

Document:	Minutes (Final & approved)	
Meeting:	Board of Directors (session in public) 10.00-12 noon 3 November 2022 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)
	Steve Jenkin (SJ)	Chief executive (voting)
	James Drury (JD)	Interim Chief finance officer (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)
	Ian Francis (IF)	Deputy Medical director (non-voting)
In attendance:	Leonora May (LM)	Deputy company secretary (minutes)
Apologies:	Gary Needle (GN)	Senior independent director (voting)
	Tania Cubison (TC)	Medical director (voting)
Members of the public:	Three public governors, and one patient for item 155-22	
Welcome		
154-22	<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 including three public governors.</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 GN.</p> <p>There were no declarations of interest other than those already recorded on the register.</p>	
Standing items		
155-22	<p>Patient story</p> <p>The Board welcomed a patient who had joined the meeting to give an account of his recent experience at QVH.</p> <p>The patient explained that he had received surgery for mouth cancer at QVH and that the care and after care he received at the hospital was exceptional. The patient had written a letter to the chief executive with compliments to the particular members of staff involved with his care and NR confirmed that this feedback has been passed onto the individuals named.</p> <p>The Board expressed thanks to the patient for joining the meeting to share his positive story and wished him well.</p>	
156-22	<p>Freedom to Speak Up Guardian update</p> <p>SP presented the freedom to speak up guardian update to the Board who noted that there has been a higher level of activity during the last six months, primarily during May, June and July. Over 50% of the concerns were raised by one team.</p> <p>Board members raised concern regarding the clusters of issues within particular teams and asked how far the freedom to speak up information correlates with other sources of information, such as whistle blowing and grievances, and what action is taken regarding</p>	

	<p>clusters of issues within teams which indicate there are cultural issues. In response, NR confirmed that she meets with the freedom to speak up guardian each month to discuss trends which require escalation and that where issues are identified, support is provided promptly. The Board also noted that there are resources available, such as a practitioner within the organisational development team and the Trust's external organisational development support, who are able to provide support and interventions to teams who are in need.</p> <p>The Board noted the contents of the freedom to speak up guardian report.</p> <p>[SP left the meeting.]</p>
157-22	<p>Guardian of Safe Working update</p> <p>IF presented the report to the Board who noted that the rotas for the period are compliant, with rota gaps being filled by bank staff. The plastics team rota has improved, and improvements are still required for the maxillofacial rota. This work is in progress and ongoing.</p> <p>KN reported that the quality and governance committee had raised concern regarding the risk of staff committing to additional hours and becoming tired at work. The Board noted that the human resources team are considering how the Trust can monitor this going forwards.</p> <p>The Board noted that Joy Curran is standing down from the role of guardian of safe working after four years and extended thanks to her. Jennifer O'Neill will take over this role in due course.</p> <p>The Board noted the contents of the guardian of safe working report.</p>
158-22	<p>Draft minutes of the public meeting held on 1 September 2022</p> <p>The Board agreed that the draft minutes of the public meeting held on 1 September 2022 were a true and accurate record of that meeting and approved them on that basis.</p> <p>During item 143-22, the Board had requested that further work be undertaken with disabled and ethnically diverse staff to engage them with issues identified within the Workforce Race Equality (WRES) and Workforce Disability Equality (WDES) data. The Board noted that this action is being taken forward, as set out within report 172-22 to the meeting.</p>
159-22	<p>Matters arising and actions pending from the public meeting held on 1 September 2022</p> <p>There were no matters arising or actions pending from the public Board meeting held on 1 September 2022.</p>
160-22	<p>Chair's report</p> <p>The Chair presented her report to the Board and reported that the Board will discuss next steps in securing the long term future for QVH at its private meeting following the public meeting. She explained that this thinking is ongoing and that the Board will be seeking further staff and public engagement in due course.</p> <p>The Board noted the contents of the report.</p>
161-22	<p>Chief Executive's report</p> <p>SJ presented his report to the Board, highlighting key issues and updates as follows:</p> <ul style="list-style-type: none"> - Black history month- NHS Sussex is reinforcing its commitment to ensure that ethnically diverse staff working in the system feel safe and supported - Launch of Green Plan- to celebrate the Trust's commitment to becoming more sustainable, a small orchard was planted on the site last week

