Queen Elizabeth Hospital.'

**The Board endorsed the signing of the Time to Change Pledge.**

**166/20 10. CQC UNANNOUNCED INSPECTION UPDATE**

The Board received a report on the two Care Quality Commission (CQC) unannounced inspection visits to the Trust, held between 14 – 17 September and 22 – 23 September 2020, and the resulting letters issued by the CQC.

CS presented the feedback provided by the CQC who had asked for the letters

to be shared at a public board meeting. The Executive Team have reviewed the actions and issues identified in the letters and have ensured these are linked in to the Trust's Integrated Quality Improvement Plan (IQIP). CS was pleased that the inspection confirmed the Trust's improvement programme is on the right track. The majority of issues identified by the inspectors were already incorporated in the IQIP and are on track for delivery. Of the remaining issues not within the IQIP CS confirmed the Trust is fully sighted on the issues, with plans in place to address these. These new actions will now be incorporated into the IQIP and reported alongside the current plan. The CQC Lead Inspector has advised the Trust to review its Section 31 conditions and consider an application to have these conditions lifted.

CS highlighted that during the inspection, no concerns had been escalated at any point to the Executive Team. The CQC had highlighted positive progression across all six core services inspected and importantly had observed kind and compassionate care of patients throughout, with patients being treated with dignity and involved in their treatment plans. The inspectors had also identified that the staff had demonstrated professionalism. It is expected to receive draft inspection reports towards the end of November.

JS welcomed the feedback from the inspection. JS considered the feedback indicated a theme of support for middle and line manager leadership development and queried plans to support their development. CS informed that all development programmes have recommenced on-line or via Teams for band 5-7 leaders. A Divisional Leadership development programme is also underway and the Divisional Leadership Teams (DLTs) will be joining the Board at their upcoming development session later in October. CS highlighted the link with the work LSK is leading through the People Plan to develop the culture and ownership across the organisation. The new behaviour compact has been integrated into appraisal processes.

IM considered the CQC letters demonstrate considerable improvement across a number of domains, reflecting the passion and drive from the executive team. IM welcomed the early publication of actions from the inspection, progress against which will be overseen by the Quality Committee. IM considered there is a need to provide some focused support to some areas to achieve the required reduction in variation of patient records (action 6). IM welcomed the work on VTE assessments and queried whether there is any focused work on Gayton and Elm wards to achieve the high VTE standards that are being achieved in other areas of the Trust. CS informed that there is a continued focus on VTE ward work and ward data is available to inform this.

SR welcomed the CQC feedback and queried where CS considered the Trust is overall in terms of its improvement journey. CS considered that the Trust is on a journey of improvement and there is still work to do. It is important to continue to be focused, with improvement plans in place for all areas. When the full report is received the Trust needs to be able to demonstrate the follow-up action that has been taken and continuation of implementation of the QEH improvement plan methodology. CS considered there is a need to widen the ownership of improvements to others, to shift the reliance on the Executive Team.

LSK highlighted the work undertaken on values and behaviours across the organisation. Some dedicated OD work is being undertaken with staff in specific teams, funded through special measures funding. An external review

of the maternity culture and a review of rates of still births and neonatal deaths commenced last week. The outcome from reviews will be reported to the appropriate Board Committee.

SB noted the pleasing feedback from the CQC and thanked LN for her excellent work in supporting a successful CQC inspection.

**The Board:**

- **Noted the positive verbal and written feedback from the two CQC visits**
- **Noted those areas of improvement highlighted by the CQC not already captured in the plan are now incorporated and will be monitored**
- **Noted the CQC letters attached to the report**
- **Approved the recommendation to consider an application to have section 31 conditions lifted**

## COVID-19 UPDATE

### 167/20 11. POST COVID-19 UPDATE AND RESTORATION OF SERVICES

The Board received a report updating on the Trust's recovery and response to the COVID-19 pandemic.

DS informed that rising COVID demand is beginning to be seen, however this is not currently at previous COVID levels. The Trust increased access to visiting from 1 September, via pre-booking arrangements; one visitor for one hour, every day has been offered and has been well received. Arrangements are in place to enable pregnant women to bring a partner to ante natal scans and for patients attending cancer diagnostic appointments. All services have reopened and are up and running although not quite at the stretch target levels.

