

Document:	Minutes (FINAL)	
Meeting:	Board of Directors (session in public) 10.00-12 noon 12 September 2024 Education Centre, QVH	
Present:	Jackie Smith (JS)	Trust Chair (voting) (Chair)
	Paul Dillon-Robinson (PDR)	Non-executive director (voting)
	Peter O'Donnell (POD)	Non-executive director (voting)
	Karen Norman (KN)	Non-executive director (voting)
	Shaun O'Leary (SOL)	Non-executive director (voting)
	Russell Hobby (RH)	Non-executive director (voting)
	James Lowell (JL)	Chief executive officer (voting)
	Jonathan Wharton (JW)	Deputy Chief finance officer (voting)
	Tania Cubison (TC)	Chief medical officer (voting)
	Liz Blackburn (LB)	Deputy Chief nursing officer (voting)
	Kirsten Timmins (KT)	Chief operating officer (voting)
	Helen Edmunds (HE)	Chief people officer (non-voting)
	Abigail Jago (AJ)	Chief strategy officer (non-voting)
	In attendance:	Leonora May (LM)
Claire Lowe (CL)		Interim Director of estates and facilities (for item 53-24)
Apologies:	Jane Dickson (JD)	Interim Chief nursing officer (voting)
	Maria Wheeler (MW)	Chief finance officer (voting)
Members of the public:	Six governors and five members of staff	
43-24	<p>Welcome, apologies and declarations of interest The Chair opened the meeting welcoming members of the Board and those observing the meeting including six governors and five members of staff.</p> <p>The Chair reminded those observing the meeting that they were not invited to participate in discussions and that there will be an opportunity for governors to ask questions at the end of the meeting.</p> <p>There were no additional declarations of interest other than those already recorded on the register of interests.</p> <p>Apologies were received from JD and MW. LB and JW were deputising for JD and MW and the meeting was quorate.</p> <p>The Chair reminded all Board members of the five principles for Board business agreed by the Board during a Board development session. These are trust and transparency, patients at the centre, focus on priorities for the future, learning from experience and insights and fearless, bold and frank, whilst carrying ambiguity.</p>	
44-24	<p>Draft minutes of the public meeting held on 4 July 2024 KT referenced minute 37-24 and confirmed that the LAU is operating as usual.</p> <p>Subject to the above clarification being made, the Board agreed that the minutes of the public Board meeting held on 4 July 2024 are a true and accurate record of that meeting and approved them on that basis.</p>	
45-24	<p>Matters arising and actions pending from previous meetings The Board noted that there are two pending actions which are not yet due.</p>	

46-24	<p>Patient story It was agreed that LM would circulate the patient story video to Board members and governors following the meeting due to technical issues. This item would be deferred to the next meeting. ACTION LM</p>
47-24	<p>Chair's report JS presented the Chair's report to the Board. She highlighted a lack of visible diversity at Board level which is not sustainable. She explained that this should be addressed as a priority and that the upcoming Associate Non-executive director appointments are an opportunity to address this issue.</p> <p>JS reported that the Strategic development committee remains focussed on the delivery of the organisational strategy in November 2024.</p> <p>The Board noted the contents of the report.</p>
48-24	<p>Chief Executive's report JL presented the report to the Board. He highlighted that operational performance has been strong, however the Trust will not meet the target of zero 65 week waits by the end of September 2024.</p> <p>JL was asked to share his view on the progress made against the Key strategic projects for 2024/25. He explained that there has been a focus on delivering the Key strategic projects whilst also managing business as usual challenges. It has been necessary for the phasing of some of these projects to be reviewed as the work has progressed and as a result of this some of the projects may be ongoing into 2025/26. JL confirmed that the Electronic patient record (EPR) project must remain on track as a priority. The Board supported the re phasing of projects as other priorities emerge and requested that the implications of any re phasing are brought to the Board's attention.</p> <p>A Board member raised a concern about engagement with the clinical workforce and queried whether this should be strengthened, specifically in relation to organisational priorities. In response to a question, LB shared the view that more could be done to engage clinical leadership with discussions about priorities. She highlighted that the triumvirate leadership teams are in early stages of development. The Board agreed that clinical engagement is key and that it will be a focus in the future planned discussion about organisational priorities.</p> <p>Discussion was had regarding theatre utilisation and in response to a question about the target and timescale, KT confirmed that the Trust needs to meet the 85% target before the end of the financial year and a stretch target of 90% in 2025/26. She thought this should be achievable using the Trust's continuous improvement methodology to establish and understand of any barriers with previous efforts to increase theatre utilisation and to ensure a data driven approach. A Board member highlighted the importance of understanding the underlying root causes of previous barriers to progress in this area.</p> <p>The Board requested that future CEO reports provide a more balanced view and highlight key challenges, issues and successes to bring to the Board's attention that can be triangulated with the information within the rest of the meeting papers.</p> <p>In response to a question regarding the SDP two year refresh, AJ confirmed that there is not a significant change from the previous year and that the Trist's draft organisational strategy has been reviewed in line with the refresh. She confirmed alignment.</p> <p>The Board: - Noted the contents of the report, and</p>

