

Document: Minutes FINAL & CONFIRMED	
Meeting:	Board of Directors (session in public) Thursday 2 July 2020, 11:00 – 12:30 via videoconference
Present:	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 Oproshko (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)
In attendance:	Hilary Saunders (HS) Deputy company secretary (minutes)
	Lawrence Anderson (LA) Deputy director of workforce
	Peter Shore (PS) Lead governor
Members of the public	Two public members of the Council of Governors
Welcome	
93-20	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting and welcomed LA who was observing today's meeting in addition to two Council members.</p> <p>BH reminded the Board that the meeting would follow the same format as last time. Members had raised questions in advance, which would be addressed today. This was to make best use of the time available and it was important that issues were still discussed in full where needed.</p> <p>There would be a change to the running order of today's business with the BAME disparity work programme and Board assurance item to follow immediately after the CEO's report. This was to allow sufficient time to address this important matter. BH stated that everyone had been very moved by the evidence emerging of the disproportionate effect COVID 19 has had on staff from a BAME background and acutely aware of the issues highlighted by the Black Lives Matter movement. The BAME disparity work programme should not be a tick-box exercise and focus would be on culture, leadership and the tone the Board set in addressing inequalities.</p> <p>GN declared he had recently taken on the role of contract tracing team leader for Public Health England (on the PHE bank). This has now been recorded on the register of interests</p> <p>There were no apologies.</p>
Standing items	
94-20	<p>Draft minutes of the meeting held on 07 May 2020</p> <p>The minutes were approved as a correct record</p>
95-20	<p>Matters arising and actions pending</p> <p>The Board received the latest matters arising and actions pending document.</p>

	<p>Whilst there was an action pending to provide an update on Adult Burns in September, this would be deferred until later in the year if there were nothing of significance to report.</p>
<p>96-20</p>	<p>Chair's report The Board received the Chair's report.</p>
<p>97-20</p>	<p>Chief executive's report The Board received the Chief Executive's report, comprising overall BAF, integrated dashboard and media update, in addition to the main report.</p> <p>In response to questions from the Board, SJ clarified the following:</p> <ul style="list-style-type: none"> • Many of the metrics on the integrated dashboard showed red reflecting both the impact of the pandemic and the restoration and recovery plans currently underway. SJ suggested that the dashboard should be seen alongside the BAF where there had been dramatic changes to both in the last few months; in particular KSOs 3 and 4 were now in a very different position. Activity had deteriorated recently, mirroring other trusts, but by contrast, block contract payments introduced at the start of the pandemic had moved KSO4 metrics from red to amber or green. MM suggested that additional KPIs could be added into KSO4 to measure underlying deficit. [Action: MM] • The shortage of masks described in the main report related to the availability of some discontinued items rather than overall stock. JMT confirmed that the Trust anaesthetic lead did not anticipate loss of activity but would continue to ensure we had the right kit and that staff knew how to use it. • Recent correspondence from NHSE/I had asked trusts to take the opportunity to 'lock in' beneficial changes that had materialised as a result of COVID. Such examples at QVH would include continuation of meetings via videoconference and business conducted in a more succinct way. 16,000 virtual consultations had been undertaken since early April and the number of video consultations was also increasing. The Head of Operational Improvement was capturing these examples and taking this initiative forward. <p>SJ reminded the Board that it should be very proud of what the organisation had achieved in recent months. There had been good clinical engagement and the Trust had worked well with The McIndoe Centre in managing trauma patients. QVH was now well represented within the region and had generated excellent media coverage.</p>
<p>Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services</p>	
<p>98-20</p>	<p>Board Assurance Framework The Board received board assurance frameworks for KSOs 1 and 2.</p> <p>The Board queried why the risk relating to pension tax issues had been removed from KSO2, seeking assurance that this was no longer an issue. KA noted that this had also been considered at the recent Quality and governance committee. Despite concerns that consultants may choose to go part time or reduce their job plans, there was no evidence to support this and a decision had been taken to remove this from the BAF. The situation would be monitored and the risk reinstated if appropriate.</p> <p>AJ concurred that this issue appeared to have been resolved since the increase in pension tax thresholds. Any private activity would have to be agreed in advance with the QVH clinical senate. The McIndoe private surgical centre continued to support QVH in managing its work as a cancer hub. A task and finish group had been established to ascertain how work could be expanded to cover out of hours.</p> <p>The Board noted that a bigger challenge than pension tax was of the risk to the workforce of unexpected absence, adverse test and trace outcomes and the need for staff shielding.</p>

