

<b>Document:</b>	<b>Minutes FINAL &amp; APPROVED</b>	
<b>Meeting:</b>	<b>Board of Directors (session in public) Thursday 7 May 2020, 11:00 – 12:30 via videoconference</b>	
<b>Present:</b>	Beryl Hobson (BH)	Trust Chair (voting)
	Keith Altman (KA)	Medical director (voting)
	Paul Dillon-Robinson (PD-R)	Non-executive director (voting)
	Kevin Gould (KG)	Non-executive director (voting)
	Steve Jenkin (SJ)	Chief executive (voting)
	Abigail Jago (AJ)	Director of operations (non-voting)
	Michelle Miles (MM)	Director of finance (voting)
	Gary Needle (GN)	Non-executive director (voting)
	Karen Norman (KN)	Non-executive director (voting)
	Geraldine Opreshko (GO)	Director of workforce and OD (non-voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
	Jo Thomas (JMT)	Director of nursing (voting)
<b>In attendance:</b>	Hilary Saunders (HS)	Deputy company secretary (minutes)
	Peter Shore (PS)	Lead governor
<b>Welcome</b>		
<b>70-20</b>	<p><b>Welcome, apologies and declarations of interest</b> The Chair opened the meeting. There were no apologies and no new declarations of interest.</p> <p>All papers would be taken as read. Questions from board members relating to reports had been collated and distributed to the board in advance, and are incorporated into today's minutes.</p> <p>It was also noted that following circulation of the board pack, an updated version of the BAF had been distributed and the published version of the board pack updated for the website.</p> <p>For the record, the Board was reminded of current governance arrangements in place (with supporting terms of reference), which had been implemented in March. These included continuation of board committee meetings, (abridged where appropriate) in addition to Chair/CEO weekly videoconferencing and Chair/NED/CEO sessions increased to weekly. A NED/Executive buddying system was also in place.</p> <p>The Programme Director was maintaining a register of decisions taken through the EPPR and executive route to ensure good governance. This work was being overseen by the Finance and performance, and Quality and governance committees.</p> <p>These arrangements were due for review by the Board at its meeting in July.</p>	
<b>Standing items</b>		
<b>71-20</b>	<p><b>Draft minutes of the meeting held on 05 March 2020</b> The minutes of the public meeting held on 5 March were approved as a correct record</p>	
<b>72-20</b>	<p><b>Matters arising and actions pending</b> The Board received the updated list of matters arising and actions pending. In addition, the following issues were clarified:</p> <ul style="list-style-type: none"> <li>• That it remained the Trust's aspiration to acquire a full-time MRI scanner but given the current crisis, funds were now likely to have been allocated elsewhere. However, this would remain on the agenda for now.</li> <li>• The pension tax issue was still not resolved but measures were in place to manage the impact of significantly increased levels of earnings. There was no impact on QVH job</li> </ul>	

	<p>plans or ways of working, and the Trust was very quiet at present due to the pandemic but further implications could become apparent later in the year. There may be opportunities to increase capacity later in the year, but again this was not known at present.</p> <ul style="list-style-type: none"> <li>• The main contractor had returned to resolve the theatre roof issue at no additional cost to the Trust; however, we could not be certain of success until the weather began to deteriorate.</li> <li>• One-way text messages had been implemented. Whilst a pilot scheme on two-way texting was underway, the work on virtual clinics had taken priority in recent weeks.</li> <li>• Following discussion in March, the Board was reminded that when the local Emergency Preparedness, Resilience and Response (EPRR) group had reviewed the QVH self-assessment it had received substantial assurance; this was subsequently downgraded by the wider Local Health Resilience Partnership Group (LHRPG) but reasons cited were challenged by the QVHEPRR officer as inaccurate. This challenge was followed up in writing but the Trust had yet to receive a response due to the pandemic.</li> <li>• A reminder of the way in which the medical examiner guidance was implemented at QVH. As part of partnership working, this was included in a fixed term appointment, but since the start of the pandemic, the staff member had been deployed back to BSUH. The Trust would need to await his return before progressing further; however, we had been assured that appropriate support would be provided by BSUH in the interim.</li> </ul> <p>There were no further queries and the Board <b>noted</b> the update on Matters arising and actions pending.</p>
