

<b>Document:</b>	<b>Minutes (final &amp; approved)</b>	
<b>Meeting:</b>	<b>Board of Directors (session in public) 10.00-12 noon 4 May 2023 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) (via MS Teams)
	Tony Chambers (TCH)	Interim chief executive (voting)
	Stuart Rees (SR)	Interim Chief finance officer (voting)
	Tania Cubison (TC)	Medical director (voting)
	Shane Morrison- McCabe (SMM)	Director of operations (non-voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
	Abigail Jago (AJ)	Director of strategy and partnerships (non-voting)
<b>In attendance:</b>	Leonora May (LM)	Deputy company secretary (minutes)
	Liz Blackburn (LB)	Deputy chief nurse (deputising for chief nurse)
	Sheila Perkins (SP)	Freedom to speak up guardian [until 8-23]
	Jennifer O'Neill (JON)	Guardian of safe working [until 9-23]
<b>Apologies:</b>	Nicky Reeves (NR)	Chief nurse (voting)
	Lawrence Anderson (LA)	Interim director of workforce and OD (non-voting)
<b>Members of the public:</b>	Two public governors, one member of public, one patient and their spouse for item 2-23 and one member of staff	
<b>Welcome</b>		
<b>1-23</b>	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair opened the meeting welcoming members of the Board, attendees, staff and members of public observing the meeting including two public governors. SP and JON were welcomed to the 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>Apologies were received from NR and LA and the meeting was declared as quorate.</p> <p>There were no declarations of interest other than those already recorded on the register of interests.</p>	
<b>Standing items</b>		
<b>2-23</b>	<p><b>Patient story</b></p> <p>The Board welcomed a QVH patient and his spouse to the meeting to share their experience of QVH.</p> <p>The patient explained that he had raised a complaint following a surgical procedure on his ear because he thought that the surgeon may not have followed the guidelines regarding discussing options with patients; the surgeon did not speak to him during the operation.</p> <p>The patient outlined the following four concerns regarding his complaint and how it was subsequently handled:</p> <ul style="list-style-type: none"> <li>- That his initial letter of complaint was not handled well, and that the Trust has accepted that. He stated that following his initial letter of complaint, the patient experience manager contacted the surgeon and junior doctor that were present for the operation regarding the complaint but no one else</li> </ul>	

	<ul style="list-style-type: none"> <li>- The patient followed up his initial letter of complaint but did not hear back for more than two months after being told that he would receive a response within 15 days. By this time, those present in the operating room had no recollection of the event that caused the initial complaint</li> <li>- The patient highlighted that where there is a complaint against a surgeon and a junior doctor might be a witness, this may put the junior doctor in a difficult position. He highlighted the importance of the Board establishing and maintaining a no blame culture in this regard</li> <li>- The patient thought that in dealing with complaints it is important for the Trust to make a judgement on the correct version of events based on the 'balance of probabilities' and emphasised that in his view it is not sufficient to respond to complaints to say that regrettably there are different recollections of what happened. He thought that the Trust may miss opportunities to stop bad practice in the future with this kind of response</li> </ul> <p>JS apologised to the patient on behalf of the Board for his experience during the surgery and with the subsequent complaint process. She reminded that the Board that patient stories offer valuable insight into patient experience and lessons that can be learnt.</p> <p>TC confirmed that the patient's points regarding encouraging those in junior positions to speak up and making a judgement on events based on the 'balance of probabilities' is understood and that she is aware that behaviour has an impact on patient safety. She referenced the 'Civility Saves Lives' campaign and evidence that behaviour and the way that care gives talk to patients has a direct impact on the quality of care. This campaign is being shared with medical staff at QVH. She committed to speaking to the surgeon concerned and ascertaining whether additional training or other intervention is required to ensure that this does not happen to another patient.</p> <p>Regarding the way in which the complaint was handled, LB confirmed that the lessons learnt from this complaint will be used to consider how the process can be improved in the future.</p> <p>The Board extended thanks to the patient for sharing his experience at QVH and wished him well.</p>
<p><b>3-23</b></p>	<p><b>Draft minutes of the public meeting held on 2 March 2023</b></p> <p>The Board noted that the following amendments will be made to the minutes:</p> <ul style="list-style-type: none"> <li>- The second paragraph of 235-23 will be amended to 'The Board sought assurance regarding the deliverability of the plan as presented and SMM confirmed that she is confident in the methodology behind building the assumptions but that there are a number of risks to delivery including workforce, increased demand for key services and industrial action'</li> <li>- 236-23 will be amended to 'the national 52 week and 78 week standards are being replaced by a 65 week standard from April 2023'</li> </ul> <p>Subject to the above amendments being made, the Board <b>agreed</b> that the draft minutes of the public meeting held on 2 March 2023 were a true and accurate record of that meeting and <b>approved</b> them on that basis.</p>
<p><b>4-23</b></p>	<p><b>Matters arising and actions pending from the public meeting held on 2 March 2023</b></p> <p>There were four pending actions and the Board noted that:</p> <ul style="list-style-type: none"> <li>- 172-22 (WRES and WDES)- the due date has been amended to 6 July 2023 due to LA's absence</li> <li>- 228-23 (corporate risk register (CRR))- the due date has been amended to 6 July 2023 due to ongoing work with an independent risk specialist to refresh the register</li> </ul>

