

Document: Minutes FINAL & CONFIRMED	
<b>Meeting:</b>	<b>Board of Directors (session in public) Thursday 05 November 2020, 11:00 – 12:30 via videoconference</b>
<b>Present:</b>	Beryl Hobson (BH) Trust Chair (voting)
	Keith Altman (KA) Medical Director
	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)
	Gary Needle (GN) Non-executive director (voting)
	Geraldine Opreshko (GO) Director of workforce and OD (non-voting)
	<b>In attendance:</b>
Nicky Reeves (NR) Deputy director of nursing	
Peter Shore (PS) Lead governor	
Nicolle Ferguson (NF) Patient experience manager [155-20]	
Sheila Perkins (SP) Freedom to Speak up Guardian [156-20]	
<b>Public gallery</b>	Nine, including members of staff, public governors and the representative from the Care Quality Commission.
<b>Welcome</b>	
<b>154-20</b>	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair opened the meeting, and welcomed members of the public gallery which included regular governor attendees, staff members, patients and our CQC contact.</p> <p>As a result of the pandemic, this was a virtual meeting although under normal circumstances Board members would meet in person. For those not familiar with corporate governance the Chair explained that all NHS board meetings were held in public as a means of transparency; however, this was a board meeting held in public, not a public meeting. For this reason she would taking questions, comments and discussion on agenda items from board members only. All members of the public gallery had been invited to submit questions in advance and these would be addressed either during, or at the end, of the meeting.</p> <p>The Chair went on to explain that the agenda was structured around the Hospital's five key strategic objectives; this enabled the Board to ensure areas such as clinical quality, workforce and finance all received equal attention.</p> <p>To better manage online discussions, the Board had been asked to submit questions in advance. Strategic queries and some 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</p> <p>The Chair noted that all board members had a conflict of interest regarding item 161-20. There were no further declarations of interest and no apologies.</p>
<b>Standing items</b>	
<b>155-20</b>	<p><b>Patient story</b></p> <p>A patient, accompanied by the Patient experience manager, joined the meeting to describe her experience following recent breast cancer and reconstructive surgery at the Trust.</p>

	<p>The patient described her experience in positive terms, in particular the high level of support provided by the breast care nurses, Rebecca Spence and Pam Golton. The Chair would write to both, expressing the Board's gratitude. <b>[Action: BH]</b></p> <p>The patient went on to explain that following surgery she had subsequently experienced a breakdown of the donor site, which had been traumatic. Initially she had attended her local hospital for treatment instead of returning to QVH however, in response to a question from the Board she did not believe that the Trust's discharge instructions had been at fault.</p> <p>On behalf of the Board, BH thanked the patient for attending and wished her the very best for her future recovery.</p>
<p><b>156-20</b></p>	<p><b>Freedom to speak up (FTSU)</b> SP, the FTSU Guardian, joined to present her bi-annual report to the Board.</p> <p>The Board considered the update and sought clarification as follows:</p> <ul style="list-style-type: none"> <li>• Reporting themes were determined by the national Speak Up reporting template and as a result were fairly broad.</li> <li>• Noting the majority of concerns focused on unacceptable behaviour from colleagues, managers and team leaders, the Board asked what other sources of evidence there were to determine the full extent of the problem at the Trust. SP reminded members of various options available to staff in addition to access to the FTSU guardian which included Datix, 'Ask Jo' and Workforce reporting.</li> <li>• SP provided assurance that all allegations of unacceptable behaviour in the report were being addressed.</li> <li>• The table of themes highlighting eight incidents of bullying/unacceptable behaviour was limited to three areas and mostly related to inadequate communication. Processes were already in place in all three areas, with HR involvement, mediation and support from the Psychological therapy team, together with clarification around expectations.</li> <li>• The Staff Survey now included two specific questions; the first was whether staff felt safe to raise concerns, and the second on whether the Trust took action. Whilst the Trust had intended last year to ascertain if there was any correlation between staff survey results and FTSU reporting, progress had been prevented due to COVID.</li> <li>• SP had not been notified of any concerns in respect of the potential merger.</li> </ul> <p>SJ acknowledged that staff were feeling fatigued and less tolerant than usual, and there were some challenges around social distancing. He thanked SP and the Psychological Therapies team who had been very supportive. The Trust had secured additional funding for further support from the team but warned the Board not to underestimate the challenges going in a second wave.</p> <p>BH thanked SP for her report, noting the assurance that people were speaking up.</p> <p>There were no further comments and the Board <b>noted</b> the contents of the update.</p>
<p><b>157-20</b></p>	<p><b>Draft minutes of meeting held on 01 September 2020</b> The minutes of the meeting held on 01 September were approved as a correct record.</p>
<p><b>158-20</b></p>	<p><b>Matters arising and actions pending</b> The Board received the latest report on matters arising and actions pending.</p>
<p><b>159-20</b></p>	<p><b>Chair's report</b> The Chair presented her report, drawing particular attention to Sir Simon Stevens' comments at the recent NHS Providers conference, where he had spoken about potential forthcoming</p>

