

Document:	Minutes (FINAL)	
Meeting:	<b>Board of Directors (session in public)</b> <b>10.00-12 noon 16 January 2025</b> <b>Education Centre, QVH</b>	
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)
	Jon Bell (JB)	Interim Chief finance officer (voting)
	Tamara Everington (TE)	Chief medical officer (voting)
	Edmund Tabay (ET)	Chief nursing officer (voting)
	Kirsten Timmins (KT)	Chief operating officer (voting)
	Helen Edmunds (HE)	Chief people officer (non-voting)
	Abigail Jago (AJ)	Acting Chief executive officer (voting)
In attendance:	Leonora May (LM)	Company Secretary (minutes)
	Liz Blackburn (LB)	Deputy Chief nursing officer
	Allison Hunter (AH)	Strategy and improvement project support officer [item 96-25]
	Jackie Doherty (JDo)	Freedom to speak up guardian, The Guardian Service [item 99-25]
	Derek Mcilroy (DM)	The Guardian Service [item 99-25]
Apologies:	James Lowell (JL)	Chief executive officer
Members of the public:	3 members of public, 6 members of staff and 14 governors	
93-25	<b>Welcome, apologies and declarations of interest</b> <p>The Chair opened the meeting welcoming members of the Board, including ET and JB to their first Board meeting and those observing the meeting including 14 governors, Jo Emmanuel who will be joining the Trust as the clinical Non-executive director and Aleema Shivji and Vivek Chaudhri who will be joining the Trust as associate Non-executive directors.</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>Apologies were received from JL and AJ is acting Chief executive officer. LB was in attendance to represent nursing as this is ET's first week in the Chief nursing officer role.</p> <p>JB confirmed that he has submitted some declarations of interest since the register of interests was published. He confirmed that none of these are conflicting with items on the agenda. There were no further additional declarations of interest other than those already recorded on the register of interests.</p>	
94-25	<b>Draft minutes of the public meeting held on 14 November 2024</b> <p>The Board <b>agreed</b> that the minutes of the public Board meeting held on 14 November 2024 are a true and accurate record of that meeting and <b>approved</b> them on that basis.</p>	
95-25	<b>Matters arising and actions pending from previous meetings</b> <p>The Board <b>noted</b>:</p> <ul style="list-style-type: none"> <li>- There is one overdue action (EDI annual report 2023/24) which is due to be presented at the March 2025 meeting. HE confirmed that national data from NHSE is not yet available which is the reason for the delay; she proposed, and the Board agreed that it would be appropriate for the Trust report to be compiled and presented</li> </ul>	

	<p>to the Finance and performance committee in February 2025 and the Board in March 2025 with national data to follow as an addendum</p> <ul style="list-style-type: none"> <li>- Three actions have been closed since the last meeting</li> <li>- The written update related to clinical harm reviews for H2 patients</li> </ul>
96-25	<p><b>Staff story</b></p> <p>The Board welcomed AH who had joined the meeting to share her experience of being a member of staff at QVH.</p> <p>AH shared that she joined QVH in 2021 as an Executive assistant. It was a steep learning curve but she was able to attend many meetings and build her understanding of how the Trust operated. She was also given opportunities through her personal development plan to go out to clinical areas and learn about services. In 2023 she joined the strategy team and played a pivotal role in strategy engagement with internal and external stakeholders. Since joining the team she has had many opportunities to learn and enhance her skillset. She referred to a key challenge as being changes to milestones but the strategy team were able to work as a team and support one another well. AH described the great mentorship she had received from senior members of staff since joining the strategy team.</p> <p>A Board member asked AH what the key challenges were transitioning into the NHS. AH described lengthy processes and numerous back to back meetings which are a challenge.</p> <p>The Board thanked AH for sharing her story.</p>
97-25	<p><b>Chair's report</b></p> <p>JS presented the Chair's report to the Board. She highlighted that:</p> <ul style="list-style-type: none"> <li>- Seven new public governors had joined the Council of Governors in December 2024, many of whom were observing today's meeting. The Board extended a welcome to them</li> <li>- Jo Davis stood down as a staff governor in November 2024. She extended thanks to Jo for her contribution as a staff governor</li> <li>- There are a number of organisational challenges which the Board are focussed on and which will be priority areas for discussion today. These are operational challenges, financial challenges, and challenges related to strategic projects</li> <li>- The Strategic development committee met in December 2024 and agreed that the committee should continue to exist for at least one year to oversee the delivery and implementation of the strategy</li> </ul> <p>The Board <b>noted</b> the contents of the report.</p>
98-25	<p><b>Chief Executive's report</b></p> <p>AJ presented the report to the Board, taking it as read. She brought the good news stories regarding theatres and inpatient survey results to the Board's attention. She reported that there are some areas where there are significant risks which should be the Board's focus for the meeting. She described these as:</p> <ul style="list-style-type: none"> <li>- The Trust's financial position and a risk that the Trust will not achieve a breakeven position at year end</li> <li>- Some of the Trust's projects are going well but there are significant challenges too, specifically related to the electronic patient record (EPR) roll out which requires considerable further work</li> <li>- There is a risk to the Trust's long waiting position. The Trust has an ambition to get to zero over 65 week waits before the end of the financial year and further work is required to understand if this is achievable</li> <li>- There is ongoing estates challenges, specifically relating to the Trust's boiler systems. AJ reported that the estates team have worked extremely hard to ensure</li> </ul>