	<p>SMM provided the following verbal update for action 225-23 (impact of strike action), and the action will be marked as complete. She reported that there have been four strike periods this year to date and that the update included the most recent RCN strike. For the three periods of RCN action and the junior doctors action:</p> <ul style="list-style-type: none"> <li>- The total number of patients rescheduled, as reported nationally, was 706 outpatient appointments and 103 operative procedures</li> <li>- The actual number of patients not treated on days of industrial action was higher than this as we were not booking patients in the normal way when it became clear that strikes were likely, in order to reduce the disruption to patients from the required rescheduling processes. The total figure for the impact of industrial action, based on our usual activity, would be approximately double the numbers.</li> </ul> <p>SMM confirmed that the Trust put on a number of additional weekend and week day sessions to catch up and have now recovered the position and that the Trust is now where it would have been with no strikes and no additional sessions (including the most recent action). She reported that there are no reports of any clinical harm to patients as a result of delays due to industrial action.</p> <p>Board members sought clarity regarding whether there had been an impact on patients and SMM confirmed that only patients that were already booked were rescheduled and that there will be a knock on impact on future patients that have not yet been booked.</p> <p>In response to a question regarding the impact strike action might have on the delivery of the operational plan, SMM confirmed that there are some risks related to delivery but that there are good processes in place to mitigate them and that she will escalate concerns regarding the deliverability of the plan as appropriate.</p> <p>The Board <b>noted</b> the update.</p>
<p><b>5-23</b></p>	<p><b>Chair's report</b></p> <p>JS presented the report to the Board, highlighting that:</p> <ul style="list-style-type: none"> <li>- Deloitte had finished the Trust's well led review and the Board would have a discussion regarding action planning and priorities at its public meeting on 6 July 2023</li> <li>- Recruitment for two non-executive directors to replace KG and GN, a substantive chief executive officer, chief people officer and chief finance officer is ongoing</li> </ul> <p>JS extended thanks to those governors who are stepping down at the end of June when their term of office ends.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>6-23</b></p>	<p><b>Chief Executive's report</b></p> <p>TCH presented the report to the Board, highlighting that:</p> <ul style="list-style-type: none"> <li>- Improvement works to the main corridor are complete and this will have a positive impact on patients and staff. TCH extended thanks for the estates team for all of their work on this project</li> <li>- The Trust had ended 2022/23 and started 2023/24 where the Board expected it to. The focus for 2023/24 will be regarding how the organisation uses its assets including getting 'best value' to address productivity challenges. The Trust will also need to keep a close focus on workforce as previously there had been growth but no increase in productivity. The system plan for NHS Sussex is challenging and the ask for delivery of efficiency savings of 5.5% is thought to be significant</li> <li>- The NHS will be 75 years old on 5 July 2023 and the Trust will be holding celebrations</li> </ul>

	<p>A Board member queried whether, given the changes in the financial regime, the Board should still consider KSO4 financial sustainability to be its highest rated risk, currently scored at 20. In response, SR confirmed that it is his view that KSO4 financial sustainability should be rescored to 12, that it is no longer the Trust's highest risk and that this would be actioned following the meeting.</p> <p>In response to a question regarding the impact of the system efficiency ask, TCH confirmed that each acute provider within the Sussex system has put in plans for delivering elective activity with a target of reaching 109% of 2019/20 volumes. QVH was the only provider within the system to submit a 109% response to the ask, with others seeking to deliver 100%. There is an opportunity for QVH to support others in the system to deliver.</p> <p>Discussion was had regarding NHS Sussex provider collaboratives and progress with strategic development. TCH said that there is good work happening in Sussex neighbourhoods but that the Sussex 'place' is yet to be fully described.</p> <p>The Board <b>noted</b> the contents of the report.</p>
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**Governance**