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<p>73-20</p>	<p><b>Chief executive's report</b> <u>Board assurance framework</u> SJ reminded the Board that the overall BAF had been updated and recirculated prior to the meeting today. The Board sought and received additional assurance as follows:</p> <ul style="list-style-type: none"> <li>• That COVID19 would not be included in the BAF separately; instead, the Trust's approach was to include COVID as an additional dimension on all risks and manage appropriately, in line with national guidance. The block contract was due to continue until July, and the financial position would continue to be reviewed at the Finance and Performance committee.</li> </ul> <p><u>CEO report</u> The Board sought and received additional clarification as follows:</p> <ul style="list-style-type: none"> <li>• Responding to news that Sussex's status as an Integrated Care System had been approved, the Board queried the impact of this on QVH. The Trust would in future be working closely in partnership with local councils and others providers, and take collective responsibility for managing resources, including funding for workforce, performance etc. the ICS executive would comprise providers, commissioners and specialist commissioners, ambulance services and local authorities. QVH is now actively involved in a way not seen previously and positive relationships have been developed, evidenced in recent weeks with the Sussex-wide response to COVID.</li> <li>• In response to concerns that the ICS may make decisions disadvantageous to the Trust, the Board was reminded that QVH remained a unitary board with the CEO as accountable officer.</li> <li>• Our partnership working with BSUH and Western was continuing and there would be an update on the due diligence exercise at the next board seminar; our long-term strategy would not fundamentally change because of COVID. The Trust's current role as a cold cancer site had been recognised both regionally and centrally and it would be interesting to see how this might continue in the future. It was hoped that a systematic formal assessment would be undertaken after the pandemic to ascertain what changes might be retained. Benefits to date had included a large increase in telephone and video consultations.</li> </ul>
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	<ul style="list-style-type: none"> <li>The integrated dashboard was consistent with the workforce report, which showed turnover as red, but with an improving position.</li> </ul> <p><u>Media report</u> The Board commended the quality of media coverage and congratulated those involved.</p>
<p><b>Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services</b></p>	
<p>74-20</p>	<p><b>Board Assurance Framework</b> The Board sought clarification regarding KSO1, which highlighted recruitment, and retention and commissioner/provider led changes as the biggest risk. JMT confirmed that workforce has been stable during the pandemic and we have had a sustained focus on health and wellbeing, which has been well received by staff. There may be workforce changes as lockdown lifts and we will be responsive to these and continue to update the BAF/CRR as appropriate.</p> <p>Current risk ratings had increased.</p>
<p>75-20</p>	<p><b>Quality and governance assurance</b> The Board <b>noted</b> the contents of the Quality and governance assurance report.</p>
<p>76-20</p>	<p><b>Corporate risk register (CRR)</b> The Board <b>noted</b> the contents of the Corporate risk register.</p>
<p>77-20</p>	<p><b>Quality and safety report</b> The Board received the Quality and safety report, seeking additional clarification as follows:</p> <ul style="list-style-type: none"> <li>Were any compensating controls required following deferral of doctors' revalidation for a year? KA explained that the GMC had made the decision to defer and that there would be flexibility around notice periods to enable those due to be revalidated in the future. The real impact was on appraisals, which had been put on hold. However, it was relatively straightforward to monitor those doctors with a prearranged connection to QVH and once we were able to resume, we would do.</li> <li>Last month's doctor's induction had been streamlined which had been made easier due to the fact there had been no rotation in April.</li> <li>There had been a slight increase in complaints in March; main themes were around communication but none related to COVID.</li> <li>That the three patients who had a fall last month had been risk assessed on admission, with appropriate follow up undertaken.</li> <li>The Friends and Family test (FFT) results in the Trauma clinic last month included two patients who scored negative, with one commenting on the amount of the time they had had to wait for treatment. Feedback had been shared with the team.</li> <li>Staffing continues to be monitored by clinical leads and at four set points during a 24-hour period. No trained shifts have been replaced by HCAs and sickness absence has been covered by staff redeployed from other areas due to cancelling of elective work; agency use has been minimal during the pandemic, relating primarily to mental health nurse cover.</li> <li>There were no clinical harm reviews in April, partly due to annual leave and partly to the pandemic. All clinical harm reviews identified for April were completed in the first week of May with one case under surveillance.</li> </ul> <p>There were no further questions and the Board <b>noted</b> the contents of the update.</p>
