

<b>Document:</b>	<b>Minutes FINAL &amp; CONFIRMED</b>	
<b>Meeting:</b>	<b>Board of Directors (session in public) Thursday 4 November 2021, 11:00 via videoconference</b>	
<b>Present:</b>	Gary Needle (GN)	Acting Trust Chair (voting)
	Keith Altman (KA)	Medical Director
	Lawrence Anderson (LA)	Interim Director of workforce (non-voting)
	Paul Dillon-Robinson (PD-R)	Non-executive director (voting)
	Kevin Gould (KG)	Non-executive director (voting)
	Karen Norman (KN)	Non-executive director (voting)
	Steve Jenkin (SJ)	Chief executive (voting)
	Michelle Miles (MM)	Director of finance (voting)
	Nicky Reeves (NR)	Interim Director of nursing (voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
	Abigail Jago (AJ)	Director of operations (non-voting)
<b>In attendance:</b>	Hilary Saunders (HS)	Deputy company secretary (minutes)
	Peter Shore (PS)	Lead governor
	Karen Carter Woods (KC-W)	Head of Risk, Clinical Quality and Patient Safety
	Chris Parrish (CPa)	Patient Experience Manager
<b>Apologies:</b>	None	
<b>Members of the public:</b>	10 members of the public, (including one for item 158-21)	
<b>Welcome</b>		
<b>157-21</b>	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair opened the meeting. There were no apologies and no additional Dol's to those already recorded on the register.</p> <p>All board members had read covering reports and papers in advance. The Chair reminded those present that since moving to online meetings and in order to make most efficient use of the time available, Board members now submitted questions in advance, although this did not preclude additional questions being raised.</p> <p>The Chair went on to welcome those members of the public in attendance today, reminding them that as this was a meeting in public, not a public meeting they would be unable to take part in discussions. Some questions had been raised in advance and these would be addressed at the end, with responses recorded in the minutes.</p>	
<b>Standing items</b>		
<b>158-21</b>	<p><b>Patient story</b></p> <p>The Board heard directly from a corneo patient on their experience of the Trust and its staff. The information provided both an insight into the care provided and the areas where their experiences fell short of the Trust's standards.</p> <p>The Board was gratified to hear areas where patient experience had exceeded expectation; however, it also noted the areas of concern and the actions to be taken to secure improvements, and to embed these across the Trust. The Board thanked the patient for their time today and for their openness.</p>	
<b>159-21</b>	<p><b>Freedom to speak up (FTSU)</b></p> <p>The Chair thanked SP for attending today's meeting and SP answered questions as follows:</p> <ul style="list-style-type: none"> <li>• In response to what the Board might do to encourage more staff to come forward with concerns, SP explained that her role was to support those staff who weren't able to raise concerns themselves and many concerns are already raised by other routes including via Datix. FTSU is regularly promoted through internal communications and at induction for new staff.</li> <li>• Re whether staff might be worried about potential implications of speaking up, SP stated that in her three years in the role, no one had ever reported that the situation had deteriorated.</li> <li>• Main themes continued to be around communication; specific examples couldn't be given without breaking confidentiality and identifying staff; however SP would meet Director of Workforce to consider these in more detail.</li> </ul>	

	<ul style="list-style-type: none"> <li>The Board noted that a high proportion of speaks up had come from administrative staff. However, numbers were not high enough to be of significance; they had originated from different areas and not related to anyone particular person. QVH total numbers are very low in comparison to some trusts.</li> </ul> <p>The Board considered SP's update, highlighting in particular:</p> <ul style="list-style-type: none"> <li>That the Director of nursing and SP meet regularly to monitor any emergent patterns of behaviour; NR was not aware of any anxiety about speaking up within her own directorate and felt staff usually found a route to raise concerns when necessary.</li> <li>Despite the low number of speak ups, the time dedicated to processing these precluded additional proactive work. Noting that discussions around merger and other areas of contention could increase anxiety amongst staff, the Board wished to ensure there were as many avenues available to staff as possible to raise concerns. SJ agreed to follow up on resourcing issues. <b>[Action: SJ]</b></li> <li>The Audit committee received an annual report on Whistleblowing which reviewed current processes in place; it may be possible to adapt this to provide a broader picture of concerns raised across the Trust.</li> <li>NEDs could also be invited to the Trust's regular performance review meetings; these provided additional intelligence and were a good opportunity to triangulate data.</li> </ul> <p>There were no further comments and the Board <b>noted</b> the contents of the update.</p>
