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| <b>Document:</b>              | <b>Minutes (Final &amp; confirmed)</b>   |   |
| <b>Meeting:</b>               | <b>Board of Directors (session in public)<br/>1pm-3pm 01 September 2022<br/>Education Centre, QVH</b>  |   |
| <b>Present:</b>               | Jackie Smith   | Trust Chair (voting) (chair)                                  |
|                               | Gary Needle (GN)   | Senior independent director (voting)                          |
|                               | Paul Dillon-Robinson (PDR)   | Non-executive director (voting)                               |
|                               | Kevin Gould (KG)   | Non-executive director (voting)                               |
|                               | Karen Norman (KN)  | Non-executive director (voting)                               |
|                               | Steve Jenkin (SJ)  | Chief executive (voting)                                      |
|                               | Tania Cubison (TC)   | Medical director (voting)                                     |
|                               | Michelle Miles (MM)  | Director of finance (voting)                                  |
|                               | Nicky Reeves (NR)  | Chief nurse (voting)  |
|                               | Lawrence Anderson (LA)   | Interim director of workforce (non-voting)                    |
|                               | Shane Morrison- McCabe (SMM)   | Director of operations (non-voting)                           |
|                               | Clare Pirie (CP)   | Director of communications and corporate affairs (non-voting) |
|                               | <b>In attendance:</b>  | Ellie Simpkin (ES)  |
| James Drury (JD)              |  | Chief finance officer (observing)                             |
| <b>Apologies:</b>             | None   |   |
| <b>Members of the public:</b> | One public governor  |   |
| <b>Welcome</b>                |  |   |
| <b>126-22</b>                 | <p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair opened the meeting, welcoming members of the Board, attendees and members of public in attendance including one public governor and the newly appointed Chief finance officer.</p> <p>It was noted that KN was joining the meeting virtually by exception in order to provide the Board with the necessary assurance from the quality &amp; governance committee meetings which had been held since the last 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>There were no apologies.</p> <p>There were no declarations of interest other than those already recorded on the register.</p> |   |
| <b>Standing items</b>         |  |   |
| <b>127-22</b>                 | <p><b>Patient story</b></p> <p>The patient was unable to attend the meeting on this occasion.</p>  |   |
| <b>128-22</b>                 | <p><b>Draft minutes of the public meeting held on 07 July 2022</b></p> <p>The Board <b>agreed</b> that the draft minutes of the public meeting held on 07 July 2022 were a true and accurate record of that meeting and <b>approved</b> them on that basis.</p>  |   |
| <b>129-22</b>                 | <p><b>Matters arising and actions pending from the public meeting held on 07 July 2022</b></p> <p>There were two actions on the matters arising report, both of which had been completed since the last Board meeting. Written updates were provided in the report.</p> <p>The Board <b>noted</b> the written updates provided for the two completed actions.</p>  |   |

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| <b>130-22</b>   | <p><b>Chair's report</b><br/>         JS presented the report, commenting on the warm welcome she had received at QVH. There were no questions from the Board.</p> <p>The Board <b>noted</b> the contents of the report.</p>   |
| <b>131-22</b>   | <p><b>Chief Executive's report</b><br/>         SJ presented his report to the Board, highlighting key issues as follows:</p> <ul style="list-style-type: none"> <li>- Staff awards ceremony had been a huge success, with a significant number of nominees and recognition of some of the real excellence at QVH through the winners.</li> <li>- New modular theatres are in place and expected to see around 140 patients more per month than we were able to treat through the old day surgery theatres, which will improve waiting lists. They had been well received by clinical staff.</li> <li>- July and August had been busy months for the NHS and work is underway on winter planning. A further Covid wave is expected and preparations are underway for Covid boosters and flu vaccines roll out.</li> </ul> <p>The Board asked how the NHSE core objectives and key actions to increase capacity and operational resilience in urgent and emergency care fitted with the challenges faced by QVH. SJ explained that there is an expectation that the NHS in Sussex will provide additional beds, and although the Trust was not directly involved in the '100 day challenge' it is supporting primary care providers throughout the challenging winter, for example working with GPs on prevention initiatives.</p> <p>The Board also asked about staff uptake of the flu vaccine and was informed that there is a 90% uptake target, however, actual uptake from staff was usually around 70%. A record of those staff actively choosing to opt out is kept. Focus also remained on ensuring that as many staff as possible are fully vaccinated against Covid.</p> <p>The Board <b>noted</b> the contents of the report.</p> |
| <b>Trust strategy</b>   |  |
| <b>Key strategic objectives (KSO) 1 and 2: outstanding patient experience and world-class clinical services</b> |  |