	<p>- Approved the Shared Delivery Plan year 2 refresh.</p>
<p>49-24</p>	<p>Learning from deaths annual report 2023/24 TC presented the report to the Board who noted that it had been reviewed in detail by the Quality and safety committee at its meeting in August 2024. She confirmed that there was one death at QVH during the timeframe and that a review found no concerns regarding care. Extensive review and internal learning has occurred for three pending inquests.</p> <p>KN commended TC and the team for the much improved report which provided the Board with stronger assurance than previous Learning from deaths annual reports.</p> <p>The Board noted the contents of the report.</p>
<p>50-24</p>	<p>Workforce annual reports</p> <ul style="list-style-type: none"> • Equality, diversity and inclusion annual report 2022/23 • Workforce race and equality standards (WRES) and Workforce disability and equality standards (WRES) annual reports 2023/24 • Gender pay gap report as at 31 March 2024 • Ethnicity pay gap report as at 31 March 2024 <p>HE presented the reports to the Board who noted that they had been delayed due to the pre-election period. She highlighted that the Equality, diversity and inclusion annual report 2022/23 was a look back and that the reporting format has moved on since then.</p> <p>The Board took all of the reports together and considered and discussed the contents as follows:</p> <ul style="list-style-type: none"> - The Board noted a difference in tone between the historical report from 2022/23 and the more recent reports. HE explained that the changes were deliberate to support future reports being digestible to the reader and so that they highlight trends and data to show where there is more work to do - Board members suggested that the reports seem to be process led as opposed to seeking to address the fundamental issues that they highlight. Board members requested that future reports include a view from the Chief people officer regarding what is going well and what they are worried about - Discussion was had regarding how the Trust responds to the statistical data within the report and concern was raised about how small improvements were presented which may lead the reader to think that significant improvements have been made when there remain areas of significant concern. The Board requested more detailed insight into the experience of staff working at the Trust with protected characteristics. HE explained that work to strengthen engagement with all staff across the organisation is ongoing as a priority. This is supported by the staff networks which are in development and there is a need to hear staff voices through various channels including Freedom to speak up to allow for triangulation of data - A Board member raised concern about the number of incidents of bullying and harassment and suggested increased focus in this area. The Board agreed that the Equality, diversity and inclusion report for 2023/24 should be presented to the Board as soon as possible to ensure continued oversight of the areas of concern. It was agreed that the report should include analysis of the data and a view from the Chief people officer as well as actions which will make a difference. Action HE - The Board noted that there are a number of people with disabilities who have reported that the appropriate adjustments have not been to their workspace. It was agreed that this should be addressed as a matter of priority and that HE would bring to a future Board meeting key actions that will make a difference to staff. Action HE - Discussion was had regarding the gender pay gap report. HE explained that the pay gap is driven by the number of men in more senior roles which has reduced in recent years. Board members agreed that this report is a good example of an area where

