

Document:	Minutes (FINAL & APPROVED)	
Meeting:	Board of Directors (session in public) 10.00-12 noon 7 July 2023 Education centre, QVH	
Present:	Jackie Smith	Trust Chair (voting) (Chair)
	Paul Dillon-Robinson (PDR)	Non-executive director (voting)
	Kevin Gould (KG)	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)
	Peter O'Donnell (POD)	Non-executive director (voting)
	Abigail Jago (AJ)	Director of strategy and partnerships and acting CEO (voting)
	Maria Wheeler (MW)	Chief finance officer (voting)
	Nicky Reeves	Chief nurse (voting)
	Shane Morrison- McCabe (SMM)	Director of operations (non-voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
In attendance:	Leonora May (LM)	Deputy company secretary (minutes)
Apologies:	Tania Cubison (TC)	Medical director (voting)
Members of the public:	Three members of public (two for patient story), two governors and two members of staff (one for staff story)	
Welcome		
42-23	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting welcoming members of the Board, staff and members of public observing the meeting including two public governors. She welcomed three new non-executive directors (POD, SOL and RH) and the new chief finance officer, MW, to their first Board meeting.</p> <p>The Chair reminded members of the public that they were invited to observe the meeting in public but not to participate in discussions.</p> <p>Apologies were received from TC and the meeting was declared as quorate.</p> <p>There were no declarations of interest other than those already recorded on the register of interests.</p>	
Standing items		
43-23	<p>Patient story</p> <p>The Board welcomed a QVH patient and her spouse to the meeting to share their experience of QVH.</p> <p>The patient explained that following a mastectomy, she was booked in to have breast reconstruction at QVH. Following delays, the surgery was scheduled and then cancelled on the day as the operation was deemed unsafe due to an MRI scan not being clear for required blood vessels. She expressed disappointment that the MRI scan had only been reviewed the night before the operation given that the scan had taken place 15 months before that.</p> <p>Subsequently, the patient made a complaint about the above, as well as other issues including a lack of referral to the QVH specialist breast reconstruction nurses and not being informed about the 'show and tell' events where former patients share information about different types of reconstruction.</p> <p>The patient stated that the initial response to her complaint would have benefited from a</p>	

	<p>clear apology in the first paragraph for the distress caused, a stronger focus on the issues raised in the complaint rather than clinicians' comments and more about the lessons learnt through the process of reviewing the complaint.</p> <p>Since raising the complaint, the patient had experienced further issues with communication, appointments co-ordination between departments and incorrect BMI and diabetes readings being recorded.</p> <p>The patient expressed thanks for the opportunity to share her story with the Board, and complimented the care that she received on the day of her operation, the specialist nurses, the consultant and the wound clinic.</p> <p>JS and NR apologised to the patient on behalf of the Board for her experience, acknowledging the distress that it would have caused. NR provided the patient with assurance that the Trust will take steps to address and action the learning from her experience to ensure that it does not happen again. She explained that a process is being developed to review all patient stories to Board, triangulate the intelligence and report back actions undertaken as a result.</p> <p>The Board extended sincere thanks to the patient for sharing her experience at QVH and wished her well.</p>
<p>44-23</p>	<p>Staff story</p> <p>The Board welcomed the Trust's volunteer co-ordinator to the meeting to give an account of her experience as a member of staff at QVH.</p> <p>The volunteer co-ordinator talked about the work of the volunteer team supporting services throughout the hospital, the significant service provided by volunteers and the benefits for patients, volunteers and staff.</p> <p>She also talked about her experience of joining QVH after developing a disability.</p> <p>This included a positive experience of putting in a flexible working request to gain a better work life balance, which was accommodated. She highlighted the need for awareness that staff working part time have to fit training etc into part time hours; this also impacts on capacity to participate in a network for staff with disabilities. She spoke about a negative experience regarding an occupational health assessment where the person undertaking the assessment had asked her why she was working</p> <p>The volunteer co-ordinator highlighted that not all staff areas are accessible to disabled staff, and suggested that line managers could do more in taking disabled members of staff around the site, looking at access. She emphasised the importance of having meaningful conversations with disabled members of staff about adjustments required before the person starts in the role, and that employees should feel comfortable and supported to talk about their disabilities.</p> <p>JS extended thanks to the volunteer co-ordinator on behalf of the Board for the important work that she does with the volunteers to support the Trust and for sharing her experience as a member of staff at QVH. The Board agreed that it had been useful to understand areas for improvement and acknowledged that there are some actions that could be taken forward quickly to improve staff experience.</p> <p>MW agreed to schedule some time with the volunteer co-ordinator to go around the site and identify some quick wins for improvements to access for disabled staff.</p>
<p>45-23</p>	<p>Draft minutes of the public meeting held on 4 May 2023</p>