ApB informed that in maternity services midwives are working hard with every woman to assess the appropriateness and level of support needed, particularly for vulnerable women or those who have had a previous baby loss, enabling partners to accompany them for scans. This approach is receiving good feedback.

CS informed that national discussions incorporate COVID recovery, winter planning and Brexit. In future these issues will be brought together in one report to Board.

JS recognised the impact of COVID on the mental health and well-being of staff and queried how the Trust's mental health first aiders are being supported to enable them to effectively support teams. LSK confirmed support is in place and the opportunity has been taken to further strengthen the work underway by including support for the mental health first aiders from the clinical psychology team. Recruitment is also underway for the new PTSD/CBR role. SB informed that he had received positive feedback from NHSI on the comprehensive QEH staff support measures in place.

CF queried how the learning from the first COVID wave in relation to prevention of staff stress and anxiety is being built into holistic support arrangements. LSK confirmed that learning is informing action. By November the number of mental health first aiders will increase from 9 to 20. Opportunities are being taken to listen to staff stories. There are a range of

formal and informal sessions to listen to staff stories and respond to feedback. The People Committee invites staff groups to attend Committee meetings to share their stories and identify learning.

CS considered that as well as the mental health support being offered it is essential the Board owns the QEH values of 'we listen, we act and we care' and that the Board role models and shares the values throughout the organisation.

**The Board noted the report.**

## QUALITY

**168/20 12. INTEGRATED QUALITY IMPROVEMENT PLAN**

The Board received a report on the overall progress against the 206 actions within the Integrated Quality Improvement Plan (IQIP).

LN presented the report highlighting the sustained progress, up to the end of August, to complete 70% of the actions. This level of progress aligns with the external validation provided through the CQC inspection. In August a robust check and challenge session took place to review outstanding actions and delivery timeframes. The intensive work required by the team to support the unannounced CQC inspection has impacted on a number of actions which were due for presentation to the Evidence Advisory Group (EAG) in September. Five actions progressed through the September EAG and there is a revised schedule for the remaining actions to be presented at EAG in October. Revised timeframes will be shared in the next report to Board.

AJB queried EAG sign off of actions, particularly 3.4.3, given the impact of COVID on waiting times. LN informed that EAG had given this action a lot of consideration and the decision to sign off the action was based on the COVID recovery plan and plans in place to meet the recovery trajectory as well as the outsourcing of work during the COVID period and the intended impact of acquiring the Sandringham facility. DS informed that the evidence provided demonstrated the systems and processes are in place to ensure delivery.

CF queried the action plan to deliver 1.2.7 (annual staff appraisals) and whether the timescale for evidence should be extended and how manageable the workload is for the EAG. LN informed that the timeframe for 1.2.7 is being reviewed and aligned with wider plans and the work of the People Committee. Where there has been slippage there are clear plans in place. It is important to keep to an ambitious plan as teams are engaged, there is good governance and monitoring processes in place. The EAG process provides transparency and an opportunity to check and challenge progress, whilst supporting staff to understand the evidence that is required.

SR sought assurance that the improvement programme will endure after the IQIP has been completed, with ongoing embedding and maturity of improvement across the organisation. SR queried the blue RAG rating of some actions. LN informed that the report will evolve as progress moves beyond a compliance plan and towards a quality improvement plan to get to a 'good' and 'outstanding' rating.

FS informed that the EAG often requests actions to be brought back to EAG after three months as more evidence is needed of the action being embedded. This is a helpful process because it provides a constructive meeting to talk through the evidence and assurance that is required.

CF queried how staff felt the CQC visit went and whether they have been part of debrief conversations. CS informed that following receipt of the CQC final letter CS had met with different groups of staff to get their feedback on how they felt about the inspection with largely positive feedback.

**The Board noted:**

- **The good progress against the planned trajectory**
- **Commented on the revised trajectory as the reset plan**
- **Approved the reset plan as the new programme trajectory**

## OPERATIONAL

**169/20 13. INTEGRATED PERFORMANCE REPORT**

The Board received the Integrated Performance Report. CWB highlighted the following:

Safe

- There were three serious incidents (SIs) in month
- With regard to Infection Prevention & Control (IP&C) the Trust is not achieving the internal target for E.coli and MSSA. Work is on-going with the IP&C lead to ensure that the assessment parameters are accurate
- Pressure Ulcers continue to be below the target rate per 1000 bed days but the incidence rate has dropped in recent months
- There were three cases of C.Diff in August
- VTE performance continues at its previous positive levels with 98.3% achievement in August which is good news regarding transformational change in the organisation.