	<ul style="list-style-type: none"> - Clinical career event- an event, open to A level or higher education students and those already qualified, was held in October - Key risks- the Board continues to monitor the three overarching risks to delivering its objectives. A business case has been submitted to NHS England for expansion of the Trust's community diagnostics offer, and recruitment of a director of strategy and partnerships is underway - National scene and winter- the Trust's acute partners are under significant pressure. The chief executives across NHS Sussex continue to meet each week and discussions regarding how QVH can continue to support the system are ongoing. It has been agreed that QVH will step up as a cancer hub to support the system - NHS England operating framework- NHS England published a new operating framework on 12 October in line with the Health and Care Act 2022. The statutory responsibilities for providers remain the same <p>Discussion was had regarding how QVH will support the system throughout winter and the Board noted that the Trust would step up as a cancer hub in January. The Board highlighted the importance of effectively balancing support for the system and prioritising cancer patients whilst mitigating any adverse impact on the Trust's own services.</p> <p>The Board commended the work completed on the clinical careers fair and recognised this as good initiative to encourage people to work within the NHS. There was a suggestion that the next event of its kind be extended to include non-clinical careers within the NHS, including estates and facilities.</p> <p>The Board noted the contents of the report.</p>
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Trust strategy

Key strategic objectives (KSO) 1 and 2: outstanding patient experience and world-class clinical services

162-22	<p>Board Assurance Framework NR and TC presented the board assurance frameworks related to KSO1 and KSO2 which were noted by the Board.</p>
163-22	<p>Corporate Risk register (CRR) NR presented the CRR to the Board who noted the highest scoring risks as highlighted on the front cover of the report.</p> <p>NR reported that risk 1284 (IT network upgrade capital funding not spent before year end) had been added to the CRR during the period. The mitigations had been reviewed and it is likely that the score will be reduced from 16. Risks 1217 (possible merger) and 968 (paediatrics) had both been closed during the period.</p> <p>A suggestion was made regarding the addition of a new risk related to ongoing sustainability and the case for change given that work related to a possible merger had stopped. This will be considered by the executive management team.</p> <p>The Board noted the contents of the report.</p>
164-22	<p>Quality and Safety report NR presented the quality and safety report to the Board. She reported that the Trust's psychological clinical harm review template is now being rolled out across the system. The approach to psychological clinical harm reviews was welcomed by the Board and this was recognised as a good news story.</p>

	<p>The Board recognised that the clinical harm review process has much improved and meaningful reviews are being undertaken. The Quality and governance committee has suggested that the reviews be extended to prosthetics waiting list patients.</p> <p>The Board noted the contents of the report.</p>
165-22	<p>Inpatient survey results NR presented the national inpatient survey results to the Board, noting that they are very positive for QVH. Specific sections on nursing, care and treatment and leaving hospital saw QVH as being rated top in the country. The Board also recognised that there are areas where improvements can still be made.</p> <p>The Board commended all staff across the Trust for the excellent results and emphasised that each department, clinical and non-clinical had made a positive contribution to patient experience. The Chair stated that all staff should feel very proud of the results and thanked the chief executive for his leadership.</p> <p>The Board noted the inpatient survey results.</p>
166-22	<p>Quality and Governance assurance KN presented the quality and governance assurance report to the Board and reported that the committee had considered the Trust's preparedness for a CQC inspection at its recent meeting. A number of areas where further work is required were identified and a detailed update will be reported to the Board at a future date. To date, there is no intelligence regarding when a CQC visit is expected.</p> <p>The Board noted that the Quality and governance and Finance and performance committees are working to create an effective risk deep dive process.</p> <p>The Board noted the contents of the report.</p>
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
167-22	<p>Board assurance framework KSO3 and KSO4 SMM and JD presented the board assurance frameworks related to KSO3 and KSO4.</p> <p>SMM provided an update on the McIndoe Centre theatre capacity stating that it has now been confirmed for Q3 and Q4.</p> <p>JD reported that the Trust is forecasting a break even position for year end, in line with the year to date position. There has been an improvement on the Trust's financial position for Q2 and capital is in line with the plan. The contract for the IT infrastructure spend has been signed and terms have been agreed with the McIndoe Centre for theatre use for Q3 and Q4.</p> <p>The Board noted the board assurance frameworks related to KSO3 and KSO4.</p>
168-22	<p>Operational performance SMM presented the operational performance report to the Board.</p> <p>SMM reported that acute trusts within the south east are facing significant winter pressure and that QVH will stand up as a cancer hub to support them. QVH continues to achieve the 62 day cancer standard.</p> <p>The total waiting list had gone up between August and September. The Board noted a significant increase in waiting lists over the last year of up to 4000 patients.</p>

