

Document:	Minutes FINAL & CONFIRMED	
Meeting:	Board of Directors (session in public) Thursday 3 September 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)
	Karen Norman (KN)	Non-executive director (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
Apologies:	Gary Needle (GN)	Non-executive director (voting)
	Geraldine Opreshko (GO)	Director of workforce and OD (non-voting)
Members of the public	Four; comprising one member of the public and three public members of the Council of Governors	
Welcome		
119-20	<p>Welcome, apologies and declarations of interest BH opened the meeting and welcomed LA, representing GO today, together with members of the public.</p> <p>BH went on to describe the format of today's meeting, explaining that the Board had submitted questions in advance. Strategic queries and some of the operational questions would be addressed during this session. However, a record of all questions and responses would be circulated after the meeting, and retained for the record. Finally, BH reminded everyone of the rationale for varying the order in which key strategic objectives were presented at board; on this occasion, KSO5 (organisational excellence) was at the top of the agenda.</p> <p>Apologies were as shown above; there were no new declarations of interest.</p>	
Standing items		
120-20	<p>Draft minutes of the meeting held on 02 July 2020 The minutes were approved as a correct record subject to the wording of item 101-20 to read: <i>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.</i></p>	
121-20	<p>Matters arising and actions pending The Board received the latest matters arising and actions pending document.</p>	
122-20	<p>Chair's report The Board received the Chair's report.</p>	
123-20	<p>Chief executive's report The Board received the Chief Executive's report, including overall BAF and media update. BAF scores were being monitored but with uncertainties around COVID it had been agreed that any changes to the numbers would be deferred for another two months. An anomaly with the KSO4 score was noted; this currently stood at 25 but was likely to reduce to 16 given the Trust was now at break-even as a result of the block contract.</p>	

	<p>The main report highlighted the results of the NHS inpatient survey which would be covered in greater detail later in the meeting. Other highlights included:</p> <ul style="list-style-type: none"> • The redesign of surgical pathways, to support treatment of urgent cancer patients. • The move from NHS phase 2 to phase 3, involving a huge amount of work to restore activity. Trauma had now returned to the QVH site, whilst The McIndoe Centre was supporting our elective work. Changes had included a number of ward moves and SJ commended staff for the way in which these challenges had been met. • Despite the achievement in reducing waiting list numbers over the last couple of years, figures were now increasing significantly and also across the NHS. • A number of briefings to update staff on our partnership working strategy had taken place in August. The maturity of questions had been impressive, and people clearly understood the challenges and were keen to explore what partnership might look like. • Once again, the Trust had secured excellent media coverage over the last couple of months. <p>The Board considered the contents of the update and sought additional clarification as follows:</p> <ul style="list-style-type: none"> • The Trust was working hard to engage with all staff in relation to partnership working conversations, particularly those that do not have office based roles. Staff briefings have been held via Teams and communications have also come through Connect, (with hard copies circulated to those who don't regularly access emails); however, the challenge to engage with theatre staff remained. Prior to COVID, we had engaged face to face with around 10% of staff. The question and answer sessions, which were captured and circulated via Connect, were a helpful way of establishing the position to date. • SJ stated the Trust's main concerns were very similar to those nationally and regionally and included: <ul style="list-style-type: none"> ○ Patients who had been waiting for over a year for treatment; we were managing risk through our established clinical harm review process. Now that we were looking to restore services, there was a risk that the Sussex ICS would focus only on Sussex patients, although QVH also provided services across Kent and Surrey. In general however, there was more collaboration now than there had been in recent years, and the Sussex system had worked well throughout the six months of the pandemic. SJ noted the decline in breast referrals and use of breast lists, as services from referring trusts began to recover. He went on to highlight feedback received from neighbouring trusts thanking QVH for its support. NHSE had also cited our Trust as an exemplar since becoming a cancer hub. ○ Workforce resilience and wellbeing was also a concern and the Trust was encouraging staff to take annual leave throughout the year. The Board commended the 'stay well' initiative and the associated materials. ○ A significant number of patients were now experiencing mental health issues, a situation which was likely to be reflected nationally. <p>There were no further comments and the Board noted the contents of the update.</p>
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Key strategic objective 5: organisational excellence

