

Minutes FINAL For accuracy, it should be noted that item 16-21 was taken ahead of 13-21																							
Meeting:	Board of Directors (session in public) Thursday 7 January 2021, 11:00 – 13:00 via videoconference																						
Present:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Beryl Hobson (BH)</td><td>Trust Chair (voting)</td></tr> <tr><td>Paul Dillon-Robinson (PD-R)</td><td>Non-executive director (voting)</td></tr> <tr><td>Kevin Gould (KG)</td><td>Non-executive director (voting)</td></tr> <tr><td>Steve Jenkin (SJ)</td><td>Chief executive (voting)</td></tr> <tr><td>Abigail Jago (AJ)</td><td>Director of operations (non-voting)</td></tr> <tr><td>Michelle Miles (MM)</td><td>Director of finance (voting)</td></tr> <tr><td>Karen Norman (KN)</td><td>Non-executive director (voting)</td></tr> <tr><td>Clare Pirie (CP)</td><td>Director of communications and corporate affairs (non-voting)</td></tr> <tr><td>Nicky Reeves (NR)</td><td>Interim Director of nursing (voting)</td></tr> <tr><td>Gary Needle (GN)</td><td>Non-executive director (voting)</td></tr> <tr><td>Geraldine Opreshko (GO)</td><td>Director of workforce and OD (non-voting)</td></tr> </table>	Beryl Hobson (BH)	Trust Chair (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)	Nicky Reeves (NR)	Interim Director of nursing (voting)	Gary Needle (GN)	Non-executive director (voting)	Geraldine Opreshko (GO)	Director of workforce and OD (non-voting)
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Apologies:	Keith Altman, (KA) Medical Director																						
In attendance:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Hilary Saunders (HS)</td><td>Deputy company secretary (minutes)</td></tr> <tr><td>Ian Francis (IF)</td><td>Associate medical director</td></tr> <tr><td>Peter Shore (PS)</td><td>Lead governor</td></tr> <tr><td>Aneela Arshad (AA)</td><td>BAME Network Lead Co-Chair [item: 03-21]</td></tr> <tr><td>Kokila Ramalingam (KR)</td><td>BAME Network Lead Co-Chair [item: 03-21]</td></tr> </table>	Hilary Saunders (HS)	Deputy company secretary (minutes)	Ian Francis (IF)	Associate medical director	Peter Shore (PS)	Lead governor	Aneela Arshad (AA)	BAME Network Lead Co-Chair [item: 03-21]	Kokila Ramalingam (KR)	BAME Network Lead Co-Chair [item: 03-21]												
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Welcome																							
01-21	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting and began by thanking all staff for their support in 2020 throughout extraordinary circumstances; particular thanks were extended to the CEO and the executive team.</p> <p>Today's meeting had been extended due to the length of the agenda, and to better manage the time available board members had submitted questions in advance. No questions had been raised by members of the public in advance but there would be an opportunity to do so at the end of this meeting.</p> <p>BH went on to welcome NR to her first meeting as interim Director of Nursing, and IF who was deputising for KA today. BH also welcomed AA and KR, co-chairs to the QVH BAME network, who were attending to present item 03-21.</p> <p>The virtual public gallery included four governors, 2 members of staff and one member of the public.</p> <p>Apologies were noted as above; there were no new declarations of interest.</p>																						
Standing items																							
02-21	<p>Patient story</p> <p>A recording of an interview with a burns patient had been prepared for today's meeting; unfortunately due to issues with sound quality, it was decided that the video link would be circulated to board members after today's meeting. BH summarised the story, noting the patient's positivity and humour; she would write to the patient personally to thank her for taking the time to provide this helpful feedback. [Action: BH]</p>																						
03-21	<p>QVH Black, Asian and Minority Ethnic (BAME) network</p> <p>KR and AA recently appointed co-chairs of the new QVH BAME staff network had joined today's meeting to provide a progress update.</p> <p>The network had been established to support BAME staff in improving the working environment and addressing barriers in career development and highlights of the update included:</p> <ul style="list-style-type: none"> • The new vision statement which aimed to empower BAME staff to achieve their potential through creating positive change. 																						