	<p>NHS legislation and the need to move to operating at ICS System level by default. She reminded the Board that all providers were now operating within an ICS system which had some challenges for QVH as we provide services to patients across a much wider geography. It was important to maintain focus on Kent, Surrey and South London to ensure these patients are recognised within the Sussex ICS.</p> <p>There were no further comments and the Board <b>noted</b> the contents of the update.</p>
<p><b>160-20</b></p>	<p><b>Chief executive's report</b></p> <p>SJ presented his latest report noting that all individual BAF KSOs would be reviewed in December. The Board was reminded that introduction of the block contract at the start of the pandemic had concealed the Trust's true financial position; whilst reports show where we are at this moment in time, we are also fully cognisant of the extent of our underlying deficit.</p> <p>Other highlights of the report included:</p> <ul style="list-style-type: none"> <li>• The appointment of Kokila Ramalingam, specialty team lead for plastic and reconstructive surgery, and Aneela Arshad, senior biomedical scientist in histopathology, as our new co-chairs of the BAME staff network. The Board asked that they be invited to attend the next public meeting in January. <b>[Action: CP]</b></li> <li>• Continuation of staff engagement sessions regarding the possible merger of QVH with Western Sussex Hospital NHS Trust (Western) and Brighton and Sussex University Hospitals NHS Trust (BSUH). SJ reminded the Board that commissioners had thanked QVH for the part it had played at the start of the pandemic; commissioners also recognised the Trust's strategic role and had expressed the hope that this would carry on as QVH continues its strategy discussions.</li> <li>• A reminder of the current Sussex Acute Collaborative Services review being undertaken by KPMG. SJ echoed the Chair's previous comments regarding patients from Kent, Surrey and South London, noting the importance of ensuring these patients were recognised within the Sussex ICS.</li> <li>• This was JMT's last board meeting after 37 years in the NHS. SJ thanked her not only for her service to QVH but also to the NHS as a whole, and wished her a long and healthy retirement. He also went on to congratulate NR who would be stepping up as interim Director of Nursing.</li> <li>• Congratulations to Dr Rachael Liebmann, our consultant histopathologist, who was awarded an OBE in the Queen's Birthday Honours in recognition of her services to pathology.</li> <li>• Recognition of the 200 QVH staff (amongst c100,000 NHS and Social Care staff from across the country) who have been recruited to take part in the SIREN (SARSCoV2 Immunity and Reinfection Evaluation) study.</li> </ul> <p>The Board sought the following clarification:</p> <ul style="list-style-type: none"> <li>• Implications for QVH following the announcement of the return to Incident Level 4 of the COVID-19 NHS preparedness and response plan. SJ reported that the south east region medical director was asking for re-establishment of cancer hubs. QVH is a cancer hub but to resume mastectomy work would need at least three weeks' notice to work around patients already scheduled in line with recovery plan, and to lease necessary equipment; the Trust has no plan to cancel any non-urgent treatment.</li> <li>• Dashboard colour coding: Whilst we were not achieving national constitutional standards, there had been an improvement on last month's performance; arrows were used to indicate improved or deteriorating performance.</li> </ul> <p>There were no further questions and the Board <b>noted</b> the contents of the latest update.</p>

**Governance**

**161-20**

**Securing the long-term future of QVH**

The Board received a report which set out the process and potential timetable to support decision making on the proposed merger of QVH with the new organisation formed by the merger of Western Hospitals NHS Foundation Trust (WSHFT) and Brighton and Sussex University Hospitals NHS Trust (BSUHT). The Chair noted that the Board had been focused on partnership working for quite a considerable time now, raising lots of questions throughout this process.