	<p>There has been an increase in the number of patients attending the minor injury unit and this is expected to continue. QVH MIU continues to meet the four hour standard.</p> <p>The Board requested that an assessment be carried out on the impact of providing mutual aid to the system on QVH's waiting list, and reported to the Finance and performance committee. Action SMM.</p> <p>The Board had approved the full business case for the QVH community diagnostics centre (CDC) at its private meeting on 1 September. IF, clinical SIRO for Sussex CDCs provided some feedback from a recent meeting and reported that QVH continues to lead the diagnostic breathlessness pathway nationally and had been applauded for work completed to date and innovation with its technical partner. QVH has been nominated for a national award for being a major disruptor.</p> <p>NR reported that there had been little engagement from patients regarding feedback on the patient initiated follow up (PIFU) scheme. It is thought that the survey is too lengthy and it will be made more straightforward in order to improve engagement.</p> <p>The Board commended SMM and the team for achieving the 72 day standard for 22 months and recognised that this had previously been a challenge.</p> <p>SMM highlighted that that waiting time on prosthetics remained high. The service continues to be oversubscribed and team are working with NHS England on an expansion plan. The Board requested an update on progress with improvement in this area at a future meeting.</p> <p>In response to a question, SMM confirmed that the number of cataract referrals had reduced and that the team were looking into the reason for this. It was noted that it is possible this could create additional capacity. JD confirmed that the cataract pathway has changed and the system has stated a £1.2m risk on additional ophthalmology additional work. The demand has changed permanently and the additional capacity will be taken into consideration as the Trust moves forward with business planning.</p> <p>The Board noted the contents of the report.</p>
<p>169-22</p>	<p>Financial performance</p> <p>JD presented the financial performance report to the Board and reported that business planning for the next financial year had started, taking into account changes in demand to services and resources versus activity. The Board acknowledged that there is an opportunity to consider how services are structured, productivity levels and changes required to address the Trust's ongoing sustainability challenges.</p> <p>In response to a question, JD confirmed that the accounts receivable team continue to chase debt owed to the Trust.</p> <p>The Board noted that some commissioner contracts remain unsigned at month eight and that there are risks associated with this. JD confirmed that the ICB contract is being paid in accordance with the agreed amount and that other contracts not signed are associate contracts</p> <p>Discussion was had regarding the Trust's projected break even position and JD confirmed that the Trust still has a significant underlying deficit. The breakeven position can be attributed largely to the Covid financial framework block contract arrangements. The detail behind the underlying deficit and actions required to improve it will be worked through as part of the business planning process.</p>

	<p>In response to a question regarding the sessional price for the McIndoe Centre and activity underperformance against the plan, JD confirmed that there had been some issues regarding cancellations during July and August but that these were now resolved. The Trust is allocating additional capacity to the Trust's plastic service to make the most effective use of the Trust's resources.</p> <p>The Board noted the contents of the report.</p>
<p>Key strategic objective 5: organisational excellence</p>	
<p>170-22</p>	<p>Board Assurance Framework KSO5 LA presented the board assurance framework related to KSO5 which was noted by the Board.</p>
<p>171-22</p>	<p>Workforce monthly report LA presented the workforce monthly report to the Board and reported that the vacancy position shows a reduction in bank and agency use for September. There remain some difficult to recruit positions across the Trust and a general recruitment challenge. The team continue to work to address these and are mindful of the need for workforce resilience throughout the winter.</p> <p>The Board highlighted the importance of having an embedded workforce strategy in place and LA confirmed that this is currently in draft form.</p> <p>The Board noted that a number of administrative posts within the plastic team had been filled and that the recruitment process had reduced by 20 days. LA confirmed that there is now more accountability within the recruitment team and that the team are considering further electronic solutions to improve the recruitment process, drive efficiency and improve candidate experience. It is hoped that the key performance indicator will show a sustained improvement before the end of the financial year.</p> <p>LA reported that feedback from recent staff health and wellbeing events has been positive and that there are plans in place to run more of them and continue to advertise the calendar of health and wellbeing events to staff across the Trust.</p> <p>The Board noted the contents of the report.</p>
<p>172-22</p>	<p>Workforce Race Equality (WRES) and Workforce Disability Equality (WDES) standards analysis report LA presented the WRES and WDES analysis reports to the Board.</p> <p>He reported that although some of the data is positive, there are areas of concern within the reports to be addressed. The primary concern is reports of bullying and harassment by staff with protected characteristics. LA stressed that the team are working hard to address this and that this is being monitored by the Finance and performance committee. The team are working on initiatives to put into place and will take learning from other organisations who face similar challenges. The Board supported a suggestion that this learning be sought from a range of organisations, not only other NHS trusts.</p> <p>The Board stressed the importance of QVH being a safe and inclusive place to work and the need to have an effective action plan in place to address the challenges and make improvements quickly.</p> <p>The Board agreed that it will be important to consider what factors have led to the responses, what has created these reported behaviours within the workplace and how staff wellbeing can be supported.</p>

