

Document:	Minutes (FINAL)	
Meeting:	Board of Directors (session in public) 10.00-12 noon 2 May 2024 Education centre, QVH	
Present:	Jackie Smith	Trust Chair (voting) (Chair)
	Paul Dillon-Robinson (PDR)	Non-executive director (voting)
	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)
	Kirsten Timmins (KT)	Chief operating officer (voting)
	Helen Edmunds (HE)	Chief people officer (non-voting)
	Abigail Jago (AJ)	Chief strategy officer (non-voting)
In attendance:	Leonora May (LM)	Company Secretary (minutes)
Apologies:	None	
Members of the public:	Six governors and four members of staff	
Welcome		
1-24	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting welcoming members of the Board including KT and HE to their first public Board meeting, and those observing the meeting including six 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>There were no apologies 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>	
Standing items		
2-24	<p>Patient story</p> <p>NR shared a compliment from a patient who had received surgical treatment (breast deconstruction, mastectomy and reconstruction) at QVH in January 2024. The compliment included comments about how:</p> <ul style="list-style-type: none"> - Each member of staff had treated her with warmth and respect, particularly the nurse who was warm and kind and that she had utmost confidence in the team who were looking after her - The preparation for the surgery led her to feel calm and confident about her surgery as she was anaesthetised - The nurses and health care assistants working on on Margaret Dumcomb ward were beyond exceptional, with a clear culture of care engrained into the team - The domestic and catering staff are 'unsung heroes', and demonstrated care and compassion in 'small' gestures which can mean the difference between receiving good enough care and her feeling like she was receiving holistic wrapped around care where she was at the 'soul and centre' <p>The Board thanked NR for sharing what was described as exemplary care received by a</p>	

	<p>patient, and was pleased to recognise the important contribution from domestic and catering staff. The Board agreed that this patient centred culture must be retained throughout the development and implementation of the Trust's strategy.</p> <p>NR confirmed that the patient has been thanked for taking the time to share their story.</p> <p>The Board noted the patient story.</p>
3-24	<p>Draft minutes of the public meeting held on 7 March 2024</p> <p>The Board agreed that the minutes of the public Board meeting held on 7 March 2024 are a true and accurate record of that meeting and approved them on that basis.</p>
4-24	<p>Matters arising and actions pending from previous meetings</p> <p>The Board noted that there are two pending actions which are not yet due, and the updates within the report.</p>
5-24	<p>Chair's report</p> <p>JS reminded Board members to be mindful of using jargon when presenting reports for the benefit of those who observe the meeting.</p> <p>JS presented her report to the Board and reporting that she continues to visit services with the lead and deputy lead governors and that her Non-executive director colleagues have been encouraged to do the same. She reported that Cedi Frederick, Chair of NHS Kent and Medway ICB had attended the last Council of Governors meeting to present an update on the ICB to the Council of Governors and the Board which was insightful. JS highlighted that a meeting of the Strategic development committee working group for governors will be held on 14 May 2024, and she encouraged all governors to attend as this is a critical time for the development of the Trust's strategy.</p> <p>The Board noted the contents of the report.</p>
6-24	<p>Chief Executive's report</p> <p>JL presented the report to the Board, highlighting that:</p> <ul style="list-style-type: none"> - The Trust's performance during 2023/24 was good with strong performance related to cancer diagnostics. The Trust had not met its target for 65 week waits for RTT patients. Ambitious targets have been set for the next year. He extended thanks to all staff for their great work during the year - It is a critical time for the development of the Trust's strategy as well as the development of the Trust's revised vision and values. Work to engage staff and stakeholder continues as a priority - Work to redefine the organisation and address the recommendations from the Trust's well led review is ongoing. The new organisational structure has been launched and clinical directors for each of the directorates have been appointed <p>The Board considered and discussed the updates as follows:</p> <ul style="list-style-type: none"> - The Board commended the Trust's operational performance for 2023/24 - A Board member asked about meeting the September deadline for the publication of the strategy and also about the level of clinical engagement throughout the development of the strategy. In response, JL acknowledged the challenging timeline which is still thought to be achievable, notwithstanding risks including changes to the political landscape, changes to ICB strategies and support from staff and stakeholders. NR and TC confirmed that clinical engagement has been strong and that clinical workshops have been a success - Discussion was had regarding the developing provider collaboratives and JL shared the hope that these reach the same level of maturity as others with delegated

