

<b>Document:</b>	<b>Minutes (FINAL)</b>	
<b>Meeting:</b>	<b>Board of Directors (session in public) 10.00-12 noon 11 January 2024 Education centre, QVH</b>	
<b>Present:</b>	Jackie Smith	Trust Chair (voting) (Chair)
	Paul Dillon-Robinson (PDR)	Senior independent director (voting) (via MS Teams)
	Peter O'Donnell (POD)	Non-executive director (voting)
	Karen Norman (KN)	Non-executive director (voting)
	Shaun O'Leary (SOL)	Non-executive director (voting)
	Russell Hobby (RH)	Non-executive director (voting)
	James Lowell (JL)	Chief executive officer (voting)
	Maria Wheeler (MW)	Chief finance officer (voting)
	Nicky Reeves (NR)	Chief nursing officer (voting)
	Tania Cubison (TC)	Chief medical officer (voting)
	Robert Stevens (RS)	Interim chief people officer (non-voting)
	Abigail Jago (AJ)	Chief strategy officer (non-voting)
	Kathy Brasier (KB)	Interim Director of operations (non-voting)
<b>In attendance:</b>	Leonora May (LM)	Deputy company secretary (minutes)
	Sheila Perkins (SP)	Freedom to speak up guardian (for item 133-24)
<b>Apologies:</b>	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
<b>Members of the public:</b>	Three members of public, eight governors and ten members of staff	
<b>Welcome</b>		
<b>127-24</b>	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair opened the meeting welcoming members of the Board, including KB to her first Board meeting as interim Director of operations, and those observing the meeting including three members of public, eight governors, ten members of staff and the incoming Chief people officer and Chief operating officer.</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>The Chair explained that item 134-24 would be taken after item 130-24.</p> <p>Apologies were received from CP and the meeting was declared as being quorate.</p> <p>PDR joined the meeting on MS Teams.</p> <p>There were no declarations of interest other than those already recorded on the register of interests.</p>	
<b>Standing items</b>		
<b>128-24</b>	<p><b>Patient story</b></p> <p>The patient whose story will be discussed at today's meeting was not present; instead, NR read the complaint received from a breast reconstruction patient to the Board.</p> <p>The patient had attended a consultation to discuss the possibility of breast reconstruction surgery following a mastectomy due to breast cancer. The patient explained that the consultation was held in a small consulting room with four members of staff which felt crowded. She felt rushed when providing a summary of her treatment to the staff and felt that the consultant had made comments in a casual manner about the possibility of her cancer returning which scared her. The patient described how she felt extremely vulnerable and self-conscious taking her clothes off in the small room with four members of staff</p>	

	<p>present and questioned whether it was necessary for them all to be present. Whilst describing the procedure, the consultant had used words which the patient thought to be flippant. The patient shared this complaint in the hope that it may help future patients and that staff can ensure kindness and consideration is a priority.</p> <p>TC explained that this complaint has been shared with the team and that there has been proactive learning following the patient's experience. The Trust now writes to patients who have had this surgery to ask about the adjectives that they would be comfortable with being used when talking about the procedure and the outcome. She explained that "pert" is a medical term, but she acknowledged that this patient found the language to be flippant.</p> <p>In response to questions raised by Board members, TC confirmed that she is satisfied that this is a one off incident. She explained that 23 other patients had fed back about a positive experience with the consultant and that the other staff present confirmed that they would have been comfortable to raise a concern with this consultant if they felt it was necessary.</p> <p>Discussion was had regarding the small space and the Board raised concerns that other patients might find this difficult too. In response, TC confirmed that the clinical rooms used are big enough but that the use of curtains to create the consultation space makes the space smaller. She agreed to consider what can be done to make these curtain spaces bigger.</p> <p>The Board were saddened by the experience of this patient and acknowledged the multiple issues raised and learning undertaken to date. The Board agreed that further work is required to ensure that staff feel able to speak up and raise concerns about more senior members of staff and that this should be a continued area of focus.</p> <p>The Board expressed thanks to the patient for sharing their story.</p>
<p><b>129-24</b></p>	<p><b>Draft minutes of the public meeting held on 02 November 2023</b>          The Board <b>agreed</b> that the minutes of the public Board meeting held on 02 November 2023 are a true and accurate record of that meeting and <b>approved</b> them on that basis.</p>
<p><b>130-24</b></p>	<p><b>Matters arising and actions pending from previous meetings</b>          The Board noted one pending action related to the performance dashboard. The operational performance report is being refreshed and a new reporting dashboard is due to be completed in April 2024.</p> <p>The Board <b>noted</b> the update.</p>
<p><b>131-24</b></p>	<p><b>Chair's report</b>          [this item was taken after item 134-24]          JS presented her Chair's report to the Board.</p> <p>In response to a question from a Board member, JS invited the deputy lead governor to provide an update on the regular discussions held between the Chair, lead governor and deputy lead governor. The deputy lead governor explained that these meetings are an opportunity for the governors to raise any concerns and that they are able to talk about these openly with the Chair. She described these meetings as useful in supporting the governors to understand and undertake the role of holding the non-executive directors to account for the performance of the Board effectively.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>132-24</b></p>	<p><b>Chief Executive's report</b>          JL presented the report to the Board, highlighting the following:</p>