<p><b>Key strategic objectives 3 and 4: operational excellence and financial sustainability</b></p>	
<p>78-20</p>	<p><b>Board Assurance Framework</b> The Board noted the contents of the latest BAF for KSO3.</p>

	<p>The backlog of coding, previously recorded as a risk issue on KSO4 had been removed due to work undertaken to date and the fall in activity. The team was using this opportunity to identify solutions for the remainder of this financial year and beyond.</p> <p>The Board noted the new requirement for service reviews to understand efficiencies against payments. MM described work being developed to inform what future services reviews may look like.</p>
<p><b>79-20</b></p>	<p><b>Financial, operational and workforce performance assurance</b></p> <p>The Board received an update from the Chair of the Finance and performance committee following the recent meeting. There was a short discussion around the need for certainty regarding future contracting arrangements to inform our strategic and business planning, and whether the Executive had necessary support, resources and information from commissioners to develop a reasonable assessment projection for next year. The Board was reminded that the block contract was due to continue until July, and the financial position would continue to be reviewed at the Finance and Performance committee.</p> <p>There were no further comments and the Board noted the contents of the update.</p>
<p><b>80-20</b></p>	<p><b>Operational performance</b></p> <p>The Board received the latest operational performance report, and sought and received the following clarification:</p> <ul style="list-style-type: none"> <li>• That the Association of Breast Surgery (ABS) had published guidance on 23 March standing down breast reconstruction at the time of surgery, which the Trust was observing. QVH would resume immediate reconstruction as soon as permitted.</li> <li>• The Trust was cognisant of an increase in diagnostic waits exceeding 6-weeks; delays were being experienced by cancer patients in all areas of their pathway but risk assessments were being undertaken in line with the pathway variation process and signed off at the Cancer Board. The Trust's Head of Risk and Patient Safety was part of this group.</li> <li>• Waiting lists were being prioritised in the normal way and data was presented within the usual reporting timescales.</li> <li>• Additional data was provided in the report this time, which demonstrated the impact of COVID19 on the referral to treatment (RTT) targets. Clock starts had been reduced by 27%, reflecting an overall reduction in referrals.</li> </ul> <p>There was a short discussion around activity restoration and recovery, with the Board seeking assurance that the Trust had the necessary capacity and skills in place for this. SJ assured the Board of the approach to restoration and recovery, describing the seven guiding concepts, which underpin this strategy. These included maintaining staff and patient safety; delivering elective recovery whilst maintaining our system role in supporting COVID-19 for cancer and trauma; a consistent and standardised Trust approach; delivery of service innovation, awareness/ planning of an exit strategy; financial mechanisms and payment and workforce.</p> <p>The Board asked how responsibilities would be allocated between individual organisations and the ICS. SJ reported that the ICS Executive had signed off the terms of reference for the group, which would meet on a weekly basis to set the strategic framework for restoration and recovery (R&amp;R), ensuring alignment. At QVH, the terms of reference for restoration and recovery groups would be developed to agree priorities and implement a phased recovery plan.</p> <p>It was acknowledged that both the Centre and our ICS would need to recognise that we would not have theatre capacity to address the increase in RTT if we continued our role as a cold cancer site. We would also need to reconsider current strategy based on current constraints.</p>

	<p>The Board was supportive of the approach which management was taking, whilst recognising this was a very challenging environment.</p> <p>There were no further questions and the Board <b>noted</b> the contents of the update.</p>