<p><b>160-21</b></p>	<p><b>Draft minutes of the meeting held on 2 September 2021</b> The draft minutes were <b>approved</b> as a correct record</p>
<p><b>161-21</b></p>	<p><b>Matters arising and actions pending</b> The Board <b>received</b> the latest matters arising update. There were no matters outstanding this month.</p>
<p><b>162-21</b></p>	<p><b>Chief Executive's report</b> The Board received the latest report from the Chief Executive which included the overall BAF, dashboard and media update.</p> <p>In response to a question regarding status of the full business case (FBC) for merger, the Board noted that the Trust was currently in discussion with the Sussex ICS and the region regarding resources. It remains the case that FBC work is anticipated to take between 6-9 months.</p> <p>The Board was advised that the dashboard reflects a very high level moment in time and greater detail was available within relevant board papers. SJ summarised as follows:</p> <ul style="list-style-type: none"> <li>The Trust generally maintains a green dashboard for KSOs 1 and 2, areas which relate to patient safety and quality.</li> <li>From an operational (KSO3) perspective, the Trust was catching up on recovery plans (as with most trusts). It had consistently achieved the 62-day cancer standard in the last 12 months and was the only Trust in Sussex to consistently meet the new Faster Diagnosis standard. Recent deterioration in 2-week waits was due to clinic capacity and/or patient choice, and was of particular concern with a number of head and neck capacity related breaches. The Trust's 52-week wait progress was likely to slow and potentially reverse, as H2 planning indicates an increase in numbers.</li> <li>KSO 4 relates to financial sustainability and we have just concluded the first half of this financial year with a small surplus.</li> <li>KSO 5 continued to show sound MAST &amp; appraisal targets being achieved; vacancy and turnover rates continue to show deterioration in the last three months.</li> </ul> <p>SJ said critical workforce challenges, and the resulting unsustainable workload on existing NHS staff, were currently the health service's biggest problem. The Board asked what practical measures could be implemented to address these issues; a number of initiatives were due to be considered by the Executive Management team (EMT) next week. NR concurred that this paper would take a rigorous view and consider a range of recruitment initiatives. The Board noted that the workforce report referenced a number of job adverts placed in September, and start dates agreed for 60 staff.</p> <p>The Director of workforce reminded the board that workforce shortages were a national issue with 93k vacancies currently. Acute organisations were facing severe workforce challenges and from a strategic perspective, the ICS were looking to introduce system wide planning submissions rather than individual providers.</p>

Key strategic objectives 3 and 4: operational excellence and financial sustainability	
163-21	<p><b>Board assurance framework</b></p> <p>The Board received the latest BAF updates for KSO3 and KSO4, noting that KSO3 highlighted the risk of a potential covid surge, whilst the KSO4 referenced the limited guidance on H2 planning.</p>
164-21	<p><b>Financial, operational and workforce performance assurance</b></p> <p>The Board received a report from the Chair of the Finance and performance committee, citing key areas of concern as staff vacancies and the lack of clarity around the H2 planning process.</p> <p>Noting that theatre utilisation remained below target, the Board was informed that there were various contributing factors; the work of the Theatre productivity group was ongoing, and cancellations were reviewed weekly to identify themes. The Committee had taken assurance from the level of work and oversight in this area, recognising there were no systemic causes for the issue.</p> <p>There were no further comments and the Board <b>noted</b> the contents of the report.</p>
165-21	<p><b>Financial performance</b></p> <p>MM presented the latest financial performance report, highlighting in particular that the overall surplus position year to date was due to the Trust exceeding the Q1 activity target. Whilst full guidance on Elective Recovery Funding (ERF) for H2 was still awaited, proposed changes in ERF would lead to a shortfall in planned income.</p> <p>The Board sought and received the following clarification:</p> <ul style="list-style-type: none"> <li>• Three separate elements are considered in budget setting; workforce, activity and finance. Activity at speciality level is very specific and takes into account vacancies and recruitment.</li> <li>• In line with the Trust's Scheme of Delegation, the Hospital Management Team will make the final decision on Payroll provider. This project was jointly led by the Associate Director of Finance and the Director of Workforce.</li> <li>• Following a request for an update on the Targeted investment funding (TIF) application for modular theatres, MM advised that £500m had been allocated nationally. QVH would be submitting a bid for replacement of two theatres within Rowntree. The Trust was currently working with a supplier on the project scope but did not know at this stage when the outcome would be known.</li> <li>• Whilst the number of admin vacancies appeared high, these were spread evenly across the Trust and there was no indication as to whether this was a national trend. All vacancies continued to be evaluated at performance review meetings.</li> <li>• The Trust was working closely with the ICS in an effort to mitigate risks associated with delays to publishing H2 guidance. The Chair commended the substantial assurance demonstrated by robust planning processes.</li> </ul> <p>There were no further comments and the Board <b>noted</b> the contents of the update.</p>
