

Document:	Minutes (FINAL)	
Meeting:	Board of Directors (session in public) 10.00-12 noon 7 September 2023 Learning and development centre training room, QVH	
Present:	Jackie Smith	Trust Chair (voting) (Chair)
	Paul Dillon-Robinson (PDR)	Senior independent director (voting)
	Karen Norman (KN)	Non-executive director (voting) (via MS Teams)
	Shaun O'Leary (SOL)	Non-executive director (voting)
	Peter O'Donnell (POD)	Non-executive director (voting)
	Abigail Jago (AJ)	Director of strategy and partnerships and acting CEO (voting)
	Maria Wheeler (MW)	Chief finance officer (voting)
	Nicky Reeves (NR)	Chief nurse (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)
	Robert Stevens (RS)	Interim chief people officer (non-voting)
In attendance:	Leonora May (LM)	Deputy company secretary (minutes)
	Liz Blackburn (LB)	Deputy chief nurse (for item 75-23)
Apologies:	Russell Hobby (RH)	Non-executive director (voting)
Members of the public:	No members of public, ten governors (three in person and seven via Ms Teams) and four members of staff (one for the staff story)	
Welcome		
74-23	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting welcoming members of the Board, including RS to his first Board meeting, and those observing the meeting including ten governors, seven of whom had joined the meeting via MS Teams, and three members of staff.</p> <p>The Chair reminded those observing the meeting that they were not invited to participate in discussions and that there will be an opportunity for governors to ask questions at the end of the meeting.</p> <p>Apologies were received from RH and the meeting was declared as being quorate.</p> <p>There were no declarations of interest other than those already recorded on the register of interests.</p> <p>The Chair made some opening remarks, reminding Board members of a renewed focus on spotting signals and being curious, listening and acting on concerns. She made the following statement regarding the Lucy Letby case:</p> <p>The Health Secretary has announced a statutory inquiry to be chaired by Lady Justice Thirlwall; we do not yet know the terms of reference. This inquiry will examine the case's wider circumstances, including the Countess of Chester NHS Trust response to clinicians who raised the alarm, and the conduct of the wider NHS and its regulators. We will of course provide any evidence that may be asked of us and respond as appropriate to any recommendations arising from the inquiry.</p>	
Standing items		
75-23	<p>Patient story</p> <p>[This item was taken after 76-23] LB joined the meeting for this item]</p> <p>NR shared a statement from a profoundly deaf sign language user who was treated as an</p>	

	<p>inpatient and subsequently as an outpatient at QVH.</p> <p>The statement described a negative patient experience as a profoundly deaf sign language user due to a lack of disability awareness and lack of awareness of the Accessible Information Standards Act. During the patient's treatment, a British Sign Language interpreter (BSL) was not made available to the patient and her husband, who is also profoundly deaf but has lip reading and spoken language abilities. The patient's husband had acted as the sign language and spoken English translator. The patient's needs were attended to when the deputy chief nurse was notified.</p> <p>The patient was not able to communicate with staff, understand what was happening clinically or have confidence about the medication advice given to her upon leaving hospital. The patient expressed in her statement a want for QVH to learn from her poor experience in order that all patients, regardless of their communication needs, receive a high level of care and quality of treatment.</p> <p>The Board expressed disappointment and sadness regarding how this patient was treated and that she was not able to access a BSL interpreter at QVH. The Board recognised this as being an example of QVH staff not spotting signals that a patient needed help, and emphasised the importance of staff recognising that it is everybody's responsibility to ensure that the Trust responds appropriately to patients who have individual needs and that appropriate action is taken with empathy and understanding.</p> <p>NR confirmed that following further investigation of what happened, work will be undertaken to help all staff to recognise when a patient's needs are not being met and know what action can be taken. This learning will extend to all patients with additional needs. She stated that is not suitable for family members to act as interpreters.</p> <p>The Board expressed thanks to be passed on to the patient for sharing her moving story, the learning from which will have a positive impact for future patients.</p> <p>[LB left the meeting]</p>
<p>76-23</p>	<p>Staff story [This item was taken before 75-23]</p> <p>The Board welcomed the Trust's site practitioner and trauma co-ordinator, who had joined the meeting to give an account of his experience as a member of staff at QVH.</p> <p>The site practitioner explained that he moved to the UK from Mauritius at the age of 24 and that he joined QVH nine months ago. He described learning new software as a challenge when starting the job as well as not knowing where to find information. He had wondered if he had made the right choice at times but his colleagues were and are very helpful, supportive and welcoming. He described QVH as a family and stated that he feels a sense of belonging.</p> <p>The 'one team, many nationalities' poster in the main corridor resonated with this member of staff when he saw Mauritius was listed. He was able to feel a pride for and identification with QVH like that he feels for the country of his birth.</p> <p>In response to questions from Board members, the member of staff shared that he thinks the Trust could make better use of technology, and limit the number of different systems it uses. He also suggested that the local induction could be better tailored to members of staff who are new to the UK and the NHS.</p>

