

Document:	Minutes (FINAL)	
Meeting:	Board of Directors (session in public) 10.00-12 noon 7 March 2024 Education centre, QVH	
Present:	Jackie Smith	Trust Chair (voting) (Chair)
	Paul Dillon-Robinson (PDR)	Senior independent director (voting)
	Shaun O’Leary (SOL)	Non-executive director (voting)
	Russell Hobby (RH)	Non-executive director (voting)
	Peter O’Donnell (POD)	Non-executive director (voting)
	James Lowell (JL)	Chief executive officer (voting)
	Maria Wheeler (MW)	Chief finance officer (voting)
	Nicky Reeves (NR)	Chief nurse (voting)
	Tania Cubison (TC)	Medical director (voting)
	Robert Stevens (RS)	Interim chief people officer (non-voting)
	Kathy Brasier (KB)	Interim Director of operations (for Chief operating officer)
In attendance:	Leonora May (LM)	Company secretary (minutes)
Apologies:	Karen Norman (KN)	Non-executive director (voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
	Kirsten Timmins (KT)	Chief operating officer (voting)
	Abigail Jago (AJ)	Chief strategy officer (non-voting)
Members of the public:	Eight governors and four members of staff (one for the staff story)	
155-24	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting welcoming members of the Board, and those observing the meeting including eight governors and four 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 KN, AJ, CP and KT and the meeting was declared as being quorate. KB was in attendance on behalf of KT.</p> <p>There were no declarations of interest other than those already recorded on the register of interests.</p>	
156-24	<p>Staff story</p> <p>The Chair welcomed one of the Trust’s nurses who joined the meeting to talk about her experience as a member of staff at QVH including the apprenticeship she has undertaken.</p> <p>The member of staff explained that she started her nursing associate apprenticeship just after the national training opportunity was created, and she has gone on to complete her full nursing degree whilst working at QVH. She spoke about how she has embraced opportunities to learn as part of her training, including volunteering in Eastbourne District Hospital during Covid, the only nursing associate in the intensive care unit. She is now supporting her own students with their studies. She shared the view that QVH is a great place to work and she has been well supported throughout her training.</p> <p>The Board thanked the member of staff for sharing their experience of working at QVH and consideration was given to whether there is an opportunity to improve and increase the take up of apprenticeships at QVH. The member of staff confirmed that there is appetite for that amongst clinical staff members, however funding is needed to make it accessible. NR confirmed that consideration is being given to opening up the opportunity to more members of staff.</p>	

157-24	<p>Draft minutes of the public meeting held on 11 January 2024</p> <p>The Board agreed that the minutes of the public Board meeting held on 11 January 2024 are a true and accurate record of that meeting and approved them on that basis.</p>
158-24	<p>Matters arising and actions pending from previous meetings</p> <p><u>80-23 (performance dashboard)</u></p> <p>JL updated that the revised performance dashboard will be available at the May Board meeting. The action will be updated.</p>
159-24	<p>Chair's report</p> <p>JS presented her Chair's report to the Board, reporting that she had enjoyed recent service visits with governors, and that she and JL had an interesting discussion with Kent ICB colleagues. In response to a question, JS confirmed that Kent ICB are supportive of the Trust's strategic direction.</p> <p>The Board noted the contents of the report.</p>
160-24	<p>Chief Executive's report</p> <p>JL presented the report to the Board, highlighting the following:</p> <ul style="list-style-type: none"> - QVH is excelling in waiting times for sleep services and improvements have been made regarding waiting time for head and neck cancer patients. The Trust remains focussed on clearing the cancer backlog - The Trust is currently undertaking a process to validate patients on waiting lists per best practice - Work regarding redefining the organisation following the recommendations from the well led review conducted by Deloitte is ongoing, including raising the profile of clinical leadership. Triumvirate working, the development of an integrated assurance framework and a revised corporate governance structure are key areas of focus - JL was pleased to welcome KT and HE to the team, and extended thanks to KB and RS for their work including helping the Trust to deliver on a number of key objectives during their time in post - To support the delivery of the improving lives together strategy, leaders across Sussex have agreed to established Sussex Provider Collaboratives and a Committee in Common <p>The Board considered and discussed the updates as follows:</p> <ul style="list-style-type: none"> - The Board welcomed KT and HE to the team - A Board member asked about the benefits of the Committee in Common for QVH. In response, JL explained that the Committee in Common structure enables QVH to have an equal voice in system discussions and for QVH to support system transformation work; a key consideration will be how we deliver clinical services. The first meeting will be held during Q1 of 2024/25 and the Board will be asked to approve the terms of reference at its next meeting - A Board member thanked JL and the team for the work on waiting list validation, and emphasised the importance of transparency and visibility in order to address any issues arising from the work - Discussion was had regarding the fire safety enforcement notice and the Board raised concern about issues being brought to attention by external bodies which the Trust should have known about. The Board agreed that the completion of actions before 3 June 2024 is critical. MW reassured the Board that good progress is being made against the action plan, with fortnightly meetings with the fire service to review progress. The Trust has appointed an authorised fire engineer that is independent and the Finance and performance committee will receive regular compliance reports going forwards <p>The Board noted the contents of the report.</p>