	<p>the heating and hot water systems can continue to run and extended thanks to them. The team continue to progress estates critical infrastructure work</p> <p>The Board extended thanks to the estates team for all of their work to mitigate issues with the boiler, particularly over the Christmas period.</p> <p>The Board acknowledged the system challenges relates to finance and waiting lists and the need for QVH to continue to support system partners.</p> <p>Discussion was had regarding the next steps for the QVH strategy 2025-2030 and the Board highlighted the importance of the development of the financial strategy. JB confirmed that this is being developed; meetings had been held with the Finance and performance committee Chair to set out the plan for the long term financial model and the team are working towards having a draft in place by May 2025. The planning guidance for 2025/26 is key and expected shortly. In response to a question, AJ outlined the priorities for Q4. She explained that the team are in the process of developing the implementation plan aligned to national priorities and planning guidance, system priorities, quality priorities and local challenges including the financial position. This will be discussed by the Board at its seminar in February 2025.</p> <p>The Board acknowledged a number of challenges related to progress with major projects. A Board member questioned whether there is adequate project management support given these common challenges. In response, AJ confirmed that the project management resource is being reviewed on an ongoing basis and that there may be some areas which require different resources. She suggested a need to be clear about priorities and focus from a project management and corporate team perspective. The Finance and performance committee will have sight of the broader resourcing plan.</p> <p>The Board acknowledged a wider issue regarding priorities and a need for the executive team to provide assurance that the organisation is not trying to do too much at the same time, given challenges with change management and change excellence and the need to improve in these areas. It was suggested that there may be difficult choices in the months ahead regarding what should be stopped versus prioritised and that the Board would support this approach.</p> <p>Discussion was had regarding culture. A Board member asked how work to address cultural issues related to non-compliance is feeding into wider cultural work streams. HE responded, acknowledging that there are cultural challenges across the organisation which can be seen with behaviour and compliance issues. She thought that these are not new challenges, but staff are now feeling safe to speak up and understand how to. She highlighted the importance of taking action when staff speak up and embed learning. She explained that a Cultural transformation steering group has been established and the Board will start its work on culture in February 2025 with a diversity 'MOT'. She emphasised the importance of cultural change work being driven from all angles. The Board acknowledged that responsibility for culture sits with the Board, and that it is for the Board to set the tone and describe behaviours and model leadership for others to follow. The Board agreed that the next step should be an assessment of the organisational culture to enable the Board to understand the gap between where it is now and where it needs to be in line with the values and behaviour framework previously agreed by the Board. <b>ACTION HE</b></p> <p>The Board <b>noted</b> the contents of the report.</p>
99-25	<p><b>Freedom to speak up (FTSU) guardian report</b> [JDo and DM joined the meeting] JDo presented the report to the Board, highlighting that:</p>