<p>124-20</p>	<p>Board assurance framework The Board received the latest board assurance framework update on KSO5 and noted that this now incorporated the NHS People Plan.</p>
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<p>125-20</p>	<p>National NHS People Plan NHS launched the NHS People plan 2020/21 at end of July. Prior to the pandemic, the concept was for a five-year plan, which was still in the pipeline. This current version is a shorter, more concise two-year people plan with the following specific commitments.</p> <ul style="list-style-type: none"> • Looking after our people; • Belonging in the NHS; • New ways of working; • Growing for the future
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	<p>QVH is currently considering how this will work in practice. Whilst we already do much of what is required and don't anticipate much upheaval over the next 18-months, it would be important to maintain the impetus.</p> <p>In response to a question, LA explained that both individual organisations and systems are bound by the Plan's commitments, although current focus is at system level. Planning is underway in the Sussex Health and Care Partnership, and will be reviewed at regional and system level. Further metrics will be developed later in September 2020 with intention to track progress using the NHS Oversight Framework.</p> <p>Regular updates will be provided to Board through the standard Workforce report and also through the Finance and performance committee on a monthly basis.</p>
<p>126-20</p>	<p>BAME disparity work programme and Board assurance</p> <p>LA reminded the Board of the background to this initiative which had been had been discussed at the July board meeting. This was followed by a seminar in August, led by Cavita Chapman, Head of Equality, Diversity and Inclusion for the South East region, and Olivia King, Regional Equality Manager.</p> <p>The work programme set out the amount of work and initiatives which the Trust already had in place. Some information was linked to the Workforce Race Equality Scheme (WRES) data, with LA noting that the Trust target was for 100% risk assessment. (Whilst a junior doctor changeover had taken place recently, with our figure currently standing at 98.4%, this was reflected nationally).</p> <p>The Joint Local Negotiating Committee (JLNC) had engaged well with the BAME disparity programme; in addition, recruitment for a BAME network lead was currently underway, with strong engagement in the process.</p> <p>The Board raised concerns that plans for BAME disparity, WRES, WDES and broader equality / diversity considerations might be disjointed at present. LA acknowledged that this was a tricky area with national reporting requirements being managed alongside our own plans. WRES was also singled out as a separate item, adding to the sense of disconnect. It was agreed that the Finance and performance committee would consider how to take this forward at its next meeting, but it was also noted that the Board would retain an overview. [Action: GO]</p> <p>There were no further comments and the Board noted the Trust's current position.</p>
<p>127-20</p>	<p>Workforce monthly report</p> <p>The Board received the latest workforce monthly update, noting that this would return to full reporting at the next meeting. Key items of note included:</p> <ul style="list-style-type: none"> • The maintaining of a positive and stable workforce, with no concerns around turnover or vacancy rates. • Sickness rates remaining positive • Concerns around the appraisal rates which had fallen. LA also highlighted that as a result of a national directive, medical appraisals would be halted until next year; this would be reflected in the next reporting cycle and would exacerbate the position. <p>The Board sought additional clarification regarding sickness rates during the pandemic, which were considerably lower when compared with the corresponding period last year; this was thought to be largely as a result of people working from home and adapting to different ways of working. (Long term sickness rates had not significantly changed this year, probably due to long-standing underlying conditions). As part of understanding this, staff would be surveyed shortly regarding the benefits and challenges to working from home. The restoration and recovery programme would also be looking at adapting flexible policies to ensure staff continued to feel supported.</p> <p>There was a brief discussion on the strategic risk around workforce. LA agreed that Phase 3 would impact on workforce who would be required to deliver additional activity at a time when they</p>