	<p>authority from the ICB to transform clinical services. The NHS Sussex provider collaboratives are at the start of their journey</p> <ul style="list-style-type: none"> - In response to a question about feedback received from staff about the new organisational structure and triumvirate working, JL confirmed that staff recognise the need for change and are keen to see how it will work in practice. Colleagues are being supported with new ways of working and staff engagement throughout the development of the structure was paramount - NR agreed to report to a future Board meeting the learning and outcomes for patients and staff related to the Schwartz rounds. Action NR <p>The Board noted the contents of the report.</p>
<p>GOVERNANCE, STRATEGY AND RISK</p>	
<p>7-24</p>	<p>Guardian of Safe Working report TC presented the report to the Board.</p> <p>The Board commented on the quality of this report, specifically the lack of assurance and evidence, highlighting the list of issues and summary which concluded that there have not been many exceptions reports during the quarter with uncertainty about whether this is due to rotas working well or a reluctance to fill in exception reports. It was agreed that TC would ensure that appropriate assurance and evidence is provided next time.</p> <p>A Board member commented on the fines outlined within the report and asked whether further thought can be given to a more proactive approach. In response, TC confirmed that many of the fines were expected as the rotas were planned in advance and in the event that someone does get called, a fine will be issued due to the person not getting the correct amount of sleep. She confirmed that usually the rotas are planned appropriately but there are occasionally times where on call facilities need to be used.</p> <p>The Board noted the contents of the report.</p>
<p>8-24</p>	<p>Company Secretary's report LM presented the report to the Board and reported that:</p> <ul style="list-style-type: none"> - The Trust had complied with its standard and additional licence conditions during 2023/24. There is no requirement to self-certify this year as in previous years. The Audit and risk committee had received detailed assurance. A key part of demonstrating compliance with the additional licence conditions is the development of the new Code of conduct for governors which will be approved during Q1 2024/25 - A review has been completed on compliance with the Code of governance for NHS provider trusts. The Audit and risk committee have reviewed the outcome of this review in detail. The areas that the Trust will report minor non-compliance with the Code are Senior independent director and Chair of the Audit and risk committee being same person for a period during the year, succession planning development, policy for removal of a governor and remuneration for the Chair and Non-executive directors - The draft Scheme of delegation and reservation of powers is presented for approval following recommendation from the Audit and risk committee. These documents have been reviewed to ensure delegation for decision making and financial limits are appropriate - The draft terms of reference for the Strategic development committee and Audit and risk committee are presented with minor changes for approval following recommendation from the committees. <p>PDR confirmed that the Scheme of delegation and reservation of powers has been reviewed in detail by the Audit and risk committee who support the proposed changes.</p>