161-24	<p>Developing the future of QVH- clinical service review and defining our local population</p> <p>JL presented the report to the Board which focussed on the clinical service strategy development and the definition of the local population. He explained that since the last Board meeting, a review of the frontline clinical services has been completed and the outcome of the initial assessment with recommendations for opportunities for consideration are set out within the report as well as the proposed approach for defining the local population. He highlighted engagement as a continued focus for the Trust in the development of the strategy and acknowledged the need for the Trust to increase focus on research and development which is key to the Trust being a centre of excellence.</p> <p>The Board considered and discussed the contents of the report as follows:</p> <ul style="list-style-type: none"> - The Board agreed that continued clinical engagement is critical - A Board member requested that the resilience of the clinical services is considered further including key person dependencies with assurance regarding meeting supply and demand requirements - Consideration was given to investment, and the Board acknowledged an opportunity to invest in and to improve technology across the organisation, specifically within radiology. The Board noted that further consideration regarding strategic investments will be required within the next phase - A Board member asked is the population definition might overlap with other providers and potentially create conflict. In response, JL acknowledged that the boundaries are blurred but confirmed that providers are collaborating to work well together in the space - The Board raised concern about the perception that the Trust is continuing with all clinical services and the absence of any difficult decisions which may appear at a later date. JL confirmed that none of the services are currently making a financial loss and that the Trust's service benchmark well against others. He highlighted an opportunity to explore all services for the benefits of patients instead of being financially driven. He explained that the difficult decision making will be inherent within the next phase with discussions about which services will be commissioned - The Board sought assurance regarding consideration given to the breadth of future opportunities and potentially changing commissioning and partnership landscape. JL QVH is part of a strategic commissioning steering group for the system and that the Trust is also working with specialist commissioners. The Committee in Common for NHS Sussex will be a key driver for discussions - A Board member highlighted the importance of clearly defining what the innovative neighbourhood hub is and how it will add value, including consideration of commercial opportunities. JL confirmed that the minor injuries unit and community diagnostic centre will be key enablers and that the Trust is working closely with primary care partners to ensure that the hub meets the needs of the population <p>The Board expressed thanks to AJ and the executive team for the extensive work and the quality of the report.</p> <p>The Board:</p> <ul style="list-style-type: none"> - Approved the proposed direction of travel for Trust services - Approved the proposed approach for the identification of the 'local population' for the purposes of further strategy development
162-24	<p>Electronic patient record (EPR) business case</p> <p>MW presented the EPR business case to the Board, reporting that this is a digital transformation for QVH, from using paper records to digitalising them and integrating services. This business case is central to the digital strategy and a key enabler for the Trust's Strategy. The business case amounts to £12.4m in capital investment which has</p>