	<p>were already significantly stretched. Whilst some efficiencies might be possible during Phase 3, there would also be pressure on bank and agency spend.</p> <p>In response to a question regarding the authorised establishment figure, LA confirmed that the Trust will be establishing performance reviews as we move into Phase 3, with plans in place by the end of October. The Board was reminded that removing vacant posts should not be regarded as an efficiency, but rather as general housekeeping.</p> <p>There were no further questions and the Board noted the contents of the update.</p>
<p>128-20</p>	<p>Formal ratification of Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Standard (WDES) reports</p> <p>In order to meet the regulator deadline, and as permitted under the Trust’s standing orders, Board approval for these reports had been obtained via email.</p> <p>The Board now formally ratified this approval and these reports would be published to the website.</p> <p>The Board also noted the latest WRES action plan. LA advised that the WDES action plan was not due yet and would be overseen by the Finance and performance committee over the next couple of months.</p>
<p>Key strategic objectives 3 and 4: operational excellence and financial sustainability</p>	
<p>129-20</p>	<p>Board Assurance Framework</p> <p>The Board received the latest BAFs for KSOs 3 and 4.</p> <p>MM warned that guidance issued on activity planning would require a significant increase in activity levels over the coming months; this was linked to financial penalties if the ICS did not achieve the activity levels required. The Board expressed concern that nationally all trusts were being set up to fail. Whilst recognising the challenge, SJ explained that this should be seen in context of the bigger picture where the NHS had already received significant investment and must be seen to be delivering on this. This message was also against the backdrop of the pandemic where some patients have been waiting over a year for treatment, with the potential to increase non-covid death figures in the future. The challenge is for hospitals to recover quickly and treat patients as soon as possible, and the message from the Centre is that systems must work collaboratively.</p> <p>MM noted that the whole of the NHS was currently in breakeven position, with the underlying run rate at QVH reduced. As reported earlier, Operations and Workforce were reviewing how activity will change and impact on our financial position. The Board was mindful of the unusual circumstances, and the lack of certainty around future funding arrangements.</p> <p>The Board questioned how QVH as a statutory body was aligned to the ICS and suggested more information might be helpful around this at a later date.</p>
<p>130-20</p>	<p>Financial, operational and workforce performance assurance</p> <p>The Board received the financial, operational and workforce performance assurance report.</p>
<p>131-20</p>	<p>Operational performance</p> <p>The Board received the operational report which included a progress update on Phase 2 activity and details of the ambitious requirements under Phase 3. The Chair expressed the Board’s thanks for how hard everyone was working to meet these demands.</p> <p>The Board went on to seek the following additional clarification:</p> <ul style="list-style-type: none"> • The position on the RTT pathway for patients who have deferred treatment due to COVID will remain the same, ie the clock continues to tick as normal and patients are only referred back to their GP if they decide they no longer want treatment.

	<ul style="list-style-type: none"> • To date, no significant efficiencies had been apparent since implementation of virtual clinics, however, it was hoped that we might see a positive impact on DNA rates in the future. • Noting the Elective Incentive letter sent out by NHSE, which was based on recovery to pre-covid levels of activity, the Board queried the impact of this on the Trust. AJ confirmed that we were now revising elective activity trajectories, taking into account changes with breast cancer capacity; from an operational perspective, pathways may resume to near normal levels but more complex cases (eg. Eyes) were still problematic. Being a cancer hub should help but would not solve all issues. • The three biggest risks to addressing challenges in respect of demand and capacity, against the increasing waiting lists were noted as: <ul style="list-style-type: none"> ○ Theatre capacity, staffing, throughput and infection control ○ The complexity of managing the balance of patients to treat first. Whilst capacity at The McIndoe Centre was being assessed, for a variety of reasons it wouldn't be appropriate for all patients. ○ Team capacity; in addition to developing the QVH recovery plan, the team have to meet a significant number of system requirements and the onus on QVH was the same as for larger organisations with bigger teams. <p>The Board agreed that the best way to support management at this time was to agree priorities and stick with them.</p> <ul style="list-style-type: none"> • Whilst we have treated a significant additional number of cancer patients in recent months, as reported earlier, breast work was now returning to respective referring trusts. However, we were still seeing high demand for head and neck, and skin services which would remain at QVH for the time being. It was important that QVH continued to deliver what was right for patients across the system. • The Board noted that both external and internal demands were significant at present. It wasn't possible to provide a 'reasonable worst case scenario' as the waiting list modelling is so complex. The ICS modelling tool makes a large number of assumptions and caveats and projecting waits over 52 weeks would be difficult. It won't be possible to prepare a revised trajectory due to the number of unknowns, so instead we will continually refresh to ensure an accurate representation. <p>The Board suggested that some priorities and resources may have to change and assured management they would be willing to respond accordingly.</p> <p>There were no further comments and the Board noted the contents of the update.</p>
<p>132-20</p>	<p>Financial performance</p> <p>MM presented the latest finance report highlighting the following:</p> <ul style="list-style-type: none"> • The Trust was in receipt of a top up payment to support the block contract arrangement currently in place. MM explained that due to significant lower levels of expenditure, this had actually provided a surplus, now reduced to break even position. • As reported earlier, costs were increasing in line with increases in activity; AJ reiterated that recovery would not come without a cost and it was important to be clear about this from the onset. • COVID capital was yet to receive approval; this was a concern both for QVH and nationally. • Significant progress had been made in respect of debtors and creditors <p>The Board considered the report and sought additional clarification as follows:</p> <ul style="list-style-type: none"> • In practice, the agreement to write off our £6.4m loan wouldn't have a significant impact. MM agreed to provide the Board and Council with a briefing note on the impact of conversion of revenue loan debt to public dividend capital [Action: MM] • Budget setting report queries: <ul style="list-style-type: none"> ○ There is no suggestion that the control total within the budget setting paper will be for this financial year. This is just a reference to how budgets have been built up and changes will be reflected from MO07. ○ The £700k referred to for outsourcing may not be needed but is included here for the purpose of reporting to the ICS.