IM queried whether further actions are necessary to minimise the risk of not identifying safeguarding issues. COB informed that she and the Deputy Medical Director had discussed the incident with staff and had been very impressed with the consultants' handling of this case.

AJB queried why, given the focus on infection prevention and control with COVID, that this is not impacting on hospital acquired E.coli or MSSA. ApB informed that this has been discussed at the Quality Committee and the Hospital Infection Control Committee. System support is needed to reduce E.coli and MSSA however this has not been provided given the focus on the pandemic. This will be discussed at a CCG and NHSI led infection control review tomorrow. There is a downward year-on-year trend for E.coli and MSSA. C.Diff has an increasing trend and ApB wants to look at what actions were taking place last year that can be learnt from going forwards. All cases are reviewed to ensure learning, with reporting through to Quality Committee.

CF queried whether there is a link with mandatory training challenges and cleaning data. **ACTION: ApB to brief CF following the meeting.**

**CN**

Effective

- The Trust's HSMR ratio is at 115.49. In addition, weekend mortality has risen above the tolerance limits to 138.21. The Hospital has joined the NHSI learning from deaths collaborative and is working closely with NNUH in relation to End of Life services
- Whilst Caesarean rates remain variable, the actions which have been taken over recent months have led to a sustained improvement
- Research – recruitment to trials has fallen since the COVID peak. Positive work is being seen to support delivery of the Vaccine Task Force Novovax clinical trial

FS informed that the mortality rate is not increasing, with the crude rate at 2.9 which is lower than all partners (3.1), and the SHMI is within expected parameters. The data suggests the Trust should have very low mortalities and there is a difference between our expected and observed mortalities, with observed mortalities having risen at weekends. The Trust has undertaken two reviews of all weekend deaths which have found that the Trust has the third lowest palliative care coding in the country, with a large number of patients being admitted at weekends as there is not the access to community care at the weekends. The Trust has requested an external review; NHSI will undertake a review of 40 patients who died following a weekend admission over five weekends and five comparator week days. The outcomes of this review will be reported to the Quality Committee.

IM assured the Board that the Quality Committee reviews mortality reports in great detail. The structured judgement reviews have looked at whether there are opportunities for any individuals to have had interventions sooner and there is a fair degree of assurance from this. IM welcomed the external review. IM considered it is important to consider how we demonstrate assurance of medical staff at weekends and weekend support for junior medical staff.

FS was pleased to report that for the first time the Trust has recruited 1,000 patients to a clinical trial within 6 months.

Caring

- FFT (Friends and Family Test) rates remain variable – targeted work is ongoing with the support of the communications team
- Dementia Case finding remains below target and trajectory. Revised documentation has been in place since September along with a roll out of training

Responsive

- There were two 12 hour breaches in August. This will be updated in the report to ensure correlation between the chart and narrative information.
- In comparison with peer Trusts QEH is operating well
- Whilst transformation projects are underway aligned to the key areas of national phase 3 recovery, performance in a number of key areas remains challenged;
    - A&E performance is at 87.1% (in line with the agreed trajectory)
    - Ambulance handovers remain challenging
    - There were two 12 hour breaches in August
    - 18 weeks RTT was at 56.3% with 324 52-week breaches
    - Cancer 62 day performance is forecast to recover by January 2021 with focused work on-going supported by the national Intensive Support

Team(IST)
  - Diagnostics performance remains challenging with an increasing backlog
  - Stroke performance – 90% of time on the Stroke Unit remains challenged

IM queried diagnostic test breaches and the challenges to deliver test results within required timescales and actions being taken to address this. IM queried how assurance is gained that patients receive their results in a timely manner. DS informed that reporting times are monitored for all diagnostic MR tests to be received within the first seven days. This is monitored on a test-by-test basis. Towards the end of September one report had taken two weeks. IM queried the level of assurance on whether the results of the reports are communicated to patients. DS informed that the Trust has good systems for reporting back to GPs, it is then up to the GP to provide the information to their patient. Where the patient is under the care of a QEH clinical team the team owning the report will communicate with the patient directly. FS confirmed that reports are available electronically as soon as they are completed and it is up to each clinician to report to the patient. There is assurance the report is available to the clinician without delay once the report is complete.

