`	**Minutes FINAL AND APPROVED**	
Meeting:	**Board of Directors (session in public)** **Thursday 4 March 2021, 11:00 – 13:00 via videoconference**	
Present:	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)
	Keith Altman, (KA)	Medical Director
	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)
In attendance:	Hilary Saunders (HS)	Deputy company secretary (minutes)
	Nicolle Ferguson (NF)	Patient experience manager **[item 34-21]**
	Joy Curran (JC)	Guardian of safe working **[item 43-21]**
	Peter Shore (PS)	Lead governor
Public gallery:	11 public governors, 1 staff governor, 1 staff member, SE CQC inspector	

Welcome

33-21 — **Welcome, apologies and declarations of interest**

The Chair opened the meeting and welcomed those in the public gallery.

There were no apologies and no new declarations of interest.

Standing items

34-21 — **Patient story**

This was a standing item scheduled for the beginning of each public meeting as a reminder that the patient was at the centre of everything we do.

The patient joined the meeting from Northern Ireland (NI) where she lived. She had been referred to QVH as this was the only hospital able to provide the specialist treatment needed. The patient described her experience of facial palsy and explained how the Facial Palsy clinic was a lifeline to her and other patients. She went on to describe the challenges associated with commuting to and from QVH which she had been required to do prior to the introduction of virtual clinics.

The virtual clinics had been introduced before COVID and the patient had been an 'early adopter' of the new technology. Whilst there had been difficulties in implementation, much of these had been addressed over the last 12 months, with more virtual clinics being rolled out as a result of the pandemic. The patient experience manager also commented that information provided to both staff and patients on how to use the virtual clinic system had greatly improved over the last twelve months.

The Chair thanked the patient for describing both favourable and less favourable elements of her experience. The Board concurred it was helpful to hear about the areas still needing some improvement.

The Board sought clarification as to the level of psychological support patients received. As someone living in Northern Ireland, the patient described her experience as quite negative whilst noting this was not due to lack of support from the Trust. The Board commented that additional charitable funding for psychological therapy had been secured for cancer patients and queried whether this might be an option for other services. NR advised that the Psychological therapies

	team were offering virtual clinics which might be something to consider. The Board commented on the continuous need to treat patients holistically. There were no further questions and the Chair thanked the patient on behalf of the Board for taking the time today to describe her experience.
35-21	**Draft minutes of the meeting held on 07 January 2021** The minutes of the meeting were **approved** as a correct record, subject to the following amendment: Wording under item 17-21 to read: *'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'.*
36-21	**Matters arising and actions pending** The Board received the latest Matters Arising update. All items were now closed.
37-21	**Chair's report** The Board received the Chair's report. In response to a question, BH advised that the BAME network was still being developed and not yet at the stage of establishing mentoring/allyship. There were no further questions and the Board **noted** the contents of the update.
38-21	**Chief executive's report** SJ presented his latest report which included the overall BAF, dashboard and media update. In the final month of this financial year, SJ felt it timely to reflect on how well staff had continued to work, particularly in the initial stages of the pandemic. An early change had been QVH taking on the role of regional cancer hub, and as CEO it had been gratifying to receive the significant amount of positive feedback from both patients and visiting consultants. As a testament to how well staff had adapted throughout the year, 300 nominations had been received in this year's staff awards in recognition of individuals and teams who had continued to support patients against the backdrop of a global pandemic. SJ went on to recognise those staff with long standing service, paying particular tribute to Jennifer Francis who was celebrating 45 years' service with QVH. He also thanked Jeremy Collyer Deputy Medical Director and Consultant Maxillofacial Surgeon, who would be leaving QVH in April after many years of outstanding service. Finally, the CEO recognised the success of the COVID vaccination programme which had been rolled out to staff and other local health and social care workers. Work had paused now until rollout of the second dose; in the meantime, QVH is providing support to the Crawley hub as part of Sussex Integrated Care System (ICS) programme. The Board considered the contents of the report and update, seeking additional clarification as follows: • That the Trust was now operating under the new funding framework which came into effect in Q3. Additional costs relating to COVID are now prospective and at ICS level (rather than retrospective and organisational level). • A detailed analysis of high level strategic risks will be presented at the next meeting. All board members would be invited to comment prior to presentation of the final version. **[Action: SJ]** • That the majority of staff who had left the Trust recently were either retiring or coming to the end of fixed term contracts. Whilst remaining mindful of anxiety around the future merger, the Trust had not seen staff 'voting with their feet' and this is also reflected in the latest workforce report. Board members concurred that they had also seen evidence of staff optimistic about benefits of merger. • A key risk in 2021/22 was how to keep staff engaged, motivated and supported through a time of great change. SJ reiterated that as an organisation, QVH takes the health and wellbeing of