	<p>been funded centrally by NHS England. She highlighted that this is a big transformation for the Trust and it does come with some risk of disruption but that the team are working to mitigate this.</p> <p>JL confirmed that clinical engagement is key to the EPR being implemented at the Trust and that the Trust has taken on board the learnings from other organisations who have already implemented the way of working. The implementation of EPR will be a key objective for the triumvirate leadership team in the coming year.</p> <p>The Board acknowledged the importance of mitigating the risks associated with the delivery of this transformational piece of work.</p> <p>The Board acknowledged extensive discussions held at Finance and performance committee and private Board meetings with assurance sought and received regarding the development of this business case.</p> <p>The Board ratified the EPR business case.</p>
<p>163-24</p>	<p>Key strategic objectives 2024/25</p> <p>JL presented the report to the Board, reporting that the integrated assurance framework will be a key enabler in ensuring that the Trust meets its key strategic objectives for 2024/25. He described the approach, stating that there are five major projects to deliver during the year and that caution has been taken to ensure that these are achievable. The report also sets out what will not be a priority during the year. The key strategic objectives will be updated with the publication of the Trust's strategy in September 2024.</p> <p>JL confirmed that the projects and goals will be embedded throughout the business units and directorates to ensure delivery and alignment across the organisation. A key enabler for health inequalities is understanding the ethnicity of the Trust's service users.</p> <p>A Board member noted the annual goal of 95% ethnic coding and asked what the percentage currently is. KB confirmed that this is variable across the organisation but noted the importance of having a baseline and agreed to report back regarding the exact number outside of the meeting.</p> <p>A Board member sought assurance that the Trust has the capacity and capability to deliver the key projects. In response, JL confirmed that the team is building capability for the organisation and that some areas of the business are changing, for example with the introduction of a project management office function. Resource will be allocated to the delivery of the projects and staff will be released from unnecessary bureaucracy</p> <p>The Board noted that the appropriate sub-committees will have regular updates regarding progress against the key projects.</p> <p>The Board welcomed and supported the clear list of strategic projects for the year.</p>
<p>164-24</p>	<p>Board assurance framework (BAF) and corporate risk register (CRR)</p> <p>LM presented the report to the Board, reporting that the key updates to the BAF documents since the last presentation to the Board are set out within the BAF summary document at appendix one. The scores for BAFs 4, 5 and 8 have reduced as key actions have been completed. The detail of those is included within the executive summaries.</p> <p>LM confirmed that all BAF documents have been reviewed in detail by the Board sub-committees during February 2024 and that there has been some debate about the risk scores.</p>

	<p>The Board agreed that the BAF reporting has improved and that the executive summaries within the report are helpful, but that there is further refinement required. The Board gave the following feedback:</p> <ul style="list-style-type: none"> - one Board member suggested that none of the BAF risks should have a target consequence of 5 (severe), because the controls and mitigating actions should reduce this. Discussion was had on this point and the Board noted that the risk assessment matrix describes a 5 rating for consequence as a death which means that where there is still a risk of death, this will remain 5. The descriptors on the assessment matrix will be revisited once the risk appetite work concludes - the executive summaries should surface any key concerns to bring to the sub-committees and Board's attention and the Board agreed the importance of having strategic discussions about the Trust's risk profile <p>The Board:</p> <ul style="list-style-type: none"> - confirmed that the BAF is appropriately focussed on and accurately describes the key risks that may impact on the Trust's ability to deliver its strategic objectives - noted the revised corporate risk register.
<p>165-24</p>	<p>Board effectiveness review</p> <p>LM presented the report to the Board. She explained that the annual review of Board effectiveness is good practice and recommended by the Code of governance for NHS provider trusts. This is the first part of the Board effectiveness review, and the annual survey will follow.</p> <p>LM reported that the Board's composition is in line with the requirements within the Trust's Constitution, including with the addition of the Chief operating officer being a voting member of the Board and that succession planning is in progress and will be completed by November 2024.</p> <p>The Board:</p> <ul style="list-style-type: none"> - Agreed the contents of the evaluation, noting that it will be referenced in the annual report and accounts 2023/24 - Approved the Chief operating officer being a voting member of the Board - Approved the revised terms of reference for the Nomination and remuneration, Finance and performance and Quality and safety committee.
<p>166-24</p>	<p>Annual report on use of Trust seal</p> <p>LM presented the report and confirmed that the Trust seal has been used once during the year, the details of which are included in the report. The seal was attested by the Trust Chair's and Chief executive officer's signatures as required by the Trust's Standing orders.</p> <p>The Board noted the contents of the report.</p>
<p>167-24</p>	<p>Audit and risk committee assurance</p> <p>PDR presented the report to Board, reporting that good progress has been made with the procurement for the Trust's internal audit and counter fraud support. PDR confirmed that he had updated the Lead governor and deputy Lead governor by email following the meeting, as there is not yet a governor working group in place for this committee.</p> <p>The Board noted the updates.</p>
<p>168-24</p>	<p>Quality and safety committee assurance</p> <p>SOL presented the report to the Board, reporting that the interaction between the committee and the governor working group has become more streamlined and that discussions had with governors have been useful.</p>