JS queried when consistent improvement will start to be seen in completing ambulance handovers within 30 minutes. DS confirmed there is real time sight of handover times and action is taken to reduce handover times, with the ED team going out to ambulances to make assessments. Patients are brought into the hospital to start investigations as soon as possible. An Associate Director of Urgent and Emergency Care is in place and ambulance handover is one of their key workstreams. A business case has been approved for estates work in ED which will improve the yellow area and give back some dedicated handover space. Average handover times are between 20-25 minutes and there is a detailed review when any handover exceeded an hour.

CS considered this is an indicator of consistency of flow through the hospital, with a lack of access to available beds. DS is leading work through the Local A&E Delivery Board with partners to improve flow.

GW informed that the Finance & Activity Committee will be having a more in-depth review of A&E performance at the November Finance & Activity Committee meeting and will feedback to Board.

<u>Well Led</u>

- Finance is reporting a break-even position for month 5
- Focus will be required on the management of costs over the coming months
- Workforce;
  - Performance remains under target for appraisal rates at 76.8% (although this is an increase on previous months)
  - Mandatory Training performance remains challenged
  - Sickness absence has decreased to 5.1% with COVID related sickness decreasing to 0.39%

SR highlighted the need to improve performance against appraisal, mandatory training and sickness targets. The People Committee has requested a report on the actions needed to achieve a step change in performance for

consideration at the October Committee meeting. SR highlighted the risk to the organisation if people are not completing mandatory training. **ACTION: a risk assessment of mandatory training compliance to be considered by the People Committee.** SB considered it is a contractual right to have an appraisal. CS informed that performance management is through the performance review meetings with divisions. **ACTION: reminders and performance management through the divisional performance reviews meetings**

**The Board noted the contents of the Integrated Performance Report, specifically the actions being taken to maintain and improve performance.**

**RISK**

**170/20 14. BOARD ASSURANCE FRAMEWORK**

The Board received the Board Assurance Framework.

COB confirmed all Non-Executive Directors scrutinise the BAF and Significant risk at board committees on a monthly basis.

GW informed that the Finance & Activity Committee had suggested it might be necessary to review the risk level of SystemOne from 3x3 to 4x4 given issues with patient flow and discharges and the need for engagement with the CCG to improve the position.

CF queried where the EU exit risk features on the risk register. **ACTION: review the Brexit risk.** **DoPS**

SB thanked COB for the hard work to rework the BAF which now has cohesion with the Trust's strategic objectives, values, and the likely impact on delivery of priorities.

CS informed that the Trust has been asked to share the BAF with other organisations, having been noted as good practice.

**The Board:**

- **Noted the current position relating to the BAF and Significant Risks aligned to the BAF.**
- **Confirmed the position as presented.**

**171/20 15. SIGNIFICANT RISK REGISTER (>15)**

The Board received the report on the oversight and management of all risks classified as 'Significant' (risks rated 15 and above) currently contained on the Trust's Risk Register.

Each subcommittee of the Board reviews the significant risks aligned to their portfolio following review by the Assurance and Risk Executive Group (AREG). There has been no change to the risk scoring in the last month. The AREG considered Risk ID 2483 should be moved from KSO2 and realigned with KSO1.

**The Board:**

- **Noted the contents of the report**
- **Received assurance relating to the management of existing significant risks**

## PERIODIC REPORTS

**172/20 16. HEALTH INEQUALITIES – COVID-19 RESPONSE / PHASE 3 SYSTEM PLAN**

The Board received a report providing an overview of the diversity of West Norfolk, the current position in relation to health inequalities and the system plan to address issues in this area, aligned to the Phase 3 COVID-19 recovery work.

CS has been appointed as the Norfolk and Waveney system Senior Responsible Officer (SRO) in relation to Health Inequalities and is the identified Board level champion for the Trust. CS considered this is an important piece of work and considered it a privilege to be the SRO for the STP.