	There were no further comments and the Board noted the contents of the update.
99-20	<p>Quality and governance assurance The Board received the regular Quality and governance assurance report.</p> <p>The Board noted deferral of the Committee’s sub-group meetings during the pandemic and queried the impact of this; it also went on to seek assurance as to the value provided by these meetings. Whilst there had been no serious impact following postponement of the meetings, members of the Quality and governance committee cited the depth and diversity provided which might not be apparent in a report. KN concurred that all groups had a significant programme of work, which supported the assurance process. Meetings would be re-introduced over the next few months as part of the recovery and restoration programme.</p> <p>There were no further queries and the Board noted the contents of the update.</p>
100-20	<p>Corporate risk register (CRR) The Board received the latest corporate risk register. Additional clarification was sought in respect the following:</p> <ul style="list-style-type: none"> • Risk 1182 relating to system failures around the NHS video consult programme. AJ explained that the upgrade was linked to a national programme; the contingency plan at present was patient consultation by phone. • Risk 1140 regarding the current PACs project, due to expire in June. MM agreed to email the Board with a detailed response. [Action: MM] <p>There were no further questions and the Board noted the contents of the update.</p>
101-20	<p>Quality and safety report The Board received the regular Quality and safety report, seeking clarification in respect of the following:</p> <ul style="list-style-type: none"> • Confirmation that all cancer patients were required to undertake strict self-isolation for 14 days prior to admission to QVH. There was no flexibility around this. There is no evidence that this was generally affecting a patient’s willingness to come in for cancer treatment; whilst a few may have chosen not to receive treatment at this time, overall this had not been identified as a problem. • Clarification that <i>Clinical Harm Reviews</i> and <i>Risk Stratification and Prioritisation of patients for elective surgery</i> were two discrete pieces of work. The former was undertaken where a patient had been deferred, the latter at the point of treatment and the process involved procedural and patient scores • Assurance that, whilst still in its early stages, the integrated governance process is working well. It is overseen by EMT with HMT sign-off where appropriate. Additional assurance is provided with JMT cross-referencing all relevant action logs to ensure nothing is overlooked. <p>There were no further questions and the Board noted the contents of the update.</p>
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
102-20	<p>Board Assurance Framework The Board received the BAF for KSO3, highlighting the following:</p> <ul style="list-style-type: none"> • That the risk rating had been consistent at 16 for the previous three quarters and querying if there was now a case for increasing to 20 given restoration and recovery challenges becoming apparent. AJ felt that this was difficult to determine. Although performance had deteriorated due to COVID, other elements were continuing to improve. • A query as to whether the establishment of the Sussex ICS might help resolve gaps in controls linked to care pathways. Whilst this would not improve tertiary issues, AJ

