

Document:	Minutes (Final & Confirmed)	
Meeting:	Board of Directors (session in public) 10am-1pm 07 July 2022 Via Microsoft Teams	
Present:	Gary Needle (GN)	Senior independent director (voting) (Chair)
	Lawrence Anderson (LA)	Interim Director of workforce (non-voting)
	Tania Cubison (TC)	Medical director (voting)
	Paul Dillon-Robinson (PDR)	Non-executive director (voting)
	Kevin Gould (KG)	Non-executive director (voting)
	Shane Morrison- McCabe (SMM)	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 nurse (voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
In attendance:	Leonora May (LM)	Deputy company secretary (minutes)
	Joy Curran (JC)	Consultant anaesthetist and guardian of safe working
	Liz Blackburn (LB)	Deputy chief nurse
Apologies:	Anita Donley (AD)	Trust Chair
Members of the public:	Two (and additional two for item 96-22)	
Welcome		
95-22	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting, welcoming members of the Board, attendees and members of public in attendance. Two members of public were in attendance including one public governor.</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 the Trust Chair.</p> <p>There were no declarations of interest other than those already recorded on the register.</p>	
Standing items		
96-22	<p>Patient story</p> <p>The Board welcomed a patient who had joined the meeting to give an account of his recent experience at the QVH minor injuries unit (MIU).</p> <p>In March 2022, the patient attended the QVH MIU with serious back pain which had extended to his arms, legs and shoulders. He was assessed by the MIU clinical services manager who quickly understood the seriousness of his condition and signposted him to a choice of local accident and emergency (A&E) departments.</p> <p>The patient left QVH MIU with his notes and a letter and was met at the Princess Royal Hospital A&E by a triage nurse. It was evident to the patient that the QVH MIU clinical services manager had already spoken to the triage nurse about his condition to ensure that he received appropriate treatment.</p> <p>Five days later the patient was discharged from the hospital to recover at home. To his surprise he received a follow up phone call from the QVH MIU clinical services manager</p>	

	<p>who wanted to know how he was. The patient expressed that he was very pleased to receive a follow up phone call from the clinical services manager who had gone above and beyond for him as a patient.</p> <p>The Board noted the positive impact that the MIU clinical services manager was having on the service and that the patient feedback would be passed on. The QVH MIU continues to be well used by East Grinstead residents.</p> <p>The Board expressed thanks for the patient for joining the meeting and for sharing his positive experience at QVH MIU.</p>
<p>97-22</p>	<p>Guardian of Safe Working update</p> <p>JC presented the guardian of safe working annual report to the Board who noted that no unsafe junior doctor rotas were reported during the period. Rota gaps have continued to occur at a low and steady rate with most of the gaps filled by internal locum doctors.</p> <p>The Board noted that exception reporting has increased to above pre pandemic levels, especially in plastic surgery where steps had been taken to improve the rota design. This is a much improved position from 2020/21.</p> <p>In response to a question from a Board member, JC confirmed that it was rare for consultants to ‘act down’ to cover shifts and that this only happens when a registrar on a night shift calls in sick last minute. The first consultant on call would stay on to cover the shift and another would cover the on call.</p> <p>The Board sought assurance that there no major concerns regarding disruption to junior doctors training or education. JC confirmed that there is currently no disruption to junior doctor training or education, although some junior doctors are having to catch up on modules which were postponed due to Covid and this may prolong their time as a trainee. There is some flexibility to pay others to cover locum in order to free up junior doctors to catch up on training and education.</p> <p>The Board noted that the Trust is moving forward with the idea of using physician associates to improve work flow and cut down on the locum cover required for the uncovered daytime workload. The number of physician associates is growing as more are qualifying from the three year course and funding for the additional staff will be considered. Maxillofacial consultants are keen to have a junior doctor in post who is able to cover both maxillofacial and plastics who is employed by the Trust. This is being considered and will also help to negate the need for locums.</p> <p>The Board thanked JC for her work as guardian of safe working and with the junior doctors.</p> <p>The Board noted the contents of the report.</p> <p>[JC left the meeting]</p>
<p>98-22</p>	<p>Draft minutes of the public meeting held on 05 May 2022</p> <p>The Board agreed that the draft minutes of the public meeting held on 05 May 2022 were a true and accurate record of that meeting and approved them on that basis.</p>
<p>99-22</p>	<p>Matters arising and actions pending from the public meeting held on 05 May 2022</p> <p>SMM gave a verbal update on action 77-22, ‘collect and analyse patient feedback related to the patient initiated follow up scheme...’ SMM reported that she had met with the general managers to discuss patient feedback regarding the scheme. To date, there have not been any incidents, complaints or reported issues with the pathways. TC confirmed that she had</p>