<p><b>81-20</b></p>	<p><b>Financial performance</b></p> <p>The Board received the latest financial update. The following questions were raised, and responded to in advance:</p> <ul style="list-style-type: none"> <li>• A request for clarification on non-pay overspend which was driven by fixed asset impairments. The impairments were the resultant change for the revaluation that the Trust undertook in March, this is a requirement and is a technical adjustment on the accounts</li> <li>• A request for clarification regarding the reported £488k of bad debt provision. This was a prediction of the potential level of debt that could become bad; however, it was a subjective assessment and would be reviewed with the auditors.</li> <li>• A request for further detail around annual leave accrual. At year-end, the Trust recorded c£140k of additional accruals for untaken annual leave due to COVID, and a further c£40k for non-covid related reasons, over and above last year, (in 2019/20, annual leave accrual was c£70k). GO reminded the Board that it was usual practice to accrue for annual leave to provide flexibility for those staff unable to take leave without affecting the service. Additionally during the last month of the year, a number of staff had cancelled booked leave after needing to 'socially isolate' for 14 days. Whilst mindful of national guidance for flexibility around terms and conditions, QVH and the Sussex system as a whole was encouraging staff to book leave as normal, reinforcing this from a wellbeing perspective.</li> <li>• Noting that overspend against revised plan was driven by recoding of agency costs which were previously coded against bank, the Board asked if this would materially change information previously provided to the board on both bank and agency usage: The Trust was on plan for pay in line with the revised forecast. Whilst agency was on plan, there was a slight variation between bank and substantive staffing, which was only minimal. Assurance was given by the Director of Finance that there were no material changes to the information previously provided to the Board.</li> <li>• The Finance and performance committee would continue to monitor cyber security following successful completion of the recent project. (All Board members received reports as a matter of course).</li> <li>• Following deferral of the eObs programme and PAS upgrade because of COVID, the Board received an update on plans to get these back on track.</li> <li>• Debtor accrued income is where an invoice has been raised outside of the month, and actually showed a decrease on prior periods.</li> <li>• Regardless of activity, the Trust will only be paid on block payment arrangements; no cost improvement plans would be required in the first four months of the year, but there was an assumption that these would be introduced from MO05 onwards. However, there were minimal budget reductions this year with an expectation that there would be none within the cost improvement plan.</li> </ul>
<p><b>Key strategic objective 5: organisational excellence</b></p>	
<p><b>82-20</b></p>	<p><b>Board assurance framework</b></p> <p>The Board noted the contents of the KSO5 BAF.</p>
<p><b>83-20</b></p>	<p><b>Workforce monthly report</b></p> <p>The Board received the regular workforce report. Additional clarification was sought as follows:</p> <ul style="list-style-type: none"> <li>• An update on plans for August rotation. Whilst informal discussions with the Deanery had begun, and some form of rotation was anticipated in August, it was too soon to confirm</li> </ul>

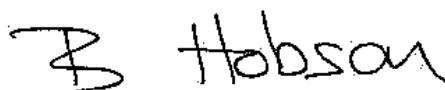
	<p>the detail. National guidance was very clear on flexibility around job descriptions, terms and conditions and the new contract.</p> <ul style="list-style-type: none"> <li>• Staff health and wellbeing initiatives had been well received. There were also plans for potential PTSD support, which may be required, later in the year. The Trust was also piloting the use of webinar interactive initiatives for mindfulness.</li> <li>• Today’s report showed data up to March. However, there were early indications temporary staffing had fallen dramatically in April, partly because of the fall in activity but also because the Trust was redeploying staff from other areas due to cancelling of elective work.</li> <li>• Mandatory and Statutory Training figures were likely to drop, but the Workforce services would continue to promote the use of e-learning.</li> <li>• Sickness absence rates in March were higher than usual because of COVID related illness. The number of staff isolating had not been correctly recorded in March but figures would drop back to levels that are more usual in April.</li> <li>• Assurance that the Trust was actively managing the disproportionate impact of COVID on BAME staff, with updated risk assessments for all staff pending.