The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Board of Directors (In Public)

Minutes of the meeting held on 29th May 2018 at 11.30am in the Inspire Centre at The Queen Elizabeth Hospital, King's Lynn

Present:	
E Libbey (EL)	Trust Chair
J Green (JG)	CEO
I Pinches (IP)	NED
I Harvey (IH)	NED
M Ashton (MA)	NED
D Thomason (DT)	NED
A Brown (AB)	NED
E Hardwick (EH)	Chief Nurse
N Lyons (NL)	Medical Director
R Jackson (RJ)	Director of Finance
J Wade (JW)	Director of Strategy & IT
K Charman (KC)	Director of HR
C Moore (CM)	Chief Transformation Officer
In attendance:	
J Evans (JE)	Governor, Patient Story
C Evans (CE)	Patient Story
G Rejzl (GR)	Trust Secretary
L Le Count (LL)	Corporate Governance Officer – minutes

		ACTION
INTEGRATED PERFORMANCEORMANCE REPORT		
42/18	**1. QUALITY**	
	The Board considered the report and discussion included: • NL advised that VTE (venous thromboembolism) performance had been slipping but is now back on track. • EH acknowledged an increase in pressure ulcers last month; some were due to a delay in reporting from last month. She is reviewing all cases with ward managers and Tissue Viability Nurses. • The Trust is experiencing on-going IPAC issues relating to MRSA and C.Difficile. A full decant has been completed; this allowed essential maintenance to take place as well as a full deep clean with HPV. A NHSi peer review will be taking place on 12th June – EH will plan recovery work based on their findings and recommendations. • MA felt that issues such as IPAC, hydration and pressure ulcers are basic markers of good care and queried how they are being viewed as a whole in terms of improvement. EH agreed that these were fundamentals, which the Trust must get right; she acknowledged a dip in performance. She is continuing to have meetings with matrons to review ward indicators, providing support and identifying issues. She	

	also receives an exception report from the ACNs in relation to clinical oversight. • From an environmental perspective, the Trust needs to ensure a correct level of oversight, education and training. • NL suggested the need to move away from nursing / doctor accountability – he and EH will be holding CDs accountable as part of joint responsibility. • EL confirmed that an in-depth review of fluid balance is on the Quality & Performance agenda in June. • IH referred to the CQUIN aimed at reducing antibiotic usage and queried how likely it was to be achieved – NL advised that it was challenging as the consultant body has traditionally experienced difficulties in accessing the advice it needs, but they are making good progress with current microbiologists and antimicrobial stewardship. • EH was pleased to see the increase in nursing fill rates [there is an error in the report summary – all wards achieved a fill rate in excess of 80%]. The Trust is reliant on high levels of agency staff but there are strategies in place to move from temporary to substantive staffing. • **EL asked for a projection of what staffing might look like in September - KC advised that block interviews for HCAs are continuing but the Trust needs creative solutions to providing care. She will provide updates to Workforce and bring a paper to Board in September.** • IH queried whether daily communication on recruitment was taking place - KC confirmed it was; interviews are being brought forward to ensure the Trust does not lose a single applicant. Governor Questions: • D Coe queried whether the CBUs are operational – this was confirmed and CDs have been appointed. • B Lewis suggested there may be a link between the high number of agency staff and the dip in quality indicators – she queried how messages were communicated to temporary staff. EH advised this took place through the agency - they upload information and provide handouts. Information is also shared in person on the wards and via the Quality Matters boards but she acknowledged this is a challenge. Within Surgery daily 'huddles' take place where information is shared. • J Dossetor referred to the IPAC slippage and queried whether EH felt this was due to increased turnover or a lack of IPAC expertise - EH felt both were contributory factors. Other Trusts have also seen a steep rise. Other causes include high occupancy rates, the environment, the ability to decant / deep clean and a reliance on temporary staff. • N Tarratt referred to 30 day readmissions and queried whether the Trust would receive finance for 2 separate incidents if they were unrelated. RJ advised that it would not, following the introduction of new legislation in 2010. NT queried what steps were being taken to reduce readmission rates - IH explained that the Quality and Performance Committee had commissioned an in-depth enquiry as the initial benchmark is exceeded consistently. Results found that QEH performance is no worse than other organisations and the Trust is not an outlier.	**KC**