	<p>In response to a question, LM confirmed that the Trust annually reviews national Non-executive director pay benchmarking analysis from NHS Providers to ensure that it is not an outlier in paying above the recommended amount.</p> <p>The Board:</p> <ul style="list-style-type: none"> - Noted that the Trust has complied with its standard and additional Licence conditions during 2023/24 - Noted the areas of non-compliance with the Code of governance for NHS provider trusts as set out above - Approved the changes to the Scheme of delegation and reservation of power and the Standing financial instructions - Approved the Audit and risk committee and strategic development committee terms of reference
<p>9-24</p>	<p>NHS Sussex Committee in Common Terms of reference</p> <p>JL presented the report, reporting that the committee in common is an important step in NHS Sussex becoming an integrated system.</p> <p>LM confirmed that at this stage, the Board is not being asked to delegate any of its decision making authority and that decisions will be made on the basis of delegated authority of the members of the committee. Any decisions required above this delegated authority will go through the Trust's usual governance processes. The primary function of the committee will be to deliver the Improving lives together strategy, but this is also a good opportunity to drive forward system risk oversight and management. The first meeting is arranged for 8 May 2024. The Board was asked to approve the establishment of the committee and its terms of reference</p> <p>The Board considered and discussed the proposal as follows:</p> <ul style="list-style-type: none"> - The Board agreed the importance of keeping traction of the work of the committee and impact for patients, service users and their families to ensure effectiveness and JS confirmed that the Chairs are focussed on making a difference for patients - The Board agreed that the terms of reference are broad and encouraged members of the committee to remain focussed on what the committee will deliver. JS confirmed that the committee will consider eight priorities and focus on two or three things which will have a lasting impact on patient care - The Board acknowledged that this collaboration will be an important enabler to transform clinical services and develop relationships between organisations - JL concurred that this committee must deliver change to the health and care system and address health inequalities in a meaningful way <p>The Board approved the establishment of the committee and common and its terms of reference.</p>
<p>10-24</p>	<p>Board assurance framework (BAF) and corporate risk register (CRR)</p> <p>LM presented the report to the Board, highlighting the executive summaries which were included for each BAF and changes from the last period visible in the BAF summary document. All scores remain the same with the exception of BAF 1 where the score has reduced from 15 to 10. The BAFs have been reviewed by the sub-committees during April.</p> <p>NR provided the Board with an update regarding ongoing work to refresh the Trust's approach to risk management and acknowledged that there is further work to do on the development of the BAF and CRR. The Trust has some support from an interim risk lead to operationalise and make the documents meaningful. NR stated that the strategic and corporate risks highlight current areas of concern for noting.</p>

	<p>The Board provided feedback on the development of these documents. A Board member expressed the view that the current approach is too focussed on scores and requested that the Board hears from management about the risk landscape for the organisation with evidence and assurance that high level risks are being effectively managed. The Board agreed that there is further work to do in refining the information presented.</p> <p>The Board asked about the timescale for the refreshed approach to risk management and refined reporting. NR acknowledged that changes within the executive team had made this work more complex. She confirmed that the refreshed approach to risk management and refined report should be in place by the autumn with the help from the interim risk lead.</p> <p>The Board invited the executive team to highlight any current areas of concern and KT confirmed that she is concerned about long waiting patients and the sustainability of some of the teams, including many interim appointments.</p> <p>The Board agreed the importance of the risk profile recognising and monitoring system risks.</p> <p>The Board noted the report.</p>
<p>11-24</p>	<p>Audit and risk committee assurance</p> <p>PDR presented the report to the Board, highlighting that the monitoring of the contract management improvement plan is a key area of focus for the committee. He reported that the Audit and risk committee will have an additional meeting to consider the revised risk management framework and that the committee is pushing to receive further updates on system risk management as this is a recognised gap for NHS Sussex.</p> <p>A Board member asked for PDR's view on when the committee will be assured that the contract management improvement plan is complete. In response, PDR confirmed that he expected the improvement plan to be complete and embedded within nine months.</p> <p>In response to a question, PDR confirmed that there is nothing that the committee is aware of that may affect the Trust's going concern rating within its Annual governance statement.</p> <p>The Board noted the contents of the report.</p>
<p>Key strategic objective 3: operational excellence</p>	
<p>12-24</p>	<p>Financial, workforce and operational performance assurance</p> <p>POD presented the report to the Board, highlighting that:</p> <ul style="list-style-type: none"> - The committee notes that the Trust has not delivered on its 65 week wait RTT target and is expecting to meet it during September but there is challenge and risk related to this position - The committee is assured that the current estates team are aware of current issues and that they are bringing arising issues to the committee's attention. There is further work to do on disability compliance, RAAC and asbestos compliance. The committee is assured that good progress has been made on fire safety compliance but acknowledges challenges with meeting the agreed timeline for completion <p>In response to a question regarding waiting time targets, POD confirmed that the committee did have some pre warning of this but the ability for the Trust to effectively forecast is a weakness and the committee is keen to see further improvements in this.</p> <p>A committee member confirmed that some opportunities had been missed to identify RAAC which had led to some questions about the confidence of the committee in the assessment of the estate. There are lessons to be learned from this.</p>