	<ul style="list-style-type: none"> <li>- There is a commitment to form two provider collaboratives in NHS Sussex to support the delivery of the Improving Lives strategy. A committee in common is being developed to support this and QVH is an active partner in developing the provider collaboratives</li> <li>- There have been positive conversations with primary care colleagues about the future of the neighbourhood strategy. JL thanked primary care leaders for their support in developing the strategy</li> <li>- JL expressed thanks to all staff for their work and support during recent periods of industrial action</li> </ul> <p>In response to a question about organisational performance, JL reported that productivity is starting to increase but there is still more to do to ensure that the Trust gets the best from resources including theatres. Theatre productivity at QVH is above the national benchmark but a higher ambition is required to support improved access.</p> <p>In response to a question regarding how the provider collaboratives will work in practice, JL confirmed that the Chief executive officer's from across the system are working through this. The Chief medical officers are developing clinical networks and the governance structure is being worked through by governance leads.</p> <p>Discussion was had regarding the impact industrial action may have on relationships and NR confirmed that nurses from across the Trust are supportive of one another and focussing on maintaining patient safety.</p> <p>The Board <b>noted</b> the contents of the report.</p>
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<b>Governance and strategy</b>	
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<b>133-24</b>	<p><b>Freedom to Speak Up Guardian report</b></p> <p>SP presented the report as read and discussion was had regarding the contents of the report and the Trust's Freedom to Speak up function as follows:</p> <ul style="list-style-type: none"> <li>- NR confirmed that SP will step down from her role as Freedom to Speak up Guardian and that the Trust will commission an external provider to undertake this role to provide an additional layer of assurance and impartiality</li> <li>- The Board raised concern that a member of staff was concerned about repercussions from speaking up and questioned prevalent this issue is. SP thought that this is because it is a small Trust and when a member of staff raises a concern, it is usually clear who raised it</li> <li>- NR confirmed that there has recently been an increase in staff asking about how they can raise concerns but acknowledged there is further work to do</li> <li>- The Board acknowledged that there are cultural issues to be resolved to support staff in feeling safe to speak up, including developing psychological safety. RS confirmed that these will be clear areas of focus in the people, culture and organisational development strategy. The Board agreed that there is a need to demonstrate that when staff speak up they are protected</li> </ul> <p>The Board thanked SP for her time and commitment to the Freedom to Speak up role.</p> <p>The Board <b>noted</b> the contents of the report.</p> <p>[SP left the meeting]</p>
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<b>134-24</b>	<p><b>Strategic case for change and strategic option review</b></p> <p>[this item was taken after item 130-24]</p> <p>JL introduced the item, explaining that this is a significant milestone for developing the future of the organisation.</p>
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AJ presented the report to the Board, highlighting the continued commitment to engagement throughout the development of the strategy explaining that feedback has been used to inform the strategic case for change and the options presented. The engagement completed to date has been independently reviewed.

AJ explained that the options presented have been developed in line with the case for change as presented and outlined option five as the preferred option; that QVH will be a hybrid provider, seeking to build on specialist/ regional services and also be an active local partner providing services and innovative neighbourhood hubs. AJ described what will be different, describing how the Trust would move away from organic and ad hoc growth to clear strategic intent when developing its offering. This option retains what is great about QVH, whilst ensuring focus on working in partnership with other organisations, developing a strengthened academic presence and working towards an innovative and collaborative future.