| <b>132-22</b>   | <p><b>Board Assurance Framework</b><br/>         NR and TC presented the board assurance frameworks related to KSO1 and KSO2.</p> <p>The Board asked for further information on the issues with the current sterile services provider. This is being closely monitored and staff are engaged with the provider to ensure that improvements are being implemented. The finance &amp; performance committee had reviewed this in detail and is monitoring the situation.</p> <p>The Board <b>noted</b> the board assurance frameworks related to KSO1 and KSO2.</p>  |
| <b>133-22</b>   | <p><b>Corporate Risk register (CRR)</b><br/>         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>The Board noted that consultation on the review of plastics administration had concluded and recruitment is underway. A development plan for the team will be implemented once staff are in post.</p>   |

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|   | <p>Discussion was had over the significant increased referral numbers to the sleep service. It was noted that an action plan is in place and DMO1 compliance is improving. A sleep technician and consultant are now in post and addressing the waiting list. The Board queried whether the current staffing model is sufficient for the increase in referrals. TC confirmed that she is confident that once the full complement of staff is in place it will be sufficient.</p> <p>The Board <b>noted</b> the contents of the report.</p>  |
| <p><b>134-22</b></p>  | <p><b>Quality and Safety report</b><br/>NR presented the quality and safety report. Highlights were summarised on the cover of the report and included the results in the 2021 Cancer Patient Experience survey. One Never Event had been declared. The Board noted that Covid guidance has changed and the detail as to how it will apply to QVH patients is being considered.</p> <p>With regard to the Never Event, a question was asked as to whether the safe surgery check list had been followed and whether an audit of this area was needed. TC stated that the investigation into the event is ongoing.</p> <p>The Board noted the excellent results for QVH in the recent GMC survey of doctors in training.</p> <p>The Board <b>noted</b> the contents of the report.</p> |
| <p><b>135-22</b></p>  | <p><b>Annual reports</b><br/>The Board received the following reports:</p> <ul style="list-style-type: none"> <li>a) Safeguarding (adults and children) annual report 2021/22</li> <li>b) Infection prevention and control annual report 2021/22</li> <li>c) Patient experience annual report 2021/22</li> <li>d) Emergency preparedness, resilience and response annual report 2021/22</li> <li>e) Research and innovation annual report 2021/22</li> <li>f) Appraisal and revalidation annual report 2021/22</li> </ul> <p>The Board <b>noted</b> the reports.</p>  |
| <p><b>136-22</b></p>  | <p><b>Quality and Governance assurance</b><br/>KN presented the quality and governance assurance report to the Board, noting that there had been three committee meetings since the last Board meeting and that a number of reports considered by the committee were on the Board agenda. The committee had considered the cancer patient experience results, discussed concerns over growing waiting list numbers and would be receiving a further update on the new CQC framework and a statement of readiness in preparation for the next inspection.</p> <p>The Board <b>noted</b> the contents of the report.</p>  |
| <p><b>Key strategic objectives 3 and 4: operational excellence and financial sustainability</b></p> |   |
| <p><b>137-22</b></p>  | <p><b>Board assurance framework</b><br/>SMM and MM presented the board assurance frameworks related to KSO3 and KSO4.</p> <p>With regard to KSO3 it was noted that theatre capacity at the McIndoe Centre for quarter three is yet to be confirmed however, SJ was working with Horder Healthcare to develop a viable plan for both quarter three and quarter four. The key challenges faced by QVH</p>   |

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|                      | <p>include increasing demand, delayed presentation and delays to the pathways into QVH. Waiting list validation is taking place and work is being undertaken with key stakeholders on a waiting list process review. These challenges are not unique to QVH and increases in referrals are also being seen in other acute hospital trusts. Future risks include the impact that a further wave of Covid cases and the winter flu season may have on staffing and waiting lists.</p> <p>With regard to KSO4, discussion was had over the Elective Recovery Fund (ERF) and the potential for claw-back from commissioners if activity levels are not met. The Board noted that the national position on this is not currently clear. The Trust has so far received allocations in months one to four. There is no expectation of ERF claw-back included in the year-to-date position.</p> <p>The Board <b>noted</b> the board assurance frameworks related to KSO3 and KSO4.</p>  |
