Document:	Minutes FINAL & APPROVED	
Meeting:	Board of Directors (session in public) Thursday 06 January 2022 11:00 via videoconference	
Present:	Anita Donley (AD)	Trust Chair (voting)
	Gary Needle (GN)	Senior Independent Director (voting)
	Keith Altman (KA)	Medical Director (voting) **[13-22 to 24-22]**
	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)
	Abigail Jago (AJ)	Director of operations (non-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)
In attendance:	Hilary Saunders (HS)	Deputy company secretary (minutes)
	Peter Shore (PS)	Lead governor
Apologies:	None	
Members of the public:	Eleven, including two members of staff.	

Welcome	
01-22	**Welcome, apologies and declarations of interest** The Chair opened the meeting. There were no apologies and no additional DoIs to those already recorded on the register. All Board members had read reports 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, the Board now submitted questions in advance, although this did not preclude additional questions being raised. The Chair went on to welcome those members of the public in attendance today. Some questions had been raised in advance by members of the public; for some the answer will be addressed during the main discussion whilst others will be addressed at the end of the meeting, with a full record included in the minutes.
Standing items	
02-22	**Draft minutes of the meeting held on 04 November 2021** The draft minutes were **approved** as a correct record subject to changes to item 166-21 as follows: • The Trust had delivered 62 day, 31 day and FDS standards in the reporting month. Trust performance was behind plan for 2ww. • Late referrals were a challenge for both the 62 day backlog and patients waiting over 104 days.
03-22	**Matters arising and actions pending** The Board **received** the latest matters arising update. There were no matters outstanding this month.
04-22	**Chair's report** The Board received the Chair's report. In response to a question around publication of the independent review report, it was noted that the full report would be confidential in recognition of the need to ensure that parties approached by the Reviewer were able to discuss confidential or sensitive issues as necessary. The Reviewer will also produce an executive summary report containing the key findings, conclusions and recommendations without confidential information in such a way that this can be shared with relevant parties more widely.
05-22	**Chief Executive's report** The Board **received** the latest report from the Chief Executive which included the overall board assurance framework, dashboard and media update. SJ highlighted in particular:

	• The potential impact of the Omicron variant and the role QVH was taking within the Sussex system in stepping up as a cancer hub once again. The most significant challenge for all trusts, (including QVH), was managing staff sickness. • The results of the CQC 2020 National Children and Young Person Experience Survey; it was a testament to front line teams for maintaining this progress during a difficult 12-month period. • The timeline for possible merger with University Hospitals Sussex; whilst we had hoped to progress work on the full business case sooner, the operational pressures which both organisations were experiencing mean this is not possible. In the meantime, work will proceed to bring the Patient First improvement methodology to QVH. • NHS Specialised Commissioning is leading on an options appraisal aimed at seeking a provider meeting the requirements to deliver the high quality burns service currently provided at QVH. The CEO report made reference to an allocation from the NHSEI Targeted Investment Fund (TIF) for modular theatres. Discussion by the Board had taken place during a private session for reasons of commercial sensitivity. The additional modular buildings would be a significant improvement and increase activity. The additional resilience would ensure the new facility could remain operational throughout the year. The CEO report also referenced the Board's formal approval in November for the residency requirement for the interim chair to be waived. The Board considered the report and received the following additional information: • That NHS Specialist Commissioning were leading on the burns options appraisal. An outline plan had been submitted to Health Overview and Scrutiny Committees (HOSC) in December. A peer review would take place in early 2022 which would inform the option appraisal. Specialist Commissioning anticipate this to be completed by the end of the financial year. • The medical director will be the QVH lead on the clinical service reviews, working alongside their equivalent at University Hospitals Sussex (UHSx). • The Executive Management Team (EMT) will discuss implementation of the Patient First quality improvement methodology shortly, considering the level of additional resource that will be required. • QVH and UHSx are both committed to the timescales given for completion for service reviews and the full business case (FBC); however, the timeline has been amended before and QVH will not shy away from the need to flex priorities based on operational pressures. • The planning guidance was published on Christmas Eve and included ten priorities for systems to deliver. There would be some challenges for QVH, possibly reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by 2023, and going further where possible. On a more positive note, the successful TIF bid for two modular theatres will offer the Trust the opportunity to tackle its elective backlog. The project was due to complete mid-summer, provided all milestones were achieved, and that there were no significant supply issues. • The establishment of integrated care boards (ICBs) has been deferred from April to July 2022. • Current sickness levels at QVH are around 5%, including both self-isolation and COVID; whilst this was not exceptional for the time of year, we are aware that this may increase in the coming days. There were no further comments and the Board **noted** the contents of the report.