	• S Clarke queried the increased in pressure ulcers - EH advised on the difference between 'avoidable' and 'unavoidable' ulcers. SC queried whether the increase was attributable to temporary staff - EH advised that the Trust has some excellent agency nurses who maintain high professional standards. Many agency staff have been with the Trust for a long period of time. • JG acknowledged that the Trust was experiencing supply / demand issues for nurses, particularly as there was no local nursing college. The Trust is aiming to find alternative ways of working. • D Coe felt that the hand hygiene audit results (52% compliance in March) were highly disappointing – EH advised that there had been an improvement this month, acknowledging that the current position was sub-optimal. **<u>The Board noted the Quality update</u>**	
43/18	**2. OPERATIONAL PERFORMANCE**	
	The Board considered the report and discussion included: • JW advised that current performance is below expectation. • 18 week RTT – the Trust has restarted its elective programme and a recovery trajectory is in place. • 62-day Cancer – there is a back-log of breaches, which will be addressed during the next 2 months, at which point the Trust expects to be back on plan. • A&E - exceptional pressure occurred during May, mainly due to increased ambulance attendance; the impact was cumulative throughout the hospital. High acuity remains an issue. • Diagnostics – there was poor performance in April but this is expected to return to below 1% in May. There has been a 10% increase in demand for echocardiograms. A breakdown of the DEXA machine caused a loss of service for several days. • IH referred to the ECIP report and the feedback from Paul Watson (PW) and queried whether any actions had been instigated - JW confirmed they had. PW had suggested using Pathway Navigators in A&E and these were now in post. The Red2Green initiative was suggested by the ECIP report and will be relaunched with PMO support. • AB asked for clarification on the number of Delayed Transfer of Care (DTOC) patients - JW advised that the Trust had c.20 DTOC patients at any one time, in addition to c.40-60 Medically Fit for Discharge (MFFD) patients. AB queried whether social workers were on site - JW confirmed that Norfolk County Council social workers were based at QEH, and Cambs social workers were on site several days per week. There had been a lack of engagement from Cambs during the earlier part of the year but this was now improving, with agreed actions to address. • MA queried what assurance was being provided relating to ability to sustain improvement and suggested the Trust should be more ambitious. JW advised that a series of initiatives had been implemented and work was ongoing to ensure these are embedded throughout the organisation. CM added that the initiatives needed multi-disciplinary engagement and she was working with JW on a	

	training programme for teams. • JG advised that the Trust had been challenged by the regulator on improvement. He noted that there were some issues the Trust can improve, particularly relating to management, but other issues relate to the wider system, such as how to manage demand and improve discharge to prevent readmissions. • **MA queried when the Board could expect to see an improvement - JG advised that work with partners to identify challenges was on-going but would need to be completed by June / July. These changes must become 'business as usual' before winter, reducing admissions and improving discharges. MA queried whether this will go to Quality & Performance Committee – JG confirmed it would go to the July meeting.** Governor Questions • SC advised that he had undertaken Red2Green training – he understood that 'green' occurred when something positive took place to move the patient to discharge; however if there is no evidence the rating is 'red'. He was concerned that delayed discharges are resulting in 'red' ratings, which are unfair on staff who are working hard to maintain patient health. He attends meetings at the Trust and staff have voiced unhappiness with this rating. JG advised that Red2Green is a national programme with national standards and whilst he agreed that patients are being looked after, they should be in their own home, hence the 'red' rating. CM advised that Red2Green is not a tool used to punish staff – teams are working to support staff by identifying bottlenecks. Delayed discharges related 'red' are highlighted by JG in his daily platinum call. SC felt it was important to make sure staff are aware they are not 'failing'. • EC queried whether CM had insight into data at weekends - CM confirmed that data was monitored at weekends. • S Clark felt this had been a successful campaign but not embedded and queried how this would be achieved this time - JG felt a sustained change in behaviours was needed. He acknowledged that staff receive messages about multiple initiatives and they need time to absorb the information. He added that when staff are pressurised they are more likely to revert to 'normal' practice. • J Dossetor felt the backlog of appointments represented a lack of capacity and queried whether this was being addressed – JW confirmed it was. Capacity was a serious concern and was being increased across multiple specialties to reduce the number of Appointment Slot Issues (ASIs). • NL added that the solution was not just about creating traditional capacity but also about working differently, i.e. working with GPs so the patient could be seen elsewhere. • IH noted that the Daily Health Checker has identified very little change in pre-midday discharges which are within the Trust's gift to improve. JW advised that in the last 2 weeks there has been a drive to use the Discharge Lounge (DL), with DL nurses going to wards and challenging why patients cannot be discharged.	**JW**