	<p>The Board noted that the following amendment will be made to the minutes:</p> <ul style="list-style-type: none"> - 19-23 '72 day' will be amended to '62 day' (first paragraph) <p>Subject to the above amendments being made, the Board agreed that the draft minutes of the public meeting held on 4 May 2023 were a true and accurate record of that meeting and approved them on that basis.</p>
<p>46-23</p>	<p>Matters arising and actions pending from the public meeting held on 4 May 2023</p> <p>There was one pending action and the Board noted that:</p> <ul style="list-style-type: none"> - 232-23 (gender pay report and actions) has been postponed until September 2023 due to resource constraints
<p>47-23</p>	<p>Chair's report</p> <p>JS presented her Chair's report to Board who noted that she is an inspector for the Care Quality Commission (CQC) and that she has recently served on an inspection team. The Board sought advice JS on preparing for the Trust's forthcoming CQC visit based on insights gained from her experience as an inspector.</p> <p>JS explained that she is unable to share any detail about the review she has recently completed, but gave some high level insight. She reported that the CQC are now inspecting organisations on the basis of risks carried, and looking to assure themselves that organisations understand their risks and that appropriate mitigations are in place. Other areas of focus for the CQC are leadership and visibility at every level in organisations, clarity around decision making and culture including how organisations manage staff and patient concerns.</p> <p>The Board noted that the chief nurse is allocating a clinical and non-clinical area to each Board member to visit frequently to increase Board visibility and ensure there is a mechanism in place for collecting soft intelligence. The Board recognised this is an important part of staff engagement and supported the continued development of a mechanism to ensure triangulation between soft intelligence and data regarding staff concerns.</p> <p>The Board noted the contents of the report.</p>
<p>48-23</p>	<p>Chief Executive's report</p> <p>AJ presented the report to the Board.</p> <p>AJ confirmed that the NHS Sussex shared delivery plan will be presented to the Board for ratification at a future meeting, and agreed that it will be important to provide clarity regarding what it means for QVH. She confirmed that the plan has had engagement from providers.</p> <p>In response to a question, MW confirmed that there is a high degree of confidence that the cost improvement programme will be achieved for 2023/24, and that 5.5% had already been achieved.</p> <p>The Board sought assurance regarding the management of implications of recent strike action. SMM confirmed that there is a robust process in place to plan for industrial action, and that the Trust will continue to prioritise patient safety. She highlighted that industrial action presents a risk to achieving the Trust's operating plan and opportunity for theatre utilisation being lost. SMM agreed to present an update regarding the impact of the upcoming consultant strike to the September Board meeting. Action SMM.</p> <p>The Board thanked both AJ and CP, recognising that they had both recently taken on additional responsibility to support the Trust on top of their substantive executive roles.</p>