	<ul style="list-style-type: none"> <li>- The report covers up until the end of November 2024, as the December 2024 report has not been produced yet. This data will be available in the next report</li> <li>- The number of speak ups is increasing and there have been 20 cases up to the end of November 2024</li> <li>- There has been an improvement in the number of cases which those who have spoken up are happy to escalate but there is still a reluctance from staff to use their name which suggests that there is still work to do to ensure staff feel safe</li> </ul> <p>Discussion was had regarding other speaking up avenues. PDR confirmed that the Audit and risk committee had recently received an update with limited assurance and doubts about how effective other measures are. TE highlighted that almost daily, significant issues are being raised through various speaking up routes, many of which reflect that the organisation has previously had a high degree of tolerance for behaviours which would not be acceptable in a modern day workplace. The Board acknowledged this point and thanked TE for raising it.</p> <p>In response to a question, JDo confirmed that a case is never closed until the person confirms that they do not require further support so time to close cases will vary. During December 2024, around four cases were closed.</p> <p>In response to a question about staff networks, HE confirmed that this remains a priority but attendance is not yet high enough to form groups which thrive. EDI champions have come forward. The Board agreed that the networks need to be valuable and make a difference for staff and agreed the importance of continued engagement in this area as well as facilitating staff attendance at meetings of the groups.</p> <p>The Board thanked JDo for the update, <b>noting</b> the contents of the report including the fact that no safety concerns have been raised.</p>
<p><b>100-25</b></p>	<p><b>Organisational risk register</b></p> <p>LM presented the report to the Board as read, highlighting that:</p> <ul style="list-style-type: none"> <li>- The highest scoring risks on the register currently relate to compliance with governing documents, mental capacity assessments for patients and estates critical infrastructure</li> <li>- Each of the Board sub-committees have had sight of the organisational risk register and the risks relevant to their remit in recent meetings. The Audit and risk committee has received an update on the implementation of the Risk management framework and will oversee the effectiveness. The scores for the risks related to the fire alarm and boiler systems have been reduced since presented to the Finance and performance committee due to mitigations in place</li> </ul> <p>In response to a question, AJ confirmed that the risk related to electrical cabling is not new and that work on the mitigating actions is on progress and on track.</p> <p>Discussion was had regarding the risk related to the Trust's breakeven position and the Board expressed the view that the current score may not be reflective of the true level of risk. JB agreed to revisit this score. <b>ACTION JB</b></p> <p>A Board member sought reassurance that if the Trust's boiler system were to fail, the mitigations in place would ensure that there is no impact to patient and/ or staff safety. AJ agreed to provide an update on the mitigating actions and current position outside of the meeting. <b>ACTION AJ</b></p> <p>The Board <b>noted</b> the contents of the report, acknowledging that the Trust is currently carrying a high level of risk.</p>

101-25	<p><b>Integrated quality and performance report</b></p> <p>The executive team presented the report highlighting the following:</p> <ul style="list-style-type: none"> <li>- KSO3 (operational performance): KT reported that the waiting times within Sussex are challenged; as the Trust does not provide urgent and emergency care, it is supporting the wider Sussex system with waiting lists. The Trust has received 110 patient transfers and has reported an increase in the number of patients waiting more than 52 weeks. She reported that the deterioration is due to the prioritisation of cancer patients, providing system support and the Trust's own challenges related to breast and skin. For month 8, the Trust has reported seven patients waiting over 78 weeks and 47 patients waiting over 65 weeks, 21 of these being transferred from the wider Sussex system. KT anticipated that the Trust's long waiting position will deteriorate in January and February 2025. KT reported that the Trust is not meeting its 125% activity target which is driving an income deficit</li> <li>- KSO1 and KSO2 (patient experience and clinical services): LB reported that there are no concerns on quality metrics. TE reported that there has been an increase in all cancers since Covid-19, and increase in demand on all NHS services, particularly urgent and primary care. She expressed the view that the Trust has work to do to ensure that the Trust can be responsive in meeting needs of patients on waiting list, particularly within the outpatients department</li> <li>- KSO4 (financial performance): JB reported that the Trust's 2024/25 operating and financial plan had a very challenging cost improvement plan target and assumed an increase in activity part way through the year. During month 8 the Trust has not met the activity level and there has been pressures on pay and non-pay spend. The Trust had been able to breakeven by releasing non-recurrent reserves but there is an underlying deficit position. It is likely that some income benefit during Q4 will materialise and it is therefore possible that the Trust may meet its breakeven position, however the Board should note the underlying deficit position due to not meeting income targets and pay and non-pay pressures. The financial outlook into next year will be very challenging</li> <li>- KSO5 (organisational excellence): HE reported that the Trust remains focussed on reducing agency spend. The staff survey closed in November 2024 and the team are working through the results. The response rate was 57% which is similar to the previous year</li> </ul> <p>The Board considered and discussed the updates as follows:</p> <ul style="list-style-type: none"> <li>- A Board member asked how many 65 week waiting patients there is likely to be at the end of March 2025. In response, AJ confirmed that more detailed work is required to understand the best and worst case scenarios and provide an accurate forecast</li> <li>- KT was asked whether there are any prosthetics patients waiting more than three years. KT agreed to report back to the Board with this information. <b>ACTION KT</b></li> <li>- The Board acknowledged that the Trust is not meeting its activity plan for 2024/25 which is driving a financial deficit position</li> <li>- Discussion was had regarding the Trust's financial position and the Board acknowledged the underlying deficit position. It was thought that there had been a lack of transparency in previous reporting, as Board members were not aware that the Trust's breakeven position was being achieved by releasing accruals. It was agreed that there must be learning from this</li> <li>- Board members agreed that the activity plans for 2025/26 must be realistic and achievable, even if that demonstrates a deficit. JB shared the view that next year will be extremely challenging and that the Trust should focus on finding innovative ways to maintain corporate functions whilst lowering costs</li> <li>- Discussion was had regarding the response rate to the staff survey and Board members suggested that there is a need to increase engagement in order to increase the response rate. It was suggested that engagement focus on staff understanding why it matters and what action will be taken as a result</li> </ul>
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	The Board <b>noted</b> the contents of the report.
102-25	<p><b>Electronic patient record (EPR) project update</b></p> <p>KT presented the report to the Board. She reported that work is ongoing to understand the financial position of the project. She highlight the enormity of the project for the Trust and its resources; the right skills were required in order to deliver it and the team have been in place since late 2024. There have been some variances to the original business case and at the time of writing the report there was thought to be a £3.8m financial gap. She proposed that a revised business case summary is presented back to the Finance and performance committee and Board setting out the changes and seeking approval for the potential rephrasing.</p> <p>The Board agreed that the project requires a reset. It was suggested that it is currently failing which raises questions about the original business case not being robust. Board members highlighted the need for transparency regarding benefits in the revised business case, noting that these will unlikely be financial.</p> <p>TE recognised the challenges whilst highlighting the improvements that the EPR will bring to patient care. She reported that staff are deeply engaged in the transition and that the Trust is on the threshold of delivering a core component which will transform clinical care.</p> <p>The Board noted a compliance issue with the Scheme of delegation, with a contract with a value of more than £1m being approved outside of the Board.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>- <b>Noted</b> the update regarding the issues and risks related to the EPR programme, specifically finance, governance and benefits realisation</li> <li>- <b>Noted</b> the variances to the full business case</li> <li>- <b>Supported</b> the development of a revised business case summary for the programme</li> </ul>
103-25	<p><b>National inpatient survey results</b></p> <p>LB presented the report to the Board, reporting that the QVH has scored top in the country for the national inpatient survey. She explained that although the Trust has done very well, there are still areas which could be further improved and these will be addressed.</p> <p>The Board noted an improvement in patient food.</p> <p>The Board <b>noted</b> the contents of the report and congratulated all involved in achieving the results.</p>
104-25	<p><b>Audit and risk committee assurance</b></p> <p>PDR presented the committee assurance report to the Board. He reported that the committee held an additional meeting in November 2024 focussed on the internal control environment and compliance issues. All Board members attended the meeting. The Trust will need to disclose in its Annual governance statement for 2024/25 the issues with the control environment and the external auditors will comment on this. The committee will monitor the work to rectify the position. The contract management internal audit follow up has provided limited assurance and the committee will continue to monitor progress in this area.</p> <p>The Board <b>noted</b> the contents of the report.</p>
105-25	<b>Quality and safety committee assurance</b>