	<p>suggested that relationship development would help. She also reminded the Board that Sussex was only one area for which QVH provided services.</p> <ul style="list-style-type: none"> Assurance that all providers were working to a similar recovery trajectory and that the Trust would continue to monitor all activity, not just that which came through the Sussex ICS. It was difficult to determine at this stage the current level of patients deferring treatment when offered an admission date, due to fears around COVID. Decisions to defer were affected by various criteria; more data may be available next month. <p>The Board received the BAF for KSO4, and sought additional clarification as to why reference to the quality improvement programme been removed. MM confirmed that service reviews include the quality improvement element using service review methodology.</p> <p>There were no further questions and the Board noted the contents of the update.</p>
<p>103-20</p>	<p>Financial, operational and workforce performance assurance The Board received the financial, operational and workforce performance assurance report.</p>
<p>104-20</p>	<p>Operational performance The Board received the latest operational performance report, commending the huge amount of work undertaken on recovery and restoration planning. Additional clarification was provided in respect of the following:</p> <ul style="list-style-type: none"> That the most important rate limiting factors as we move from planning to delivery were ensuring pace and clarity of decision making, management capacity to deliver and cancer hub requirements The top three risks to successful delivery included: <ul style="list-style-type: none"> Capacity (space, workforce, PPE) Patient willingness to attend Complexity of variation, eg changing guidance on a regular basis Resumption of spoke activity was not dependent upon availability of PPE at QVH as this was provided by spoke sites. Assurance that point of referral would not take precedence over clinical need when prioritising waiting lists. Whilst activity had fallen, services requiring histopathology had increased, particularly due to a series of complex head and neck cancer cases.
<p>105-20</p>	<p>Financial performance The Board received the latest financial performance report. It was noted that the report related to in-year performance but that the underlying deficit carried forward from last year currently stood at c£10m.</p> <p>MM also reminded the Board that there was still a lack of assurance in respect of financial recovery funding available to the Trust.</p> <p>There were no further comments and the Board noted the content of the update.</p>
<p>106-20</p>	<p>Budget setting methodology update 2020/21 The Board received a report on the Trust's current budget setting methodology for 2020/21. Additional assurance was sought with regard to:</p> <ul style="list-style-type: none"> The proposed timescale for approval; MM confirmed that pay and non-pay budgets were being signed off at present, however, no organisation had yet been able to sign off fully and it wasn't clear when income guidance would be available In response to a question regarding the drugs inflation figure, MM advised that this was a national inflationary level and an operational planning requirement. She agreed

	<p>to provide the Board with additional information via email after today's meeting. [Action: MM]</p> <ul style="list-style-type: none"> The Board noted the the significant number of variables and unknowns affecting our ability to accurately set and control budgets but suggested it would be helpful to receive something on aggregate with the understanding that would change throughout the year. MM agreed it should be possible to circulate something within the next few days [Action: MM] <p>There were no further questions and the Board noted the contents of the update.</p>
<p>Key strategic objective 5: organisational excellence</p>	
<p>107-20</p>	<p>Board assurance framework The Board received the latest board assurance framework update on KSO5</p>
<p>108-20</p>	<p>Workforce monthly report The Board received the latest workforce monthly report, noting in particular that good progress had been maintained on summary indicators. There were no concerns around infection control targets, despite a few fluctuations whilst staff adjusted to different ways of working. MAST training had not fallen significantly and conversion to eLearning had been successful. The Board was asked to note that there could be a hiatus during the switch from WebEx to MS Teams.</p> <p>There were no further questions and the Board noted the contents of the update.</p>
<p>109-20</p>	<p>BAME disparity work programme and Board Assurance GO presented a report describing the disparity of the impact of COVID19 on the BAME community; this also included a framework with which Board could assess and report on what actions can be taken forward following discussion. The Board was asked to note in particular:</p> <ul style="list-style-type: none"> Whilst the paper was evolving, it provided a succinct overview of the current workforce at QVH. Additional information would be incorporated after today's meeting and following the August seminar. Terminology used in the report was regional and national and would be considered in more detail at the forthcoming seminar with Cavita Chapman, NHSI/E Head of Equality, Diversion and Inclusion. This framework was not tailored to any one setting and some components may be less relevant to QVH due to our position as a specialist cancer hub (the Trust was not in the same position as neighbouring trusts with 'red' pathways). The WRES related to 2018/19 data. The 2019/20 data would be finalised towards the end of August. The Trust was required to achieve 100% completion of the risk assessment by the end of July. The CEO had expedited the process and was urging managers to take urgent action. QVH had already implemented a number of specific actions, and next week would be advertising for our own BAME network lead for QVH. A number of staff had expressed an interest and the appointment process would be supported by Cavita Chapman. Quantitative data would be included in future workforce reports. <p>In response to questions from the Board, GO advised that:</p> <ul style="list-style-type: none"> Due to GDPR regulations, it would not be appropriate to use the Speak Up Guardian to undertake a confidential exercise with BAME staff. Risk assessments are confidential between the line manager and staff member, but linked to personal records. They would only be shared with Occupational Health where appropriate. However, a number of actions had been implemented at the start of the pandemic, eg identification of a specific workspace for vulnerable clinicians working in virtual clinics, to mitigate risk.