All questions raised in advance by the public related to this agenda item and BH reminded everyone present that these would be addressed during the course of this discussion, with a written record circulated after the meeting. **[Action: CP]** The Chair also reminded those present that this was a Board meeting held in public, not a public meeting, and in response to a query raised by a staff member suggested engaging through existing consultant meetings would be the way in which to raise any concerns.

The Chair reminded the meeting that the Board was not taking a decision on merger today, only the process which will help get answers to the many questions around this issue. A merger would only go ahead if ensuing business cases demonstrated that this would be in the interests of the Trust. The Chair hoped this clarification would be helpful in view of current speculation.

SJ presented the report focusing in particular on the following:

- A summary of work undertaken since 2016. In January QVH established a programme board with WSHFT/BSUH and NHSEI to develop a detailed plan for a partnership, which had the full support of the NHSI/E Regional Director for the South East; however, the impact of Covid challenges resulted in this being paused.
- In July, the Trust learned that that Boards of WSHFT and BSUH had agreed to explore a merger to create a new single organisation by April 2021; we are now considering joining this proposed new organisation.
- The case for change had been developed over the last 12 months and focused on three key challenges:
  - Reliance on key individuals.
  - Synergies between services
  - Financial sustainability: our costs exceed our income and we have difficulties in delivering year on year efficiencies. Responding to a question from the public asking what other financial solutions have been considered, SJ explained that our underlying deficit has several contributing factors, including:
    - our reporting requirements remained the same as a much larger trust and we need back office functions to support these which are not proportional to our income
    - we have been impacted by changes in case mix of activity and changes in tariffs which have a disproportionate effect on QVH as they are a larger part of our income
    - it is more difficult for a small trust to generate significant efficiency savings.

SJ went on to explain that for some years the Trust pursued a policy of seeking growth but this carried risks around waiting list size and in recent years our commissioners had been very clear that they valued our current services and did not support further growth. Teams continue to work hard on areas like efficiency in theatres and outpatients but it is clear that efficiency gains are not going to be sufficient to address the underlying deficit, and a more fundamental change is needed.

- The formal process which enables organisations to consider and address a number of factors prior to any decision. This included details of the outline timetable, stakeholder engagement, governor elections, development of the strategic case, pre-implementation activities (eg. TUPE), and corporate approval processes for the full business case (FBC).
- Reiteration that in reviewing the case for change and considering 'local health economy', plans will include consideration of our cross system health economies for Kent and Surrey, given our service populations and specialist services. SJ was clear that the full business case would recognise the wider work across the region as well as internationally, and if this didn't demonstrate benefits to patients then we shouldn't merge. If the full business case was approved it was likely the new organisation would come into effect on 01 October 2021.
- In response to a question raised a member of the public, SJ reminded the meeting that our facial palsy service treats patients from across the country and, alongside our other specialisms, is held in very high regard by patients. QVH specialisms also generate innovations that are shared nationally and internationally. The leadership team of our potential merger partners (WSHFT and BSUH) recognise these high quality services. In considering whether merger is right for QVH the Board will be looking at whether it will enable us to maintain this high quality or even improve on it; this is one of the four fundamental questions that will be addressed in the strategic case and we will not proceed to merger unless we are confident of that.

The Board considered the contents of the update, and sought additional clarification as follows:

- Issues raised by staff and other stakeholders were collated, regularly updated and published to the Qnet website. These contained a variety of themes including queries as to whether the Trust had considered partnerships with other organisations, and clarification around the corporate decision making process. There had also been quite a few questions about 'guarantees' and staff had been reminded that whilst the leadership of Western Sussex are making no promises about future change if merger did go ahead, the Trust itself could not make promises about future change if the merger did not go ahead. SJ had been impressed with maturity of questions and whilst recognising this was an anxious time for many people, he also noted that others had recognised potential benefits around staff progression, procurement efficiencies and implementation of the continuous improvement programme, Patient First. However, we would not proceed if we couldn't see benefits for patients, staff and QVH as a whole.
- No changes to services were planned as part of any merger process. The current KPMG review of clinical services also included East Sussex Hospital Trust. It was noted that QVH consultants were more engaged with this process than those from any other trust.
- Responding to a concern raised by a member of the public suggesting that a merger would destabilise service networks and impact on quality of care, SJ argued that on the contrary, QVH was probably already the most networked hospital trust in the South East and had a strong reputation for collaborative working.
- With regard to resources, there would be support from Sussex ICS to fund this work and SJ was confident that we would have sufficient resource to support this process.
- The Chair and CEO of Western/BSUH recognised QVH's unique identity and SJ thought that our hospital would still be known as QVH (in the same way that PRH has retained its identity since merging with Brighton).