	The Board noted the Operational Performance update	
44/18	**3. FINANCE**	
	The Board considered the report and discussion included: • EL suggested to SC that the revenue plan should be considered at the next Business Committee meeting. • RJ advised that he would be disappointed if the current position was different to plan; he felt performance in June / July will be crucial. • IP noted that the report does not refer to the current CIP position and queried whether it was on target - RJ advised that for month 1 the Trust is ahead of plan, and this has been profiled through the year. The CIP plan is very challenging. • IH queried the planned reduction in agency staffing costs - RJ advised that there were CIPs in 4 areas relating to agency staff but these would be influenced by external factors, i.e. visas. • KC advised that sickness absence had dropped by 1% point and HRBPs were working through long-term sickness absences. The Trust has also had to use a more expensive agency to ensure it complied with the fill rate. • MA noted that the CIP on agency spend is large – she queried what level of assurance KC had that this would be delivered. KC advised that the Trust was delivering in terms of managing sickness, the 'approved supplier within cap' will be introduced from June and weekly pay was launched 3 weeks ago. She confirmed that the Trust was on track to deliver the CIP. Governors' Questions • S Clark noted that the volume of hours for agency nurses had increased by c.14,000 – KC advised that some of those hours were due to delayed reporting, and sickness levels had been in excess of 6%. EH added that the Trust needed increased staffing levels to manage higher acuity. • C Monk asked for clarity on the planned control total - RJ advised that a control total of £15.8m would give the Trust access to PSF funding; A&E funding had been removed but the Trust had received £400k extra income. The Trust did not achieve its control total last year so did not receive PSF funding. S Clark queried profiling - EL suggested this is reviewed at the Business Committee meeting. • N Tarratt noted that the Trust is in same position as it had been for a number of years, with a large overspend and high CIP target – he queried whether the NEDs were assured the Board is considering alternative solutions and not making decisions which impact staff without consultation, i.e car parking. DT acknowledged that he did not have full assurance yet; he had concerns regarding grip and pace, particularly in relation to CIP delivery. He did add, however, that the Trust had made a better start to the financial year. In relation to income, he could not be assured until he has seen months 2/3. He was concerned by the lack of transformation but was assured that this was being developed.	