| <p><b>138-22</b></p> | <p><b>Operational performance</b><br/>SMM presented the operational performance report to the Board who noted the headlines as set out within the report.</p> <p>The Board discussed the increase in waiting list numbers, noting that demand is significantly higher than predicted with the most pressured service being plastics which has seen a double in referral numbers. Cancer referrals are also increasing year on year. The Board recognised that this is not unique to QVH and asked whether planning assumptions are being revised and opportunities for additional capacity considered. SMM outlined the actions which are underway including waiting list validation and a review of inclusion criteria which is being undertaken with partner organisations. Opportunities for theatre utilisations both at QVH and partner sites at Sevenoaks and Uckfield are being explored and the new modular theatres are up and running. Theatre utilisation is also being looked at with cancellations, training and annual leave approvals all being reviewed. Increasing capacity and productivity will be key to tackling the increase in demand and a full action plan is being developed. The Board also commented on the effect of workforce challenges and the need to ensure that robust systems and processes are in place. NHS Sussex are being kept informed of the situation.</p> <p>The Board noted that an additional finance &amp; performance committee meeting had been held in August to specifically consider the issues around operational performance. PDR highlighted the significant risk to achieving the 52 week wait target and added that the committee had discussed the importance of data validation in ensuring that the depth of the issue is fully understood. Theatre productivity and utilisation including further analysis of 'did not attend' cases and cancellations was also an area highlighted by the committee.</p> <p>The Board highlighted the operational performance challenges as area in need of further assurance and requested that the situation be monitored by the finance &amp; performance committee and reported back to the Board.</p> <p>The Board <b>noted</b> the contents of the report.</p> |
| <p><b>139-22</b></p> | <p><b>Community diagnostics centre (CDC) business case</b><br/>SMM explained that the full business case had been discussed by the Board in private session for reasons of commercial confidentiality.</p> <p>The Board agreed that the CDC is a beneficial place based initiative which would improve services for patients and the local community as well being an opportunity for investment in the QVH site. It concluded that whilst it agrees to the CDC in principal, the business case needs to be developed further to address activity and workforce risks. The proposals will be developed further and brought back to a future Board meeting.</p>  |

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|   | The Board <b>noted</b> the summary of work completed to date.  |
| <b>140-22</b>   | <p><b>Financial performance</b><br/>MM presented the financial performance report to the Board, highlighting that the month four year-to-date position is breakeven. Efficiencies are currently being met and work is ongoing to ensure that these are sustained. With regard to the capital budget there was an overspend in the region of £500k due to the delivery of the new modular theatres being earlier than expected.</p> <p>The Board asked whether the associated benefit is being finalised or if this is waiting for confirmation of the ERF. MM confirmed that this is being finalised and is expected in September or October.</p> <p>The Board <b>noted</b> the contents of the report.</p>  |
| <b>Key strategic objective 5: organisational excellence</b> |  |
| <b>141-22</b>   | <p><b>Board Assurance Framework</b><br/>LA presented the board assurance framework related to KSO5 and reported that the risk scores were unchanged from the previous update and workforce challenges remained.</p> <p>The Board <b>noted</b> the board assurance framework related to KSO5.</p>   |
| <b>142-22</b>   | <p><b>Workforce monthly report</b><br/>LA presented the workforce monthly report to the Board.</p> <p>The Board welcomed the new format of reporting and asked whether there are any further improvements which can be made to recruitment processes. LA responded that efficiencies to make processes quicker have been explored however, there are limitations due to candidates and notice periods, for example.</p> <p>Discussion was had over staff sickness and LA commented that there are no particular trends found in the sickness absence figures. The increase in sickness in May to 4.9% was thought to be an anomaly as levels had generally been stable throughout the twelve month period. Overall sickness levels are low compared to other acute providers. It is recognised that the cost of living crisis is likely to deepen and have an impact on staff wellbeing. This has been seen in staff feedback and use of the staff hardship fund. The Board recognised the potential impact that changes to pension contributions may have on some members of staff.</p> <p>The Board <b>noted</b> the contents of the report.</p> |
| <b>143-22</b>   | <p><b>Workforce Race Equality (WRES) and Workforce Disability Equality (WDES) standards</b><br/>LA presented the Workforce Race Equality Standards and the Disability Equality Standards data reports for 2021/22 to the Board. A further report with an accompanying action plan will be submitted to the finance &amp; performance committee. A new staff survey will commence in October 2022.</p> <p>The Board discussed how the data links to the outcome of the staff survey and the information presented in item 142-22, particularly around staff experience, inclusion and the figures around bullying and harassment. LA informed the Board that work is being carried out to assess those figures and understand the actions which need to be taken to address them. The Board noted the data included in the report was as at 31 March 2022 and asked whether it would be possible in future to have a more timely look at the information in order to identify 'quick wins' ahead of the national data returns. It was also suggested that further</p>   |