	our staff very seriously. Mitigations in place included investment in the Stay Well initiatives; Leadership Academy opportunities for healthcare staff; Staff Awards (noted earlier) which have been very well received and regular staff briefings. It was equally important to maintain Mandatory and Statutory Training (MAST) scores; in January, there had been an increase in both MAST and appraisal rates, and our rolling turnover rate had in fact improved by 3% during the past year. • It was too early to know whether the two-way text process had improved efficiency; initial figures suggested around 50% response rate, with the majority confirming they would be attending. Prior to the pandemic the number of patients failing to attend an appointment was high. It was hoped that the new system would result in a 2% reduction; KPIs would be established in April and progress monitored. The focus moved on the White paper. SJ reminded the Board that trusts have been working with their system partners for several years in sustainability and transformation partnerships (STPs) and more recently integrated care systems (ICSs). Proposals contained within the White paper aimed to build on this strategic direction of travel. Leadership and co-leadership roles within the new system would continue to evolve. Additional clarification was provided as follows: • That NHS trusts and foundation trusts would remain separate statutory bodies, with functions and duties broadly as at present. • The ICS NHS Body will not have the power to direct providers, and providers' relationships with the Care Quality Commission will remain unchanged. However there will be a new duty to compel providers to have regard to the system financial objectives to ensure both providers and ICS NHS bodies are mutually invested in achieving financial control at system level. • The Sussex ICS already exists and supports collaborative approaches to health and social care. Whilst it is still very early on in the process, the work collating data on acute services in Sussex is useful groundwork for thinking about how to strengthen some services. It was still unclear when this document would be put in the public domain by the ICS but SJ would keep both the Board and Council apprised. • QVH is based in Sussex, and our relationships with Kent and Surrey remain critical. The White paper was shifting the existing framework from competition to collaboration which would compel organisations to work together. The Board noted that the concept would enable provider collaboratives to work cross borders, but the detail of how this would operate in practice was still being worked through. • The Board expressed disappointment that the White Paper had fallen short of setting out the role of social services in working with NHS colleagues. There were no further comments and the Board **noted** the contents of the report and update.
Key strategic objectives 1 and 2: outstanding patient experience and world class clinical services	
39-21	**Board assurance framework** The Board received the latest BAF for KSO1, noting the amount of work currently ongoing around risk management at board committee level. KA presented the BAF for KSO2, asking the Board to note recently revised risks as follows: • Potential for harm to patients due to long waits for surgery • Maintaining safe & effective clinical services evidenced by excellent outcomes & clinical governance • Developing a robust research & innovation strategy along with potential collaboration with Brighton & Sussex medical school (BSMS) if there is a future merger There were no further comments and the Board **noted** the contents of the latest update.
40-21	**Quality and governance assurance** In response to a question about whether QVH progress on harm reviews was consistent with other providers in terms of number undertaken and results, KN said that there was a great deal of national and regional work ongoing but currently it was not possible to answer this question; significant progress had been made at QVH on the process for reviews, which are now being