	The Board noted the Financial update	
45/18	**4. WORKFORCE**	
	The Board considered the report and discussion included: • KC advised that staff visas were proving to be a significant challenge and the Trust would need to rely on agency staff until the issue is resolved. • Stability in relation to turnover is disappointing. • Good staff feedback has been received on behaviours. • KC was proud of the excellent work carried out by the volunteers. • IP noted that the vacancy rates over the last 3 months have been deteriorating and queried what actions were taking place – KC felt that turnover rates highlight issues in retention, with a significant variation across staff groups. She will include AHP data from next month – she has a different recruitment strategy for this group. • EL believed that the Trust is recruiting more effectively and queried whether this would be reflected in terms of a broader range of staff coming into the Trust – KC confirmed that improved processes will broaden the range of posts available. • AB queried whether HR is aware of where staff are moving to – KC advised that this information is more available now that exit interviews are in place but the information was not available previously. • MA noted that workforce indicators are deteriorating and felt, as Chair of the Workforce Committee, she needed to be assured there is a significant plan for a transformation of the workforce to prepare for the next 3-5 years. KC confirmed that this will be discussed in detail at the Workforce Committee. She needs to review the traditional approach and consider how to redevelop it, working with the senior nursing team and considering talent management to make it easier for staff to move across the organisation. Governor Questions • J Dossetor referred to exit interviews, querying what percentage of staff undertook these and what the feedback highlighted. KC advised that the feedback was considered along with that from the staff survey. Participation in exit interviews was low, less than 10%. It is now compulsory to offer an exit interview. Nurses meet with a member of the senior nursing team. Details of the feedback are discussed at Workforce Committee. KC is working with JSCC to encourage staff to share information when they leave the Trust. • S Clark referred to retention and queried whether staff were asked for ideas to improve their time at work and make them more likely to stay at the Trust. KC advised that breaks were vital for staff and they will always be encouraged to take these. Talent management and making it easier for staff to try different roles via secondment was also considered beneficial for retention. SC felt retaining excellent staff with good morale would have increased patient benefit.	

	• **EC considered HCAs to be a vital part of the workforce and must be retained. She was concerned to learn that if a HCA on the bank leaves and then decides to return they are demoted from scale 2 to scale 1 – she felt this did not encourage staff to return. KC agreed that this should not happen and will review.** • **S Clarke suggested the Trust could offer staff leave for research / study – essential for professional development. He felt offering, for example, 2 days per month for nurses, could create significant interest. EL suggested SC discuss with KC.** • **D Barber noted there was nothing in the report about apprenticeships - KC advised that she could include the data in the report for next month. A 6-month update is provided at Workforce Committee. Nurse Associates could be supported by the levy. EL queried whether this would be discussed at JSCC - KC confirmed it would.** • Michael Chenery (NHOSC) felt that recruitment advertising for QEH should focus on selling the positive aspects of living in Norfolk. EL advised that this did take place and a package has been developed with the borough council and COWA. **<u>The Board noted the HR update</u>**	**KC** **KC** **KC**
GOVERNORS' QUESTIONS		
46/18	• EL raised the issue of increases in staff and patient car parking charges. He advised that he had received a number of letters of complaint last week, including some from the unions. He responded on Friday following meetings between the EDs and union representatives. • Various discussions took place this morning with JG / KC and a joint statement was issued by Trust and staffside representatives. • JG thanked those staffside members present; he felt the meetings on Friday and today were beneficial. The Trust and the unions have reached an agreement to put to members related to future increases. The increase planned for this year will go ahead in June but future increases will be discussed with unions. KC added that unions had agreed to suspend any action while they ballot their members. • D Coe acknowledged that while he was against the initial increase in charges he was pleased with the meeting and the agreement to negotiate future rises. He believed the increases should go ahead in smaller increments and will put this to his members. • C Monk advised that the governors were disappointed not to be advised about the increase in parking charges before hearing it on the news, and felt that the Board should have sought the governors' views. EL noted his comment. • S Clark queried whether there had been a discussion with staffside prior to implementation - EL advised that proposals were discussed with staffside in February. • KC advised that the joint statement outlines the timeline and changes made following consultation, as well as addressing concerns regarding future increases. S Clark felt the increase was not helpful for retention. JG added that QEH offers the cheapest parking rate in the region for bands 1-7.	