	<p>The Board acknowledged quality of appraisals as a long standing issue and urged that this issue is dealt with as a matter of priority.</p> <p>The Board noted the contents of the report.</p>
<p>13-24</p>	<p>Operational performance report</p> <p>KT presented report to the Board, reporting that QVH performs well in terms of operational performance. Her biggest concern is related to long waiting patients. She confirmed that QVH did not meet its target to eliminate patients waiting more than 78 weeks by year end, and there were nine patients remaining. She hopes that these will be eliminated by the end of June 2024.</p> <p>KT reported that to date the Local anaesthetic unit had seen 250 patients which would usually have been treated in the Trust's theatres. Theatre efficiency is good but more will be done to improve this.</p> <p>KT highlighted the importance of improved forecasting and confirmed that work is ongoing with the business intelligence team to make this happen.</p> <p>A Board member sought assurance that long waiting patients are not coming to clinical harm and urged this to be thought about in the widest sense, In response, TC confirmed that all patients are triaged upon booking and treated before the recommended date identified upon triage.</p> <p>The Board thanked KT for her patient centred approach to operational oversight and noted the contents of the report.</p>
<p>Key strategic objective 5: organisational excellence</p>	
<p>14-24</p>	<p>Workforce performance report</p> <p>HE presented the report to the Board and reported that the team are completing a deep dive on appraisal compliance and quality following the Finance and performance committee meeting. For those that have not had an appraisal, staff are being followed up with individually.</p> <p>HE reported that an ethnicity pay gap report is being drafted and confirmed that in recent months, the Trust's gender pay gap has been zero.</p> <p>A Board member asked about the increase in agency staff and whether there is cause for concern. HE confirmed that this is a concern but it is within target and will reduce for the new financial year.</p> <p>The Board noted the contents of the report.</p>
<p>Key strategic objective 4: financial sustainability</p>	
<p>15-24</p>	<p>Financial performance report</p> <p>MW presented the report, highlighting the Trust has a break even position for month 11, and for the 2023/24 financial year end. She reported challenges around capital spend ahead of year end and confirmed that the draft accounts have been submitted.</p> <p>MW provided the Board with an update on fire safety, reporting that good progress has been made, however, a survey has highlighted that the fire dampners are in a bad state of repair and more work is required than first thought. It is likely that this work will not be completed before the 3 June 2024 deadline. West Sussex Fire Service remain supportive of the Trust and work completed to date.</p>