<p><b>7-23</b></p>	<p><b>Freedom to speak up guardian report</b></p> <p>SP presented the report stating that there had not been much activity during the last six months, and that it appeared staff were raising concerns through other mechanisms such as 'tell Nicky' or via their senior managers.</p> <p>The Board considered and discussed the contents of the report as follows:</p> <ul style="list-style-type: none"> <li>- The Board acknowledged the pertinent point made earlier in the meeting by the patient regarding resistance to speaking up due to 'hierarchy' and the need to address this</li> <li>- SMM thought that a reduction in administrative staff raising concerns might be an indication that ongoing work to address issues within a particular team had had a positive impact</li> <li>- JS expressed the view that not much activity could be concerning and an indicator that staff may not feel safe to speak up</li> <li>- Discussion was had regarding the importance of triangulation of all speaking up/raising concerns data to provide a full picture of concerns being raised and CP confirmed that the chief nurse is triangulating freedom to speak up and 'tell Nicky' data which will be presented to the appropriate Board sub-committees</li> </ul> <p>The Board <b>noted</b> the contents of the report.</p> <p>[SP left the meeting]</p>
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<p><b>8-23</b></p>	<p><b>Guardian of safe working report</b></p> <p>JON presented the report to the Board, highlighting the key issues and positives as set out on the front cover to the report. She confirmed that to the best of her knowledge, the rotas remain safe and she is not aware of any current issues.</p> <p>A Board member asked JON about the reasons why she cannot be certain that the rotas are safe. In response she highlighted some risks such as junior doctors driving home after a shift and mental illnesses which the Trust needs to be mindful of.</p> <p>The Board noted that maxillofacial registrars on long cancer cases sometimes work extra hours, and that the human resources team are looking at the rota to see if this can be accommodated in a compliant way with compensatory time off In response to a question regarding whether there might be a cultural issue that does not support exception reporting,</p>
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	<p>JON confirmed that the registrars were completing additional hours because it is good for their training.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>9-23</b></p>	<p><b>Corporate risk register (CRR)</b>          LB presented the report to the Board, highlighting that during the period one risk had been added to the CRR, two risks had been closed and one had been rescored.</p> <p>The Board noted that the executive team are completing a refresh of the CRR with the support from an independent risk professional and that the refreshed CRR would be presented to the Board at its next meeting. JS emphasised the need for the CRR to be agile and a document that Board members recognise as painting an accurate picture at a point in time.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>10-23</b></p>	<p><b>Self-certification of NHS provider licence 2022/23</b>          CP presented the report to the Board. TC queried the inclusion of paediatric surgery in the commissioner requested service list and CP agreed to follow up outside of the meeting.</p> <p>In response to a question regarding the independent review recommendations, CP confirmed that all recommendations had been completed bar recommendation 9 (licence conditions to be developed into a Trust policy) due to an ongoing process related to a governor.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>- <b>Agreed</b> that it has complied with the standard and additional NHs provider licence conditions, it has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution, it has complied with required governance arrangements and it has reasonable expectation that required resources will be available to deliver the designated commissioner requested services over the next financial year but specific factors may cast doubt on this</li> <li>- <b>Approved</b> the Trust's self-certification statement for publication on its website</li> </ul>
<p><b>11-23</b></p>	<p><b>Code of Governance for NHS provider trusts</b>          CP presented the report to the Board, highlighting that the new code of governance came into effect from 1 April 2023, and that the main changes relate to a focus on system working, culture and equality diversity and inclusion.</p> <p>She confirmed that the deputy company secretary had completed a detailed gap analysis against the new code of governance. Any gaps were listed in appendix one to the report with a proposed action plan to ensure compliance.</p> <p>The Board noted that the Trust would be non-compliant with E.2.2 for 2023/24, as its levels of remuneration for the Chair and non-executive directors is higher than the remuneration structure published by NHSE and there is no intention to reduce the remuneration. The Trust will explain this approach in its 2023/24 annual report and accounts.</p> <p>PDR thought that some of the proposed actions did not meet the code provision, for example he thought that the action for A.2.1 should have been more focussed on value for money. He agreed to provide detailed feedback outside of the meeting.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>12-23</b></p>	<p><b>Audit assurance</b></p>