	<p>the issues are understood with meaningful actions. In response to a question, HE explained that the pay gap for admin and clerical staff is high due to the lower grade roles attracting more females. She confirmed that work to address flexible working to attract females to higher graded roles is ongoing. HE agreed to provide the Board with an update regarding how the Trust benchmarks in relation to gender pay gap at a future meeting. ACTION HE</p> <ul style="list-style-type: none"> - A Board member encouraged similar themes across action plans becoming business as usual and asked what the executive level equality diversity and inclusion objectives are and what progress has been made. JL confirmed that a key objective has been to lead the staff networks and that there has been variable success with these. The networks will be built into the Trust's engagement strategy - HE confirmed that there is no national benchmarking related to the ethnicity pay gap report as this is first year that any trust has reported on the metric <p>The Board approved the workforce reports for publication on the Trust's website.</p>
<p>51-24</p>	<p>Risk management framework and risk appetite</p> <p>LM presented the Risk management framework to the Board and highlighted that it seeks to simplify the Trust's risk management approach and embed it across the organisation. Work to engage teams and provide training is ongoing. The Trust's risk appetite position has been reviewed as part of the refreshed risk management framework and the position was supported by the Board at its seminar in June 2024. The Audit and risk committee reviewed the framework at its meeting in June 2024 and agreed to recommend it to the Board for approval.</p> <p>JL confirmed that the proposed risk appetite has been recommended by the executive team. It will apply to all levels of risk within the organisation and the BAF will be updated to demonstrate whether the current scores are within or outside of appetite. The approach is based on the levels outlined within best practice.</p> <p>The Board acknowledged the extensive amount of work involved in developing the Trust's new framework and extended thanks to those involved.</p> <p>PDR confirmed that the Audit and risk committee had endorsed the new framework and the approach to risk appetite. He highlighted the need to focus on the effective management of risks and to remain conscious of the implications of over control of risks which are within appetite.</p> <p>The Board approved the Risk management framework and the risk appetite for each risk type as set out within the framework.</p>
<p>52-24</p>	<p>Board assurance framework</p> <p>LM presented the report to the Board as read, highlighting that:</p> <ul style="list-style-type: none"> - The key strategic risks have been reviewed in detail by each of the sub-committees ahead of being presented to the Board. The Finance and performance committee had queried the scoring of BAF3 (physical infrastructure) due to the mitigations in place. The current score would be reviewed following the Board discussion on Estates risks and issues - The score for BAF1 (patient services) has been reduced from a 10 to a 6 to reflect the significant mitigations which are in place <p>Discussion was had regarding assurance received by the Board in relation to the Trust's estate and the Board acknowledged that new leadership had brought issues and risks to the Board's attention which it had not been sighted on previously. The Board suggested a review of assurance in this area. JL confirmed that the new organisational and governance structures seek to address this assurance gap and strengthen oversight in this area in line</p>

	<p>with the recommendations from Deloitte as part of the well led review. He confirmed that a follow up review will be completed once the structures are embedded for assurance that they are working.</p> <p>The Board noted the contents of the report.</p>
<p>53-24</p>	<p>Assessment of Estate risks and issues [CL joined the meeting] JL presented the report to the Board who noted that its contents had previously been considered by the Finance and performance committee. JL explained that the issues have been highlighted by the current leadership team within estates following a period of review and fact finding. Engagement with staff and clinicians about the issues is being prioritised.</p> <p>CL highlighted three significant issues. She explained that these are fire safety, RAAC and the Trust’s boiler system. All of these present significant risks and there are mitigations in place as set out within the report.</p> <p>The Board referenced previous surveys which had given false assurance and highlighted the need to ensure that this does not happen again. CL acknowledged that the Trust’s estate is difficult and that previous contractors did not have the necessary technical ability to undertake the tasks. There had been a reliance on the same contractors for a number of years. The team are now satisfied that contractors completing works have the appropriate skills and credentials. JL confirmed that the new organisational and governance structures seek to address this assurance gap and strengthen oversight in this area. Any negligence will be reported to the Trust’s Local counter fraud support for investigation.</p> <p>The Board considered lessons learnt. A Board member suggested the need to consider the quality of information being presented to the Board and whether it provides assurance as well as strengthening intellectual curiosity around important issues and the need to have further discussions around priorities including finance and safety in relation to the estate. The Board agreed that the Finance and performance committee will continue to oversee the estate risks and issues and that the Board should receive an update via the sub-committee assurance report at each meeting.</p> <p>The Board acknowledged the current report on risks and issues as being a point in time and noted that the review of the Trust’s estate by new leadership is ongoing and that further issues may be brought to the Board’s attention. It requested that future updates consider the impact on the Trust’s estate for patients and for staff. ACTION JL</p> <p>The Board extended thanks to JL and the estates team for bringing the issues and risks to its attention.</p> <p>The Board noted the contents of the report.</p> <p>[CL left the meeting]</p>
<p>54-24</p>	<p>Trust Constitution updates LM presented the report to the Board, confirming that the changes had been reviewed by the Trust’s lawyers who have confirmed that they are in line with best practice. The changes were approved by the Council of Governors at its meeting in July 2024 subject to the addition of reference to the Deputy lead governor role. This change has been made.</p> <p>The Board thanked LM for her work on the Constitution.</p> <p>The Board approved the changes to the Trust’s Constitution.</p>

