

Document:	Minutes (final & approved)	
Meeting:	Board of Directors (session in public)	
	Thursday 05 May 2022 10am-1pm Education Centre, QVH	
Present:	Anita Donley (AD)	Trust Chair (voting)
	Gary Needle (GN)	Senior Independent Director (voting)
	Lawrence Anderson (LA)	Interim Director of workforce (non-voting)
	Tania Cubison (TC)	Medical director (voting)
	Paul Dillon-Robinson (PD-R)	Non-executive director (voting)
	Kevin Gould (KG)	Non-executive director (voting)
	Shane Morrison- McCabe (SM)	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)	Chief Nursing Officer (voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
	Sheila Perkins(SP)	FTSU Guardian, items 62-22- 64-22 only
In attendance:	Leonora May (LM)	Deputy Company Secretary (minutes)
Members of the public:	Two (and one for item 63-22 who joined remotely for this item)	
Welcome		
62-22	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting, welcoming members of the Board and two members of public in attendance, being one public governor and one member of staff. The Chair reminded members of the public that they were invited to observe but not participate in the meeting in public.</p> <p>The director of operations and deputy company secretary were welcomed to their first public meeting of the QVH Board of Directors.</p> <p>There were no apologies and no declarations of interest other than those already recorded on the register.</p>	
Standing items		
63-22	<p>Patient story</p> <p>A patient's son was welcomed to the meeting to give an account of his mother's patient story.</p> <p>In March 2022, his mother had emergency surgery at east surrey hospital and when she was discharged she was advised to book an appointment with her GP to have staples removed. The GP was unable to remove the staples in a timely way and recommended that the patient make an appointment at Queen Victoria Hospital.</p> <p>The patient was able to make an appointment at QVH and made alternative care arrangements for her husband who could not be left at home alone. On arrival at QVH outpatients centre the patient and her son were advised by the nurse on duty that she was unable to remove the staples. The nurse recommended that the patient attend the QVH minor injuries unit (MIU) where the procedure would be carried out. The patient and her son were advised that there might be up to a four hour wait at MIU.</p> <p>The Trust's patient experience manager acted to resolve the situation on the day but this</p>	

	<p>experience was traumatic for the patient and her family. The patient's son expressed his gratitude for the fact that that full details of the events were shared in a timely way, and particularly actions being implemented by QVH to prevent such problems being encountered by other patients and families/carers in the future.</p> <p>The Board noted that the usual pathway for staple removal when a patient is referred from another hospital would be MIU. The Board also noted that an individual patient's personal circumstances are of importance, in that arrangements affecting other members of the patient's family or dependants may be impacted by the need to attend a hospital appointment, as in this case. The learning from this incident was important in the wider QVH approach to patient care, support and wellbeing, and also in the need to ensure clarity for QVH staff, and for GPs and other hospitals which might directly refer patients to QVH.</p> <p>The Board thanked patient's son for his contribution to the meeting, and noted the details of the patient story.</p>
<p>64-22</p>	<p>FTSU Guardian update</p> <p>SP, FTSU guardian, presented the freedom to speak up report to the Board. The data within the report covered the period November 2021- May 2022.</p> <p>Four members of staff had raised concerns during this period. Two concerns related to discussions about vaccination as a condition of deployment; one being related to perceived unreasonable behaviour from a line manager, and a second case which had been investigated; both cases have been resolved. No cases remain open.</p> <p>New guidelines for reporting and recording of cases to the FTSU guardian were published on 1 April 2022. There was a new category for cases that include an element of other inappropriate attitude or behaviour that would not be covered by the category about bullying or harassment.</p> <p>In response to a query, SP confirmed that the advisory, conciliation and arbitration service (ACAS) criteria would be used to ascertain whether behaviour amounted to bullying and would not be categorised as being so unless explicitly reported as bullying. The clarification of themes and categories was welcomed by the Board.</p> <p>SJ highlighted the importance of embedding a culture where staff felt safe to speak out and asked SP if she had a sense of whether the Trust could make further improvement in this area. SP confirmed that staff were aware of her position as FTSU guardian and had fed back that they felt safe and confident to raise concerns as appropriate.</p> <p>In response to a question about what, if anything, had changed or evolved during her time in the role, SP confirmed that she was now more confident in her position, and that she continued to learn from other FTSU guardians through the FTSU guardian network. SP thought that, in general, there was a sense of positivity and calmness amongst staff at the Trust with disputes being resolved reasonably quickly.</p> <p>The Board thanked SP for her positive contribution to the Trust in her role as FTSU guardian, and noted the contents of the freedom to speak up report.</p> <p>[SP left the meeting]</p>
<p>65-22</p>	<p>Draft minutes of the public meeting held on 03 March 2022</p> <p>The Board agreed that the minutes of the public meeting held on 03 March 2022 were a true and accurate record of that meeting and approved them on that basis.</p>
<p>66-22</p>	<p>Matters arising and actions pending</p>