	devolved to clinical specialisms to undertake. NR added that national guidance on benchmarking was expected, and that QVH clinical specialisms might be hard to benchmark.
41-21	**Corporate risk register** The Board received the latest CRR, seeking additional clarification as follows: • That the recently added risk regarding workforce succession planning related to staff in radiology, not radiography, and was as a result of the age profile of some staff. It was noted, however that there was also a national challenge associated with recruitment of radiographers. • The new risk relating to staffing within our critical care unit was as a result of the need to reconfigure patient pathways to maintain our 'green site' status. Changes had made staff flexibility difficult so it was agreed to add this to the register. The situation had improved since Christmas. • Coding backlog (risk 1148). The Trust had now recruited two coders and procured the new encoder system. Once software was implemented and coders fully inducted, the risk will be downgraded. There were no further comments and the Board **noted** the contents of the update.
42-21	**Quality and safety report** The Board received the joint report from the Director of Nursing and the Medical Director. NR asked the Board to note the inclusion for the first time of the Infection Prevention and Control board assurance framework; this was presented for information as a result of a change in guidelines. NR also added her congratulations to those responsible for the successful rollout of the flu and COVID vaccination programmes. KA thanked Martin Jones, who was stepping down after three years as clinical director in plastics. Martin was commended for his support throughout the pandemic. BH would write separately to thank him for his contribution. **[Action: BH]**
43-21	**Guardian of safe working** The chair welcomed the QVH guardian of safe working, JC, and thanked her for undertaking this important role. JC highlighted that the paper was made up of two quarterly reports, submitted nationally as required, with additional narrative. In response to a question about how the pandemic has affected doctors and dentists in training at QVH, JC said that the training of every junior doctor in the country had been impacted. At QVH no trainees were redeployed. There had been some differences in practical experience and rota in the first wave; the education programme was back to full levels and all juniors have had the relevant experience and passed their annual training progression meetings. The Board noted that since the paper was written, access to rest facilities has been improved with the end of PPE storage in the surgeons mess and provision of a room for maxfacs trainees. Ideally there would be provision in the main hospital building but that is not easy to achieve; there is c.£12k to spend on a dedicated areas when identified. The Board asked for an update on this at the next meeting. **[Action: KA]** In response to a question about the higher number of exception reports and additional locum hours in plastics JC stated that the working hours are safe. She went on to explain that the requirement for night shifts and the need to cover the McIndoe Centre had been challenging and the chief executive has been looking at this very seriously. AJ added that the Trust has changed the management of trauma so that patients don't have to return to site and work is needed on how space is used to support this. The Board congratulated JC and all those involved in education on helping QVH trainees through a difficult time.
44-21	**Health Care Worker Flu Vaccination Information** NR presented a report on this year's successful seasonal flu vaccination programme. This highlighted the increased update for both frontline staff and the workforce as a whole. There were no questions and the Board **noted** the contents of the update.