As a system, health inequalities have been recognised as a key area of focus as part of the response to phase 3 COVID recovery. This will include lots of work within communities and listening to the people we serve to identify the next steps and actions to be taken. QEH is working collaboratively with the Local Delivery Group to ensure priorities are focused appropriately at a Place level. More overarching system work will be undertaken to agree priorities and a clear system plan with clear KPIs.

CS informed that within QEH the BAME Network is up and running and is proving to be one of the best meetings CS attends each month, with a real focus on linking what makes it better for staff with what is better in the community. From November, any interview in the Trust for a band 7 role or above will include a person of representation from QEH BAME staff members.

IM considered this an excellent piece of work. Given QEH serves a wider community with 25 – 30 % of patients from Cambridgeshire and Lincolnshire, and with Fenland having some of the most deprived wards nationally, IM queried how this work would extend out of Norfolk into those areas. CS informed that as SRO CS meets with SROs from other regions. The Cambridgeshire plan is more advanced than the Norfolk plan and CS considered there is an opportunity to learn from the good practice of colleagues in Cambridgeshire. This work is yet to be linked up with Lincolnshire colleagues.

AJB queried how this work is aligned with the Health and Wellbeing Board's work on housing and education. CS informed that part of this work will include linking with partner's management teams and community teams where work is already underway. Links will also be made through regional meetings with other SROs who are also working to share intellect with their respective Health and Well Being Boards.

CF welcomed the good work with the wider West Norfolk population, the inclusion of a BAME representative on interview panels and considered the need to involve BAME representation in job description development and shortlisting processes, including LGBT staff and staff with disabilities.

SR welcomed the system level work to address health inequalities and the importance in the context of developing integrated care systems to use good data across the patch to help identify vulnerable communities. **Action: clarify the data provider for the report to Board.** **DoS**

**The Board noted the work which is being undertaken to date in relation to health inequalities and for a further update on progress to be brought back to the Board in March 2021.**

**173/20 17. QEH PEOPLE PLAN**

The Board received the final version of the QEH People Plan 2020/21 for ratification.

LSK informed that this is the first underpinning work plan to support delivery of the QEH Corporate Strategy. The People Plan incorporates into a single document the local, regional and national priorities with the QEH KPIs. It is proposed this plan is monitored quarterly through the People Committee, consistent with the approach to corporate strategy KPI monitoring.

SR considered the People Plan provides important evidence and assurance of alignment with regional and national plans. There has been a process of stakeholder engagement throughout, including engagement of the Non-Executive Director members of the People Committee.

IM considered this an excellent paper and endorsed the recommendations. IM informed that historically within West Norfolk there has been a culture of low career expectations from children and IM commended the ambassadors into schools to inspire young people about what opportunities they could have within the health service and specific training opportunities at QEH. **ACTION: final proof read of document before distribution.** **Dep CEO**

SB considered this an excellent piece of work and the support of the Board to ratify the plan and rollout across the organisation.

**The Board ratified the QEH People Plan.**

## REGULATORY AND GOVERNANCE

**174/20 18. REGISTER OF SEALINGS**

The Board received a report informing of entries to the Register of Sealings.

**The Board noted one Register of Sealings entry in relation to the BMI Sandringham acquisition.**

**175/20 19. PROPOSAL FOR A NEW APPROACH TO BOARD ASSURANCE FRAMEWORK REVIEW**

The Board received a report proposing a new way of using the BAF to shape the Board business and agenda setting.

SR welcomed the proposed format for alignment of Board agendas with the BAF. SR queried the placement of the IPR within the Quality section rather than alignment across all three corporate strategy sections. **ACTION: further consideration of the construction of the new agenda format.** **DoPS / T Sec**

**The Board:**

- **Noted the detail of the proposal**
- **Approved the approach for implementation for the November meeting of the Board of Directors**

**176/20 20. BOARD OF DIRECTORS – FORWARD PLAN**

**The Board received and approved the Forward Plan.**

**177/20 21. AOB (to be agreed with the Chairman)**

There was no other business.

**Questions from Governors**

There were no questions raised.

**Date of next meeting of Board of Directors (Public) meeting – Tuesday 3 November 2020 at 10am via remote access.**

**The Board resolved that members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.**

**There being no further business, the meeting was closed at 12:05 pm**