

Document:	Minutes (final & approved)	
Meeting:	Board of Directors (session in public) 10.00-12 noon 12 January 2023 Education centre, QVH	
Present:	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)
	James Drury (JD)	Interim Chief finance officer (voting)
	Nicky Reeves (NR)	Chief nurse (voting)
	Tania Cubison (TC)	Medical director (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)
In attendance:	Leonora May (LM)	Deputy company secretary (minutes)
Observing:	Lucy Bubb (LB)	Associate director, Deloitte LLP
Apologies:	None	
Members of the public:	Three public governors, and one patient for item 192-23	
Welcome		
191-23	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting welcoming members of the Board, attendees and members of public observing the meeting including three public governors. The Chair also welcomed LB who was observing the meeting as part of the Trust's well led review.</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 and no declarations of interest other than those already recorded on the register.</p> <p>The meeting was quorate.</p>	
Standing items		
192-23	<p>Patient story</p> <p>The Board welcomed a member of public who had joined the meeting to share her recent experience of QVH.</p> <p>She explained that her husband is an extremely anxious patient and surgery was aborted on a previous occasion due to his high blood pressure. The surgery was rescheduled and it was agreed that her husband would take sedatives beforehand. The rescheduled surgery was delayed on the day and he required a second sedative.</p> <p>Following surgery, the patient was discharged and there was a discrepancy between the dosage on the medication itself and the dosage on the discharge notes. She made significant efforts to query the dosage with the hospital, with a local pharmacist and with hospice nurse and it transpired that the dosage on the discharge notes was incorrect.</p> <p>There were also issues regarding communication with the nurses and surgeons who she thought did not provide an appropriate standard of care and compassion for the patient in accordance with his needs.</p>	

	<p>Discussion was had regarding the details of the patient story and how QVH staff had responded. NR confirmed that there had been a full investigation into this patient's experience at QVH and that actions to ensure that it does not happen again are in progress. She expressed the importance of ensuring that special measures are put in place for anxious patients and confirmed that the medical director is investigating the error regarding the antibiotic dosage. Consideration is also being given to the impact of weekend working and late running theatre lists.</p> <p>The Board extended apologies to the patient and expressed thanks to the member of public for sharing their experience at QVH which provided some useful learning, and wished her and her husband well.</p>
<p>193-23</p>	<p>Draft minutes of the public meeting held on 3 November 2022 The Board agreed that the draft minutes of the public meeting held on 3 November 2022 were a true and accurate record of that meeting and approved them on that basis.</p>
<p>194-23</p>	<p>Matters arising and actions pending from the public meeting held on 3 November 2022 The Board noted one pending action which was not due for completion until May 2023.</p>
<p>195-23</p>	<p>Chair's report The Chair presented her report to the Board, highlighting that this was SJ's last Board meeting. She expressed her thanks for the support SJ had given to her since she joined QVH as the Trust Chair.</p> <p>The Board noted the contents of the report.</p>
<p>196-23</p>	<p>Chief Executive's report SJ presented his report to the Board, highlighting key issues and updates as follows:</p> <ul style="list-style-type: none"> - Farewell- SJ's last day at QVH is 13 January. He extended thanks to everyone at QVH for the last remarkable six years - Board changes- Abigail Jago has been appointed to the role of director of strategy and partnerships. JD will leave QVH at the end of January 2023 and recruitment for a substantive appointment had started before the end of the calendar year - Strike action- the Trust has received confirmation from the Royal College of Nursing that QVH will be included in the strike action on 18 and 19 January. Planned clinical activity will be limited on those days. Ambulance strikes will have an impact on the system - Community diagnostics centre (CDC)- the Trust's CCD business case has been approved and QVH will receive £1.937m in 2023/24 and a further £6.706m the following financial year - National issues- NHSE have published 2023/24 priorities and operational planning guidance that sets our key tasks for the next financial year, the most immediate being to recover core services and improve productivity <p>The Board considered the integrated dashboard and noted that system challenges were reflected on the dashboard within the operational excellence section, but that these pressures had not affected patient experience and clinical excellence. SJ confirmed that as a specialist trust, QVH does not have the same pressures as acute trusts such as ambulance queues and that there remains room for improvement in areas, such as theatre productivity.</p> <p>The Board noted that the Integrated Care Boards will take over responsibility for specialist commissioning from April 2024, and that this will simplify the commissioning process.</p>