Key strategic objectives 3 and 4: operational excellence and financial sustainability	
45-21	**Board assurance framework** AJ presented the BAF for KSO3, highlighting the challenge around the independent sector (IS) and the Trust's capacity in general. The Board was reminded that at the start of the pandemic NHS Trusts were given access to independent sector hospitals and QVH had worked closely with The McIndoe Centre; however, the national contract had changed and there was now uncertainty - particularly with regard to funding arrangements. SJ advised that in December, the national waiting list stood at 4.5m, with 225k waiting in excess of 52 weeks for treatment. When compared to last year's figure of 1.6k, the impact was clear. This would inevitably be compounded by the challenge around pensions following yesterday's budget announcement. Recognising the scale of the challenge, the Board asked when the Trust might achieve zero patients waiting more than 52 weeks for surgery. The Trust was already looking at different modelling options; however, because of the extreme level of uncertainty around funding arrangements and independent sector and additional capacity, together with the lack of guidance from NHSE it would not be possible to predict at this stage. The impact of COVID was still being felt and although there had been some improvements in the system, the Trust was not at the point of resuming normal levels of activity. The Board was also reminded of current critical care challenges (highlighted earlier), and also the risks around schools re-opening and new variants of COVID. MM presented the BAF for KSO4. The Trust had broken even for the first half of the year, and in months 7-12 was predicated to achieve plan; as a result, the risk rating was currently at 20 despite the underlying deficit. The Board was reminded again of work currently underway to ensure consistency of risk ratings across all five BAFs. There were no further comments and the Board **noted** the contents of the update.
46-21	**Financial, operational and workforce performance assurance** PDR summarised that the Trust was working with high levels of uncertainty and the finance and performance committee had spent time looking in detail at surge capacity, the use of the independent sector and associated risks. The indicators around workforce are good with the committee aware of the risks. The funding currently received by the Trust is exceptional and does not represent the underlying financial position. In response to a question about the theatre productivity programme, AJ said that it would partially address current challenges by aiming for the full utilisation of sessions even in the context of patients needing to self-isolate and short notice cancellations. Issues remained about the total number of theatre sessions available, related to the loss of sessions associated with running amber and green pathways; estate challenges; availability of independent sector sessions. Most cancer hub work will be repatriated but timescales are yet to be determined for some providers. Covid has forged stronger relational links with other providers at regional and ICS level which have included helpful conversations around KPIs, challenges and sharing best practice.
47-21	**Operational performance** AJ presented the latest operational performance report, highlighting the biggest risks within the KSO3 domain as: • The ongoing impact of waiting list backlog • Challenges around independent sector provision and potential funding to address recovery • Theatre capacity. The Board considered the report, seeking the following additional assurance: • Although likely to be issued shortly, there is currently no national guidance around how 52-week waits should be managed. It was anticipated that focus would be on treating urgent cases prior to long waiters. ICS shared perspective is firstly cancer patients followed by urgent clinical priorities and diagnostics and then RTT long waits. • With the exception of 31-day target, compared with other trusts, QVH has performed strongly. The majority of 31-day long waits relate to skin and that the Trust had recently agreed a 1-year fixed term locum consultant post to fast-track these referrals, with funding secured from the Kent and Medway Cancer Alliance.

	• The Board noted internal and external mitigations in place to manage the risks to our capacity to deliver recovery plans. There were no further comments and the Board **noted** the contents of the update.
48-21	**Financial performance** MM presented the latest financial performance report, highlighting in particular: • The Trust's favourable variance as a result of the block contract arrangements which will enable us to achieve plan at year-end. • The ICS position would also be taken into consideration as well as the Trust's own position for the first time. • The Trust has received the full amount of COVID capital applied for. • The Trust was still awaiting full year-end guidance. The Board asked about the process for approval of the 2021/22 and business plan. Although the end of year guidance was still pending, budget setting, which based on 2019/20 activity levels, was progressing. As recovery and restoration plans came into effect this would be flexed, but the Board would be apprised of any changes. Draft budgets would be submitted to the Finance and performance committee at end of March and then presented to Board for approval. There were no further questions and the Board **noted** the contents of the update.
Key strategic objective 5: organisational excellence	
49-21	**Board Assurance Framework** The Board received the latest BAF for KSO5 which remained unchanged since the previous meeting.
50-21	**Workforce monthly report** GO presented the workforce report, highlighting in particular: • That KPIs have remained stable, even improving in some areas. Given concerns around merger this was very positive. • A high number of starters joined the Trust in January. Despite COVID we were still able to bring over a further six overseas nurses who will join at the end of March. • The staff survey remains embargoed until 11 March so it isn't possible to report results in the public domain. • The slight increase in the use of bank staff relates to COVID absence. Despite this, absence rates remain stable generally, and will continue to be monitored on a daily basis. • Plans for rollout of the second dose vaccine appointments will be completed by the end of the week. The Board considered the report and update, seeking additional clarification as follows: • The number of staff who have declined the COVID vaccine and Trust policy for those who do so. System complexities meant the Trust does not have access to this data. However recently released guidance issued by the NHS Chief People officer advised that individual meetings should be arranged with every staff member who had declined to enable their line managers to explain the benefits of the vaccine. The requirement states that this should be handled sensitively and, respecting that this is an individual decision, staff should not be asked outright why they had declined. The Board agreed that a supportive, educational approach would be more effective. • From available data, it would seem that between 70-80% of BAME staff have had the vaccine. The BAME network co-chairs had been active in supporting staff in their decision making process. • Anecdotal evidence suggested that although staff had been psychologically impacted by COVID, some were reluctant to take up support offered. GO stated that high numbers of staff have taken advantage of the support; the Trust would continue to remind staff of what was available and encourage them to take the time to access this. Role modelling by senior managers was also important to create an environment of psychological safety.