	<ul style="list-style-type: none"> <li>• The engagement process to develop the strategic and full business cases would be fully inclusive and incorporate executive directors, senior management, general managers, clinical directors, clinical leads and commissioners.</li> <li>• The Trust has worked closely with commissioners over the last 12 months who now have a better understanding of the work we undertake, and SJ reminded the Board that commissioners had recognised the strategic significance of QVH across Kent, Surrey and Sussex which had been particularly evident during the pandemic</li> <li>• The Hospital Management Team and Board of Directors would be kept fully apprised of developments throughout the process. Focus will remain on the clear strategic rationale, seeking assurance that quality would be maintained or improved; the overall aim was to uphold what we are good at whilst addressing our significant challenges.</li> </ul> <p>There were no further comments and the Board unanimously <b>approved</b> the recommendation to proceed with the process to enable a decision to be made about a merger of QVH with the new organisation to be formed by WSHFT/BSUH with a preliminary date of 1 October 2021.</p>
<p><b>162-20</b></p>	<p><b>Audit committee</b> The Board <b>noted</b> the latest assurance report from the Chair of the Audit Committee.</p>
<p><b>163-20</b></p>	<p><b>Revised Trust Reservation of Powers and Scheme of Delegation</b> The Board received the updated Reservation of Powers and Scheme of Delegation to support the distribution of NHS Charities Together Stage 2 funding in Sussex. There were no questions and the Board <b>approved</b> the revised document which would come into immediate effect.</p>
<p><b>Key strategic objectives 3 and 4: operational excellence and financial sustainability</b></p>	
<p><b>164-20</b></p>	<p><b>Board assurance framework</b> The Board <b>noted</b> the contents of the BAFs for KSOs 3 and 4.</p>
<p><b>165-20</b></p>	<p><b>Financial, operational and workforce performance assurance</b> The Board received the latest assurance report on financial, operational and workforce performance. Due to the NHS block contract funding arrangement, PD-R reminded the Board that we had had broken even up to MO06, with year-end projections indicating a similar position. However, he emphasised that the Board should remain cognisant that this break-even position was a particular one-off quirk due to funding arrangements at ICS level; it did not provide any assurance on longer-term financial sustainability of the Trust.</p> <p>There were no further questions and the Board <b>noted</b> the contents of the latest update.</p>
<p><b>166-20</b></p>	<p><b>Operational performance</b> AJ presented the latest operational performance report; key items of note included updated performance of constitutional standards, and an update on the restoration and recovery programme, and associated risks.</p> <p>The Board considered the report and sought the following additional clarification:</p> <ul style="list-style-type: none"> <li>• The national target for day cases is 90% and plans set the ICS summary against national standards. Colour coding indicates whether or not the plan will hit the national trajectory. AJ explained that percentages were not always consistent due to the fact that performance is calculated as a % of 2019/20 activity. The denominator will therefore change with the variation of activity in the previous year.</li> <li>• When asked if plans were realistic, AJ advised that the most recent iteration of the plan was stretching, based on a number of caveats.</li> </ul>