Trust strategy	
06-22	**Green Plan** SJ introduced his report. In October 2020, the Greener NHS National Programme published its strategy, 'Delivering a 'Net Zero' National Health Service', which committed to becoming a net zero-carbon health service by 2040 for emissions it controls directly and 2045 for emissions it can influence. In 2021, Trusts were tasked with submitting a green plan (Part I) to their Integrated Care System (ICS) by January 2022. Part II will be the detailed delivery and how we intend to work with stakeholders to develop this. There has been great engagement and commitment to date and SJ commended in particular the input of the anaesthetics team. However, additional resources would be needed for further development.

	The Board commended the report and sought the following additional information: • That there would be a need for additional resources to ensure delivery; these will be mapped out during the second phase of planning. • That the targets set in the Green Plan were in line with the national targets (2040 for Net Zero Carbon for direct emissions and an interim target of 80% reduction by 2028-2032). The 2025 target is based on a straight line trajectory to the mid-point of the interim target (i.e. reaching 80% reduction by 2030). • To date, the Trust has reduced its carbon footprint by 30%; some of this is as a result of energy efficiency projects, but a significant proportion is due to the reduction in the carbon intensity of grid electricity. There were no further questions and the Board **approved** the report for submission to the ICS.
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services	
07-22	**Board Assurance Framework** The Board **received** the BAFs for KSOs 1 and 2 **noting** that there were no changes this month.
08-22	**Quality and governance assurance** KN summarised her report highlighting: • An overview of the November seminar and future priorities identified by the Committee. • Issues of concern which included workforce availability, capacity resilience, service pressures from COVID and clinical fragilities. • That the Committee had taken significant assurance from the Care Quality Commission (CQC) report on the quality of the paediatric patient experience at QVH. In response to questions from the Board, KN noted that: • Further work was needed before a timeline for implementation of the quality improvement methodology could be confirmed. Proposals will be discussed at the February seminar prior to the Executive drawing up a final paper. • KN was meeting with SJ next week to progress issues of concern highlighted in the report. There were no further questions and the Board **noted** the contents of the assurance report.
09-22	**Corporate risk register (CRR)** NR presented the corporate risk register, noting that the front sheet highlighted recent changes. The Board sought additional clarification as follows: • Following the NHS Digital Cyber Security Alert in December, IT had identified those assets vulnerable to this security threat. The issue relates to both clinical and non-clinical systems and could not be managed independently by our IT team. Accordingly, additional support was provided by the Information Asset Administrator and suppliers. Whilst in some cases no further action was required, in other where a risk remained downtime was scheduled to apply the security patch. The Trust is now considering if we can reduce the risk, in which case this will be reflected in the CRR for the next reporting cycle. As a global threat, the Trust was working with both national and NHS cyber security. • Staffing levels in Canadian and Peanut wards is reviewed on a daily basis, with staff moved around the organisation to maintain safety. The Trust amalgamates wards to maintain safety when numbers are challenged, however, the Trust is able to manage some cases remotely and bring other patients in at a later date. Cancellation of activity would be the last resort. The Board noted that at present this was being managed well on a short term basis, however a different approach would be necessary for the longer term. There were no further comments and the Board **noted** the latest update.
10-22	**Quality and safety report** NR presented the latest report highlighting in particular the seasonal flu vaccination campaign currently underway, completion of the COVID booster campaign, and the appointment of the new Deputy Director of Nursing (who had joined today's meeting as a member of the public).