	<p>been using patient initiated follow ups for twelve months and stated that in her experience the pathway is working as it should be.</p> <p>PDR confirmed that the finance and performance committee had received further data regarding staff appraisals at QVH. The committee were assured that the appraisal process is good but there is further work to do in assuring the committee that the appraisals are effective.</p> <p>The Board noted the verbal update on the action related to patient feedback from the patient initiated follow up scheme. The Board noted the written updates provided for the three completed actions.</p>
<p>100-22</p>	<p>Chair's report GN presented the report to the Board.</p> <p>The Board thanked AD for her service in post as Chair of the Trust and welcomed Jackie Smith who would start in post as QVH Chair on Monday 11 July 2022.</p> <p>The Board noted the contents of the report.</p>
<p>101-22</p>	<p>Chief Executive's report SJ presented his report to the Board, highlighting key issues which are as follows:</p> <ul style="list-style-type: none"> - Jackie Smith to take up role of QVH Chair from 11 July 2022 - Getting it right first time (GIRFT)- Prof Tim Briggs attended the JHCGM to give a presentation about GIRFT methodology - 2022/23 key risks- keeping our staff engaged, motivated and supported during a time of great change, maintaining patient and staff safety throughout the pandemic and securing a sustainable future for QVH - Independent review recommendations - NHS Sussex and the Health and Care Act 2022 - The Messenger review and Fuller Stocktake report <p>Board members who had joined the GIRFT presentation by Professor Tim Briggs fed back that it was well received by staff and was described as being inspiring, especially for junior doctors. GIRFT would be a focus for the quality and governance committee over coming months.</p> <p>The Board noted that Covid numbers are increasing and that this was having an impact on the Trust's capacity and staffing.</p> <p>The Board received an update on the community diagnostics centre (CDC). The Trust is working closely with c. ten GP surgeries regarding pathways for patients experiencing breathlessness and non-surgical abdominal issues.</p> <p>The Board noted the contents of the report.</p>
<p>102-22</p>	<p>Transaction programme update SJ presented the update on the transaction programme for the potential merger with University Hospitals Sussex (UHSx) to the Board.</p> <p>The Board noted the timeline which indicated a possible merger date of 1 April 2023. SJ acknowledged that this was ambitious, given the amount of work to be completed before Board decision making is possible. In response to concern raised by Board members regarding the indicative timeline and readiness of clinical services strategy, SJ confirmed that the timeline would be reviewed by the Board at its September meeting and will be updated if necessary.</p>

	<p>The Board acknowledged that there is further work to be done to understand any implications of the possible merger date being postponed past 1 April 2023 and therefore going into a new financial year. It was noted that there will be an opportunity for Board members to input on expectations regarding due diligence ahead of any full business case being finalised.</p> <p>The Board noted the contents of the report.</p>
<p>Trust strategy</p>	
<p>Key strategic objectives (KSO) 1 and 2: outstanding patient experience and world-class clinical services</p>	
<p>103-22</p>	<p>Board Assurance Framework NR and TC presented the board assurance frameworks related to KSO1 and KSO2.</p> <p>There had been no material updates to the board assurance frameworks for KSO1 or KSO2 since the last Board meeting. For KSO2, TC highlighted that repeat prescriptions in sleep are no longer an issue and this will be removed from the framework. A pharmacist is in post and the team are moving forward with antimicrobial prescribing.</p> <p>The Board noted the board assurance frameworks related to KSO1 and KSO2.</p>
<p>104-22</p>	<p>Corporate Risk register (CRR) NR presented the CRR to the Board who noted the highest scoring risks which were highlighted on the front cover of the report.</p> <p>One of the risks added to the register since the previous meeting was related to the national shortage of Remifentanyl. NR reported that she is working with the chief pharmacist on a standard operating procedure to mitigate this risk which will be reasonably long term.</p> <p>MM provided the Board with an update related to the new risk around the operational delivery of pathology services which was IT systems related. Work within the ICS on the IT systems is ongoing. A business case would be presented to the finance and performance committee and it was noted that the Trust's spend would be minimal.</p> <p>A written update on progress for risk 1255- sterile services provision failures would be included within the CRR report for the next meeting</p> <p>The Board noted the contents of the report.</p>
<p>105-22</p>	<p>Quality and Safety report NR presented the quality and safety report and Covid update to the Board.</p> <p>The national cancer patient experience survey results were received yesterday and it was reported that QVH had received good results. There is only one measure where QVH had received a below average result and the Trust was on par with or above others with the rest of the scores.</p> <p>There have been considerable staffing challenges for the sleep service and an external review of the service had been conducted which had informed an action plan that staff are working to implement. In response to a question from a Board member, NR confirmed that there had not been any significant complaints regarding the sleep service, although the staffing challenges are causing delays in treatment.</p> <p>The Board noted the contents of the report.</p>