	<p>The Board extended thanks to the site practitioner for sharing his experience as a member of staff at QVH.</p> <p>[The site practitioner left the meeting]</p>
<p>77-23</p>	<p>Draft minutes of the public meeting held on 7 July 2023</p> <p>The Board agreed that the minutes of the public Board meeting held on 7 July 2023 are a true and accurate record of that meeting and approved them on that basis.</p>
<p>78-23</p>	<p>Matters arising and actions pending from the public meeting held on 7 July 2023</p> <p>There was one pending action and the Board noted that:</p> <ul style="list-style-type: none"> - 232-23 (gender pay report and actions) has been postponed until November 2023 due to resource constraints. The Board sought and received reassurance that this deadline will be met <p>The Board noted the matters arising report and the update received on the pending action.</p>
<p>79-23</p>	<p>Chair's report</p> <p>JS presented her Chair's report to the Board and shared that she had attended an NHS conference for provider Chairs the day prior to the meeting, and that the event had been rightly focussed on problem sensing for Boards. Boards should focus on spotting signals and being curious. She highlighted that following the Lucy Letby trial verdict, she had invited all QVH staff to open staff meetings to discuss the issues that the trial raised, noting that the former chief executive officer of the Countess of Chester was employed at QVH as the interim chief executive. The meetings were used as an opportunity to ensure that the Trust's culture of raising concerns and channels are well understood.</p> <p>JS confirmed that the new NHS fit and proper person framework will be implemented at QVH ahead of 31 March 2024.</p> <p>The Board noted the contents of the report.</p>
<p>80-23</p>	<p>Chief Executive's report</p> <p>AJ presented the report to the Board, reporting that there is a renewed focus to ensure that the executive team are hearing concerns, ensuring that staff feel able to speak up using mechanisms that are effective and inclusive and that staff who do speak up receive timely feedback.</p> <p>The Board discussed the contents of the report as follows:</p> <ul style="list-style-type: none"> - Discussion was had regarding the recent power issue and JS thanked all those involved in responding to the incident for their work. The Board sought assurance that plans are in place to avoid the issue from reoccurring and emphasised that robustness is required for the estate, despite ongoing work to develop the Trust's estates and facilities strategy. MW confirmed that building resilience for the estates team is a priority and will help to ensure that contracts and processes are in place. She confirmed that an interim director of estates is starting in post shortly. She agreed to present an update to the finance and performance committee including RAAC. Action MW - The Board noted that the work being undertaken to triangulate data from the various speaking up routes in a strategic and thematic way is ongoing. The Board requested that a review of speaking up routes also be undertaken and that all of this work is addressed with urgency. Action NR - The Board acknowledged that the Trust's approach to performance and accountability requires a refresh and focus on priority areas. The Board emphasised the importance of the performance dashboard being a meaningful tool and AJ

	<p>agreed to review how it is being used and bring a revised version to the next Board meeting. Action AJ</p> <p>The Board noted the contents of the report.</p>
<p>Governance</p>	
<p>81-23</p>	<p>Board assurance framework (BAF) and corporate risk register (CRR)</p> <p>CP presented the update on work completed to date to the Board, emphasising that the focus of the work is about improving the management of risks as a priority. She explained that BAF risk seven has been reworded to focus on information assets and agreed to circulate the new working outside of the meeting. Action CP.</p> <p>In response to questions from Board members, CP confirmed that relationships, culture and engagement will be themes that will be present throughout all of the BAF risks, and that each will feature on the corporate risk register to ensure effective management.</p> <p>Discussion was had regarding issues and CP confirmed that an issues log is being established and will be monitored by the executive management team. Significant issues will be visible to the Board through performance reporting.</p> <p>Board members emphasised the need for assurance that risks are being well managed as the BAF and CRR are developed.</p> <p>Board members commented that this work is progressing well and noted the contents of the report.</p>
<p>82-23</p>	<p>Board sub-committee changes</p> <p>JS presented the report to the Board and requested that the Chairs and executive lead for each of the committees meet and agree the remit and frequency of each committee.</p> <p>The Board noted that the reference to governor representatives within the quality and safety committee terms of reference will be removed.</p> <p>Discussion was had regarding the audit and risk committee terms of reference and PDR suggested that the committee be named audit, risk and assurance committee, and that the reference to the scheme of delegation and reservation of power within the authority section should be removed because the committee should remain independent. The Board agreed to delegate authority to the committee to agree its final terms of reference.</p> <p>The Board approved the revised terms of reference for the finance and performance and quality and safety committees, noting that they may come back with further iterations in due course.</p>
<p>83-23</p>	<p>Nomination and remuneration committee terms of reference</p> <p>The Board approved the nomination and remuneration committee terms of reference.</p>
<p>84-23</p>	<p>NHS Sussex shared delivery plan</p> <p>AJ presented the report to the Board, highlighting that the executive team have reviewed the shared delivery plan to ensure alignment with the Trust's priorities and are comfortable on that basis. The Board noted that the Trust will be linking in with other systems as well as NHS Sussex regarding development of the strategy.</p> <p>In response to a question, AJ confirmed that the development of a provider collaborative within NHS Sussex is in its infancy but that there is shared ambition across the system.</p> <p>The Board approved the NHS Sussex shared delivery plan.</p>