	<p>SOL highlighted that the main concern for the committee is ongoing issues with microbiological prescribing at QVH. There has been some improvement in recent months including with increased engagement and the recruitment of an antimicrobial pharmacist.</p> <p>The Board noted that the committee will now meet formally bi-monthly and hold seminars in the month's in-between.</p> <p>The Board noted the updates.</p>
<p>169-24</p>	<p>Quality and safety report</p> <p>NR presented the report to the Board, highlighting that the Trust is recruiting an anti-microbial pharmacist which will be invaluable in addressing antimicrobial prescribing issues.</p> <p>NR reflected on the recent PLACE inspection results, the final report for which was received after the Quality and safety Board report was written. She expressed disappointment with the results of the inspection which saw a reduction in scores for six of the eight domains assessed. Significantly reduced scores were seen within the dementia, disability and food service domains. NR recognises the results and explained that this is not where the Trust wants to be.</p> <p>She explained that estates maintenance work has not always been completed at the standard required and that going forward this will be an area of focus. There were also issues with oversight of the previous PLACE inspection action plan meaning that actions remained outstanding. This will be addressed through the corporate governance review and the executive leadership team will have oversight of the action plan.</p> <p>NR explained that some immediate actions have been completed which include a PLACE task and finish group meeting weekly and the oversight of the action plan by the executive leadership team. Protected meal times have been reinstated and mini PLACE inspections will be restarted involving governors and Board members.</p> <p>The Board noted the updates.</p>
<p>170-24</p>	<p>Financial, workforce and operational performance assurance</p> <p>POD presented the report to the Board, highlighting the following:</p> <ul style="list-style-type: none"> - The committee remains concerned about waiting list management issues including clinical harm and validation. The committee awaits an update regarding learning from issues found and actions to be completed in order to be assured in this area - The committee is assured that the Trust is in a good place with performance related to workforce - The committee is pleased with the Trust's breakeven position for year-end but raised concern regarding the capital plan and spend - The committee received a detailed update regarding the action plan to address fire safety concerns <p>Discussion was had regarding the electronic patient records (EPR) business case. POD confirmed that the committee had held three additional meetings to consider the business case and the costs versus benefits. He confirmed that the committee had been assured that clinicians have played a key role in the development of the case. The committee recognise that the delivery of the business case will be challenging given the complexity of the work, and POD confirmed that the committee will have oversight of the delivery plan which should be developed with those challenges in mind.</p> <p>The Board noted the updates.</p>
<p>171-24</p>	<p>Financial performance report</p>