	<ul style="list-style-type: none"> • A description of the development opportunities, programme of wellbeing, resilience and education for all staff to enable meaningful conversations which would recognise where changes were needed. • A description of the regional support provided by Cavita Chapman and Olivia King from NHSEI; further links with other trusts would be established to improve the network. • Details of the BAME staff survey and how feedback would be used to improve understanding of the issues. • Workshops, not exclusive to BAME staff, would be set up and include an 'ally' network. <p>The Board considered the update, seeking assurance as follows:</p> <ul style="list-style-type: none"> • BAME staff had felt pressure to be on the front line and had genuine concerns about the risks during the pandemic. A podcast had been produced, intended to alleviate fears but the Board also reiterated the importance of staff voicing concerns so that these could be addressed. • Whilst feedback should highlight areas of concern, it would also be important to highlight the success stories. • There was a recognition within Sussex, that opportunities for senior development didn't present themselves very often for BAME staff; however, the system was now taking this very seriously. <p>The Chair and several members of the Board expressed an interest in joining the network of allies. The Chair agreed to follow up after today's meeting to agree how the board skills and experience might best be used to support this. [Action: BH]</p> <p>Regular updates would continue to be published via Qnet, the Trust's intranet, and Connect, and the Board would be apprised of the network's objectives once finalised.</p> <p>On behalf of the Board, the Chair thanked KR and AA for their time today.</p>
<p>04-21</p>	<p>Draft minutes of the meeting held on 05 November 2020</p> <p>The minutes were approved as a correct record with the following amendments:</p> <ul style="list-style-type: none"> • The document template was corrected to show the session was in public not private. • That in November, the Board had received assurance regarding allegations of unacceptable behaviour as described in the report.
<p>05-21</p>	<p>Matters arising and actions pending</p> <p>The board received the latest Matters Arising update.</p>
<p>06-21</p>	<p>Chair's report</p> <p>The Board received the Chair's report.</p>
<p>07-21</p>	<p>CEO report</p> <p>SJ presented his report, highlighting in particular:</p> <ul style="list-style-type: none"> • The current significant and rapid increase in COVID infections; the Sussex resilience forum had taken the collective decision to declare a major incident to ensure we were prepared for this challenging and difficult period. • The impact on how this would affect QVH, and a thank you to staff for their rapid response to the ever changing situation. • An update on the roll out of the vaccine programme, with QVH expected to go live on 18 January. <p>The Board considered the report and update, and sought additional clarification as follows:</p> <ul style="list-style-type: none"> • That the Trust had received a number of mutual aid requests from across KSS to bring back breast cancer work, with the first list from BSUH due this week. Dates with BSUH and Western had been agreed, with further dates being finalised with colleagues in Kent and Surrey. • QVH was seen as a positive contributor to the overall system, including what we had already achieved in the first wave. Feedback from the KSS cancer alliance, and the CEO of Royal Surrey, which emphasised the strategic importance of QVH should not be underestimated. First wave cancer outcomes showed that the South East had been the best performer and there was a clear understanding of our regional role as a cancer hub, with recognition that we were agile and quick to respond. • Returning to our cancer hub role would make it difficult to maintain our Phase 3 recovery plan. This is also recognised at ICS level. Other concerns, such as independent sector capacity,

	<p>workforce challenges and spoke site challenges would also impact on our plans. Patients with the lowest clinical priorities will inevitably form a large proportion of long-wait patients and impact on our waiting lists. The Board was reminded that this latest spike in COVID will be challenging for all providers, inevitably requiring a step down of elective work.</p> <p>There were no further comments and the Board noted the contents of the update.</p>
Governance	
<p>08-21</p>	<p>Securing long term future of QVH</p> <p>SJ presented a paper which set out the process and timetable to support decision making on the proposed merger with the new organisation formed by the merger of Western Hospitals NHS Foundation Trust (WSHFT) and Brighton and Sussex University Hospitals NHS Trust (BSUH). He reminded the Board that at its previous meeting, it had received a paper setting out the governor role and timetable; this latest update included additional detail around:</p> <ul style="list-style-type: none"> • How the Trust would help to equip governors with the knowledge and skills required to engage in this process; this included sessions designed to update governors on the national perspective and legal requirements for governors in the merger process. • An update on the current governor election and induction process. • The governance structure for Board, Council and merger evaluation working groups. • The continued programme of stakeholder engagement. • Drafting of the strategic case which was underway and is currently expected to be considered by the Boards of both organisations in April. If approved this would lead to development of the full business case with an outline timeline for review by the Boards of both organisations in August <p>The Board considered the contents of the update, seeking additional clarification as follows:</p> <ul style="list-style-type: none"> • Whilst acknowledging that everyone shared in the ambition to preserve