<p>85-23</p>	<p>Strategic development committee assurance JS presented the report to the Board and highlighted that this was the committees' first meeting. The Board noted that there will be a governor working group attached to this committee.</p> <p>Discussion was had regarding themes arising from strategy engagement undertaken to date and AJ confirmed that key themes arising include a sincere passion for QVH internally and externally, and openness to consider future options and positive feedback related to community options. Currently people are pleased to be engaged with this work and the Board acknowledged that there may be more challenges as the strategy develops.</p> <p>The Board noted the contents of the report.</p>
<p>86-23</p>	<p>Audit assurance KG presented the report to the Board.</p> <p>MW provided the Board with an updated on the appointment of an external auditor, reporting that there has been a lack of interest in the contract from external firms but that it is expected that one provider will submit a bid next week. This provider has a good reputation and it is expected that a contract will be in place for 1 November 2023. The current external auditors will remain in contract until then.</p> <p>The Board noted the contents of the report.</p>
<p>Trust strategy</p>	
<p>Key strategic objective 5: Organisational excellence</p>	
<p>87-23</p>	<p>Workforce performance report RS presented the report to the Board and reported there are some challenges related to equality, diversity and inclusion. The team has taken the opportunity for a reset and an action plan that addresses a small number of particular concerns and opportunities has been developed. The Board will receive this action plan at its November meeting as well as confirmation that the workforce race and equality (WRES) and workforce disability and equality (WDES) standards data has been published. RS agreed to share this data with the Board and seek approval outside of the meeting ahead of publication.</p> <p>The Board agreed that the equality, diversity and inclusion action plan and systems should be owned by the whole hospital management team and taken forward as a priority.</p> <p>A Board member asked where data regarding HR matters such as grievances, disciplinarys and related appeals is reviewed and how the Board will have sight of themes arising from this data. In response, AJ confirmed that this will be considered as part of the review of the whole performance framework.</p> <p>RS and MW recognised the need for a permanent solution for the ongoing workforce ledger issue.</p> <p>The Board noted the contents of the report.</p>
<p>Key strategic objective 4: financial sustainability</p>	
<p>88-23</p>	<p>Financial performance report MW presented the month three data to the Board and reported that months four and five are showing a similar trend. It is expected that the Trust will break even at year end, but there are risks related to industrial action, fuel inflation and additional estates costs, all of which need to be monitored. Available capital has been prioritised.</p>

	<p>Discussion was had regarding the system's financial position and MW shared that NHS Sussex has a deficit of c.£20m which is expected to get worse. All partners within the system are required to break even at year end and it is possible that QVH may be asked to deliver a surplus and reduce its expenditure. The Board agreed that it would be beneficial to have a planned approach to expenditure reduction.</p> <p>CP reminded the Board about the support that QVH Charity and the League of Friends can provide for initiatives over and above business as usual to support patients and staff.</p> <p>The Board noted that new guidance for reinforced aerated autoclaved concrete (RAAC) had been published at the beginning of September. MW confirmed that an initial internal survey indicated low risk of RAAC given the age of the Trust's buildings. The Trust is seeking an external opinion from a structural surveyor and MW agreed to flag to the Board if any issues that could impact patient or staff safety arise.</p> <p>The Board noted the contents of the report.</p>
<p>Key strategic objective 3: operational excellence</p>	
<p>89-23</p>	<p>Operational performance report SMM presented the report to the Board, highlighting future industrial action dates and confirming that it continues to cause reduced capacity. The Board noted that there is a risk that the industrial action will impact the Trust's ability to meet its financial and operational plans.</p> <p>In response to a question regarding what factors are impacting the waiting list, SMM explained that the forecast increase for the waiting list is 12% more than what was forecasted at the beginning of the year and that this is due to increased demand within sleep and plastics services. Work with system partners regarding referrals and validation of the waiting list is ongoing. The Board recognised that the size of the waiting list has an impact on patient experience and patient safety and requested that analysis and intelligence regarding the factors impacting the waiting list, the barriers to reducing the waiting list and an updated forecast position is reported to the finance and performance committee. Action SMM.</p> <p>The Board agreed with a suggestion that going forwards the detailed data within performance report appendices is appropriately summarised and clear in the performance dashboard.</p> <p>The Board extended thanks to all staff who continue to work through the impact of industrial action.</p> <p>The Board noted the contents of the report.</p>
<p>90-23</p>	<p>Financial, workforce and operational performance assurance PDR presented the report to the Board who noted its contents.</p>
<p>Key strategic objectives 1&2: outstanding patient experience and world-class clinical services</p>	
<p>91-23</p>	<p>Quality and safety report NR presented the report to the Board and reported that following the verdict of the Lucy Letby trial, NHS England wrote to all trusts about doing everything possible to prevent anything like this happening again. The detail of this letter was reviewed and discussed by the quality and safety committee at its meeting in August.</p> <p>The Board noted an upward trend in prescribing errors and TC confirmed that there are no new trends or significant harm arising from the errors but that there are instances where</p>