	The Board noted the contents of the report.
Governance	
49-23	<p>Risk management and corporate risk register CP presented the report to the Board which outlined work completed to date to transform the Trust's approach to risk management.</p> <p>The Board noted that a new board assurance framework is being developed and will be focussed on strategic risks. The Board agreed with a suggestion that the whole Board should be involved in the development of and ownership of strategic risks.</p> <p>The Board noted the contents of the report.</p>
50-23	<p>Well led report- recommendations and organisational response JS presented the report to the Board which set out the recommendations and organisational response of the Trust's recent well lev review which was undertaken by Deloitte LLP.</p> <p>The report included six themes and a number of recommendations for action, of which JS confirmed developing the Trust's strategy and vision is a priority. Following a gap analysis, AJ confirmed that the recommendations will be set out within in action plan. Progress against the action plan will be reported to the strategic development committee.</p> <p>The Board emphasised the need for urgency regarding completing priority actions.</p> <p>A Board member highlighted culture as an important priority for the Board, and the fact that it did not feature within the recommendations. JS confirmed that the Board seminar in November will be focussed on organisational culture.</p> <p>The Board noted the report, specifically the recommendations and organisational response.</p>
51-23	<p>Establishment of strategic development committee CP presented the report to the Board who noted this as an important step in updating governance structures to support the development of the Trust strategy as a priority. She confirmed that the Board will retain its responsibility for defining the strategic aims and objective of the Trust and will continue to contribute to the development of the strategy.</p> <p>The Board:</p> <ul style="list-style-type: none"> - Approved the establishment of the strategic development committee as a sub-committee of the Board - Approved the strategic development committee's terms of reference - Approved the disbanding of the digital committee as a sub-committee of the Board
52-23	<p>Standing orders, standing financial instructions and scheme of delegation and reservation of power CP presented the report to the Board, highlighting that the main changes to the documents relate to the establishment of the strategic development committee. The changes are recommended to the Board for approval by the audit committee.</p> <p>The deputy company secretary will check and update job titles within the documents.</p> <p>The Board approved the proposed changes to the standing orders, standing financial instructions and scheme of delegation and reservation of power.</p>
53-23	Audit assurance

	<p>KG presented the audit committee assurance report to the Board who noted that the annual report and accounts 2022/23 had been filed with NHS England.</p> <p>The Board noted the contents of the report.</p>
<p>Trust strategy</p>	
<p>Key strategic objectives 1&2: outstanding patient experience and world-class clinical services</p>	
<p>54-23</p>	<p>Quality and safety report NR presented the report to the Board who noted that the ICB scrutiny committee had reviewed two serious incidents and that the action plans were approved. One serious incident has been downgraded.</p> <p>The Board noted the water ingress in the head and neck department and SOL asked how those incidents link into the estates and preventative maintenance policy, and how the Board can seek assurance that the policies are being managed appropriately. JS agreed to pick this question up in the private Board meeting.</p> <p>PDR suggested that there may be an opportunity to use the clinical audit function to look at how the Trust responds to patient complaints, particularly where there might be a dispute about facts, given recent patient stories at Board meetings. The Board agreed that the contents and tone of complaints responses should be reviewed. NR confirmed that a deep dive into complaints would be completed and presented to the quality and governance committee. Action NR.</p> <p>The Board noted the contents of the report.</p>
<p>55-23</p>	<p>Six-monthly nursing workforce review NR presented the report to the Board, reporting that although model hospital data had been used for benchmarking, some areas are difficult to benchmark due to their specialist nature.</p> <p>NR raised concern regarding the challenges in attracting nurses to QVH due to the location of the hospital and transport links. Discussion was had regarding nursing workforce challenges as follows:</p> <ul style="list-style-type: none"> - There was a suggestion that the Trust could do more to let members of the public know about positive staff initiatives, training, development and progression opportunities - The Board recognised an opportunity to address these challenges in the workforce strategy - KN highlighted that there are some risks related to workforce in critical areas where there are vacancies which make up a large percentage due to the size of the team - Board members recognise a shift in employees wanting more flexible working opportunities and focussing on personal wellbeing - The Board agreed that there is a need to invest in apprenticeships and support portfolio nurses <p>The Board noted the contents of the report.</p>
<p>56-23</p>	<p>Quality and governance assurance KN presented the report to the Board.</p> <p>It was agreed that the Board would review the learning from deaths annual report at its next meeting. Action LM.</p> <p>The Board noted that the committee is not fully assured on the concerns related to surgical patients who do not fall under the referral to treatment waiting time targets, noting that prosthetics is one of these areas. SMM confirmed that these patients are prioritised</p>

