

Minutes (FINAL)		
<b>Meeting:</b>	<b>Board of Directors (session in public)</b> <b>10.00-12 noon 6 March 2025</b> <b>Education Centre, QVH</b>	
<b>Present:</b>	Jackie Smith (JS)	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)
	Jo Emmanuel (JE)	Non-executive director (voting)
	Jon Bell (JB)	Interim Chief finance officer (voting)
	Tamara Everington (TE)	Chief medical officer (voting)
	Edmund Tabay (ET)	Chief nursing officer (voting)
	Kirsten Timmins (KT)	Chief operating officer (voting)
	Helen Edmunds (HE)	Chief people officer (non-voting)
	Abigail Jago (AJ)	Acting Chief executive officer (voting)
	Jane Dickson (JD)	Interim deputy Chief executive officer (non-voting)
	Aleema Shivji (AS)	Associate Non-executive director (non-voting)
	Vivek Chaudhri (VC)	Associate Non-executive director (non-voting)
<b>In attendance:</b>	Leonora May (LM)	Company Secretary (minutes)
<b>Apologies:</b>	None	
<b>Members of the public:</b>	3 members of staff and 12 governors	
<b>122-25</b>	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair opened the meeting welcoming members of the Board, including JE, VC and AS to their first Board meeting, and those observing the meeting.</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 received.</p> <p>There were no declarations of interest other than those already recorded on the register of interests.</p>	
<b>123-25</b>	<p><b>Draft minutes of the public meeting held on 16 January 2025</b></p> <p>The Board <b>agreed</b> that the minutes of the public Board meeting held on 16 January 2025 are a true and accurate record of that meeting and <b>approved</b> them on that basis.</p>	
<b>124-25</b>	<p><b>Matters arising and actions pending from previous meetings</b></p> <p>Action 3 (financial position) was pending and it was agreed that JB would provide an update regarding the Trust's financial position and the risk during the integrated quality and performance report (IQPR) item.</p> <p>The Board <b>noted</b> the written updates for the actions marked as closed on the log.</p>	
<b>125-25</b>	<p><b>Patient story</b></p> <p>ET explained that the patient is unfortunately unable to attend. The item was deferred to the next meeting.</p>	
<b>126-25</b>	<p><b>Chair's report</b></p> <p>JS presented the Chair's report to the Board. She highlighted that:</p>	

	<ul style="list-style-type: none"> <li>- James Lowell has left the Trust to take up a secondment opportunity</li> <li>- There is a need for the Board to focus on how the QVH strategy 2025-2030 will be taken forward</li> <li>- The staff governor vacancy has been filled subject to satisfactory conflict of interest and fit and proper person checks</li> </ul> <p>JS thanked Abigail Jago for stepping into the acting Chief executive officer role.</p> <p>The Board <b>noted</b> the contents of the report.</p>
127-25	<p><b>Chief Executive's report</b></p> <p>AJ presented the report to the Board, highlighting the following:</p> <ul style="list-style-type: none"> <li>- There is a significant amount of change for the NHS at national level with material leadership changes. The Trust is operating in an uncertain time and this is significant for the Board to acknowledge</li> <li>- The detailed planning guidance for 2025/26 has been received and there have been changes to the funding regime, specifically related to a cap for income for planned care. The Trust has previously been able to do more to receive income and mitigate the Trust's financial challenges but this is no longer possible with the new regime. The organisation will need to shift from increasing income to reducing costs which will be a challenge. AJ highlighted the financial challenge as the organisation's biggest risk</li> <li>- The Trust will breakeven financially at year end for 2024/25 but this position is supported by non-recurrent funding and the Trust is ending the year with an underlying deficit position</li> <li>- The Trust will not meet its target of 0 65 week waiting patients before the end of March 2025. The current forecast has reduced from 50 patients waiting to 39 patients waiting at the end of March 2025</li> <li>- The most material strategic programmes are electronic patient records (EPR) and the community diagnostics centres (CDCs). The team have undertaken detailed stock takes of the programmes with a view to strengthen governance and oversight</li> <li>- The development of the Trust's culture is an important area of focus and the increased number of speak up's is welcomed. The first meeting of the cultural transformation steering group has been help which is an important step forward</li> <li>- The Trust's fire safety enforcement notice has been lifted. AJ explained that there is still more work to do but that thanks should be extended to the team who have worked considerably hard to achieve this</li> </ul> <p>Discussion was had regarding the Trust's financial challenge and in response to a question, AJ confirmed that the system is exceptionally challenged and that all partners are looking to balance finance with reducing waiting lists. Most partners are submitting a deficit position and there is a need for increased collaboration.