	<p>The Chair updated the Board on a matter arising from the February private board meeting. A governor had raised concerns related to staff governors' comments that patient care had been compromised as a result of corporate meeting schedules, and staff governors' requests that the Trust consider scheduling meetings involving governors to the evening where possible; the operations team and the staff governors had provided assurance that staff governor attendance at corporate meetings had not impacted the care of QVH patients. It was acknowledged that earlier involvement of the staff governors in the evaluation of potential impact should have occurred.</p> <p>TC provided an update on a matter arising from the February private board meeting, being an action to progress a formal response from the consultant medical staff to NEDs regarding the vote of no confidence in the CEO last year. TC reported that all concerns had been addressed in writing. The matter was closed and there was no further action pending.</p> <p>There were no matters arising or outstanding actions pending on the public Board matters arising report.</p>
<p>67-22</p>	<p>Chair's report</p> <p>The Chair presented her report to the Board which provided an update on the implementation of the recommendations of the independent review and ongoing work to secure the future of the Trust.</p> <p>The report referred to operating pressures, workforce challenges and a stringent financial climate, all of which were recognised by the Board as challenges.</p> <p>The Chair reported that the Board was looking forward to re-establishing important on-site and face-to-face interactions. In addition, the NEDs, led by GN, are developing new ways of working with governors to allow optimal insight into how NEDs contribute in a variety of ways as members of the Trust's unitary Board. These developments are intended to further enable the Council of Governors in its statutory role of holding NEDs to account.</p> <p>The Board noted the contents of the report.</p>
<p>68-22</p>	<p>Chief Executive's report</p> <p>SJ reported that he had attended an NHS England leadership event on 28 April 2022 and outlined the key priorities for the NHS set by the chief executive of NHS England.</p> <p>SJ highlighted some reflections from the past two years, being:</p> <ul style="list-style-type: none"> - Lessons learnt from Covid - senior clinical and management staff had been working well together in developing pathways, testing, visiting and clinical coding. SJ expressed particular thanks to TC and NR for their work - Finance - following two years of block contract funding, the Trust had ended the 2021/22 financial year with a small surplus. The financial year 2022/23 will be the start of a return to usual financial arrangements and attention to activity plans and efficiency targets will resume - Estates - several important projects had been completed in the last two years, such as the dental skills lab, and the two new modular theatres are an important development - Workforce - SJ commended the Trust's staff who had worked tirelessly throughout the pandemic and noted that the positive staff survey results included within the papers <p>SJ highlighted priorities for 2022/23 and reported that the Trust had submitted its operating plan which focussed on addressing key operational challenges including achieving cancer</p>