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|                              | <p>narrative was needed to support the information on the staff survey responses provided in the workforce monthly report.</p> <p>The Board asked about engagement with the ethnically diverse staff group. SMM commented as a member that the group is growing in its role of providing feedback and suggesting how cultural differences can be addressed in a practical way. LA added that a large amount of work is being done with the group and agreed that there could be more.</p> <p>The Board <b>approved</b> the contents of the reports.</p>  |
| <b>144-22</b>                | <p><b>Financial, operational and workforce performance assurance</b><br/>PDR presented the report to the Board who <b>noted</b> the contents of the report.</p>  |
| <b>Governance</b>            |  |
| <b>145-22</b>                | <p><b>Audit Committee assurance</b><br/>KG presented the report to the Board who <b>noted</b> the contents.</p>  |
| <b>146-22</b>                | <p><b>Nomination and remuneration assurance</b><br/>GN presented the report to the Board who <b>noted</b> the contents.</p>  |
| <b>Meeting closure</b>       |  |
| <b>147-22</b>                | <p><b>Any other business (by application to the Chair)</b><br/>The Board recorded its thanks to MM who was leaving QVH to take on a position at another NHS Trust. The Board wished her well in her new role and thanked her for her support and dedication during her time at QVH.</p>  |
| <b>Members of the public</b> |  |
| <b>148-22</b>                | <p><b>Questions from members of the public</b><br/>The Board received four 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: What Service Level Agreements do we currently have with Brighton and are these now at risk because of recent CQC concerns and their own fragile services?</p> <p>Response: Royal Sussex County Hospital, Brighton, is part of University Hospitals Sussex and we currently have the following service level agreements with the trust:</p> <p>Provided by QVH to UHSussex:</p> <ul style="list-style-type: none"> <li>- Maxillofacial consultant</li> <li>- Community ENT services</li> <li>- Sleep services</li> <li>- Plastics trauma service</li> <li>- Plastics dermatology service</li> <li>- Pressure garments</li> </ul> <p>Provided by UHSussex to QVH:</p> <ul style="list-style-type: none"> <li>- Cardiology clinic</li> <li>- Head and neck ENT consultant</li> <li>- Intensive care service advice support</li> <li>- Elderly care consultant</li> <li>- Diabetic lead</li> <li>- Radiology PACs manager and imaging services</li> <li>- Pathology services including microbiology support</li> <li>- Paediatric medical workforce and paediatric outpatient clinic support</li> <li>- Maxillofacial consultant</li> </ul> |

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|                      | <p>We do not consider any of these service level agreements to be at risk at the current time.</p> <p>Question: In the appendix to the CEOs report regarding the independent review, it states under item 2 that the options appraisal has not yet been concluded – i.e. no preferred option has yet been identified. Why then is UHSx involved in programme governance (item 3) communications and engagement plan (item 4) resourcing plan (item 6) and clinical engagement (item 7)? Indeed is this not a distraction for them when they have major issues of their own to deal with, including the cessation of major upper G.I. surgery?</p> <p>In August 2021 the boards of both trusts took the decision to do the detailed work needed to prepare a full business case for possible merger. This requires the clinical engagement etc referred to in the question. The upper GI surgery service at UHSussex is a specialist service, and UHSussex have stated that the suspension of planned surgery has had an immediate impact on a small number of patients - two people who had dates for surgery, with another small group who are on the pathway and who may need operations in future. This is a matter being addressed by UHSussex and is not appropriate for comment from the board of QVH.</p> <p>Question: What does the ICS specifically want from QVH in terms of long term plans?</p> <p>Response: The ICB will be producing a five year strategy by the end of March 2023.</p> <p>QVH has an important role to play in the recovery of elective and cancer care, in supporting emergency care through our MIU and supporting system resilience. Plans for retention and health and well-being of staff will need to be sustained. Delivering system-level financial balance is a key requirement for all ICBs, and strong alignment is required between activity, workforce and finance plans that factor in key elements of quality plans.</p> <p>QVH will continue to work with the ICB to secure a long term sustainable future for the hospital.</p> <p>Question: Now that face-to-face Board meetings have resumed, would it be possible for the public to attend remotely?</p> <p>Response: Our current technology does not provide adequate sound quality or visuals for hybrid meetings or remote observers. We are in the process of seeking funding to update our technology which would mean that members of the public could be able to observe Board meetings remotely in the future. We hope that the technology will be updated before the end of this year.</p> <p>One of the non-executive directors has joined this meeting virtually on an exceptional basis in order to provide the Board with the necessary assurance from three committee meetings since the last Board meeting.</p> |
| <p><b>149-22</b></p> | <p><b>Exclusion of members of the public</b><br/>Further to paragraph 39.1 and annex 6 of the Trust’s constitution, the Board met in private this morning to discuss issues of a confidential or sensitive nature, such as the full business case for the community diagnostics centre as discussed during item 139-22.</p>   |