	<ul style="list-style-type: none"> <li>• Discussions were still ongoing regarding the Trust's access to The McIndoe Centre. This would essentially be a local negotiation between QVH and TMC within the context of national rules. SJ was due to attend a call where he hoped to learn whether NHSI/E would assume control again following reintroduction of the level 4 rules. QVH would need the maximum capacity available at TMC, subject to current workforce challenges.</li> <li>• Given the increasing prevalence of COVID, there was clearly some uncertainty at present as to the restoration of planned care services and resumption of breast care capacity.</li> </ul> <p>There were no further questions and the Board noted the contents of the latest update.</p>
<p><b>167-20</b></p>	<p><b>Financial performance</b> MM presented the latest financial report which included an update on 2020/21 budget setting. Reiterating the point made previously MM reminded the Board of the Trust's significant underlying deficit.</p> <p>The Board sought and received the following additional information:</p> <ul style="list-style-type: none"> <li>• Actions being taken to address the underlying deficit, included continuation of the programme of procurement efficiencies. MM acknowledged that we still needed to push forward with further efficiencies but progress had been slower than anticipated due to a significant number of conflicting priorities, including service reconfiguration on site to ensure patient safety during the pandemic. Efficiencies within theatres and outpatients continued and whilst these would not release additional cash, it was hoped these would lead to a drop in the number of patients not attending appointments (DNAs). It was also noted that vacancy reviews were undertaken alongside the use of health roster to maximise the use of workforce.</li> <li>• The Board queried the anticipated cost impact of COVID wave 2 on the Trust. QVH would be less affected than in the first half of the year, although there would be significant impact on the recovery and restoration programme in the second half of the year. The current plan didn't include the likely need to re-establish as a cancer hub which would increase financial risk.</li> </ul> <p>There were no further comments and the Board <b>noted</b> the contents of the update.</p>
<p><b>Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services</b></p>	
<p><b>168-20</b></p>	<p><b>Board assurance framework</b> The Board <b>noted</b> the contents of the latest BAFs for KSOs 1 and 2.</p>
<p><b>169-20</b></p>	<p><b>Quality and governance assurance</b> The Board received the Quality and governance assurance report following the recent committee meeting. Concerns were raised that, whilst recognising the ongoing work on clinical harm, it was difficult to be assured that no harm had been identified as a consequence of evident treatment delays.</p> <p>KN stated that she had raised concerns previously about the accuracy of the assessment tool, which didn't include an assessment of psychological impact. She also noted that for a number of patients, the level of harm could only be determined after treatment.</p> <p>The Director of Nursing reminded the Board that at no time had the Clinical Harm Review process suggested there had been 'no harm'. Its terms of reference specified 'moderate or above' as its definition of clinical harm, and in applying this criteria the number of incidents was not high.</p> <p>The Director of Nursing and Medical Director were now refining the process in light of the significant number of delays for patients as a consequence of COVID; this review would be</p>

	<p>led by clinical directors and include a tool to assess psychological harm. The definition would be refined slightly and better prompt the reviewer to consider lower levels of harm.</p> <p>Whilst a review was also currently underway by the ICS Director of Nursing group, JMT noted that our Trust was keen to implement an improved system without further delay to ensure we continued to do the right thing for our patients. Psychological assessments were now underway and whilst to date reviews hadn't identified any moderate or serious harm, the Board was assured that any patient identified as suffering any significant harm as a consequence of delay would be subject to full Duty of Candour.</p> <p>The challenge remained around resources, as at other provider organisations. To provide additional context, AJ explained that the number of patients waiting over 52 weeks had changed exponentially and would be in the region of 800+ patients by November.</p> <p>AJ added that the Trust is also in parallel undertaking work set out by the national clinical validation programme to review patients on the Trust admitted waiting list; this is c3.5k patients. These demands required clinical and administrative input and there was a need to balance the process with utilising capacity to treat our patients.</p> <p>There were no further comments and the Board <b>noted</b> the contents of the latest update.</p>
<p><b>170-20</b></p>	<p><b>Corporate risk register</b> The Board <b>noted</b> the contents of the latest corporate risk register.</p>
<p><b>171-20</b></p>	<p><b>Quality and safety report</b> The Board received the latest quality and safety report and congratulated the team on the early successes of the e-observation project.</p> <p>The Board sought assurance as to the levels of fatigue staff were experiencing and the potential impact that this could have on patient safety. JMT noted that this had already been highlighted under the FTSU report [156-20] and was being carefully monitored. GO was leading on Health and Wellbeing and managers were ensuring team meetings and 1:1s were protected. The 'Tell Jo' resource suggested staff were tired and anxious so it was important to remain supportive and compassionate. AJ concurred, noting that constant change in recent months had already created much extra work, which was only likely to continue in the future and impact on staff resilience.</p> <p>There were no further comments and the Board <b>noted</b> the contents of the latest update.</p>
<p><b>172-20</b></p>	<p><b>6-monthly nursing workforce review</b> The Board received the latest 6-monthly nursing workforce review and <b>noted</b> the summary of key issues.</p>
<p><b>173-20</b></p>	<p><b>Healthcare worker flu vaccination programme: 2020/21</b> NR presented a report on the current flu vaccination programme. In response to a query as to how the Trust would immunise staff working from home, NR reminded the Board that the focus of this programme was on front line staff; by definition this is staff who must be on site. Once this cohort had been vaccinated, we would consider what could be offered to other staff groups.</p> <p>There were no further questions and the Board <b>noted</b> the contents of the report.</p>
<p><b>174-20</b></p>	<p><b>Annual review of risk appetite</b> The Board received the annual of risk appetite review, noting that further work would be undertaken at the December seminar to ensure new risks surrounding the impact of a potential merger could be identified and incorporated.</p>