	The Board noted the contents of the report.
Trust strategy	
Key strategic objectives (KSO) 1 and 2: outstanding patient experience and world-class clinical services	
197-23	<p>Board Assurance Framework NR and TC presented the board assurance frameworks related to KSO1 and KSO2 which were noted by the Board.</p> <p>NR highlighted that there was a reduced on site presence of paediatricians due to surge pressure at another trust, although they remain available by phone 24 hours per day. There had been no changes to the KSO2 BAF during the period.</p> <p>The Board noted the board assurance frameworks related to KSO1 and KSO2.</p>
198-23	<p>Corporate Risk register (CRR) NR presented the CRR to the Board who noted the highest scoring risks as highlighted.</p> <p>Risk 1198 (medical workforce sleep unit): TC reported that she expected this risk score to be reduced due to new medical staff starting in post.</p> <p>The Board noted the contents of the report.</p>
199-23	<p>Quality and Safety report NR presented the quality and safety report to the Board. She reported that one serious incident in June 2021 had been reported during the period. The Trust continued to see improvements in MRSA screening.</p> <p>The Board noted an error on page 65 of the board pack, where it stated ‘only nine serious incidents...’. The word ‘only’ would be removed from the sentence and the board pack would be updated.</p> <p>In response to a question, NR explained that the reporting for the serious incident from June 2021 was delayed due to the fact that the patient had been transferred out and that there had been a delay in the Trust being notified of the death. She confirmed that the process to identify serious incidents has improved and is more robust. There is now a panel that reviews transfers out of the Trust.</p> <p>The Board noted that nursing staff turnover had reduced and that there is a focus on recruitment. Discussion was had regarding staff retention and LA confirmed that staff turnover continues to reduce. He agreed to consider introducing a new ‘two years in post’ metric in order that analysis can be completed regarding staff completing two years in post and longer term retention.</p> <p>TC agreed to review reported needle injuries and check for trends.</p> <p>The Board noted the contents of the report.</p>
100-23	<p>Six-monthly nursing workforce review NR presented the report to the Board and reported that there are ongoing challenges with nursing recruitment and that team continue to monitor shortage of staff in relation to reported incidents.</p> <p>The Board considered the contents of the report and discussed as follows:</p>