	Several members of the Board had asked for further clarification around implications of the upcoming mandatory vaccination requirement, as follows: • At QVH around c8% of staff are currently not recorded as double vaccinated; this includes a small number of clinical staff where vaccination status is still being confirmed. In addition, fewer than 10 clinical staff are either unable to be vaccinated for clinical reasons, or have declined the vaccine at this time. As these numbers are so small the staff group detail is not published to ensure individuals cannot be identified; however, none of these are doctors. • The Trust aims for all staff to be vaccinated in time to achieve the April national target. In order to protect our patients and staff, those staff coming to site are required to lateral flow test at least twice a week and all are fully aware of requirement to stay home if symptomatic until PCR tested. • The Trust is not currently restricting any unvaccinated individual from working, and safety is maintained through the testing regime. This reflects the practice within the region. • National terms and conditions determine that unvaccinated staff members who contract COVID would still receive sick pay. • Data around the booster vaccination programme is as accurate as it can be, and reviewed on a daily basis; the Board was reminded that not everyone is eligible for a booster due to the time lag. • Benchmarking data from other organisations shows that QVH is at the top of the league for seasonal flu and COVID vaccination rates. The Board also sought assurance around anti-microbial prescribing. The group already established to oversee compliance was to be expanded and further consideration would take place at the next consultants meeting. The Quality and governance committee was responsible for corporate oversight. There were no further questions and the Board **noted** the contents of the latest report.
11-22	**6-montly nursing workforce review** The Board received the bi-annual nursing workforce report; this reviewed the level of nurse staffing required to provide safe, high quality and cost efficient care. NR commended the Deputy director of nursing who had produced the report. NR provided additional assurance around staffing levels, and advised that the Trust was working hard to avoid declaring a critical incident. The Trust's specialty status and lack of A&E and maternity services helps to mitigate this risk; however, the Board was cognisant that this could become an issue should COVID sickness and self-isolation rates increase. There were no further questions; the Board **noted** the contents of the report, commended its quality and level of detail, and thanked all those who contributed.
12-11	**Paediatric inpatient survey results** The Board **received** the findings of the CQC Children and Young People's Survey report (2020). NR noted these were particularly satisfying given that the survey took place at the height of COVID. It was a credit to those who had worked hard to deliver excellent care despite the challenges, including relocation of the paediatric department to a non-purpose built area. Whilst commending the report, the Board also sought assurance as to what action would be taken to address the lower scores. It noted that an action plan was in development to support areas of decline and that a new matron would be joining shortly to support progress. Oversight was through the Patient Experience Group. There were no further comments and on behalf of the Board, the Chair congratulated NR and the whole team for the very positive outcome.
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
13-22	**Board assurance framework** The Board **received** the BAFs for KSOs 3 and 4 **noting** that there were no changes this month.
14-22	**Financial, operational and workforce performance assurance** The Board received an assurance report on matters discussed at the meeting in November, with PDR providing a verbal update on the meeting which had taken place earlier this week.

	PDR noted that a question had been raised by a public governor on actions which the organisation had taken to reduce costs in non-essential spending for the coming 12 months. He assured the meeting there was very little "non-essential" expenditure (external audit review) and that charitable funds tend to be used for "non-essential" items, rather than revenue. In particular, he asked the Board to note that: • Traditionally the Trust is required to find 'efficiencies' every year, and this has been a problem, given its size, with the majority coming from procurement areas. Efficiencies are a wider definition than just removing costs (former cost improvement programmes) as they can also cover income generation and efficiency • The planning process for 22/23 will be where the Trust develops its plans for savings, particularly through the budget setting process and the challenge involved. The challenge to budgets is an absolutely critical element to the need for expenditure. • The 2022/23 planning guidance includes efficiencies and productivity requirements, including • the ambition in 2022/23 for systems to deliver over 10% more elective activity than before the pandemic and reduce long waits. In the longer-term this is around 30% more elective activity by 2024/25 than before the pandemic. • F&PC has been looking at productivity (for instance in theatre utilisation and now outpatients), it also has the efficiency programme, when developed, as part of its work programme to oversee its delivery. It has also looked at service reviews in specific areas.. • Responsibility for delivering efficiencies rests with the individual budget holder/director. • There are plenty of tools around to help in this area; such as GIRFT, model hospital, etc • It is important that the system's financial balance will be a key driver, and we will get additional scrutiny from the ICS and partners Noting that this was a lengthy answer, PDR hoped this provided the assurance that costs were reviewed in detail, alongside the push to deliver on activity. The Chair thanked PDR for such a comprehensive response. There were no further comments and the Board **noted** the contents of the report.