	There were no further questions and the Board <b>noted</b> the contents of the latest update.
<b>175-20</b>	<p><b>7-day services</b></p> <p>The Board received the latest bi-annual report on 7-day services. Additional clarification was sought in respect of:</p> <ul style="list-style-type: none"> <li>• A statement regarding Standards 2 and 8, maintaining these were applicable to all patients, although the audit reported these had been met more than 90% of the time. KA reminded the Board that originally these standards had been required for all patients, although subsequently NHSE had granted QVH permission to self-assess and capture data that was meaningful. This had been agreed quite some time ago and was not COVID related.</li> <li>• Although it was difficult to drill down to the detail of the audit at today's meeting, KA was assured that there was no impact on quality or compliance. The Board also noted that 7DS would regard a very senior registrar as a consultant for the purposes of the audit.</li> </ul> <p>There were no further questions and the Board <b>noted</b> the contents of the report.</p>
<b>176-20</b>	<p><b>Guardian of safe working (GSW)</b></p> <p>The Board received the latest Guardian of Safe Working report. The Chair suggested that at some point it would be good to invite Joy Curran, report author and GSW for QVH to a future board meeting to present the report in person. <b>[Action: KA]</b></p> <p>There were no questions and the Board <b>noted</b> the contents of the report.</p>
<b>Key strategic objective 5: organisational excellence</b>	
<b>177-20</b>	<p><b>Board assurance framework</b></p> <p>The Board <b>noted</b> the contents of the KSO5 BAF.</p>
<b>178-20</b>	<p><b>Workforce monthly report</b></p> <p>GO presented the latest workforce report, asking the Board to note the following subsequent additions:</p> <ul style="list-style-type: none"> <li>• Further standard operating procedures had been agreed to support those staff who were required to work from home at short notice if given notice to self-isolate.</li> <li>• NHS Employers had updated guidance to support the new category of extremely clinically vulnerable staff. This cohort would be notified that they would be unable to continue to work if they were unable to work from home.</li> <li>• The recent homeworking survey had provided valuable data and would inform the future approach to flexible working and revision of the current policy.</li> <li>• The Trust had been successful in its funding bid to NHSI in January; money would be used to support short-term isolation of overseas nurses and fast tracking of a more intense OSCE preparation time to enable faster registration (with the intention that all nurses would be fully registered within 6 weeks of arriving in UK).</li> </ul> <p>There were no further comments and the Board <b>noted</b> the contents of the latest update.</p>
<b>179-20</b>	<p><b>Annual workforce diversity report 2019/20</b></p> <p>The Board received the annual workforce diversity report for 2019/20, seeking clarification as follows:</p> <ul style="list-style-type: none"> <li>• In response to concerns that the report suggested a problem with accessing training, GO explained that the issue was in fact an error in bringing across non-statutory and mandatory training to the ESR system. She was aware of a number of BAME staff who were accessing this training and would ensure the Workforce team rectified the discrepancy. <b>[Action: GO]</b></li> </ul>

	<ul style="list-style-type: none"> <li>In response to a request for all requirements to be collated under one single document, with KPIs and deadline dates, GO confirmed that this was in progress. A further review either at F&amp;PC or at Board would be scheduled. <b>[Action: GO]</b></li> </ul>
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**Any other business**

<p><b>180-20</b></p>	<p>The Trust had recently experienced a major IT incident; on behalf of the Board, BH thanked the IT team who had work tirelessly to resolve the situation.</p>
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**Questions from members of the public**

<p><b>181-20</b></p>	<p>The Chair noted that those members of the public who had raised questions in advance were no longer present. However, she was assured that all questions had been addressed during the meeting and, as promised, would ensure written responses would follow on after today.</p>
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