<p>106-22</p>	<p>6 monthly Nursing Workforce review NR presented the 6 monthly nursing workforce review report to the Board, noting that it had been well received by the quality and governance committee at its meeting on 4 July 2022.</p> <p>It was confirmed that ‘vaccination as a condition of deployment’ has been withdrawn nationally.</p> <p>The quality and governance committee had taken assurance regarding the fact that the nursing hours could be matched to patient needs and that there is a safe provision of care evidenced in the report. Additional work had been completed to review the Peanut ward staff rota as there had previously been some gaps. The team were confident that from September 2022 rota gaps would be significantly reduced and this will continue to be an improving picture.</p> <p>The Board noted that the high number of staff retiring is a risk and were pleased to see retire and return initiatives in place to mitigate this and retain staff.</p> <p>The Board noted the contents of the report.</p>
<p>107-22</p>	<p>Quality and Governance assurance KN presented the quality and governance assurance report to the Board, noting that there had been an additional meeting since the report was published.</p> <p>The committee approved the annual quality report 2021/22 at its extraordinary meeting on 27 June 2022 as per delegated authority from the Board. The annual quality report is available on the Trust’s website.</p> <p>KN provided the Board with a verbal update on the most recent quality and governance committee meeting on Monday 4 July 2022. The committee agreed that the following four CQUIN indicators are the most relevant for QVH- staff flu vaccinations, recording of NEWS2 score, escalation time and response time for unplanned critical care admissions, cirrhosis and fibrosis tests for alcohol dependent patients and achieving high quality decision making conversations in specific specialised pathways to support recovery.</p> <p>The committee received a report on compliance in practice visits which had restarted. The services internally assessed in this way received a compliance score of 92% which amounts to a CQC rating of outstanding or good. The committee also received a learning from deaths summary which will be included in the next quality and safety report to Board.</p> <p>The Board noted the contents of the report.</p>
<p>Key strategic objectives 3 and 4: operational excellence and financial sustainability</p>	
<p>108-22</p>	<p>Board assurance framework SMM and MM presented the board assurance frameworks related to KSO3 and KSO4.</p> <p>The Board noted the main opportunities for KSO3, including the new modular theatres which are now complete and confirmation of McIndoe’s theatre capacity for quarter two.</p> <p>In response to a question, MM confirmed that there would be a new national finance scheme for revenue allocation. It is not expected that the scheme will make a fundamental changes to the Trust’s baseline.</p> <p>The Board noted the board assurance frameworks related to KSO3 and KSO4.</p>
<p>109-22</p>	<p>Operational performance</p>