166-21	<p><b>Operational performance</b></p> <p>The Board received the latest operational update and sought the following clarification:</p> <ul style="list-style-type: none"> <li>• That patient initiated follow up targets were set nationally; it was important to note that these were additional patients each month (around 300 patients each month). This was challenging and a comprehensive and complex process was required to establish which patients were appropriate.</li> <li>• Trust had delivered 62 day, 31 day and Faster Diagnosis Standards (FDS) in the reporting month. Trust performance was behind plan for 2ww.</li> <li>• Late referrals were a challenge for both the 62 day backlog and patients waiting over 104 days.</li> <li>• 2-week wait challenges related primarily to clinic capacity and patient choice, although the Board noted that Head and Neck patients were impacted by staff shortages. The Board also noted that head and neck referrals had increased, and continued to do so.</li> <li>• The 62/104 day performance targets remain challenged primarily due to late referrals. Weekly calls with referring trusts were ongoing. All had now been undertaken and reviewed personally by the Director of Operations; delays related mainly to patient choice or other medical condition.</li> </ul> <p>The Board sought further assurance regarding the Trust's Clinical Harm Process and were advised:</p> <ul style="list-style-type: none"> <li>• No cases of moderate harm or above had been identified within this cohort; all information was shared with the ICS.</li> </ul>

	<ul style="list-style-type: none"> <li>The Director of Nursing reminded the Board that Clinical Harm Reviews were reported in more detail under the Quality and Safety report, and discussed at the Quality and governance committee meeting. These patients were monitored very closely.</li> <li>The Trust did not have sufficient resources at this stage to introduce a psychological assessment to take into account the overall patient experience.</li> <li>Whilst there was good progress on recovery workstreams, main risks to delivery were capacity, referral optimisation (acknowledged by ICS regional and national teams) and community diagnostic hubs.</li> </ul> <p>There were no further comments and the Board <b>noted</b> the latest update.</p>
<p><b>Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services</b></p>	
<p><b>167-21</b></p>	<p><b>Board Assurance Framework</b> The Board received the latest BAF updates for KSOs 1 and 2, noting the increase in KSO1 score due to staffing challenges; further changes will be reported next month.</p> <p>There were no changes to KSO2 this month.</p>
<p><b>168-21</b></p>	<p><b>Quality and governance assurance</b> The Board received a report from the Chair of the Quality and governance committee, noting that challenges in paediatric nursing were the reason for the increase in the BAF risk rating. Due to reporting time lags, this would not appear on the Corporate Risk Register as a specific risk until next month.</p> <p>There were no further comments and the Board <b>noted</b> the latest update.</p>
<p><b>169-21</b></p>	<p><b>Corporate risk register</b> The Board received the latest Corporate Risk Register. Noting that staffing shortages was a common theme, (and an issue both regionally and national) the Board suggested this should be a corporate risk alongside financial sustainability. NR said this risk had already been recorded and was not apparent in Board papers due to timing of the report.</p> <p>There were no further comments and the Board <b>noted</b> the latest update.</p>
<p><b>170-21</b></p>	<p><b>Quality and safety report</b> The Board received the latest quality and safety report, seeking additional clarification in respect of:</p> <ul style="list-style-type: none"> <li>The implications for QVH should COVID vaccines be made compulsory for all frontline NHS staff in England. NR advised that the number of frontline staff who had not taken up the vaccine was in single figures, the majority of whom were exempt on medical grounds. The Trust will continue to manage each case individually but should legislation be introduced the impact would be marginal.</li> <li>That the new Statistical Process Control (SPC) chart contained limited narrative at present and would be expanded in future to ensure a more meaningful report.</li> <li>Assurance around staffing challenges on Peanut Ward: the Trust would continue to monitor the number of patients not admitted due to staffing challenges, although the general direction of travel was moving from inpatient to day-case treatment. Nursing staff are prioritised for Peanut on days when there are a number of elective cases scheduled.</li> </ul> <p>There were no further questions and the Board <b>noted</b> the contents of the latest report.</p>