	<p>accordingly, and the Trust continues to be clear to patients regarding waiting times to manage expectations.</p> <p>The Board noted the challenges related to senior medical staff engagement with the safeguarding and Mental Capacity Act process. KN confirmed that further audits are due to be completed to understand the impact of changes in processes and training put in place to address it. She confirmed that this challenge is not unique to QVH.</p> <p>The Board noted the contents of the report.</p>
<p>Key strategic objective 4: financial sustainability</p>	
<p>57-23</p>	<p>Financial performance</p> <p>MW presented the report to the Board, highlighting that the Trust is on track to break even and meet efficiency targets this year. She explained that continued strike action poses a risk to financial performance and the activity plan.</p> <p>The Board noted that there are limited capital resources until year end, and that the estate requires investment. The Board were assured that the Trust will remain within its capital plan.</p> <p>The Board noted the contents of the report.</p>
<p>Key strategic objective 3: operational excellence</p>	
<p>58-23</p>	<p>Operational performance monthly report</p> <p>SMM presented report and reported that the industrial action is having an impact on activity. For May, the Trust is ahead of its activity plan to achieve 109% of 2019/20 activity. She highlighted a risk regarding achieving the 62 cancer standard going forward due to continued increased referrals made for the two week suspected cancer pathway.</p> <p>In response to a question regarding whether the RTT waiting list is forecasted and what analysis the Trust has, SMM confirmed that based on the analysis of the waiting list, the outlook for the year end waiting list was likely to be more than 17,000. The Board requested clarity on this position at its next meeting. Action SMM.</p> <p>In response to a question regarding which waiting lists are subject to data validation, SMM confirmed that there is partial validation of the waiting list by specialty on a weekly basis but not for plastics. The intention is to get support from the system to be able to validate the whole waiting list.</p> <p>The Board sought clarification regarding how much the waiting list may be reduced following the validation exercise, and SMM confirmed that on average there is an 8-10% reduction. AJ clarified that the validation being undertaken currently is for the non RTT waiting list so will not impact the total RTT waiting list size. AJ and SMM agreed to provide clarity on this position to the finance and performance committee. Action SMM.</p> <p>The Board requested a written update on the impact of recent strike action at its next meeting. Action SMM.</p> <p>The Board noted the contents of the report.</p>
<p>Key strategic objective 5: organisational excellence</p>	
<p>59-23</p>	<p>Workforce report</p> <p>CP presented the report to the Board and reported that the interim chief people officer is due to start next week and will bring strategic input into developing a workforce strategy for the Trust.</p>

	<p>Discussion was had regarding appraisals and the Board agreed with a suggestion that team appraisals and setting team objectives should be considered when developing the Trust's approach to appraisals.</p> <p>The Board noted the contents of the report.</p>
60-23	<p>Staff survey results CP presented the staff survey results to the Board, reporting that the headline results are very positive, but that staff who declare as black or minority ethnic or disabled are less positive than other groups. She confirmed that there focussed work to address this.</p> <p>The Board noted that the interim chief people officer will prioritise looking at the way that we triangulate concerns that we hear from staff through various routes such as the freedom to speak up guardian and 'tell Nicky' with staff survey results and ensuring that we have a robust approach to escalate and address issues identified.</p> <p>The Board agreed that the time delay from when staff complete the survey to when the published hinders the Trust' ability to address issues identified in a timely manner. The Board agreed with a suggestion that the Trust should consider the use of pulse surveys as a tool to get immediate feedback.</p> <p>The Board congratulated management for the good results achieved, recognising that there are areas for improvement.</p> <p>The Board noted the contents of the report.</p>
61-23	<p>Financial, operational and workforce performance assurance PDR presented the report to the Board, highlighting that the committee has changed the format of performance reporting to an executive summary only which is having a positive impact, encouraging insight and clarity regarding the ask of the committee. The Board were supportive of this approach.</p> <p>The Board noted the contents of the report.</p>
62-23	<p>Digital assurance KG presented the report to the Board, reporting that this will be the final digital committee assurance report, given that it will no longer be a formal sub-committee of the Board.</p> <p>The Board noted the delays around electronic patient records due to funding. KG thought that the system could be implemented reasonably quickly once selected with the right programme management in place and the Board agreed that clinical engagement will be critical to the success of the implementation.</p> <p>The Board noted the contents of the report.</p>
Meeting closure	
63-23	<p>Any other business (by application to the Chair) JS stated that it was KG's last Board meeting as he was finishing his second and final term as a non-executive director for QVH at the end of August. She thanked Kevin for what she described as a huge contribution to the Trust as a Board member, for challenging skilfully and sensitively, supporting Board members, caring about staff and being passionate about driving progress.</p> <p>KG thanked all of his colleagues for supporting him in his first non-executive director role. During his six years in post there had been challenges and there are opportunities ahead to</p>