The Chair sought views from each Board member. Feedback on the options for consideration was received as follows:

- The Board recognised the extensive work completed to reach this position and praised work completed by AJ and the executive team
- The Board supported the continued commitment to engagement
- Discussion was had regarding finance and MW confirmed that being a hybrid provider will make QVH financially sustainable going forward
- The Board acknowledged the financial and capacity challenges faced by the NHS and agreed that it is important to consider how the Trust can contribute to supporting NHS Sussex and the wider NHS
- The Board recognised that collaboration is crucial in order to sustain the future of the Trust, in the context that it is the smallest acute Trust in the country
- The Board noted that a hybrid model would increase the resilience of the Trust's services, improving patient pathways and access, acknowledging the important of considering growth in demand
- In response to a question, AJ confirmed that providing regional and national services as well as providing community services complement one another and that neither elements on their own would ensure a sustainable future for QVH. The Board agreed that the interoperability of these two areas of focus for QVH will be important
- The Board noted that the next stage of strategy development will include the consideration regarding each service and fit with the hybrid model and strategic direction
- The Board agreed that it will be important to have sufficient controls in place to ensure that there is strategic intent behind the development of services in the future

The Board:

- **Approved** the case for change, and
- **Approved** option five as the preferred option; for QVH to be a hybrid provider, seeking to build on specialist/ regional services and also be an active local partner providing services and innovative neighbourhood hubs.

The Chair invited the lead governor to ask questions regarding the item discussed. The following questions were asked and responses given.

Question

Does the Trust have the right capacity in order to deliver the next phase of the strategy development?

Response

	<p>AJ confirmed that the team is currently scoping the resources required to support the programme. AJ will lead the work with the support of the executive team. External specialist capacity will be utilised as and when required.</p> <p><b>Question</b> How will you ensure Board focus on research to support the Trust being a centre of excellence?</p> <p><b>Response</b> The Board agreed that research will be a key area of focus for the Trust going forward. TC confirmed that research and innovation will form one of the enabling strategies, and that the Trust will look to establish some strong academic partnerships to support this.</p> <p><b>Question</b> Will other sources of funding be considered, specifically within the private sector?</p> <p><b>Response</b> JL confirmed that all NHS organisations are considering ways in which to become more financially sustainable, and that it is recognised that private and research income could support sustainability for the Trust. Opportunities to work with private sector organisations are being considered.</p>
<p><b>135-24</b></p>	<p><b>Audit and risk committee assurance</b> PDR presented the report to the Board, highlighting that the committee had considered the effectiveness of the Freedom to Speak up function including whistle blowing, noting that that processes are in place but that there is a requirement to consider the effectiveness.</p> <p>PDR reported that Azets LLP have been appointed as the Trust's external auditors and that the committee had received an indicative plan for the 2023/24 audit.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>136-24</b></p>	<p><b>Board assurance framework</b> JL presented the Board assurance framework to the Board, reporting that a significant amount of work has been undertaken to refresh the content and the format of the document in line with NHS best practice and CQC requirements. The current eight strategic risks were identified by the Board in July 2023 and will be reviewed by the Board as required going forward. The Board assurance framework is a monitoring tool used by the Board to assess how effectively the Trust's strategic risks are being managed.</p> <p>LM highlighted that this is the first iteration of the document, and that it is expected to develop and change over time. She reported that the Board assurance framework forms part of a wider programme of work that is still ongoing. The refresh of the corporate risk register and the Board review of risk appetite are important components currently in development.</p> <p>The Board considered and discussed the Board assurance framework as follows:</p> <ul style="list-style-type: none"> <li>- The Board welcomed the progress made to date to develop the Board assurance framework</li> <li>- There was a suggestion that the scores for the strategic risks may be too high and are not an accurate representation of the Trust's strategic risk profile</li> <li>- The Board agreed that the document should be simplified and shortened to ensure visibility of key concerns</li> </ul> <p>The Board expressed thanks to all who had contributed to the development of the Board assurance framework.</p>