	• D Barber thanked the EDs for their invitation to discussions – they had asked for a suspension of the protest and this had been agreed. There had been significant media interest. He felt that this issue had caused consternation amongst staff but he understood the Board was under pressure from the regulator. • EC queried whether there had been any attempt at consultation regarding the public increases - EL advised that the Trust had made a formal proposal to the Borough Council in line with legislation. • O Ly (BMA Industrial Relations Officer, Norfolk and Suffolk) felt that the rises due to take place this year were contentious, and that a significant number of his members were unhappy. By end of year 3 costs could reach a 300% increase for staff and he felt this was unreasonable. • Claire Latham (Chair of ……) also felt that the increase planned for June was too high, and the rise had generated anger in staff. She added that future dialogue did not mean further increases would not be imposed – EL noted her comments. • EL acknowledged that there would be significant discussion moving forward with both sides committed to reaching an agreement.	
QUALITY		
47/18	**5. CHAIR'S WELCOME AND APOLOGIES FOR ABSENCE**	
	EL welcomed the Board to the second part of the meeting. He welcomed AB to the Trust, and he thanked the governors for their participation.	
48/18	**6. MINUTES FROM THE BOARD OF DIRECTORS' PUBLIC MEETING ON 27th MARCH 2018 / MATTERS ARISING**	
	The minutes of the meeting held on 27th March were considered to be an accurate record of the meeting.	
49/18	**7. ACTIONS MONITORING**	
	The Board reviewed and updated the Actions Monitoring Record. Actions 25, 29, 34, 36 (from 2017), 04, 08 and 13 were considered complete and were removed from the action log. **See Action Log for further updates.**	
50/18	**8. DECLARATIONS OF INTEREST IN ITEMS ON THE AGENDA**	
	None	
51/18	**9. URGENT ACTIONS (UNDER STANDING ORDERS PARA 5.2)**	
	a. Cyber Security – reporting to NHSi.	

	• EL was clear that the Board needs to be fully compliant with data protection security requirements. • **CM advised that there are plans in place and she will bring these in July**. **<u>The Board approved the Urgent Action in relation to Cyber Security</u>**	**CM**
52/18	**10. NORFOLK & WAVENEY STP update**	
	The Board considered the report and discussion included: • EL noted that the report from the STP appeared to be a retrospective look - JG advised that this had been produced by the Comms team as the new Executive Lead, Melanie Craig, is not yet in post. • Acute sustainability and NAHG – proposals for Cardiology, Radiology and Urology are moving forward. • At a recent meeting the Trust endorsed the Urology proposal. • Cardiology proposals recognise the Trust's link with Papworth. • ENT will be discussed. • Radiology will be developed following discussion with NHSi. • There is little benefit to be gained by merging back office functions, with the exception of Procurement which will be progressed. • Estates – there is a tight timeline as capital funding will be available for 44 STPs and the only route to access capital will be via STPs. The capital strategy is being refreshed, and the deadline is mid-July. • There are no major schemes to be worked up however the next 'wave' is in 6 months and there may be a plan by then. • EL felt that the Executives needed to develop a definitive plan for Urology and Radiology. JG advised that a steering group will be established with the MD and COO from each acute and the CEO from NNUH. Clinical workstreams will take place with QEH clinicians – a working model will be brought to the Board and to the Governors. There are likely to be significant clinical changes. • EH felt that there was not enough nursing involvement in the STP and will raise this with Melanie Craig and Patricia Hewitt. • EL asked to see any email in advance as he was meeting Patricia next Thursday. **<u>The Board noted the STP update</u>**	
53/18	**11. CEO'S UPDATE**	
	The Board considered the report and discussion included: • EL noted that the NHS @ 70 event held by the Trust had been impressive and well-attended. **<u>The Board noted the CEO's update</u>**	
54/18	**12. CHAIR'S REPORT**	
	The Board considered the report and discussion included:	