15-22	**Operational performance** The Board **received** the latest operational performance report , noting that: • The organisation continued to deliver against key cancer standards, meeting the 62-day target for 12 consecutive months, (the only provider within the ICS to achieve this). • Performance remained behind plan for 2-week waits (2-ww) and related primarily to clinic capacity and patient choice, although there had been some improvement since last month. Challenges continued within the sleep service due to staffing gaps. • The report highlighted the deep dive into the health inequalities programme at both national system and organisational level. The Board sought and received the following clarification: • The first step in the health equalities programme of work was to ensure that robust data processes were in place, with ethnic coding a key focus. The Trust was keen to prioritise long wait patients, those on cancer pathways and those with learning disabilities; it will consider what adjustments might be needed to ensure equitable provision of service. • In stepping up once again as a regional cancer hub, QVH will continue to manage its waiting list through the national clinical prioritisation/risk stratification coding as set out by NHSE, which informs theatre allocations. Further work is also planned at system level to consider how we might be able to align validation, the harm review process, and how patients can be supported to wait well. The first phase will result in a net loss of 10 theatre sessions per week. The team has modelled the potential impact and believe the Trust should achieve the year end trajectory for long waiters, although this will inevitably mean delaying some patients. Further consideration should also be given to the wider context of all service pressures, (eg. higher levels of cancellations due to COVID at present). Negotiations are currently underway between commissioners and The McIndoe Centre with regard to additional theatre capacity. • Whilst waiting lists include age and gender breakdown, ethnicity data is not complete and a data collection exercise is currently underway. • Patients with learning disabilities are within the cohort of priorities, and the Trust remains confident that our paediatric service is robust in this area. The challenge is more at point of referral and the Trust is working hard to ensure these are clearly identified to ensure consistency.

	• As the system's Senior Responsible Officer for Clinical Harm Reviews, AJ updated on the cross system work underway, including standardisation of Clinical Harm Review tools. Each organisation was taking stock and a more systematic review process was anticipated in the future. The Director of Nursing confirmed that a learning disability patient peer review was pending as a result of COVID but would proceed as soon as possible. Membership of the Sussex clinical harm review group informed what was happening at regional level. At QVH, the Clinical harm review agenda was monitored closely through the Quality and governance committee. The Chair thanked AJ for her report. There were no further comments and the Board **noted** the contents of the update.
16-22	**Financial performance** MM presented the latest financial report, noting that year to date (YTD) variance figures appeared anomalous due to the planning round, the actuals are correct. The Trust was working with NHSEI to rectify and the Board was assured that the Trust was planning to break-even (not report a deficit). The Board also noted the Trust was reporting a small £400k surplus as a result of an increase in capital. The Board sought the following clarification: • That considerable work had been undertaken to resolve historical issues relating to the Better payment practice code (BPPC) and we were close to achieving full compliance in this area. • Due to a timing delay, there was still no indication as to whether the system had achieved Elective Recovery Funding (ERF) but it was hoped this information would be available shortly. There were no further comments and the Board **noted** the latest update.
Key strategic objective 5: organisational excellence	
17-22	**Board Assurance Framework** The Board **received** the BAF for KSO5, **noting** one additional risk in relation to staffing levels over winter period.
18-22	**Workforce monthly report** LA presented the latest report, asking the Board to note in particular that when this year's staff survey had closed in November there had been an overall response rate of 62.1% which was an encouraging increase from 2020. LA also highlighted sickness absence levels of around 5% at present. This was not unusual for the time of year but this was being closely monitored. The Board sought and received additional clarification around the work-related stress indicator tool (WRSIT) project. This should identify themes for the HR teams to use to develop targeted communications and action plans. These themes will also inform our Health and Wellbeing Calendar and action plan for the next financial year. They will also support work with the Trust's Employee Assistance Programme (EAP) and Occupational Health (OH) providers. There were no further questions and the Board **noted** the contents of the report.
19-22	**Workforce Diversity Annual Report 2020-2021** LA presented the annual workforce diversity report for approval. This is the overarching report which enables QVH to publish information demonstrating our commitment to eliminate discrimination and harassment, promote equality of opportunity and foster good relations between different groups within our workforce. Improvements had been seen in a number of areas. The Trust remained cognisant of the challenges as set out in the WRES, WDES and Gender Pay reports (previously presented to Board). The Board was asked to note in particular: • Data contained in the report was from the previous financial year, ie. April 2020 to March 2021 at the height of the pandemic. • The report indicated an increase in workforce diversity. • An increase in levels of staff engagement. • The introduction a network of BAME panel members to participate in all Band 8a (and above) and consultant interviews.