	<ul style="list-style-type: none"> - The Board welcomed the growth of the Trust's own staff through apprenticeship schemes and recognised a need to increase the offer of nursing apprenticeships going forwards - NR confirmed that the Allocate scheme has been fully implemented and that it covers all inpatient wards, and the Board noted this as good example of digital technology enabling better care - NR confirmed that national metrics are used to report on nursing fill rates and the Board considered the appropriateness of this measure given that nationally the scale of the nursing workforce challenge is much more significant than it is at QVH. In response, NR confirmed that individual services are benchmarked against the same services in other organisations and that internal benchmarking is also completed - The Board raised concern regarding high staff absence in the critical care unit and 30% of trained staff being on long term sickness absence. The Board noted that there is no identified theme for these absences, that this is a relatively small team so small number of staff have a significant percentage impact, and that bank and agency staff are being utilised to maintain patient experience and safety. One member of staff is starting a phased return back to work at the end of January 2023. - Discussion was had regarding retention for nursing staff and consideration was given to collaborations for secondment opportunities for nursing staff and increased flexibility regarding the retire and return scheme and working patterns <p>The Board noted the contents of the report.</p>
<p>101-23</p>	<p>General Medical Council national training survey 2022</p> <p>TC presented the report to the Board and reported that the results overall show positive outcomes across all specialities, with 20 green flags and three light green flags. There has been a particular improvement in higher plastic surgery and continued positive results in core surgery.</p> <p>The Board noted the importance of maintaining well scheduled medical rotas in order to continue to enable staff to take up opportunities of training and TC confirmed that work is ongoing to ensure that the maxillofacial trainee team have opportunities to take part in training.</p> <p>The Board were supportive of a suggestion that the training survey results be utilised to secure further funding for medical trainees.</p> <p>The Board noted the contents of the report.</p>
<p>102-23</p>	<p>Quality and Governance assurance</p> <p>KN presented the quality and governance assurance report to the Board and reported that the committee had been notified of one serious incident during the period from June 2021 and that the committee had requested further consideration regarding how the serious incident investigation process can be improved.</p> <p>The committee received an update on clinical harm reviews and noted that engagement continues to improve with the implementation of the new process, although there is further work to be completed. The committee sought assurance regarding a fall in the number of clinical harm reviews carried out this year in comparison to last year.</p> <p>The committee received a report on transferrable learning from three recent national investigations and requested a further updated action plan focussed on how the learning can be used to benefit QVH, specifically improvements to working culture and encouraging staff to speak up. The Board will have an opportunity to review the action plan at its seminar on 16 February 2023.</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>103-23</p>	<p>Board assurance framework KSO3 and KSO4 SMM and JD presented the board assurance frameworks related to KSO3 and KSO4.</p> <p>SMM highlighted that there have been instances of patients not attending appointments due to cost of living pressures and the Board noted an impact on health inequalities. In response to a question, SMM confirmed that there is funding in place to support patients with transport where the patients have mutual aid, and where patients are on benefits they are able to claim back travel expenses.</p> <p>Discussion was had regarding private sector capacity and whether an agreement can be reached for April 2023 and beyond. The Board noted that an initial six month contract was agreed with the McIndoe Centre due to the financial framework for 2023/24 at that time being unknown. Planning for beyond April will now commence but it will be important for the Trust to improve its own theatre productivity beforehand.</p> <p>The Board noted ongoing work to reduce late referrals and the operational impact, including the development of a collaborative policy with key timescales for providers in the system.</p> <p>JD highlighted that the current risk rating for KSO4 is 20 and that the Trust is set to break even for this financial year, although this is largely due to the support from the Covid-19 financial framework. Allocations and funding for coding expenditure will reduce with the new financial regime and the Board noted that it is likely that risks to financial sustainability will crystallise.</p> <p>Discussion was had regarding the Trust's underlying financial deficit and JD confirmed that NHS Sussex are well informed of the Trust's financial risks. QVH will continue to work with NHS Sussex regarding funding allocations and efficiencies.</p> <p>The Board noted the board assurance frameworks related to KSO3 and KSO4.</p>
<p>104-23</p>	<p>Operational performance SMM presented the operational performance report to the Board and reported that the cancer 62 performance standard position had improved and was achieved for November and December 2022. The Trust had seen an increase of cancer referrals and the team were working with system colleagues to look at projected cancer referrals for the next ten years.</p> <p>The sleep trajectory has not been achieved and detailed capacity and demand analysis is ongoing, supported by NHSE. The Board noted that the additional sleep consultant should improve capacity.</p> <p>The Board noted that the Trust's 78 week position was deteriorating and sought assurance regarding how the target will be met by the end of the financial year. In response, SMM confirmed that six of the plastics patients and two of the maxillofacial patients are complex patients whose treatment plans are monitored on a weekly basis in order to minimise waiting time and risk of clinical harm. She stated that it will be challenging for the Trust to meet the target before April 2023 and that three complex patients would likely remain on the list. The Board noted that next year's target would likely be 65 weeks waiting and that there is a requirement to closely monitor the trajectory from April 2023.</p> <p>The Board sought and received assurance that clinical harm reviews are being carried out for cancer 104 day and 52 week wait patients.</p>