<p><b>171-21</b></p>	<p><b>National inpatient survey results 2020</b> The Board paid tribute to the management and staff for their ongoing work and commitment which had been reflected in the 2020 national inpatient survey results. These results were a credit to all, not just clinical frontline staff.</p> <p>Mindful of the merger discussions, the Director of nursing was asked how the QVH results compared with those of UHSx. NR reminded the Board that the survey was undertaken in 2020 when UHSx was still running BSUH and Western as two separate organisations. Western were in the top half, and BSUH results were average, with neither organisations near the bottom. NR reminded the Board that specialist trusts generally fared better in these surveys as they were not impacted by A&amp;E and maternity services.</p> <p>There were no further comments and the Board <b>noted</b> the latest update.</p>

<p>172-21</p>	<p><b>7-Day services assurance</b> Although QVH had not been required to submit a report to the regulator since early 2020, we still continued to audit and report on results.</p> <p>There were no further comments and the Board <b>noted</b> the latest update.</p>
<p>173-21</p>	<p><b>Guardian of safe working</b> The Board received the latest report from the Guardian of Safe Working. The following questions were raised and although unable to attend the meeting in person, the report author, Dr Curran provided responses which are summarised below:</p> <ul style="list-style-type: none"> <li>• <i>Q: It would be helpful to understand how plastics trainees' concerns about on call rooms are being addressed.</i> <i>A: On call rooms (accommodation in Meridian Way) are run by an outsourced company and request has been made for specific improvements. A further follow up will be made.</i></li> <li>• <i>Q: We appear to have a problem with the plastics rota – the report states that this has been noted before but actions have had little impact – how can we be assured that further actions will make a difference?</i> <i>A: Rota issues in plastics are due to management of the rota rather than the overall template. For example: it is not produced with the 8 weeks' notice required before taking up a post (5 weeks), zero hour days were incorrectly removed (fixed now), trainees need Christmas rota so can plan time off, trainees feel they are not getting sufficient training time with their Consultants and trainees have exception reported this along with frequent last minute movements. These issues will take time; the Director of Medical Education is also heavily involved in this.</i></li> <li>• <i>Q: What lies behind the comment that “has historically had more commitments than people.”?</i> <i>A: There has not been significant or effective change on this issue. The senior plastic trainees suggest a review of all clinical commitments, looking at whether staff can be used in a smarter way. Staffing in the administration side of plastics has improved, which should help them to plan further ahead. Plastics have discussed the possible use of physician associates or nurses taking on responsibilities in some areas with training at the Local Faculty Group.</i></li> <li>• <i>Q: Where is progress against these actions reported?</i> <i>A: The Director for Medical Education has responsibility for monitoring progress which is reported through the Local Negotiating Committee (LNC) and the Local Academic Board (LAB).</i></li> </ul> <p>The CEO noted that the latest report reflects the current challenges with plastics and aligns to the findings of the last GMC survey. The Director of Medical Education and the Clinical Director for Plastics had reported on this at the September HMT meeting; this will be returned to HMT this month to review progress with the rota challenges and activity and to ensure a more robust system was in place. This may impact on business planning and so would need to be addressed as soon as possible.</p> <p>There were no further comments and the Board <b>noted</b> the contents of the latest report and update.</p>
<p><b>Key strategic objective 5: organisational excellence</b></p>	
<p>174-21</p>	<p><b>Board Assurance Framework</b> The Board received the latest KSO5 BAF, noting there were no significant changes on this occasion.</p>
<p>175-21</p>	<p><b>Workforce monthly report</b> The Chair noted that a substantial discussion had already taken place earlier in the meeting. High vacancy levels were clearly a growing concern both for QVH and for other organisations throughout the country. The Board recognised these challenges as reflected in earlier discussions.</p>