	• EL advised that Louise Smith, Director of Health for the County Council, was keen to engage with governors in public health issues. He suggested inviting her to the Trust's Annual Members' Meeting – he felt she would be able to articulate current public health challenges. **<u>The Board noted the Chair's Report</u>**	
QUALITY		
55/18	**13. PATIENT STORY**	
	Claire Kent (matron for West Raynham ward) introduced Jane (JE) and Chris Evans (CE) who shared details of his stay on West Raynham ward. • CE thanked the Board for the invitation to share his story. • He suffered a stroke in October 2017 and spent the following 6 months in QEH. • He found it very difficult to achieve any quality sleep due to noise levels – conversation during shift changes, alarms on patients' machines, movement of patients. He also found the lights unbearably bright, which was a side-effect from the stroke. JE advised that he spent 6 weeks wearing dark glasses. Although CE had been told he could purchase eye masks and ear plugs, staff on West Raynham were not aware of this; however, JE did manage to buy some. • CE had asked JE to bring in some WD40 as one of the trolleys which passed by several times each day had a squeaky wheel. He felt that it was easy for staff to become immune to noises in hospital but not the patients. • CE was concerned about the delays in answering call bells – he once waited for 40 minutes, resulting in serious discomfort • Some of the staff on the ward were particularly caring – 'Joan' was very attentive and kind, which CE appreciated as he felt very vulnerable at times. The Occupational Therapy (OT) team were also compassionate. • JE detailed an occasion when CE had felt bullied and threatened by a member of staff. An auxiliary had shouted at CE, dragged him and left him in extreme pain. Following the incident CE was frightened, and he became withdrawn when this auxiliary was on the ward. He confirmed that he was not normally lacking in confidence but had felt vulnerable in hospital. • A kind junior doctor carried out further tests and discovered that CE had a blocked valve and sepsis, which explained why he was in agony. • JE advised that she had a raised a concern about the auxiliary but had not made a formal complaint. • A young staff nurse, Paulo, who was particularly sensitive to CE's needs, ensured that CE did not have any contact with the auxiliary. CE added that Paulo was a good nurse because he listens to his patients and is respectful. He was a valued support to the couple during CE's stay. • CE recounted several joyful moments with the Physio and OT team. In Addenbrookes the physio care was non-existent, so he was pleased to come back to QEH where he started physio quickly. He found the team to be patient, giving him lots of encouragement. Initially CE was unable to walk but the hoist made him feel sick; however, the team were very patient. Physio was the highlight of CE's day. • JE advised that Addenbrokes had said if CE had not made any progress	

	after 6 months, then it was unlikely to happen. She carried out her own research and found that patients can make progress even after 5 years. She was so grateful to the team who made such difference to CE – they come to the house 2-3 times a week and he has now progressed to a single stick. • One OT asked CE to be a case study in his training – JE felt it was excellent to see a continued investment in staff training. • EL thanked JE and CE for their account which he found both moving and disappointing. N Tarratt will take back their appreciation to his Physio team. He assured them that the Trust does learn from these stories – one act can undermine a whole experience. • EH also thanked the couple for sharing their story. She found the details upsetting and will do everything possible to ensure this does not happen to someone else. **She felt their story highlighted the importance of caring and the impact it has on patients and families - she will share the story with the senior nursing team. With regard to noise on the wards, there are small things which could be addressed, i.e. only using soft- close bins and lower-level lighting.** • MA considered the care CE received from the auxiliary to be reprehensible and sought assurance that this behaviour is not replicated elsewhere. **EH agreed and will follow-up**. MA felt if this was happening in one area, it was likely to happen somewhere else. CE was a vulnerable patient but still did not make an official complaint – MA explored how many similar issues go unreported; she felt this was a challenge for the whole hospital. She suggested the Trust needed to enable patients and families to speak up. • EL agreed, adding that it was hard to believe that this behaviour was not known to other ward staff. EH felt the Trust needed to empower colleagues to speak up. • IH found the account distressing – CE had been discharged in January and was still feeling the effects of the incident. He was clear that this must be investigated. • **DT added that the Board should not forget the positive contribution made by Joan, Paulo and the physios / OT staff – he asked EH and N Tarratt to let them know the Board is appreciative of their efforts.** • NT felt that the FFT is a tick-box form and it would be more useful to carry out a follow-up with 5 patients from each ward when they are discharged. • **EL advised that the Board will see the follow-up report in July – EH to update at Quality & Performance in June.** **<u>The Board noted the Patient's Story</u>**	**EH** **EH** **N Tarratt** **EH**
56/18	**14. REVISITING THE PATIENT STORY**	
	The Board considered the report and discussion included: • EL was disappointing to see details of the complaint received by West Norfolk Deaf Association in relation to the provision for inpatients who are totally deaf, particularly as feedback received for the Audiology department had been good. • West Norfolk Deaf Association has been invited to support a Trust initiative to increase awareness and training for frontline staff. • Improving communications for patients who have a sensory impairment is one of the Trust's quality objectives for 2018/19.	