	• As in previous years, due to the size of the organisation some percentages were not as statistically robust as they might be in larger organisations. LA highlighted in particular areas within Section 3 of the report (Diversity). • There had been a significant reduction in the number of candidates being shortlisted which reflected the drop in recruitment during the pandemic. The Board sought and received additional assurance as follows: • That the Trust would anticipate a higher number of female than male staff being managed for sickness/absence attendance due to the gender mix across the organisation. (The 75% female and 25% male mix is naturally reflected in the figures). • That just under 9% of employee relations cases for attendance involved those with a declared disability. However, as highlighted within the report it is important to note that policy management is not designed to be punitive but is there to provide a formal support framework, appropriate adjustment and independent advice to both managers and staff members concerned. • Whilst there is always more an organisation can do to improve diversity on interview panels, QVH has made good progress over the last 12 months in staff engagement and the BAME network. Steps have included growing diversity networks and the pool of individuals who can take part in diverse interview panels. It is now mandatory that all senior roles have a diverse interview panel. • That higher disclosure levels demonstrate increased confidence in staff feeling able to make a disclosure without suffering a detrimental impact as a result. A huge amount of work had been undertaken to increase declaration rates, which in turn had increased confidence in reporting. It was agreed that the Board could review effectiveness of policy interventions at a future seminar. • That for a number of years, fewer female consultants have applied and received CEAs at the Trust; this has resulted in a disproportionate outcome due to the gender mix amongst the consultant body. The action plan includes steps to encourage more female consultants to apply for CEAs; moreover, the national CEA framework has been updated since the pandemic and now provides an equal distribution to all eligible consultants. There were no further questions and the Board **approved** the report for formal submission.
Governance	
20-22	**Audit committee assurance update** The Board received an update from the Chair of the Audit committee on the recent meeting. In response to a question around compliance levels with the Standards of Business conduct policy, CP confirmed that a small number of doctors have still not yet complied but all other staff, including all consultants, were now compliant. KG noted that this was a better position than in previous years and thanked the management team for the significant progress made. There were no further questions and the Board **noted** the contents of the report.
Any other business (by application to the Chair)	
21-22	The Chair reminded those present that this meeting had been held in line with national guidance on reducing the burden of reporting and releasing capacity to manage COVID-19 pandemic. She went on to thank board members for presenting clear reports which had contained the right level of detail for NEDs to undertake robust questioning and receive appropriate assurance.
Members of the public	
23-22	**Questions from members of the public** Peter Shore, public governor asked the following: • With reference to agenda 10-22, regarding the 8% of staff reported as not double vaccinated for COVID, is it known if any of these staff are doctors or nurses? If so, what are the numbers in each category? • Will any doctors or nurses who are known not to be double vaccinated be restricted in any way in respect of their contact with and treatment of patients between now and 31 March 2022? • If a member of staff who has declined to be double vaccinated is off sick between now and 31 March 2022 because of contracting COVID, will they still be entitled to receive full contractual sick pay for the duration of their absence?

	CP reminded the meeting that all aspects of these questions had been addressed by the Director of Nursing under item 10-22. Julie Holden, stakeholder governor East Grinstead Town Council asked: • Given the financial position of QVH and the deficit which has grown, is it the view of the board that there is no realistic proposition to be able to satisfactorily recover this position for the future, while retaining standards, staff and reputation. Therefore making a partnership or merger of some kind the best possible option for the sustainability of the hospital in East Grinstead? If yes, in reaching that decision, is the board satisfied that all the financial evidence of the current position and forecasts for the future have been presented to them to allow that decision to be confidently made? I do caveat the above that I am not asking if the board has decided to merge, this has not happened, however I am asking for a clear expression of opinion that the route being followed is that which the board are satisfied give the trust the best opportunity for the sustainable future of the QVH in East Grinstead retaining the reputation and standards of the hospital CP responded on behalf of the Board that: • QVH is an excellent hospital, with dedicated and skilled staff, getting patient feedback that is amongst the very best in the country. In NHS terms we are a very small organisation and as described previously that brings significant challenges. As a small specialist mainly surgical hospital, we have issues of compliance with national specifications as well as the bureaucracy of service agreements with other organisations for all the services we can't provide for ourselves. In a number of areas there is just one person who is responsible for a role in the organisation, which we know from our staff means work pressure and difficulties taking annual leave, as well as a lack of career progression. And we have a significant underlying financial deficit. When the Board considered the strategic case for merger in August 2021, the unanimous decision proceed to develop to development of a full business case was taken with the view that this will give the hospital the best opportunity to secure a sustainable future. As stated in the Board meeting, the process of FBC development will include listening to the hopes and concerns of staff, patients and other key stakeholders; and seeking assurance regarding the position of UHSussex in relation to operational performance, clinical safety, quality and finances to ensure that QVH staff and services would be joining a sustainable and high quality organisation. The board believes that the 'five tests' previously described remain relevant and will be an important focus in developing the FBC, supporting the Board to consider whether merger would help to: ◦ further develop and invest in services ◦ maintain and build on QVH's excellent record for patient experience, clinical outcomes and safety ◦ continue to provide services to patients from the wide area covered currently (including Kent and Surrey as well as patients who travel much further for our care) ◦ continue to deliver world class research and innovation ◦ secure the future of the hospital in East Grinstead. Tim Butler, public governor asked • What specific actions have been agreed by the Board to reduce costs in non-essential spending areas for the coming 12 months? What is the timeline and the person responsible for execution for each of these actions? CP reminded the meeting that a detailed response to this question had been provided by the Chair of the Finance and performance committee under item 14-22. Tim Butler, public governor asked • Did the Board discuss the gifting of 0.5 day of holiday to all 'substantive staff' prior to the CEO announcement of this?