	• Whilst some trusts would be offering staff an extra day's annual leave in recognition of extraordinary efforts over the last year, we had introduced a package of measures as an ongoing thank you which was felt to be more appropriate to QVH. There were no further comments and the Board **noted** the contents of the update.
Governance	

51-21	**Board effectiveness review**
	CP presented a review of the Board's performance over the last 12 months, designed to identify any action required to ensure it has the skills, experience and approach required. The scope of this review was a requirement of the FT code of governance
	
	Reviewing board effectiveness could be subjective, but CP felt the strong degree of trust amongst board members had enabled a good level of constructive challenge. Content of the review would be included in the 2020/21 annual report and accounts.
	
	The Board considered the report, noting in particular:
	• The report recognises the pragmatic view the Board took on COVID, with appropriate focus on operational delivery. It also recognised that the developments in the ICS and the direction of the NHS in general had created significant uncertainty.
	• Some work undertaken over the last year on culture has been very helpful in terms of a better understanding with regard to the merger.
	• The report had also highlighted:
	  ○ The significant achievement in establishing a BAME network this year, resulting in positive feedback from colleagues across the Trust.
	  ○ The seminar led by Karen Hayllar from NHSI/E which had provided analysis techniques and encouraged the board to use data, to identify and focus on a problem and how best to address it.
	
	The Chair thanked CP for her report. She noted the difficulties that all board members had faced in undertaking their remit over the last year and thanked them for their continuous support.
	
	There were no further questions and the board **agreed** the contents of the review, noting that detail will be included in the 2020/21 annual report and accounts, and **approved** the Board sub-committee terms of reference for the next 12 months.

Any other business	
52-21	There were none
Questions from members of the public	
53-21	**Questions from members of the public** BH advised that the following questions had been raised in advance by members of the public. 1. *The numbers of QVH staff receiving the COVID vaccine appear to be very high. What proportion of staff have declined the vaccine for other than medical reasons? How many of such staff are in patient facing roles?* This had already been answered in part under item 50-21; the lead governor, who had raised the query, sought additional clarification as to the number of staff included in the total. GO advised that these were headline figures only which currently also included bank staff and volunteers, and further analysis was needed before this information could be released. 2. *When are you going to release the Sussex Acute Services review into the public domain?* This had been addressed under item 38-21. The Sussex Acute Services review was commissioned by the ICS and it was not in the gift of QVH to publish it; the ICS are currently considering when it will be published. BH advised that The Trust had received a further question relating to information provided to governors which she did not intend to read out as it referred to a member of staff by name. The

	Board was aware of the question, and also aware that the CEO had already responded to all members of Council on the matter of the information provided to governors. This question had also raised the issue of timeliness of our response to governors. BH reminded those present that, as made clear in our case for change, the hospital has very small teams, with often only one person handling queries. This means that responses can take longer than we would like. However, we already have in place several means of communicating with Council, and BH would be asking the Governors' Steering Group to consider this matter further. There were no further questions and the meeting was closed.