	The Board noted the contents of the report.
105-23	<p>Financial performance JD presented the financial performance report to the Board and reported that activity for month eight was 106% of 2019/20 activity as expected and that income year to date is £2.1m favourable to plan. The Trust is behind national expectation regarding activity deliverables.</p> <p>The team are continuing work to ensure that the IT infrastructure spend in year is maximised and will consider the profile of spend on the modular build for the community diagnostics centre versus profile in the capital plan to ensure alignment.</p> <p>The Board noted the expectation that the 2023/24 financial year will be very challenging and that there is an ongoing need for the Trust to increase productivity.</p> <p>The Board noted the contents of the report.</p>
Key strategic objective 5: organisational excellence	
106-23	<p>Board Assurance Framework KSO5 LA presented the board assurance framework related to KSO5, reporting that a risk related to the industrial action and potential impact on the organisation had been added during the period.</p> <p>The Board noted the board assurance framework related to KSO5.</p>
107-23	<p>Workforce monthly report LA presented the workforce monthly report to the Board and reported that the overall vacancy rates continue to fall below the Trust's target and that sickness levels remain high in comparison to the previous year. The key driver for staff sickness are short term illnesses such as cold and flu.</p> <p>The Board noted that there had been some delays in time to hire and that this is largely due to operational challenges and delays with disclosure and barring service checks. There is a new electronic system in place to drive efficiency of the existing TRAC system and LA thought that improvements to the time to hire metric would be realised before April 2023.</p> <p>The Board noted the contents of the report.</p>
108-23	<p>Equality and diversity annual report LA presented the equality and diversity annual report for the 2021/22 period to the Board who considered and discussed the contents as follows:</p> <ul style="list-style-type: none"> - The Board raised concern regarding the gender pay gap and noted that the gap gradually continues to narrow, although there are complexities with some drivers outside of the Trust's control. The gap is primarily related to consultant appointments. The Board noted that during the last five years equal numbers of male and female consultants had been appointed, but recognised that there was more to be done in making more significant, sustainable improvements to the gap - The Board agreed that it was necessary to consider policies requiring update in order to drive improvements in the gender pay gap - The Board requested that future reports of this kind highlight some key areas requiring focus and improvement - TC suggested that it may be beneficial for medical staff to have sight of the granular detail behind some of the metrics within the report. TC would pick this up with LA outside of the meeting

	<p>The Board noted that the finance and performance committee will continue to monitor issues identified within the equality and diversity annual report.</p> <p>The Board approved the equality and diversity annual report 2021/22 for publication.</p>
109-23	<p>Financial, operational and workforce performance assurance PDR presented the report to the Board and reported that the committee had most recently met on 11 January, and discussions were focussed on business planning for the next financial year.</p> <p>The Board noted the contents of the report.</p>
Governance	
110-23	<p>Digital sub-committee CP presented the report to the Board.</p> <p>The Board agreed that the terms of reference would be updated to include the director of strategy and partnerships within the membership.</p> <p>Subject to the above amendment being made to the terms of reference, the Board:</p> <ul style="list-style-type: none"> - Approved the appointment of the digital committee as a sub-committee of the Board and associated updates to the Trust's standing orders and reservation of powers and scheme of delegation, and - Approved the digital committee's terms of reference
110-23	<p>Audit committee assurance KG presented the report to the Board and reported that work to address the challenges related to appointing an external auditor continued.</p> <p>The Board noted the contents of the report.</p>
Meeting closure	
111-23	<p>Any other business (by application to the Chair) NR provided the Board with an update on the Royal College of Nursing strike action. She reported that:</p> <ul style="list-style-type: none"> - QVH will be included in strike action on 18 and 19 January 2023 - There may be high numbers of QVH staff taking action - QVH will run on Christmas day staffing levels - The minor injuries unit will not close - Where treatment is delayed due to strike action patients will be contacted individually by phone and there is a clear message regarding turning up to your appointment unless you have been contacted and told not to <p>The Board acknowledged that it was SJ's last Board meeting before leaving QVH on 13 January 2023, and the Trust Chair extended thanks to SJ for his leadership as chief executive officer of QVH during the last six years on behalf of the Board. She commended SJ for the positive relationships he had built with staff across the Trust, and for leading the Trust through the pandemic, securing investment on the site and for achieving great patient survey results. She recognised that he had been resilient and had led the Trust through difficult periods of time with courage and humour.</p> <p>GN offered some reflections on behalf of the non-executive directors, stating that SJ had contributed to improvements in patient experience during his time in post by creating the environment and conditions for success. GN recognised SJ for maintaining a relentless focus on staff and their wellbeing throughout his time in post. GN shared some of the many positive messages about SJ from staff since the announcement.</p>

	<p>SJ extended thanks to the Board, and all members of staff who had sent him best wishes for the future.</p> <p>There was no further business and the meeting closed.</p>
<p>Members of the public</p>	
<p>112-23</p>	<p>Questions from members of the public There were none.</p>
<p>113-23</p>	<p>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.</p>