	<p>The Board emphasised the importance of ensuring that staff feel as though they can highlight poor behaviour of others, especially where the values of the Trust are not being demonstrated.</p> <p>The Board noted work already completed to improve the position, and requested that the following be put into place to further support this work:</p> <ul style="list-style-type: none"> - Learning sought from other organisations who face similar challenges - Consideration regarding whether the Trust's disciplinary and grievance procedures are being taken up appropriately - Raising awareness of resources available, such as whistle blowing and the freedom to speak up guardian <p>The Board agreed the importance of all staff continuing to live the values of the Trust and interventions being effective in making a difference. These actions should not be siloed and bigger picture intelligence should be used to measure and drive improvement. The Board requested a further update on progress in six months' time. Action LA.</p> <p>The Board noted the contents of the reports.</p>
<p>173-22</p>	<p>Financial, operational and workforce performance assurance PDR presented the report to the Board.</p> <p>PDR reported that the committee had been focussed on understanding and gaining assurance on referrals coming into the Trust and the impact on waiting times and capacity. The committee had been reassured to see benchmarking data but were keen to see further improvement on same day cancellation data.</p> <p>The committee have noted that the Trust is benefitting financially from this year's income system, which will not exist in the next financial year. There is a risk that this could give a false sense of security, and PDR reiterated that this position is not sustainable.</p> <p>The Board noted the contents of the report.</p>
<p>Governance</p>	
<p>174-22</p>	<p>V10b of Trust Constitution CP presented the report which was noted by the Board.</p>
<p>175-22</p>	<p>Audit committee assurance KG presented the report to the Board and reported that the Trust is starting the tender process for an external auditor. He reported that the process will be challenging due to a difficult market, with audit suppliers withdrawing from the sector and having workforce challenges. It is expected that the cost will increase.</p> <p>The procurement team had gone out to the market to understand interest in the tender in order to minimise risk.</p> <p>The Board noted the contents of the report.</p>
<p>Meeting closure</p>	
<p>176-22</p>	<p>Any other business (by application to the Chair) There was no further business and the meeting closed.</p>
<p>Members of the public</p>	
<p>177-22</p>	<p>Questions from members of the public</p>

The Board received three questions in advance of the meeting. CP read out the questions and the Trust's responses to the questions which were as follows:

Question

Given the excellent results from the Inpatient Survey, which deserve congratulations to all the Hospital staff, what is being done to recognise staff and ensure morale is maintained or improved at a time of continued staff shortages and continued financial pressures within the system?

Answer

The question asks about staff morale. The national NHS staff survey is currently live but the turnaround time for feedback from that to organisations is slow, with results expected in 2023, so we also have other more immediate ways of checking staff morale. We have very recently asked all staff a short series of motivation related questions and the workforce team are putting together the results of that at the moment.

We also support staff morale in many small ways from the free ice creams for nurses day which were funded by QVH Charity, to the ongoing programme of cultural and wellbeing activities, such as the 'stay well' week in October and the Black History Month events. QVH Charity also supported the June 2022 staff awards event. We had more than 300 nominations for a range of awards, and we celebrated the educational achievements of 60 staff and 27 staff with exceptional long service. The awards event was attended by 165 staff.

The question also asks about financial pressures – thanks to QVH Charity, the hospital has been able to establish a hardship fund for staff in sudden financial distress, making emergency payments of up to £500, and the League of Friends have just this week agreed to some additional support.

Question

It is good to see that a breakeven position is predicted for the Trust's finances this year. Does this mark a significant change in financial sustainability or is this due to some 'unusual/extraordinary' items?

Answer

2022/23 has seen the NHS return to a "normal" financial regime with a fixed allocation for each Integrated Care Board. Top up payments do still exist as part of the overall system allocation but they will taper away over coming years as the NHS transitions back to pre-pandemic funding levels. These top up payments are though supporting the Trust' forecast breakeven position for the 2022/23 financial year. Without the top up payments the Trust would show an underlying deficit. 2023/24 will be a financially challenging year due to expected reduction in top up payments and inflationary pressures.

Question

It is noted that the Trust is still operating under additional licence conditions. How long is this situation expected to last and what is being done to see the removal of these conditions some of which would no longer seem to be relevant?

Answer

The trust is under two additional licence conditions. The first relates to ensuring that the Trust has in place sufficient and effective board leadership capacity and capability, in particular a suitably experienced and effective chair, as well as an effectively functioning Council of Governors. The second condition relates to the Council of Governors working effectively with the Board, and operating in accordance with their statutory roles and responsibilities. While the Trust has made progress on both these issues, including

	appointing a substantive Chair, there is more work to be done before the regulator would consider lifting these additional licence conditions.
178-22	Exclusion of members of the public 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.