	The Board noted the Patient Story update	
57/18	**15. QUALITY ASSURANCE AND CQC COMPLIANCE**	
	The Board considered the report and discussion included: • EH advised that the Trust continues to submit weekly progress to the CQC and has received positive feedback on the quality of evidence / assurance provided. • The CQC is satisfied with actions put in place to address concerns relating to the ED. • The Trust is continuing to work through a number of PIR requests, with the aim of closing these down in the next 7-10 days so work can continue on developing the Quality Improvement Plan. • An unannounced inspection will take place before the end of June. **The Board noted the Quality Assurance / CQC Compliance planning update**	
58/18	**16. FREEDOM TO SPEAK UP GUARDIAN update**	
	The Board considered the report and discussion included: • In May revised guidance was issued by the National Guardians' Office in respect of 'Freedom To Speak Up'. • GR has developed a draft policy for Board, which meets the model policy requirements and links with the Trust's Whistleblowing Policy; staff have several opportunities to raise concerns. • MA is the current FTSUG on an interim basis; the Trust is aiming to appoint substantively later in the summer. • EL thanked MA for acting as FTSUG. **The Board approved the Speaking Up Vision and Policy**	
RISK		
59/18	**17. BOARD ASSURANCE FRAMEWORK**	
	The Board considered the report and discussion included: • EL noted the addition of the risk posed by cyber security and advised that a report is due to go back to Audit Committee in August. • CM advised that she attended a NHS Digital event with Mike West and that as a result the Trust has been successful in its application to join two cyber-security pilot studies. **The Board endorsed the Board Assurance Framework (BAF)**	
60/18	**18. CORPORATE RISK REGISTER (>15)**	
	The Board considered the corporate risk register and discussion included: • EL queried whether a score of 16 for risk 2343 (cyber-attack) is	

	sufficiently high - CM advised that the calculations had been made based on utilisation of the risk matrix used throughout the Trust. Work is on-going to minimise the risk. • DT referred to risk 2338 (staff in Day Surgery are too hot) added in April 2017 and queried whether this was 'major' and 'likely' - Julie Carlton advised that this relates to one room only, and both lighting and type of x-ray gown used had been changed. Staff avoid using the room where possible. This is not linked to theatre cooling. Julie advised that failure to use the room would result in a loss of income. • EL considered this to be sub-optimal use of the room for the services the Trust is providing and asked RJ to identify an alternative facility; **RJ will consider at the next Space Utilisation Group meeting.** • **GR suggested the risk should be re-articulated and mitigation included**. **<u>The Board noted the Corporate Risk Register update.</u>**	**RJ** **J Calton**
REGULATORY AND GOVERNANCE		
61/18	**19. PERIODIC REPORTS** **a. Standing Financial Instructions (SFI)** • There were no material changes –approved. **b. Scheme of Delegation (SoD)** • RJ advised that this formalises current practice - approved. **c. Constitution and Standing Orders** • There is a formal extension of the length of time an appointed governor can stand – increased from 2 to 3 terms. • CCG representation as a statutory member of the Governors' Council has been removed following discussed and approval by the Governors' Council. **d. Audit Committee Annual Report** • IP advised that the audit process went smoothly, and thanked GR and the KPMG team. This was the 6th and final report he will present as he will be stepping down as a NED later this year. EL thanked IP for his contribution as Audit Chair. • ToR were approved with no material changes. **e. Workforce Committee Annual Report** • MA advised that the report reflects the work of the committee over the last 12 months. She took over as Chair in December 2017. **f. Fire Report** • RJ advised there was an error on the final page in relation to cross referencing. • Fire alarm work is due to be completed in 2020. • A full survey is required in relation to fire compartmentation. • EL queried whether the fire service was aware of current challenges – RJ advised that they have received copies of all relevant paperwork, so are aware. Table-top exercises have been carried out. • IP noted low levels of compliance with fire training – KC advised that	