</p> <p>The Board acknowledged the significant change to the financial regime and the challenging decisions which will follow. It emphasised the need for effective engagement to ensure that all staff understand the challenge. The Board noted that the new financial regime will affect every NHS organisation, not just QVH and that there is an opportunity for the Trust to be productive, forward thinking and creative in addressing the challenge.</p> <p>The Board agreed that the Trust will need to be agile and resilient in order to navigate the challenges ahead and the Board sought assurance that behaviours will adapt to support this. In response, AJ stated the need to be clear about priorities, accountability, capacity and competency and that the development of the Trust's culture will be important in order to be able to address challenges.</p>

	<p>The Board noted the Trust's significant contribution to addressing waiting times for patients and this as a good example of the Trust being agile and flexible. It was agreed that the Trust is in a position to be agile due to its size but that culture is challenging.</p> <p>The Board <b>noted</b> the contents of the report.</p>
128-25	<p><b>Board of Directors work programme 2025/26</b></p> <p>LM presented the work programme for 2025/26 to the Board which will form the basis of agendas going forward but will be flexible to current issues and priorities. She reported no significant change from previous years and highlighted that the Premises assurance model (PAM) will come to Board for approval ahead of submission in future years, and that the Board sub-committee work programmes feed into this one.</p> <p>The Board <b>approved</b> the work programme for 2025/26.</p>
129-25	<p><b>Establishment of People committee</b></p> <p>HE presented the report to the Board which proposed the establishment of a People committee as a sub-committee of the Board. She set out the case for the establishment of the committee as set out within the report, stating that people and culture issues are some of the Trust's biggest risks and the committee will have a particular focus in these areas.</p> <p>LM highlighted the changes to the Scheme of delegation and reservation of powers as appended. She explained that changes have been made only to formally establish the committee; there is an ongoing piece of work to update these documents more materially to align with the Trust's new organisational and governance structures and to make the Scheme of delegation specifically more accessible to staff.</p> <p>The Board considered and discussed the proposal as follows. In response to a question, HE confirmed that the committee would consider employee relations issues such as poor behaviour and performance. She agreed that this should be made more explicit in the terms of reference. The Board agreed that health and safety should be included within the committee's remit and acknowledged duplication related to health and safety within the sub-committees which needs to be addressed.</p> <p>The Board noted that RH will Chair this sub-committee.</p> <p>The Board welcomed the establishment of the People committee and recognised it as an important development to increase the Trust's focus on culture and to enable the Finance and performance committee to focus on critical finance and performance issues.</p> <p>The Board <b>approved</b> the establishment of the People committee, including its terms of reference subject to the changes being made as set out above, and the changes to the Scheme of delegation and Standing orders.</p>
130-25	<p><b>Annual review of register of sealing</b></p> <p>LM presented the report to the Board, reporting one use of the seal for 2024/25 which was for completion documents for the land sale. This was completed in line with the Standing orders.</p> <p>The Board <b>noted</b> the report.</p>
131-25	<p><b>Organisational risk register</b></p> <p>LM presented the report to the Board as read, highlighting that:</p> <ul style="list-style-type: none"> <li>- The highest scoring risks are in relation to Mental capacity assessments, compliance with the Trust's governing documents and there is a new risk coming onto the</li> </ul>