	<p>MW presented the report to the Board, stating that the Trust is on track to breakeven at financial year end. She explained the capital programme has been a challenge, but work to ensure this is met will start much earlier in 2024/25.</p> <p>The Board noted that business planning for 2024/25 is underway and that the Board will be asked to approve the final business plan ahead of submission. The planning guidance is expected to be published next week.</p> <p>Discussion was had regarding the capital plan. The Board agreed the importance of maintaining quality and effectiveness of capital spend close to the financial year end, noting that the Trust was in the same position this time last year. The Board challenged this position and asked what will make the difference next year. In response, MW confirmed that the team continue to focus on ensuring value for money is obtained and that areas of spend agreed for the next financial year have been brought forward to ensure that it has been utilised. She shared the view that the delivery of the plan had not started early enough this year and in previous years. This is set to change and the incoming associate director of estates and facilities will focus on addressing backlog maintenance from April 2024.</p> <p>The Board noted the contents of the report.</p>
<p>172-24</p>	<p>Workforce performance report</p> <p>RS presented to the report to the Board and highlighted the positive staff survey results for QVH.</p> <p>The Board commended the introduction of the progress pride lanyards and badges for staff, noting that almost one third of staff have signed the pledge.</p> <p>The Board noted the contents of the report.</p>
<p>173-24</p>	<p>Eliminating sexual misconduct</p> <p>TC presented the report to the Board which sought support to sign up to the Charter on sexual safety in healthcare. TC confirmed that although there has been no issues found relating to sexual safety at QVH, the Trust remain focussed on considering why this may be the case including development of the freedom to speak up framework and active bystander training.</p> <p>Discussion was had regarding meeting the Charter requirements as follows:</p> <ul style="list-style-type: none"> - TC confirmed that active bystander training will be rolled out across the whole organisation and will include four options with what to do if something does not feel right; there is no do nothing option. She acknowledged the importance of staff knowing what to do with the information as well as the person receiving the information - In response to a question regarding what the barriers are relating to speaking up about sexual safety, TC thought that this may be partly due to normalisation of certain behaviours and that the active bystander training will help staff to recognise this and call it out, thinking about it in a different way. The women’s network is a key focus area but the education will be shared with male staff too - In response to a request from a Board member, NR agreed to undertake an exit interview with the current freedom to speak up guardian with reflections about what the barriers are. The outcome of this will be reported to the Quality and safety committee. ACTION NR - RS reiterated the importance and relevance of this Charter to QVH as a surgical centre and acknowledged the powerful impact of breaking the silence <p>The Board agreed and signed the Charter for sexual safety in healthcare and agreed to the implementation of all of the actions.</p>

174-24	<p>Operational performance report KB presented the report to the Board and reported that cancer performance has been a challenge for the Trust during the period but that following an extensive amount of work, the number of patients waiting 62 days has reduced from 55 to 29. She highlighted that there is a small cohort of patients waiting more than 104 weeks currently but that she hopes this will be none at the end of the financial year.</p> <p>The Board were pleased to note the opening of the Local anaesthetic unit which will increase capacity for planned care in the Trust's theatres. KB expressed thanks to the theatre manager and her team for all of their work to make this happen.</p> <p>The Board noted the contents of the report.</p>
175-24	<p>Any other business (by application to the Chair) The Board acknowledged that this will be KB and RS's last Board meeting as interim Director of operations and interim Chief people officer.</p> <p>JS extended thanks to KB on behalf of the Board for her support and her work during the time in post which has been instrumental in providing the Board with assurance on important operational matters.</p> <p>JS extended thanks to RS on behalf of the Board for his hard work, commitment and dedication to the role which she described as driving positive change for the organisation.</p> <p>The Board acknowledged that CP, Director of communication and corporate affairs, will leave the Trust at the beginning of April for a career break after having been working for QVH for seven years. JS thanked CP for all of her work on behalf of the Board, commenting that she had been dedicated and loyal to QVH and wished her all the best for the future. The Lead governor extended thanks to CP for all of her help in her role as Company secretary.</p> <p>There was no further business and the meeting closed.</p>
176-24	<p>Questions from members of the public and governors 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 Are there opportunities for QVH to provide commercial services to generate further income to benefit patient care?</p> <p>Response JL confirmed that there is ambition to consider commercial opportunities for the Trust and this will be included within the Trust's financial strategy</p> <p>Question How can the Council of Governors be assured that the management team are sighted on all issues, given that recently the Council of Governors have been made aware of issues including fire safety and the land sale which they were not previously aware of?</p> <p>Response JL confirmed that management are conducting a review of outstanding issues and missed opportunities and will bring these to the Board's attention as they come to light. Consideration is also being given to why these issues might now be coming to light, and</p>

what is being done about them as a priority. The sub-committees have oversight of the management of such issues.

Question

Is the Board content that the EPR business case is robust, given that clinical safety and relation to spoke sites are not mentioned in the report? Why has this report appeared suddenly?

Response

JS confirmed that Board discussions regarding EPR have been ongoing for a number of years, but that the central funding came through late, hence the submission of the business case. She confirmed that the finance and performance committee have held four meetings to discuss the business case and are content that the risks are well understood with mitigations in place and critical clinical involvement.

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.