	this was due to a change in compliance levels, moving from 3 yearly to annual. This training has to be delivered on a face-to-face basis; the Fire Officer has offered to provide training to individual areas. The Trust will not be fully compliant this financial year. • **MA queried whether any further actions were required in light of the Grenfell fire - RJ advised that the Trust does not have any cladding, nor does it use any similar materials but he can add positive assurance to the report.** **The Board endorsed the Fire Report.** **The Board approved:** **a. the Standing Financial Instructions;** **b. the Scheme of Delegation;** **c. the revised Constitution and Standing Orders;** **d. the Audit Committee Annual Report and Terms of Reference;** **e. the Workforce Committee Annual Report;**	**RJ**
62/18	**20. FIT & PROPER PERSONS PROTOCOL update**	
	The Board considered the report and discussion included: • EL advised that the Fit & Proper Persons Protocol (F&PPP) had been introduced in 2015 and all senior appointments are subject to the test. • All executives' files have been reviewed in line with FPPP guidance. **The Board was satisfied that all Board Directors meet the 'Fit and Proper Person Test' criteria as described in Regulation 5 and as tested through the Trust's 'Fit and Proper Person Test' Protocol.**	
63/18	**21. SELF-ASSESSMENT OF COMPLIANCE WITH LICENCE**	
	The Board considered the report and discussion included: • With the exception of the financial challenge the Trust meets all conditions with statement. • Certification is included but no longer needs to be submitted. **The Board agreed the self-assessment of compliance with its licence and approved the application of the signatures of EL and JG to the Self-Assessment of Compliance with Licence**	
64/18	**22. POLICIES / ToR** **a. Finance & Activity Committee ToR** • The responsibility for performance has been transferred to the Quality Committee; activity will now be monitored at Finance Committee • RJ advised that the SFIs will be changed to reflect these changes. **b. Quality & Performance Committee ToR** • EL confirmed with IH that safety issues would continue to be monitored by the Committee. • All existing meetings are to be cancelled and reinstated, with only core attendees invited. • Forward plans will be reviewed for both committees.	

	• AB will be joining Workforce Committee, Finance & Activity Committee and Quality & Performance Committee. **The Board approved the revised Terms of Reference for the Finance & Activity Committee and the Quality & Performance Committee**	
65/18	**23. REGISTER OF DIRECTORS' INTERESTS**	
	The Board considered the report and discussion included: • **AB's interests to be added for July.** **The Board noted the Register of Directors' Interests**	**LL**
66/18	**24. BOARD OF DIRECTORS – FORWARD PLAN**	
	The Board noted the Forward Plan	
	Questions Michael Chenery advised that he had received comments from the community about the significant number of ambulances at the Trust – he queried whether QEH had been invited to provide a report to EEAST. JW advised that ambulance attendances for April were 59 per day, and c.64 for May. The Trust had not been invited to report to any EEAST meetings but there was regular dialogue between the two trusts. Michael added that the vast majority of people he met across Norfolk were highly loyal to the Trust, and felt it provided a good service for the population	
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.		
Date of next meeting of Board of Directors (Public) meeting – 31st July at 11.30am in the Inspire Centre.		
There being no further business, the meeting was closed at 3pm		