	<p>organisational risk register related to the Trust breaking even in the next financial year</p> <ul style="list-style-type: none"> <li>- Scores for some estates related risks have reduced during the period due to works completed</li> <li>- Two new risks have been added to the register during the period related to medical devices and the Trust's pager system</li> <li>- Three new risks will be added to the risk register related to financial challenges for 2025/26, strategy implementation and mental health support for patients</li> </ul> <p>A Board member noted the closure of risk 21 (provider/ commissioner arrangement may change) and the addition of risk 132 (the implementation of the QVH strategy) and asked the executive team to consider whether risk 21 should be reinstated or whether risk 132 sufficiently covers the risk. AJ agreed to take this away for consideration.</p> <p>The Board requested an update on risk 38 (there is a risk that the Peanut ward is not suitable for paediatric care). TE agreed to update the risk on Inphase and to provide an update to the Board. <b>ACTION TE</b></p> <p>The Board requested an update on risk 117 (medical devices). ET confirmed that as part of the capital plan delivery, the team has identified critical devices to be purchased in year and that the risk rating has therefore been reduced.</p> <p>In response to a question, LM confirmed that the new Board assurance framework (BAF) will be developed following the development of the operational plan and key strategic objectives for 2025/26. She thought that this would be available for the July 2025 Board meeting.</p> <p>The Board <b>noted</b> the contents of the report</p>
<p><b>132-25</b></p>	<p><b>Integrated quality and performance report</b></p> <p>The executive team presented the report highlighting three key areas as finance, operational performance and cultural challenges. The team reported the following:</p> <ul style="list-style-type: none"> <li>- KSO3 (operational performance): KT reported that the University Hospitals Sussex waiting list has significantly decreased and that there has been good progress made across the system which means that Sussex should not be the greatest outlier in terms of performance at year end. The Trust's RTT performance remains in line with the national benchmark. The Trust has completed fewer treatments with 18 weeks due to increased focus on longer waiting patients. The Trust will not finish the year with no long waiting patients due to challenges with speciality patients including breast reconstruction and moles. The forecast submitted was 50 long waiting patients for year end and this is thought to have reduced to 39. The Trust is achieving the faster diagnostic standard despite a rise in the back log; additional activity has been put on to treat more patients.</li> <li>- KSO1 and KSO2 (patient experience and clinical services): ET reported that phase one of the local anaesthetic unit is completed and it is hoped that the Trust will soon be in receipt of information related to the capped tariff in order to progress this further. Financial implications are needed to be understood ahead of further progression.</li> <li>- KSO4 (financial performance): JB reported that for month 9 the Trust has a £2.1m underlying deficit position but this has been mitigated to breakeven, however this is £2.1m behind the forecast position. At month 10, the Trust's underlying deficit is £2.6m. The Trust is likely to achieve a breakeven year end position but this will be achieved using non-recurrent items and the receipt of EPR revenue funding is key to achieving the position. Specialist commissioning income is a risk to the position. The Trust's underling deficit position is a concern going into the next year as well as the Trust's ability to forecast non-pay spend. The other challenge is related to capital</li> </ul>

	<p>spend and the report for ratification is appended which was approved outside of the usual business cycle. The Trust has procured all items agreed but it remains a challenge to complete all items ahead of year end.</p> <ul style="list-style-type: none"> <li>- KSO5 (organisational excellence): HE reported that there is increased focus on the development of the Trust's culture and there has been an increase in employee relations cases due to staff speaking up which is welcomed. The team are completing weekly reviews to ensure that cases are escalated as appropriate. Culture review work is ongoing and listening sessions have been established. The cultural transformation steering group held its first meeting in February 2025 and the Board work related to diversity is going with support from Absolute Diversity.