	<p>SMM presented the operational performance report to the Board who noted the headlines as set out within the report.</p> <p>In response to a question, SMM agreed to provide more detail around 104 day cancer waits outside of the meeting. Action SMM.</p> <p>The Board noted that there is an increase in demand for the plastics service. The team are looking to put on additional theatre sessions to ensure that they are being used as efficiently as possible.</p> <p>There is also an increase in referrals for the sleep service and it was noted that some other NHS sleep services had reduced or stopped service provision. There has been an increase in CPAP patients due to Covid. The team are working to recruit more staff into the service in order to increase capacity and activity</p> <p>The Board noted the contents of the report.</p>
<p>110-22</p>	<p>Financial performance</p> <p>MM presented the financial performance report to the Board and highlighted that the deficit position will improve for month three because of additional income for inflationary cost pressures. No elective recovery fund moneys had been accrued other than for specialised commissioning.</p> <p>The Board noted the risk associated with the non-delivery of elective activity as set out within the report. MM confirmed that there are no contingencies because the plan is based on high levels of efficiencies, with £3m at risk if the activity level is not delivered.</p> <p>MM reported that the Trust has a break even plan for 2022/23 with additional funding to support increased inflationary costs. The additional funding is available based on conditions that must be reviewed at a system and organisational level.</p> <p>The Trust plan includes 3.9% efficiencies, made up of cash releasing and productivity. Board members stated that this was a big ask for a Trust with a small annual turnover. The efficiencies would continue to be reviewed through monthly performance review meetings and the finance and performance committee would continue to monitor this financial risk closely.</p> <p>The Board noted the contents of the report.</p>
<p>Key strategic objective 5: organisational excellence</p>	
<p>111-22</p>	<p>Board Assurance Framework</p> <p>LA presented the board assurance framework related to KSO5 and reported that there had been no significant changes since the last Board meeting.</p> <p>The Board noted the board assurance framework related to KSO5.</p>
<p>112-22</p>	<p>Workforce Monthly report</p> <p>LA presented the workforce monthly report to the Board. He reported that vacancy levels have reduced although there has been challenges in time to hire over in recent weeks due to a new occupational health IT system which has led to delays in occupational health clearance. In general, there has been a reduction in sickness absence.</p> <p>In response to a question, LA confirmed that apprenticeship applicants were a mixture of both internal and external candidates and that it continues to be a good development tool for internal members of staff.</p>

	<p>The Board noted that career events and work experience are useful tools in attracting staff to the Trust.</p> <p>The Board noted the contents of the report.</p>
113-22	<p>Financial, operational and workforce performance assurance PDR presented the report to the Board.</p> <p>The Board noted that the committee had completed deep dives on theatre utilisation and sleep services. The committee will continue to focus on theatre utilisation given its link to the delivery of increased productivity</p> <p>PDR reported that the committee will continue to monitor the risks associated with the business plan, namely lack of agreement of contracts, lack of clarity around elective recovery funding and the increased requirement to deliver efficiencies.</p> <p>The Board noted the contents of the report.</p>
Governance	
114-22	<p>Approval of changes to standing orders and standing financial instructions including reservation of powers and scheme of delegation MM presented the report to the Board.</p> <p>The audit committee had reviewed the proposed changes to the standing orders and standing financial instructions at its meeting on 15 June 2022 and agreed to recommend to the Board that it approves them.</p> <p>The Board approved the proposed changes to the standing orders, standing financial instructions and reservation of powers and scheme of delegation for publication internally and on the Trust website.</p>
115-22	<p>Audit Committee assurance KG presented the report to the Board who noted the contents.</p>
Meeting closure	
116-22	<p>Any other business (by application to the Chair) There was none.</p>
Members of the public	
117-22	<p>Questions from members of the public The Board received two questions in advance of the meeting. CP read out the questions and the Trust's responses to the questions which were as follows.</p> <p>Question: Given the again climbing rates of COVID (including myself testing positive this week) why are board meetings not being held in a virtual or hybrid format, which would promote greater attendance, but instead being held in person? If the justification is cost please can the board provide the cost benefit analysis that has been done to support his decision.</p> <p>Response: The July Board meeting is being held in a virtual format due to a number of Board members self-isolating. An online meeting allows for member of the public, such as the governor who has raised this question, to observe the meeting remotely. Meetings in person allow for a different quality of discussion between the meeting participants. The Trust is working to balance these issues, and to ensure that whether a public meeting is held remotely or in person the public and press are able to attend. We do not currently have the technology to support a hybrid meeting format, and are looking into that further.</p>

	<p>Question: The term ‘Fragility of clinical services’ has been repeatedly used to justify QVH’s absorption into UHSx without specific detail. Please can the board provide a list of the fragile services areas and the specific reason for the <i>fragility</i> for each service or sub-service?</p> <p>Response: As a small specialist hospital, QVH has high quality, safe services but does not have the full range of clinical services that would be found in a large teaching or general hospital. Staff work very hard to mitigate some of the risks that arise from that, for example through protocols for the level of patient co-morbidities we can accept in patients requiring surgery. In small clinical and non-clinical services, where a team may consist of very few people, staff work above and beyond their usual hours when colleagues are absent and when vacancies arise. These factors combine to make services fragile; there is no list of fragile services.</p>
<p>118-22</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.</p>