	<p>SOL presented the committee assurance report to the Board. He reported that the committee had spent time at its last meeting understanding the status of quality impact assessments which have slipped in terms of routine application. The committee were assured by work underway to rectify this position. The committee are assured that patient safety investigations are thorough but acknowledge a need to improve the quality and speed of investigations and final assessments. The committee received the medicines management annual report for 2023/24 and were pleased to note no moderate or severe harm during the period.</p> <p>The Board <b>noted</b> the contents of the report.</p>
106-25	<p><b>Financial, workforce and operational performance assurance</b></p> <p>POD presented the report to the Board. He reported that the capital plan is behind and that the committee will receive a plan for this to be spent before the end of the financial year. The committee have sought further assurance that those patients waiting over 65 weeks are being communicated with and that clinical harm reviews are being undertaken. This matter has been referred to the Quality and safety committee. The committee has asked for an in depth review of the Bognor Community diagnostic centre (CDC) given that it is currently rated as red and there is limited assurance regarding delivery.</p> <p>The Board <b>noted</b> the contents of the report</p>
107-25	<p><b>Any other business (by application to the Chair)</b></p> <p>There was no further business and the meeting closed.</p>
108-25	<p><b>Questions from members of the public</b></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 Is the theatres module one of the financial challenges related to the EPR project?</p> <p>Response KT confirmed that the theatres module was within the original business case and budget.</p> <p>Question Why has the EPR clinical advisory group only just been established?</p> <p>Response KT confirmed that the whole team has changed, with a new team being brought in with the right expertise to deliver. The group has been established as quickly as possible.</p> <p>Question How much are junior medical staff engaged with cultural transformation work?</p> <p>Response TE confirmed that junior medical staff are engaged with in a systematic way. There is a forum in place as well as the freedom to speak up guardian and opportunities for support and feedback.</p> <p>Question Why did we not know about the Bognor Community diagnostic centre (CDC)?</p> <p>Response</p>

	<p>JS confirmed that the Trust's Chief Executive Officer was asked by the system to take the lead on developing this; work is in progress to understand the current position.</p> <p>Question Does the staff survey follow a 'one size fits all' approach or is there adaptations for clinical staff, for example?</p> <p>Response HE explained that the survey is national so there is no opportunity to adopt it for specific staff groups.</p>
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