and protect what was good about QVH, the Board was concerned that the Trust's logo had been used as part of a campaign to challenge the proposed merger; it was agreed that whilst the campaign was not legally entitled to use the Trust's logo, no further action would be taken at this stage unless there was demonstrable evidence that this was causing confusion. • It was noted that campaign material included misinformation claiming that staff felt unable to speak up and had been threatened with dismissal. There was in fact clear evidence that staff have been engaged and responsive in the current process and the Board emphasised the importance of enabling honest and transparent debate, without distortion of the facts. • Confirmation that the proposed working group of governors, would include a NED (the Trust Chair) as an observer and likely be chaired by a lead governor. • The process by which the Board will develop and assess the criteria to establish whether this merger would address identified challenges will be carried out through the February seminar, with a formal review of the strategic case work in progress at the March private board meeting. • The current timeline is based on assumption that WSHFT and BSUH will merge on 1 April 2021 but plans would be reviewed if this were not the case. <p>There were no further questions and the Board noted the contents of the report and update.</p>
<p>09-21</p>	<p>Review of Trust Constitution</p> <p>The Board reviewed proposed amendments to the Constitution, one of which would permit the Board to ask Council to consider a delay to an election for a period of 12 months, where there was good reason for doing so.</p> <p>Other minor amendments included clarification around processing of memberships, and updating of pronouns.</p> <p>After due consideration, the Board approved the revised Constitution; it also approved a proposal to ask Council formally to agree to a 12 month delay to this year's elections for 4 public governor vacancies which will exist from June 2020.</p> <p>These proposals would now be presented to Council at its meeting on 11 January 2021; if approved the revised Constitution would take immediate effect.</p>

10-21	<p>Review of Trust Reservation of Powers/Scheme of Delegation The Board approved a minor update to the Trust's current Reservation of powers/Scheme of delegation.</p>
11-21	<p>Nomination and remuneration committee The Board noted the Chair's report on the most recent nomination and remuneration committee meeting.</p>
12-21	<p>Audit committee The Board noted an update on the December audit committee meeting.</p>
<p>Key strategic objective 5: organisational excellence</p>	
13-21	<p>Board assurance framework The Board received the latest KSO5 BAF. In response to a query GO noted that there had been significant changes to the risk column which now better aligned to KSO1.</p>
14-21	<p>Workforce monthly report GO presented the latest workforce report, drawing the Board's attention to the fact that whilst the report showed only a small number of staff had been off sick with COVID, (as opposed to COVID related reasons), this data was from last November; figures had changed significantly since that time, with approximately 8% of workforce currently impacted by COVID.</p> <p>In response to question, GO advised that the increase in bank and agency staffing was as a result of COVID, and was set to continue for the time being.</p> <p>The Board noted that long service awards process was currently underway, and the roll out of virtual staff awards imminent. The Chair noted the importance of recognising what all staff have done over the last year.</p> <p>There were no further questions and the Board noted the contents of the update.</p>
<p>Key strategic objectives 3 and 4: operational excellence and financial sustainability</p>	
15-21	<p>Board assurance framework The Board noted that the current version of the KSO3 BAF had been circulated following distribution of the main board reports.</p> <p>Focusing on KSO4, the Board asked whether the £4.6m top-up was still guaranteed. MM confirmed that this was included in the financial guidance from the Department of Health and Social Security, and currently remains within the financial plans of both QVH and the ICS. Any change to this could result in a larger deficit than currently planned and a £4.6m cash issue due to the deficit.</p>
16-21	<p>Financial, operational and workforce performance assurance PD-R presented a report following the recent meetings of the Finance and performance committee. Key points included:</p> <ul style="list-style-type: none"> • That whilst financial results were forecasting break-even for this year, the caveat remained that this was entirely due to the national funding calculation. Pressures were mounting in expenditure and the Phase 3 plan would not be achieved. • To date, operational performance had generally outperformed plan, but was heavily reliant on a wide range of key dependencies and an understanding in terms of finance and activity was important. • Workforce indicators remained very positive. <p>There were no questions and the Board noted the contents of the update.</p>
17-21	<p>Operational performance AJ presented the operational performance report, highlighting in particular a focus on RTT (referral to treatment) challenges, and the overriding challenge of the current climate with its impact on operational delivery. The Board considered the report, seeking additional clarification as follows:</p>