	<p>standards, 52 week breach position, reducing outpatient follow up appointments and achieving 104% elective activity against 2019/20 levels.</p> <p>Work alongside University Hospitals Sussex NHS Foundation Trust (UHSx) in developing a full business case for a potential merger would recommence after the challenging winter months.</p> <p>The Health and Care Bill 2022 received royal assent on 28 April 2022. The bill and future act place ICSs on a statutory footing; SJ observed that part of the ICS remit is to support local leaders to improve the health of their local communities.</p> <p>Board members discussed the ongoing national workforce gap and SJ confirmed that this issue had been discussed at the recent NHS England leadership event where there were many examples of NHS organisations taking a different approach to attracting and retaining staff, such as higher banding, apprenticeships and development opportunities for existing staff. The Board noted the advantages of considering new initiatives and recruitment drives.</p> <p>NR reported that the Trust is working with UHSx on recruiting international staff.</p> <p>Board members discussed further work to be done on the corporate risk register to link it to the principal risks described in the chief executive’s report and to review long standing risks.</p> <p>The Board noted the contents of the report.</p>
<p>69-22</p>	<p>Green Plan part 2 - delivery</p> <p>SJ presented part 2 of the green plan (delivery in detail) to the Board and it was noted that part 1 of the green plan (our commitment) had been approved by the Board in January 2022.</p> <p>In response to a question, MM confirmed that there would be a cost related to the delivery of the plan and that this would be presented to the Board once known. One necessary investment would be the installation of additional electric car chargers on site.</p> <p>The Board provided positive feedback and commended all involved on work to date and the scope and proposed delivery of the Green Plan. Board members were keen to see momentum with delivery being kept up and realistic targets being set.</p> <p>The Board approved part two of the Trust’s Green Plan (delivery in detail).</p>
<p>Trust strategy</p>	
<p>Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services</p>	
<p>70-22</p>	<p>Board Assurance Framework</p> <p>NR and TC presented the board assurance frameworks related to key strategic objectives one and two.</p> <p>There had been no material update to KS01 during the period.</p> <p>TC explained that appropriate assurances had now been received from the microbiologist in relation to antimicrobial prescribing and from the sleep pharmacist in relation to prescribing for sleep patients.</p> <p>The Board noted the board assurance frameworks related to key strategic objectives one and two.</p>
<p>71-22</p>	<p>Quality and Governance Committee assurance</p>

	<p>KN presented the Quality and Governance Committee assurance report to the Board.</p> <p>CP confirmed that the Board was not required to ratify the security risk assessment & strategic work plan (as stated in the paper) as this had been ratified by the Quality and Governance Committee outside of the inquorate meeting.</p> <p>The Board noted the contents of the report.</p>
72-22	<p>Corporate Risk register (CRR)</p> <p>NR presented the updated corporate risk register (CRR) to the Board. Changes to the register since the last review had been summarised within the associated report.</p> <p>The Board noted that risk 1259 (increased cyber security threats from Russia) had been added to the CRR during the period. MM reported that the Trust were working with the national cyber security team to address the risk in a timely manner, using a toolkit and indicators.</p> <p>Board members noted that there were some risks which were either without mitigating actions or where information needed updating; Board members highlighted the importance of all risks being updated regularly in order for the Board to understand action being taken to align with risk appetite.</p> <p>The Board requested that the Trust's most prominent risks be highlighted on the CRR covering report for future Board meetings. Action NR.</p> <p>The Board noted the updated CRR and associated report.</p>
73-22	<p>Quality and Safety report</p> <p>NR and TC presented the quality and safety report to the Board and outlined the key highlights as set out on page one of the report.</p> <p>The Board noted the contents of the report and the assurance provided.</p>
74-22	<p>Emergency Preparedness Resilience and Response (EPRR) core standards and statement of readiness</p> <p>NR presented the EPRR report to the Board and reported that the Trust had achieved a rating of substantial compliance during the assurance exercise. There were three actions for the main domains and one of these had already been completed. There were five actions for the deep dive regarding oxygen supply.</p> <p>NR was commended on her work which had resulted in an increase of compliance to being substantial.</p> <p>The Board noted the contents of the report.</p>
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
75-22	<p>Board assurance framework</p> <p>SMM and MM presented the board assurance frameworks related to key strategic objectives three and four to the Board.</p> <p>SMM highlighted future opportunities for KS03 and reported that work had started on the new modular theatres and had been appointed recently.</p> <p>There had been no material update to KS04 during the period.</p>