55-24	<p>Vision and values and Key strategic objectives</p> <p>AJ presented the report to the Board and explained that the Trust’s Vision, values and Key strategic objectives have been reviewed in line with the development of the organisational strategy. The Vision and values have been co-produced with staff.</p> <p>The Board approved the refreshed Vision, values and Key strategic objectives.</p>
56-24	<p>Integrated quality and performance report</p> <p>KT presented the report to the Board, highlighting that the first of the new directorate IQPR meetings have been held with positive feedback from directorate leadership teams about being able to see all of their data in one place. The executive team presented the report highlighting the following:</p> <ul style="list-style-type: none"> - KSO3 (operational performance): KT reported that the Trust continues to meet the faster diagnostics and 62 day cancer standard. She highlighted the important impact that this has for patients and their families. The Trust continues to monitor patients waiting more than 52 weeks for treatment. More than 200 patients have chosen to be transferred from other waiting lists to QVH and have been treated sooner as a result - KSO1 and KSO2 (patient experience and clinical services): LB reported that there have been no serious incidents or patient safety investigations during the period. There is a requirement to increase focus on compliance with the Mental capacity act - KSO4 (financial performance): JW reported a breakeven position and that the Trust is on track to breakeven at year end. Trust spend on agency is above the threshold and capital spend is behind plan due to progress against electronic patient records (EPR) and the community diagnostic centre (CDC) - KSO5 (organisational excellence): HE reported that time to hire (TTH) has decreased and the Trust is exceeding its target for sickness absence. Appraisal compliance is improving and mandatory and statutory training (MAST) compliance is 92%. Focus remains on decreasing agency spend with deep dives into specific departments <p>The Board considered and discussed the contents of the report as follows.</p> <ul style="list-style-type: none"> - The Board acknowledged the national challenges and bid to increase patient appointments. In response to a question, JL confirmed that the Trust has started work with system colleagues to anticipate the ask, considering how each partner will deliver their part to support patients waiting for treatment - A Board member asked how the challenges related to compliance with the Mental capacity act will be solved. In response, LB confirmed that the team are focussing on ensuring that the forms are user friendly and that training is provided to staff in order to increase compliance. LB agreed to provide the Board with a further update on compliance at a future meeting. ACTION LB - In response to a question regarding the long term plan to address the organisation’s capacity to deliver integrated performance reporting, KT confirmed that currently the Trust is seeking support from an external consultant and does not have the skill in-house. There are plans in place to build a business intelligence function - Discussion was had regarding long waiting patients and TC confirmed that clinical harm reviews have become more focussed on prevention and higher risk patients. TC confirmed a holistic approach supporting patient’s mental health - Discussion was had regarding the 65week wait position and KT confirmed that the main challenge is in relation to patients on the plastics waiting list and that waiting times for those at risk will be reduced significantly during the next six weeks <p>The Board noted the contents of the report.</p>

57-24	<p>Audit and risk committee assurance</p> <p>PDR presented the report to Board, highlighting that the committee are focussed on monitoring the tactical measures programme and financial control. He highlighted the importance of continued oversight by the committee in this areas. Although the number of waivers has reduced, there remains concern regarding quality and value for money. The committee have requested increased attention on the effective management of system risks.</p> <p>The Board noted the contents of the report.</p>
58-24	<p>Quality and safety committee assurance</p> <p>SOL presented the committee assurance report to the Board and reported that the committee had received a report on clinical negligence claims for the first time which helped with the triangulation of clinical and financial risks. He reported that the committee have requested further work is undertaken to ensure that assurance can be provided regarding the supervision of procedures.</p> <p>The Board noted the contents of the report and the safe staffing report as appended.</p>
59-24	<p>Financial, workforce and operational performance assurance</p> <p>POD presented the report to the Board highlighting the following:</p> <ul style="list-style-type: none"> - The committee have requested a comprehensive plan to address the estates issues and risks - Contract management remains an area of significant concern for the committee which it continues to monitor and there is a need for the Board to be sighted on contracts before approval is required - The committee remains concerned about prioritisation and whether clinical teams understand the ask <p>JL thought that the focus on contract management is helpful and that the programme of work to improve the position needs to be owned by all leaders across the organisation.</p> <p>The Board noted the contents of the report</p>
60-24	<p>Any other business (by application to the Chair)</p> <p>There was no further business and the meeting closed.</p>
61-24	<p>Questions from members of the public</p> <p>No questions were received from members of public ahead of the meeting. The Chair invited the lead governor to ask questions regarding any of the items discussed during the meeting on behalf of the governors. The lead governor asked the following questions and the following responses were given.</p> <p>Question Have there been any trends in Freedom to speak up's since the last meeting?</p> <p>Response There are no trends yet and there has only been one new speak up reported.</p> <p>Question How can we ensure that theatre utilisation is improved and that lessons are learnt from previous attempts at improving it?</p> <p>Response It will be important to ensure that governance is in place to track progress and ensure colleagues are held to account for delivery. It will be important to understand organisational</p>

priorities in order to give this the right amount of focus and to ensure that colleagues are consulted and listened to regarding what will make the difference.

Question

Are you assured that instances of bullying and harassment are being dealt with?

Response

Not currently but this is a work in progress and should take priority.