	<ul style="list-style-type: none"> o Pay is based on last year's establishment level; whilst a significant number of vacancies will be removed from the budget we need to have a clear understanding of what capacity requirements will be in the coming months. <p>There were no further queries and the Board noted the contents of the report.</p>
<p>Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services</p>	
<p>133-20</p>	<p>BAFs KSO1 and 2 Both BAFs had been reviewed by EMT and Quality and governance committee prior to today's meeting. The Board noted some minor amendments to KSO1. Whilst the Trust was currently sustaining patient experience, it had been agreed to monitor how things develop over the next couple of months before further reviewing current risk scores.</p> <p>KA noted that gaps and controls within KSO2 had been amended following discussion at the last Audit committee. Other than that there were few changes since the last update.</p>
<p>134-20</p>	<p>Quality and governance assurance The Board received the regular Quality and governance assurance report.</p>
<p>135-20</p>	<p>Corporate risk register (CRR) The Board received the latest Corporate risk register and JMT highlighted changes and those risks which had been rescored. The heat map, (particularly commended by the Board), had not significantly changed this time.</p>
<p>136-20</p>	<p>Quality and safety report Responses to operational queries raised in advance by Board members would be circulated in due course.</p> <p>In the meantime, JMT asked the Board to note in particular the Infection Prevention and Control board assurance framework. This had now received assurance from the CQC following a summary review; the full report with the updated framework would be submitted to the Quality and governance committee. JMT noted it was helpful to have this review, given fluidity of national guidance currently. The Board noted that CQC had expressed assurance regarding the additional COVID governance strategy.</p> <p>There were no further comments and the Board noted the contents of the update.</p>
<p>137-20</p>	<p>Approval of annual reports Annual reports relating to Safeguarding; Infection, prevention & control; Patient experience; Emergency preparedness, resilience and response, (and business continuity); Research & Development and Consultant revalidation had been recommended for approval by the Quality and governance committee. There were no further questions and all reports were approved by the Board.</p> <p>BH commended the efforts of all involved in producing these reports.</p>
<p>138-20</p>	<p>National inpatient survey results 2019 The survey results had been announced at the July meeting but due to the embargo it had not been possible to provide the Board with the full report which JMT now presented.</p> <p>This was worthy of note for several reasons, including the steady progress made over the last six years, and the Trust's sustained position within the top quartile which would not have been possible without the commitment of staff. The improvements to RTT (prior to COVID) were also recognised which provided an additional layer of assurance outside traditional patient experience work.</p>

	<p>This report has also been recognised externally through the regulator and HSJ, with QVH noted as one of top performing trusts, and one of only a small number of trusts who have performed better than average.</p> <p>The Board commended the results and expressed their sincere thanks to all staff; and asked this to be included in the next edition of Connect. [Action: CP]</p>
<p>Governance</p>	
<p>139-20</p>	<p>QVH COVID19 Business continuity Terms of Reference for Board and Committees The Board approved a proposal to revoke measures brought in earlier this year which allowed the Trust to focus on immediate needs related to the pandemic. These were no longer required, however, it was noted that they could be reinstated at short notice in future if required.</p>
<p>140-20</p>	<p>Audit committee assurance update The Board received an assurance update from the Chair of the Audit committee. KG asked the Board to note that the Trust's internal audit plan had continued throughout the pandemic, which had not been the case in many other organisations. He also drew attention to the results of the financial control audit which reflected that controls had continued to operate effectively since the start of the pandemic. He asked the Board to note this and congratulated all involved.</p> <p>BH advised that Neil Hewitson would be stepping down from his role as the Trust's auditor shortly. She would take the opportunity to thank him at the forthcoming AGM, but also write separately to thank him for his help and support to the Trust over the last few years.</p>
<p>Any other business</p>	
<p>141-20</p>	<p>There were none.</p>
<p>Questions from members of the public</p>	
<p>142-20</p>	<p>There were none.</p>