	<p>The Board noted the board assurance frameworks and updates related to key strategic objectives three and four.</p>
<p>76-22</p>	<p>Financial, operational and workforce performance assurance PDR presented the financial, operational and workforce performance assurance report to the Board.</p> <p>The Finance and Performance Committee had met on 25 April and had approved the business plan for submission, as per delegated authority from the Board. The committee had acknowledged areas of risk and uncertainty; any significant changes made post meeting would be ratified electronically.</p> <p>The workforce requirement was subject to scrutiny and challenge by the committee, including posts currently not filled and the need for a vacancy factor to reflect difficulties and delays in recruiting.</p> <p>The financial plan for 2022/23 proposed a deficit of £2.6m, following a surplus of £1.7m at 2021/22 year-end. In response to a question, MM confirmed that the surplus would not offset any prior period financial deficits as the Trust was allocated public dividend capital in line with other Trusts with historic deficits. The surplus would remain within the Trust's accounts as surplus cash.</p> <p>The Board noted the contents of the report.</p>
<p>77-22</p>	<p>Operational performance SMM presented the operational performance report to the Board and highlighted key information re diagnostics as set out in the report. The community diagnostic centre (CDC) H1 plan had been approved for funding for the first half of the current financial year.</p> <p>In response to a question, SJ confirmed that the CDC pilot scheme had been extended to ten GP surgeries and that there plans are in place to extend to c.40 surgeries within the Sussex area. Work on full business case for CDC H2 and funding was underway.</p> <p>The Board considered whether there were any risks associated with the patient initiated follow up scheme and it was confirmed that the Trust were following the commissioners lead on risk associated with the scheme. The commissioners were drafting guidance and inclined to taking a risk averse approach. The Board requested that work was undertaken to collect and analyse patient feedback related to the scheme. Action SMM.</p> <p>[TC left the meeting]</p> <p>MM provided the Board with an update on the Trust's theatre capacity challenge and related negotiations. The Trust had received a quote from independent sector partners which was above tariff and that the team were working with ICS colleagues to understand the implications of this.</p> <p>The Board noted the report.</p>
<p>78-22</p>	<p>Financial performance MM presented the financial performance report to the Board and reported that the Trust's income and expenditure position at year-end was a surplus of £1.7m. This was a £0.5m surplus increase from the £1.2m forecast at month 11, due to the expected requirement to repay funds related to the community diagnostic centre having been removed. The Trust delivered spend of £7.245m which was £0.4m below plan. This included £3.1m on the modular theatre project.</p>

	The Board noted the report.
79-22	<p>2022/23 budget setting MM presented the 2022/23 budget setting report to the Board.</p> <p>It was reported that the Trust had submitted its operating plan on 28 April 2022 as approved by the Finance and Performance Committee per delegated authority from the Board. The plan stated a £2.7m deficit, due to inflation over and above tariff uplift and based on 103.5% activity levels as compared to 2019/20.</p> <p>The Board considered whether there was an expectation that the government would allocate additional funding nationally to cover the deficit and inflation costs and MM stated that there had been no indication that this would be the case.</p> <p>The Board considered the risks associated with planning for a break-even position for 2022/23 in line with statutory responsibilities and were in agreement that to break even would pose a risk to the quality of care and safety of patients.</p> <p>The Board received an update on capital. It was reported that the Trust had submitted a capital plan with allocation of £4.7m and agreement from UHSx to support by underwriting an additional £1.6m for use within 2022/23. Capital spend within the system would continue to be reviewed on a quarterly basis.</p> <p>In the interest of the Trust continuing to maintain safe, effective and timely care to patients, the Board approved the planned deficit of £2.7m for 2022/23.</p>
Key strategic objective 5: organisational excellence	
80-22	<p>Board Assurance Framework LA presented the board assurance framework related to key strategic objective five to the Board and reported that there had been no material update to KS05 during the period.</p> <p>The Board noted the board assurance framework related to key strategic objective five.</p>
81-22	<p>Workforce Monthly report LA presented the monthly workforce report to the Board and highlighted key headlines and statistics as set out within the report.</p> <p>It was noted that vacancies had reduced slightly and that turnover had stabilised following rises since June 2021. Sickness rate had reduced slightly from previous months and although this was still high for the Trust, the Board noted this to be a favourable position compared to the national statistics.</p> <p>[TC re-joined the meeting]</p> <p>The headlines within the report had stated that overall statutory and mandatory training compliance was at 89.34% and it was noted that this figure was in fact 91.06%.</p> <p>The Board requested that mental and physical health-related absence figures be separated in future reporting. Action LA.</p> <p>LA confirmed the process for reviewing flexible working applications was satisfactory, although there were areas for development going forwards. The process was independently reviewed and allowed the right for colleagues to appeal and potential to reach a compromise.</p>