	• Did the Board not consider the elimination of 0.65% of total staff capacity (in the period) inappropriate given the level of absence suffered by the hospital this year during COVID? • Did the Board make any attempt to delay or reverse the internal decision before it was announced given the fact that the CEO announced the 'gift' after it was public knowledge that a new, highly mutated variant of COVID had been discovered? CP responded on behalf of the Board that: • in common with other NHS staff, QVH staff have worked under a great deal of pressure and facing multiple challenges through the two years of the pandemic. The executive director team have discussed staff morale, recruitment and retention, and how to ensure continued high levels of staff performance; one of the operational decisions coming out of this was to recognise and thank staff through an additional four hours of leave for Christmas shopping, a long winter walk or whatever each member of staff chooses to do with the additional time to support their wellbeing. QVH is not unusual within the NHS in having granted additional leave to staff in recognition of the exceptional working pressures. This was an executive director decision, which was also discussed with non-executive Board members. • Staff were informed on 25 November of the four hours additional leave to be taken by 31 March 2022, with direction about ensuring this does not impact on planned patient care. The WHO designated the variant B.1.1.529 (later called Omicron) as a variant of concern on 26 November. The Prime minister's announcement re boosters was made on 12 December. The pressures of covid are ongoing and all leave is managed around the requirements of services; there is no plan to delay or remove the additional leave and feedback from managers suggests it is being implemented with the care and consideration for patients and colleagues that we would expect from QVH teams. <u>Caroline Migo, public governor asked:</u> • Since the announcement that QVH has been chosen to set up as a community diagnostic centre, very little information has been shared. Can you tell us if decisions have been made regarding who will be our investment partners/service providers and if so who they are? What is the timescale for this project? CP responded on behalf of the Board that: • QVH is an early adopter for the community diagnostic centres, an initiative to establish services on (largely) non-acute sites to support challenges around diagnostics. The first phase is around early direct access for CT, ultrasound and MRI (which is in place). The second phase is looking at physiology testing and support for breathlessness and abdominal pain pathways. • QVH is working with multiple NHS partners including commissioners, NHSE, the ICS and primary care. Discussions feed into the system planned care board. The only non NHS partner currently is a pilot that is taking place to enable a communication platform between referrers and QVH. Progressing the pilot was discussed through EMT and Finance & Performance Committee. • In terms of timescales a 5 year plan is under development in line with the national ambition. • A high level update of progress is included within the monthly Operational Report which is shared with the trust Hospital Management Team and included within F&P and Board Papers. <u>Caroline Migo, public governor asked:</u> • What was the HR advice to the Board and Management regarding potential discrimination claims from fulltime staff for gifting a full half day to all 'substantive staff'? As described in answer to previous question, CP reiterated that: • QVH staff have worked under a great deal of pressure and facing multiple challenges through the two years of the pandemic. This was not a contractual entitlement and for reasons of practicality, efficiency and to achieve the intended impact this had not been proportionally reduced for part time staff.

24-22	**Exclusion of members of the public** 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. There were no further comments and the Chair closed the public session of the meeting.