	<ul style="list-style-type: none"> Managers were equipped to have ‘difficult’ conversations with BAME staff. Notwithstanding the fact that such conversations could generate sensitivities, the Trust had provided managers with guidance on how to manage difficult conversations, (whether related to ethnicity or not) through the Leading the Way modules. CP was also investigating the possibility of accessing national charitable funding to support training in this area. JMT was currently working with the Deputy Director of Workforce to ascertain the percentage of BAME or other high-risk staff and would continue to monitor and adapt how this cohort are screened and managed as more intelligence becomes available. Assurance that the Trust has been proactive in this area. Emails and blogs from the CEO had been very well received by staff. A seminar in August would take place on 26 August at which time this document would be further developed. Once the Board had had sufficient opportunity to assimilate its findings, the document would be reviewed and signed off in September. [Action: GO] <p>There were no further comments and the Board noted the contents of the update.</p>
Governance	
<p>110-20</p>	<p>Annual approval of Standing Financial Instructions, Standing orders and Reservation of powers/scheme of delegation</p> <p>The Board received the revised corporate governance documents, noting these had previously been reviewed and recommended for approval by the Audit committee.</p> <p>Members sought additional clarification as follows:</p> <ul style="list-style-type: none"> Confirmation that wording to be amended to make it clear that all items over a £5k threshold would require a single tender waiver in the absence of three quotes. MM confirmed that she would be responsible for signing all single tender waivers due to the significant issues at present. <p>There were no further questions and the Board approved the Standing Financial Instructions, Standing orders and Reservation of powers/scheme of delegation for 2020/21</p>
<p>111-20</p>	<p>Review of QVH COVID19 Business continuity Terms of Reference for Board and Committees</p> <p>The Board received the revised terms of reference for QVH COVID19 business continuity. An initial version had been approved in March at the outset of the pandemic. CP commented that despite the risk of a second wave, the TORs propose a move towards normal quoracy and usual levels of discussion at Board and committee level. Plans were progressing to hold meetings in public via MS Teams as soon as practical.</p> <p>There were no further comments and the Board approved the terms of reference.</p>
<p>112-20</p>	<p>Review of QVH/The McIndoe Centre ToRs for Oversight Group</p> <p>The Board received revised Terms of reference for the QVH/TMC oversight group. SJ explained that whilst this group originated as a strategic group it had now developed as an operational oversight group. ToRs would be returned to the Board for further review at some stage in the future, but it was difficult to agree an exact date at this stage in the absence of certainty around the contract extension.</p> <p>There were no further comments and the Board approved the terms of reference.</p>
<p>113-20</p>	<p>Audit committee assurance update</p> <p>The Board received an assurance update from the Chair of the Audit committee.</p>

Any other business	
114-20	<ul style="list-style-type: none"> • Transfer of existing agreements between QVH and East Grinstead Museum: Under the terms of a previous agreement, the Museum is required to ask QVH if it wishes to transfer ownership of the objects and records relating to QVH and the Guinea Pig Club. For its own administrative purposes the Museum has recently established a new Charitable incorporated organisation (CIO) and is transferring all its assets to this new charity. The Board had recently been in consultation via email and gave our consent to transfer the objects and record to the CIO. There were no further questions and this decision was formally ratified. • National inpatient survey results: JMT noted that due to embargo, it had not been possible to publish the Trust's results in today's Board papers; however, these had been released earlier today. The full report would be brought to the September board but in the meantime, the Board was asked to note that QVH had sustained its excellent patient experience with some very high levels of satisfaction.
Questions from members of the public	
115-20	None