	<p>errors are being made by the same members of staff. She confirmed that controls including staff training are being implemented.</p> <p>NR confirmed that there is a risk of patient harm due to the size of the waiting list and that patients on the plastics service waiting list are being reviewed for harm using new data. This review will extend to surgeries cancelled due to power outages and appropriate action will be taken.</p> <p>The Board noted that theatre availability is being prioritised according to urgency.</p> <p>The Board noted the contents of the report.</p>
<p>92-23</p>	<p>Annual reports</p> <p>NR presented the reports to the Board who noted that they had been reviewed in detail and discussed by the quality and safety committee at its meeting in August.</p> <p>Discussion was had regarding the reports as follows. A Board member suggested considering learning from deaths performance with an enhanced quality lens, looking to end of life providers or asking for feedback from bereaved relatives to enhance performance.</p> <p>In response to a question regarding the statement about senior staff not being engaged with safeguarding in a meaningful way within the safeguarding report, NR confirmed that focused work has been undertaken to ensure that all staff are aware of their safeguarding obligations and although there has been some improvement, there is still work to be done. The safeguarding resource at the Trust is limited and a business case to address this has not yet been approved. The Board emphasised the need to ensure that the right safeguarding resource is in place and that safeguarding is prioritised</p> <p>The Board discussed the business planning process and agreed it is important that the Board has a role in guiding business planning and priorities ahead of the plan being presented for approval. MW confirmed that the finance and performance committee will review key assumptions early into the development of the business plan for the next financial year. Action MW.</p> <p>The Board noted the annual reports.</p>
<p>93-23</p>	<p>Quality and safety assurance</p> <p>KN presented the report to the Board and confirmed that the committee has reviewed the letter sent by NHS England regarding the verdict in the trial of Lucy Letby, noting actions to be taken forward as a result.</p> <p>She highlighted the following:</p> <ul style="list-style-type: none"> - The committee recognises both incidents and complaints reporting, investigation and action planning as areas for improvement and a need for the correct resource and skill to ensure that these areas can be prioritised. It is also important to ensure that lower level concerns are appropriately investigated and learning embedded - The committee noted that there are a number of fragile services with limited resources - There has been a decrease in external scrutiny of the Trust's quality accounts and the committee have noted a risk related to this. Governors are encouraged to ask the Chair of the committee more questions about committee business and quality and safety through mechanisms in place to hold the non-executive directors to account for the performance of the Board <p>The Board noted the report.</p>

Meeting closure	
94-23	<p>Any other business (by application to the Chair)</p> <p>The Board noted that this was AJ's last Board meeting as acting chief executive and extended thanks to her for all that she had done during her time in the role, recognising that it had been challenging.</p> <p>There was no further business and the meeting closed.</p>
Members of the public	
95-23	<p>Questions from members of the public and governors</p> <p>No questions were received from members of public ahead of the meeting. The Chair invited the lead governor to ask questions regarding any of the items discussed during the meeting on behalf of the governors. The following questions were asked and responses given.</p> <p>Question Is the right equality diversity and training in place for staff given the patient story shared this morning? Does it need to be reviewed?</p> <p>Response There is lots of learning to be embedded from this patient story and there is work to be done to ensure that staff are able to identify when a patient needs additional help in the future. NR is going to take this forward.</p> <p>Question What are we doing to bring to the attention of NHS Sussex the importance of interworking with the wider NHS including Kent, Surrey and South London to ensure that the system is not isolated?</p> <p>Response NHS Sussex are aware of the importance of working with the wider NHS and it is regularly discussed and raised by the Board. The Board have a meeting with NHS Sussex on 19 September 2023 to share work completed to date on developing the strategy.</p> <p>The Chair thanked governors for observing the meeting and for their questions. There was no further business and the meeting closed.</p>
96-23	<p>Exclusion of members of the public</p> <p>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>