	<ul style="list-style-type: none"> • As an organisation we are expected to deliver a suite of constitutional standards. Whilst COVID has had a significant impact, we are still delivering a number of standards. • Whilst faster diagnosis (FDS) and the cancer 62-days target were being delivered in some months, performance was less consistent. • Areas of challenge remain in RTT18 (both open pathway performance and patients waiting greater than 52 weeks) and the 31 day cancer standard. However the RTT52 remains ahead of the phase 3 plan. • As previously reported, risks to achieving the Phase 3 plan targets were around capacity. Whilst making reasonable headway with the QVH activity plan, we were constrained primarily by operating capacity. Patient cancellations and workforce challenges are also a risk and had an impact. • Elective work will be significantly affected by the proposed resuming of cancer surgery for Kent, Surrey and Sussex. • A number of changes had been implemented to keep patients and staff safe, including pre-surgery isolation guidance. There was also increased asymptomatic testing of the workforce including the roll out of lateral flow testing for those who cannot access Optigene. <p>There were no further questions and the Board noted the contents of the update.</p>
<p>18-21</p>	<p>Financial performance</p> <p>MM presented the latest finance report, highlighting her top concerns as:</p> <ul style="list-style-type: none"> • Cash implications should the Trust overspend against plan; there had been a significant increase in spend as a result of COVID. • The financial planning process was subject to continual update, which increased pressure on the small and already stretched team. • Guidance on COVID capital funding was still outstanding. Whilst QVH was not an outlier in this, uncertainty remained as to whether we would still be expected to achieve our capital plan. <p>The Board sought and received the following clarification regarding capital planning:</p> <ul style="list-style-type: none"> • The impact on performance if suggested capital expenditure funding shortfall has to be met from our contingency fund: at present we could broadly still achieve plan as a result of delays in projects. • In mitigation, work was underway to review which 2021/22 projects might be achieved in 2020/21; also an assessment of whether high priority medical and IT equipment could be purchased before year end once further guidance is received. • EMT has undertaken a review to ensure that all equipment assigned to the COVID funding stream had been appropriately allocated. • The ICS was continuing to push for a regional response to this issue. <p>There were no further questions and the Board noted the contents of the update.</p>
<p>Key strategic objectives 1 and 2: outstanding patient experience and world class clinical services</p>	
<p>19-21</p>	<p>Board Assurance Framework</p> <p>BAFs for KSO1 and KSO2 were received by the Board. NR reiterated that recent changes to KSO1 would ensure better alignment with the KSO5 BAF.</p> <p>In response to a concern raised regarding residual gaps in theatre staffing, NR assured the Board that an advert was currently running for recovery staff, with flexible working options. At the same time, the Trust was continuing to develop its own staff and whilst this would result in increased backfill costs, these would be offset by the increase in qualified staff.</p>
<p>20-21</p>	<p>Quality and governance assurance</p> <p>The Board received the quality and governance assurance report, seeking confirmation that the first virtual ward/departmental visits were scheduled to take place in January. NEDs were already invited to attend the weekly matron meetings and plans were underway to introduce an abridged form of Compliance in Practice inspection.</p>

	<p>Following on from discussions around clinical harm reviews at the last meeting, NR confirmed that whilst the team have developed a tool to assess psychological harm, given the numbers involved, further work was required around how this would be resourced.</p> <p>Concerns were raised by the Board regarding the report's reference to the corporate risk register. Whilst recognising that COVID challenges had been significant for the whole of the NHS, it was noted that histopathology cover should not have been highlighted as a top risk.</p> <p>There were no further comments and the Board noted the contents of the report and verbal update.</p>
21-21	<p>Corporate risk register (CRR) The Board noted the contents of the latest corporate risk register.</p>
22-21	<p>Quality and safety report The Board received a report which provided assurance as to how the organisation was maintaining quality and safety standards at this time.</p> <p>In response to a question raised by the Chair, NR noted a general anxiety around the risk of a COVID outbreak at QVH, but had no specific concerns about the way in which we continued to care for our patients.</p> <p>IF noted the recent change in vaccination strategy; to protect more people second doses would now be given after 12 weeks.</p> <p>It was noted that Jeremy Collyer would be leaving the Trust and the Board commended his years of service to the Trust as Consultant Oral & Maxillofacial Surgeon, Chief Clinical Information Officer and latterly, Deputy Medical Director. His contribution to QVH was enormous both as a surgeon and in his managerial roles and he would be sorely missed. The Chair indicated that she had written to Mr Collyer to thank him for his service to QVH.</p> <p>There were no further comments and the Board noted the contents of the update.</p>
23-21	<p>BAF, QVH Risk Appetite Statement and CRR review The Board received an update on steps being taken to manage corporate risk during the pandemic, and also throughout the exploration of potential partnership arrangements. It agreed this was a pragmatic approach, noting that additional work would follow in due course.</p> <p>There were no further questions and the Board noted the actions outlined in the report.</p>
24-21	<p>EPRR core standards & statement of readiness - update NR reminded Board that at this stage of the year, the peer reviewed EPRR core standards and statement of readiness would usually be presented for sign off. However, as a result of COVID this process remained outstanding whilst feedback from NHSE and CCG was still pending.</p>
Any other business	
25-21	There was none.
Questions from members of the public	
26-21	There were none.