</li> <li>• The enormous amount of work undertaken by IT to enable more people to work from home was commended.</li> <li>• The Board noted the number of staff in post and current vacancy rates, which showed significant improvement on previous years and commended all those involved.</li> </ul> <p>In response to a question from the lead governor GO described the process currently in place for staff testing which was being co-ordinated through the incident room. Following approval by EMT and HMT, it was anticipated that the Trust would be able to introduce its own on-site testing facility within a few weeks, which would speed up test results.</p> <p>On behalf of the Board, the Chair expressed thanks to everyone at QVH, citing not just the work of the clinical staff but also the efforts made by the Executive and all their teams. She asked that a message expressing the Board’s thanks be circulated to the whole organisation. <b>[Action: CP]</b></p>
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<b>Governance</b>	
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<b>84-20</b>	<p><b>NHS Provider licence conditions</b></p> <p>The Board received a paper setting out the requirement to self-certify that it had complied with the NHS Provider Licence and NHS Acts, and that it has had regard to the NHS Constitution.</p> <p>Following circulation of the reports and in response to a request for additional evidence, the Board had subsequently received a copy of the QVH licence as a reminder of what it covered.</p> <p>Whilst the Trust had received authorisation to delay submission of the annual report and accounts, no such authorisation had been granted regarding self-certification, hence this year’s process was out of sequence with the usual cycle</p> <p>All foundation trusts were affected in the same way, with the majority choosing to go ahead with self-certification without further delay.</p> <p>CP was confident that the template declaration was appropriate. MM confirmed that the wording around resources had been used in previous years, and again was appropriate in the 2019/20 financial year.</p> <p>A statement to this effect would also be published to the Trust’s website.</p>
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	<p>In response to a query from the Board, MM advised that it was for NHS England to define those specialised services which have commissioner requested service designation, and it was not for the Board to make amendments.</p> <p>There were no further questions and the Board <b>confirmed</b> that:</p> <ul style="list-style-type: none"> <li>• It had complied with the NHS provider licence condition</li> <li>• It had taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))</li> <li>• It had complied with required governance arrangements (Condition FT4(8))</li> <li>• It had a reasonable expectation that required resources will be available to deliver the designated Commissioner Requested Services (Condition CoS7(3) over the next financial year but specific factors may cast may doubt on this</li> </ul>
<p><b>85-20</b></p>	<p><b>Audit committee assurance update</b></p> <p>The Board received an update from the Chair of the Audit committee. Concerns were raised that senior staff engagement in the risk management internal audit appeared minor and seemingly unrepresentative. Members queried how much assurance was derived from this and to what extent did conclusions and recommendations depend on this. The Chair stated that this had not been highlighted as an issue at the meeting. This audit had also been reviewed by the Quality and governance committee and it was noted that these results were not taken in isolation but considered in conjunction with a range of other measures to gain full assurance.</p> <p>There were no further questions and the Board <b>noted</b> the contents of the update.</p>
<p><b>Any other business</b></p>	
<p><b>86-20</b></p>	<p>The Chair noted that at the next seminar scheduled for 4 June, there would be an opportunity to follow up on items discussed today.</p>
<p><b>Questions from members of the public</b></p>	
<p><b>87-20</b></p>	<p>The Chair noted that a question had been raised by one of the governors through PS as lead governor relating to the recent news that the Treasury would be taking over a large proportion of the NHS debt. Additional clarification was sought as to whether this would apply to QVH and if so what were the implications. This matter had been raised at a recent Finance and performance committee meeting but no further information had been received to date. The Chair asked PS to update the governor concerned, and suggested any further details would be communicated to governors via the usual channels.</p>

Signed:



Trust Chair

Date: 13 July 2020 (via email)