	KG presented the report to the Board who <b>noted</b> the contents.
<b>Trust strategy</b>	
<b>Key strategic objective 4: financial sustainability</b>	
<b>13-23</b>	<p><b>Board assurance framework KSO4</b> SR presented the KSO4 board assurance framework, highlighting that the risk score will be reviewed and reduced in light of the new financial regime.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>14-23</b>	<p><b>Financial performance monthly report</b> SR presented the report to the Board, highlighting that the Trust's year end position was break even with £11m in cash. He confirmed that all capital for 2022/23 had been spent and thanked teams for work completed to achieve this.</p> <p>The Board reflected on the issue regarding the amount of unspent capital at quarter four of 2022/23 and lessons learnt to be taken forward for this financial year. SR thought that the budgets were not spent early enough because teams were unaware of their budget allocation until later on in the year. He confirmed that for the current financial year, teams would be notified of their budget before the end of quarter one (June), and that the team have improved the monitoring process.</p> <p>Discussion was had regarding efficiencies and the Board noted that efficiency schemes year to date were largely focussed on targeting 100% of spend. SR confirmed that teams are engaging well with this and confirmed that he is confident 4% recurrent efficiencies will be delivered this year.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>15-23</b>	<p><b>2023/24 financial plan and budget</b> SR presented the report to the Board highlighting that there are some risks to the delivery of 109% of 2019/20 activity levels and 5.5% efficiencies, including recent industrial action.</p> <p>The Board sought assurance regarding the deliverability of the plan given the impact of recent and future industrial action. TCH confirmed that the executive management team are closely monitoring progress against the plan. Month end at April 2023 had shown 85% delivery against the plan and this was thought to be largely attributable to strike action. SMM confirmed that she is confident in the deliverability of the plan and stated that there was a need to focus on workforce including recruitment and retention and productivity in order to achieve it.</p> <p>The Board requested future trajectories against the plan in future reporting instead of a focus on what has been achieved for previous months.</p> <p>The Board <b>approved</b> the 2023/24 financial plan and provisional budget.</p>
<b>Key strategic objective 5: organisational excellence</b>	
<b>16-23</b>	<p><b>Board Assurance Framework KSO5</b> CP presented the KSO3 board assurance framework and confirmed that there had been no changes since the last meeting.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>17-23</b>	<p><b>Workforce monthly report</b> CP presented the report to the Board, highlighting that:</p>



	<ul style="list-style-type: none"> <li>- There are some ongoing challenges within the workforce team, including staff sickness and leavers which are having a big impact</li> <li>- Attracting a new Chair for the ethnically diverse staff (EDS) network has been challenging and external expertise has been sought to help with this</li> <li>- Detailed scrutiny of appraisal data has shown a number of staff with appraisals outstanding for more than six months. She confirmed that action is being taken to address these promptly and reporting to the executive team has been established</li> </ul> <p>The Board considered and discussed the contents of the report as follows:</p> <ul style="list-style-type: none"> <li>- Concern was raised regarding appraisal compliance and the Board agreed that this should be addressed alongside quality assurance with some urgency given that appraisals have a direct impact on organisational culture. The Board agreed the need to identify the action and resource required to address this issue urgently and report back to the Board at its next meeting. <b>Action: CP</b></li> <li>- The Board agreed the importance of continued work placement opportunities for nursing and medical staff in order to help to tackle recruitment and retention issues. CP agreed to explore if there are further work placement opportunities that can be sought and offered</li> <li>- TCH highlighted that staff networks are an important part of the Trust's culture and highlighted that there are risks associated with not having a Chair in place for the EDS network. It will be important to ensure that the network can continue to provide diversity challenge to recruitment processes. The Board agreed with a suggestion that executive leads be identified for current and new staff networks</li> </ul> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>Key strategic objective 3: operational excellence</b></p>	
<p><b>18-23</b></p>	<p><b>Board assurance framework KSO3</b> SMM presented the board assurance framework related to KSO3 to the Board, highlighting that a number of patients are finding it difficult to get to appointments due to cost of living pressures.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>19-23</b></p>	<p><b>Operational performance monthly report</b> SMM presented the report to the Board, highlighting that:</p> <ul style="list-style-type: none"> <li>- Year-end performance was positive with zero 78 week patients and achieving the 62 day cancer standard</li> <li>- During this financial year there will be a strong focus on elective recovery and elective opportunities to increase income</li> <li>- Performance in the minor injuries unit has been good</li> <li>- Sleep referrals have more than doubled and the team are working closely with system colleagues to help with capacity, funding and outsourcing but the Trust is unlikely to achieve the national diagnostic standard</li> </ul> <p>The Board considered and discussed the contents of the report as follows:</p> <ul style="list-style-type: none"> <li>- The Board commended the team on the positive year end position and thanked all those involved in achieving this</li> <li>- Discussion was had regarding patient waiting times and whether the Trust communicates national targets to patients in order that they know what to expect regarding the timing of their treatment. TC highlighted that every patient treated is triaged and prioritised based on their condition and urgency and that clinicians are managing expectations regarding waiting times. She stated that many patients who have waited for more than a year have no changing or slow developing issues. The Board took assurance from this</li> </ul>