<p>176-21</p>	<p><b>Formal ratification of Workforce WRES and WDES</b> The Director of Workforce reminded the Board of the national requirement to submit Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Standards (WDES) reports on an annual basis. Following a number of comprehensive discussions at the Finance and performance committee where board members sought additional assurance, the reports had been submitted recently. Today the Board was asked to formally ratify this process.</p>

	<p>A number of issues had been highlighted within the report which were being addressed through the action plan. LA drew the Board's attention to the significant progress, including the establishment of an active BAME network, and career development opportunities to support disabled staff and staff with other protected characteristics.</p> <p>The annual Equality and Diversity report and action plan was due to come to Board in January.</p> <p>The Board received assurance that the low disciplinary caseload was a reflection of the increased capacity within the team to support employee relations and much work was carried out on an informal basis. There was no evidence that the national mandatory suspension of medical appraisals in 2020/21 had any adverse impact; these had been re- introduced in April and followed a robust process.</p> <p>There were no further comments and the Board unanimously <b>ratified</b> the WRES and WDES.</p>
<p><b>Governance</b></p>	
<p>177-21</p>	<p><b>Audit committee assurance update</b> The Board noted the contents of the update on the recent Audit committee meeting.</p>
<p>178-21</p>	<p><b>Nomination and remuneration update</b> The Board noted the contents of the report on the recent Nomination and remuneration committee meeting.</p>
<p><b>Any other business (by application to the Chair)</b></p>	
<p>179-21</p>	<p>There was none.</p>
<p><b>Members of the public</b></p>	
<p>180-21</p>	<p><b>Questions from members of the public</b></p> <p>1. CP advised that the following had been submitted by Caroline Migo, public governor: <i>As NHSEI seem to be happy to waive certain criteria relating to the appointment a Trust Chair, why hasn't QVH looked to other successful specialist hospital Trust Chairs to fill the position of interim Chair? Surely a Chair experienced in dealing with the unique services provided by a specialist hospital would be the logical choice. In order to fulfil the extra licence conditions imposed by NHSEI it is incumbent on governors, whilst carrying out their statutory duties, to ensure the probity of this appointment so that the Public is confident that it has been carried out in an open, honest and transparent manner rather than simply a box ticking exercise.</i></p> <p>The Chair responded: <i>'Peter Carter, who was due to take up the role of Chair at Queen Victoria Hospital NHS Foundation Trust had to withdraw from this role for health reasons, so as senior independent director, I have been Acting Chair since Beryl Hobson's retirement on 30 September. We are working with NHSEI to appoint an appropriately experienced chair as a matter of urgency.'</i></p> <p>2. CP advised the following had been received from Oliver Harley, public governor: <i>Last month, 66% of the hospitals 83 consultants expressed No Confidence in the chief executive with a mere 7.5% (6 consultants) expressing confidence. This is a clear and strong message from the most senior clinicians in the hospital who are all closely in touch with many other staff members and groups on a daily basis; yet the hospital leadership asserts that the consultants do not represent the views of staff as a whole. In order to support their assertion, will the hospital leadership hold a vote for all staff groups to determine whether they have 'confidence' or 'no confidence' in the chief executive?</i></p> <p>The Chair responded: <i>'No. Decisions in relation to merger have been taken by the full Board not the chief executive, and the chief executive has the confidence of the Board.</i></p> <p><i>The issues raised in the letter from QVH consultants are being looked at in detail; we have explained to those who sent the letter that a full response will follow. This is in keeping with our approach to all questions and issues raised by staff to date.</i></p> <p><i>In September as part of ongoing staff engagement activity related to the possible merger, an anonymous and confidential survey was established as an additional mechanism to enable staff to share their views. The survey included asking staff what improvements or benefits they would like to see from a merger and what concerns they have, and more than 300 staff contributed. We will be sharing the results of that survey with all staff.'</i></p>

<b>181-21</b>	<p><b>Exclusion of members of the public</b></p> <p>Aligned to paragraph 39.1 and annex 6 of the Trust's Constitution, members of the public and representatives of the press were excluded from the remainder of the meeting for the purposes of allowing the board to discuss issues of a confidential or sensitive nature.</p> <p>There were no further comments and the Chair closed the public session of the meeting.</p>
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