	The Board noted the monthly workforce report and its contents.
82-22	<p>Staff survey results and action plan LA reported that the survey had changed from previous years and was underpinned by the seven pillars of the NHS People Promise.</p> <p>The Trust was, compared to other specialist trusts, above average on five of the seven People Promise pillars, average on the remaining two and above average on the themes of the staff engagement and staff morale.</p> <p>Key future actions include a review of the workforce strategy and further action on both the Trust’s wellbeing strategy, and on equality, diversity and inclusion (EDI) action plan. The review of the workforce strategy had been completed and work on the wellbeing strategy and EDI action plan would be prioritised in line with national reporting timeframes.</p> <p>The Board agreed that the promotion of Trust benefits for staff would be key in attracting and retaining staff going forwards. LA stated there would be a review of appraisal documentation and monitoring of the quality of appraisals, ensuring that managers are supported in delivering effective appraisals for team members. The Board requested assurance that appraisals are effective, based on a sample of appraisal data and outcomes. Action LA.</p> <p>The Board noted the data and analysis from the Trust’s 2021 staff survey and endorsed the associated action plan.</p>
Governance	
83-22	<p>NHS provider licence conditions CP presented the report to the Board.</p> <p>The Board noted the evidence of compliance as set out within the report. It was noted that the Trust’s burns service did not meet the national specification and that the Trust had a significant financial deficit. Because of this, it was proposed that the Trust confirmed option b, that declaration being that ‘the required resources will be available over the next financial year but specific factors may cast doubt on this’.</p> <p>The Board confirmed that:</p> <ul style="list-style-type: none"> - it had complied with the standard and additional NHS provider licence conditions, - it had taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution, - it had complied with required governance arrangements, and - it had a reasonable expectation that required resources would be available to deliver the designated Commissioner Requested Services over the next financial year but that specific factors may cast doubt on this.
84-22	<p>Variation to Constitution April 2022 The Board noted that email approval was secured from voting Board members for Paul Dillon-Robinson to act for Gary Needle (senior independent director) as Chair of the interview panel for the appointment of the new QVH Chair.</p>
85-22	<p>Audit Committee assurance KG presented the Audit Committee assurance report to the Board.</p> <p>The Board noted the contents of the Audit Committee report and assurance provided.</p>
86-22	Nomination and remuneration assurance

	<p>The Chair presented the Nomination and Remuneration Committee assurance report to the Board.</p> <p>The Board noted the report.</p>
<p>Any other business (by application to the Chair)</p>	
<p>87-22</p>	<p>The Board noted that it was AD's last public meeting in post as Chair of the Trust. The Board expressed thanks to AD for joining the Trust as interim Chair and for her valued and steadfast leadership during her time in post.</p>
<p>Members of the public</p>	
	<p>Questions from members of the public There were none.</p>
	<p>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.</p> <p>There were no further comments and the Chair closed the public session of the meeting at 12.46pm.</p>