	<p>develop the strategy and the Trust's role within the system. He wished the Trust all the best for the future.</p> <p>There was no further business and the meeting closed.</p>
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Members of the public

<p>64-23</p>	<p>Questions from members of the public</p> <p>The Board had received two questions from members of the public. CP read out the questions received and responses which were as follows.</p> <table border="1" data-bbox="316 533 1528 1279"> <thead> <tr> <th data-bbox="316 533 922 568"><u>Question</u></th> <th data-bbox="922 533 1528 568"><u>Response</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="316 568 922 943"> <p>In the interim Chief executive's report it states that 'As a provider within the Sussex integrated care system QVH will be driving forward the relevant initiatives within the (ICS) delivery plan.'</p> <p>My question is, could the Board explain in more detail what specific actions are anticipated/expected by QVH in support of the ICS plans?</p> </td> <td data-bbox="922 568 1528 943"> <p>The shared delivery plan was publicly launched yesterday (Wednesday 5 July). As mentioned in the chief executive's report QVH has a particular role to play in helping to tackle health inequalities, supporting the reduction of waiting lists and optimising the use of community diagnostic centres. We will be making more reference to our contribution to the shared delivery plan in QVH Board papers going forwards as this work progresses.</p> </td> </tr> <tr> <td data-bbox="316 943 922 1279"> <p>The report "Establishment of strategic development committee" is largely self-explanatory. My question is, would there be merit in having stakeholders represented on the committee to support its work and ensure the various constituencies are represented (perhaps ICSs, staff, governors)?</p> </td> <td data-bbox="922 943 1528 1279"> <p>People with an interest in the services of QVH are being engaged meaningfully from the beginning in strategy work, and will be engaged at every stage of the development of ideas and on a continual basis as those ideas become proposals and plans. The strategic development committee is the Board assurance committee and as such is an internal governance committee.</p> </td> </tr> </tbody> </table>	<u>Question</u>	<u>Response</u>	<p>In the interim Chief executive's report it states that 'As a provider within the Sussex integrated care system QVH will be driving forward the relevant initiatives within the (ICS) delivery plan.'</p> <p>My question is, could the Board explain in more detail what specific actions are anticipated/expected by QVH in support of the ICS plans?</p>	<p>The shared delivery plan was publicly launched yesterday (Wednesday 5 July). As mentioned in the chief executive's report QVH has a particular role to play in helping to tackle health inequalities, supporting the reduction of waiting lists and optimising the use of community diagnostic centres. We will be making more reference to our contribution to the shared delivery plan in QVH Board papers going forwards as this work progresses.</p>	<p>The report "Establishment of strategic development committee" is largely self-explanatory. My question is, would there be merit in having stakeholders represented on the committee to support its work and ensure the various constituencies are represented (perhaps ICSs, staff, governors)?</p>	<p>People with an interest in the services of QVH are being engaged meaningfully from the beginning in strategy work, and will be engaged at every stage of the development of ideas and on a continual basis as those ideas become proposals and plans. The strategic development committee is the Board assurance committee and as such is an internal governance committee.</p>
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<p>65-23</p>	<p>Exclusion of members of the public</p> <p>Further to paragraph 39.1 and annex 6 of the Trust's constitution, it is proposed that members of the public and representatives of the press shall be excluded from the remainder of the meeting for the purposes of allowing the Board to discuss issues of a confidential or sensitive nature. Any decisions made in the private session of the Trust Board will be communicated to the public and stakeholders via the Chair's report.</p>						