	<p>The Board <b>noted</b> the report.</p>
<p><b>137-24</b></p>	<p><b>Financial, workforce and operational performance assurance</b>          POD presented the report to the Board, thanking colleagues for work completed to date to improve the presentation of performance data to the committee. He highlighted that operational performance is challenged due to the impact of industrial action and that the committee have requested further analysis on the Trust’s waiting list position in order to obtain assurance that the waiting list is being managed effectively.</p> <p>The committee received an update on financial position and assurance that the Trust should break even at the end of the financial year despite industrial action. There has been improvement to estate maintenance.</p> <p>Discussion was had regarding workforce challenges and the committee has understood that although generic workforce challenges faced by the Trust are limited, there are cultural issues to be addressed including supporting staff to feel safe to speak up and addressing equality, diversity and inclusion challenges.</p> <p>In response to a question, POD confirmed that the committee have requested a further update on the impact that increased locum spend may have on activity.</p> <p>The Board <b>noted</b> the report.</p>
<p><b>138-24</b></p>	<p><b>Financial performance</b>          MW presented the report to the Board and confirmed that the Trust has achieved a break even position year to date and that it is expected that the Trust will achieve a break even position for the financial year end. The Trust is also forecast to meet its efficiency target for the financial year but there are challenges with the delivery of the capital programme.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>139-24</b></p>	<p><b>Annual business planning update 2024/25</b>          MW provided an update regarding the development of the business plan for 2024/25, reporting that planning guidance has not yet been published although the plan is being developed in line with indicative planning guidance and the NHS Sussex longer term financial plan. The process had started in November 2023 and the baseline exercise is almost complete. Services have been engaged throughout the process to date.</p> <p>Discussion was had regarding efficiencies and MW confirmed that this is likely to be 5% and that this is in line with ambitions set out within the strategy. The Board requested that when the business plan is ready to be signed off that the detail regarding where the 5% efficiency will come from is included. It was agreed that this should be addressed with a degree of urgency.</p> <p>MW confirmed that the Board will have an opportunity to review the final draft plan in detail ahead of it being approved by the Board. This will be before the end of March 2024.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>140-24</b></p>	<p><b>Workforce performance report</b>          RS presented the report to the Board, highlighting that:</p> <ul style="list-style-type: none"> <li>- There has been lots of work completed to address the Trust’s equality, diversity and inclusion (EDI) challenges, including the development of new EDI objectives, the establishment of the EDI group who first met in December 2023, the commitment to</li> </ul>



	<p>an anti-racism strategy and the roll out of the QVH pride pledge including lanyards and badges which acts as a visible reminder of belonging to all staff</p> <ul style="list-style-type: none"> <li>- The Trust's vacancy levels are at a record low but there is work to be done to improve the time to hire rates</li> <li>- Staff survey results are expected to be published on 7 March 2024</li> </ul> <p>In response to a question regarding what is causing workplace stress, RS confirmed that it is largely due to work pressure and team relationships.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>141-24</b></p>	<p><b>Operational performance report</b></p> <p>KB presented the report to the Board and reported that industrial action is having a significant impact on activity. The focus remains on ensuring patient safety is maintained. Work is underway to understand the impact of industrial action.</p> <p>KB reported that there are concerns regarding meeting the 62 day cancer performance target due to complex referrals. Work with clinical leads and senior leadership team is ongoing to address this.</p> <p>A Board member sought clarity regarding the reference in the report to 'patients being validated back onto the PTL'. KB explained that there will be patients on the PTL with a long waiting position and that there is then a need to validate patient pathways to understand treatment plans to date.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<p><b>142-24</b></p>	<p><b>Quality and safety assurance report</b></p> <p>KN presented the report to the Board, highlighting that the committee had reviewed the public and patient engagement strategy which it agreed to recommend to the Board for approval subject to some minor amendments.</p> <p>Discussion was had regarding CQC preparation, and NR confirmed that she is preparing a Board preparation pack which will be shared with the Board at its seminar in February 2024. Board members agreed that the aide memoire will be helpful but that the focus should be on quality of Board discussion and assurance sought and received to ensure that services are safe, effective, caring, responsive and well-led.</p> <p>The Board <b>noted</b> the report.</p>
<p><b>143-24</b></p>	<p><b>Quality and safety report</b></p> <p>NR presented the report to the Board, highlighting the public and patient engagement strategy which was appended. NR reported that there has been a small number of infection control issues but that there has been no evidence of onward transmission and that antimicrobial ward rounds have started which is an opportunity for clinical teams to discuss cases with a consultant microbiologist.</p> <p>The Board <b>noted</b> the report.</p>
<p><b>144-24</b></p>	<p><b>Any other business (by application to the Chair)</b></p> <p>There was no further business and the meeting closed.</p>
<p><b>145-24</b></p>	<p><b>Questions from members of the public and governors</b></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</p>

meeting on behalf of the governors. The following questions were asked and responses given.

**Question**

Will there be an increase in clinical and non-clinical staff to support the increased activity levels?

**Response**

JL explained that there is expected to be an increase in activity in the short term initially in order to clear waiting lists and more generally activity will increase. The Trust has started to recruit more substantive staff and six day services will be a focus area for the next year to support the sustainability of the organisation and waiting times.

The Chair thanked governors for observing the meeting and for their questions. There was no further business and the meeting closed.

**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.