	<p>The Board sought assurance that that learning related to fire safety issues has been embedded to ensure that similar situations will not arise in the future. MW confirmed that standard operating procedures have been established to ensure that checks and balances have been done and that a fire authorised engineer has been appointed. External assurance will be provided by ongoing checks by the fire service and the Finance and performance committee will continue to receive regular updates.</p> <p>A Board member asked if there are cultural issues within the estates and facilities team and a lack of curiosity. MW confirmed that in the past there have been cultural issues, but that staff are now coming forward to raise issues and have seen positive outcomes from raising issues. JL confirmed that estates work going forward should be completed to the required standard and that a missed opportunities audit is underway to establish route causes of issues and what needs to happen to ensure that they do not resurface.</p> <p>The Board acknowledged the Trust's positive financial position and noted the contents of the report.</p>
<p>Key strategic objectives 1 and 2: outstanding patient experience and world class clinical services</p>	
<p>16-24</p>	<p>Quality and safety committee assurance</p> <p>SOL presented the report to the Board and reported that there had been no serious incidents reported to the committee during the period. The committee had received assurance that the Trust continues to maintain its substantial compliance in relation to emergency planning, response and resilience (EPRR), but have urged for more planned training around this to ensure preparedness. He reported an improvement in antimicrobial stewardship.</p> <p>SOL confirmed that the learning from patient stories has been very varied and therefore it has been difficult for the committee to identify themes for continued monitoring.</p> <p>The Board noted the contents of the report.</p>
<p>17-24</p>	<p>Annual review of learning from patient stories</p> <p>NR presented the report to the Board, highlighting that complaints are often centred on communication issues which escalate. She expressed the view that an increased focus on culture will support positive patient experience. The Board considered and discussed the contents of the report as follows:</p> <ul style="list-style-type: none"> - Discussion was had regarding behavioural issues that the report identifies and the Board recognised cross over with workforce, culture and safety which will be picked up by NR and HE - JL recognised that there is further work required to develop this report in providing insight into route causes and culture. He emphasised this as a starting point with more work to be done. The integrated performance reporting will help with triangulation and the Board noted that a behavioural framework is being developed alongside the vision and values - The Board acknowledged the importance of valuable patient feedback and the need to embed learning from it which will feed into the Board's strategy and culture work <p>The Board noted the contents of the report.</p>
<p>18-24</p>	<p>Quality and safety report</p> <p>NR presented the report to the Board, confirming that the Schwartz rounds had been positive for the Trust. She encouraged colleagues to attend. NR confirmed that the new freedom to speak up guardian service is in place and operating well. She agreed to invite the guardian to the July Board meeting to provide an update. Action NR</p> <p>The Board noted the contents of the report.</p>

Meeting closure	
19-24	Any other business (by application to the Chair) There was none.
Members of public	
20-24	<p>Questions from members of the public</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 There was a patient story last year from a patient who was scheduled onto a Saturday list and there was a lack of support services available. How can the Board be assured that if weekend services are increased, patient care is not compromised?</p> <p>Response HE confirmed that the executive team are considering what a six or seven day week looks like and workforce planning accordingly, including ensuring that the workforce are on board, with modelling to match activity. JL confirmed that all essential parts of services will continue to be covered during weekend activity.</p> <p>Question The BAF is difficult for a lay person to understand. Is the Board confident that it understands the Trust's risk profile from the information presented?</p> <p>Response JS acknowledged that risk reporting is not where it needs to be and that further assurance regarding the effective management of risks is required. The Board is aware of the key areas for concern and what is being done to manage them.</p> <p>Question Are there any worries about the Trust's financial position?</p> <p>Response MW confirmed that the Trust is reasonably comfortable with its revenue position but the system is in a difficult financial position. The ability to maintain the Trust's estate is a concern as well as meeting efficiency targets and achieving value for money without diminishing quality.</p> <p>Question What assurance can be taken from the Guardian of safe working report, specifically relating to supervision of plans?</p> <p>Response TC confirmed that assurance will be given to the Deanery by June that all sessions have been removed.</p> <p>Question Are the Non-executive directors assured that the Trust is on track with implementing the recommendations from the well led review?</p> <p>Response</p>

	<p>JS confirmed that the Non-executive directors are assured regarding the ongoing work around the development of integrated performance reporting and organisational restructure but remain concerned about risk and assurance.</p> <p>Question What are the risks to QVH with the development of provider collaboratives and committee in common? How do we ensure that our patients are still taken care of?</p> <p>Response JL confirmed that the Trust has a duty to collaborate under the Health and Social Care Act 2022, and support the needs of the public at large. The Trust is keen to support the system and patients and public at large whilst maintaining what is great about QVH.</p>
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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.