	<ul style="list-style-type: none"> <li>- In response to a question regarding the strategic direction for the Trust's sleep service, TCH confirmed that this thinking will form part of the Trust's clinical strategy, recognising that outsourcing is not a feasible long term solution</li> </ul> <p>The Board <b>noted</b> the contents of the report.</p>
<b>20-23</b>	<p><b>Financial, operational and workforce performance assurance</b></p> <p>PDR presented the report to the Board, highlighting that the committee will focus on theatre productivity and outpatient activity during the year as it recognises that it is critical to the delivery of the 2023/24 finance and operating plan.</p> <p>The committee is also looking to make some changes to the way it works with more of a focus on future trajectories with less detail and shorter papers.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>21-23</b>	<p><b>Digital assurance</b></p> <p>KG presented the report to the Board, reporting that there will be a change in the timeline for the electronic patient record (EPR) business case and implementation which is likely to be pushed back to the autumn of 2023.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services</b>	
<b>22-23</b>	<p><b>Board assurance framework KSO1 &amp; KSO2</b></p> <p>LB presented the board assurance framework for KSO1, highlighting that the Trust's Covid guidance for asymptomatic staff had been updated in line with national guidance.</p> <p>TC presented the board assurance framework for KSO2 and reported that recruitment was going well, including for historically hard to recruit to positions. There is a need to continue to conduct interviews in a timely manner to ensure that the correct candidates are secured for the roles.</p> <p>The Board <b>noted</b> the contents of the reports.</p>
<b>23-23</b>	<p><b>Quality and safety report</b></p> <p>LB presented the report to the Board and highlighted that:</p> <ul style="list-style-type: none"> <li>- One serious incident was declare during the period and this relates to an unexpected death</li> <li>- The flu vaccination campaign is complete and 85% of the workforce have either received a vaccination or opted out. Work to understand why members of staff opted out continues</li> <li>- MRSA screening for trauma cased dropped in February but improved in March. Elective screening has dropped below the threshold for March and actions are in place to address this</li> </ul> <p>The Board <b>noted</b> the contents of the report.</p>
<b>24-23</b>	<p><b>EPRR core standards and statement of readiness</b></p> <p>LB presented the report to Board, reporting that the Trust has achieve substantial compliance during the assurance exercise. There are four standards which require action and one of them has been completed.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>25-23</b>	<p><b>Quality and governance assurance</b></p>



	<p>KN presented the report to the Board who noted that the committee had met three times since its last assurance report.</p> <p>She highlighted the results of the external EPRR assessment as a commendable achievement.</p> <p>The Board were supportive of a suggestion that the committee should complete periodic deep dives into formal patient complaints and KN and NR agreed to take this forward. <b>Action KN NR</b></p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>Meeting closure</b></p>	
<p><b>26-23</b></p>	<p><b>Any other business (by application to the Chair)</b> JS highlighted that this was GN's last Board meeting as senior independent director for the Trust, as his second and final term would come to an end at the end of June 2023. She extended thanks to GN for his enormous contribution to QVH during his six years in post and commended him for his wisdom, knowledge of the NHS, strategic thinking and supportive approach to Board colleagues.</p> <p>There was no further business and the meeting closed.</p>
<p><b>Members of the public</b></p>	
<p><b>27-23</b></p>	<p><b>Questions from members of the public</b> There were none.</p>
<p><b>28-23</b></p>	<p><b>Exclusion of members of the public</b> 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>