</li> </ul> <p>The Board considered and discussed the updates as follows:</p> <ul style="list-style-type: none"> <li>- The Board sought an update regarding the sleep service, acknowledging that this has been a challenge for a number of years. In response, KT stated that there are issues related to productivity and improvements need to be made. Less complex work has been outsourced, there have been workforce issues including sickness and challenges with administrative productivity, all of which are impacting performance in this area. The team are considering leadership capacity and capability for the service. One of the general managers is currently undertaking a review of the service including a look back at past external reports to ensure that all recommendations are embedded and the team are also connecting with other sleep services. TE thought that there are opportunities with sleep for the Trust and emphasised that it underpins public health issues. There is a light touch CQC inspection of the service coming up and TE hoped that this would be positive</li> <li>- A Board member noted the recognition regarding the dip in productivity over the Christmas period and the intent to increase towards year end. They asked if this had been realised. In response, JB confirmed that income opportunities are currently being maximised, however the 125% target is not being met</li> <li>- The Board welcomed the increase in staff speaking up about unacceptable behaviour and reiterated the need for increased clarity regarding what behaviour is acceptable and what is not</li> <li>- The Board were pleased to note the increased focus on the Trust's culture and encouraged the executive team to consider positive action to support cultural change at a time of change and challenge</li> </ul> <p>The Board <b>noted</b> the contents of the report and <b>ratified</b> the revisions to the capital allocations as approved outside of meeting.</p>
133-25	<p><b>Premises assurance model (PAM)</b></p> <p>CL presented the PAM for retrospective approval, acknowledging its late submission. She highlighted that this is an organisational wide Board assurance document. She explained that this report is late for submission due to the absence of a compliance team which is now in place.</p> <p>The Board sought assurance regarding the inadequate ratings within the PAM. In response, CL confirmed that the figures within the PAM are from September 2024 and since then, the team has been working to address electrical, fire and boiler issues with additional contractors on site. This has helped to mitigate the risks. The Board took assurance from this, acknowledging the professionalism and rigor that CL and the team have brought to addressing the key challenges of the estate. The Board agreed that the ratings within the report are a reflection of the state of the estate in September 2024. POD confirmed that the Finance and performance committee continue to have oversight of key estates issues and that the committee will track progress on the PAM year on year.</p> <p>The Board retrospectively <b>approved</b> the PAM submission for 2024, noting improved process to ensure that the Board sign off the PAM prior to submission in future years.</p>



<p><b>134-25</b></p>	<p><b>Equality Diversity and Inclusion (EDI) annual report 2023/24</b></p> <p>HE presented the report to the Board, highlighting that the report is a look back to 2023/24 and is not forward looking. She explained that this is an amalgamation of EDI reports that the Board has received previously including the workforce race and disability equality standards (WRES) (WDES) reports and the gender and ethnicity pay gap reports. This report will be published on the Trust's website.</p> <p>HE outlined some key insights from the report. The EDI reports and the staff survey has shown that staff from outside of the UK or with a disability have had a worse experience in the workplace than those who have not. There has been an increase in white applicants applying for roles at QVH and they have been twice as likely to be appointed. There is a large gender pay gap which has been driven by male consultants who have been working at the Trust for a long time. She explained that candidates who apply from overseas have not been successful due to either not having the skills required for the role or a visa and that the Trust is doing work to support these candidates earlier. The Trust is working with deaneries to address flexible working to support improvements with the gender pay gap.</p> <p>AJ emphasised the importance of inclusivity and acknowledged it as an area for which the Trust needs increased focus to ensure it is fundamental to everything that the Trust does.</p> <p>A Board member asked about the Trust's approach to engaging with different communities and understanding barriers and opportunities. In response, HE explained that historically the Trust had started work in this areas through the EDI steering group and wider networks but these were not well attended. The Trust has now engaged Absolute Diversity to support with this work and established a cultural transformation steering group. Managers are being coached to ensure that they have the skills required to engage well with their teams.</p> <p>In response to a question from a Board member, HE explained that the aim is to get back to having robust and active staff networks and that a People promise manager is in place, funded by NHSE, to work through the seven elements of the people promise.</p> <p>The Board emphasised the need for high impact actions to be more targeted towards real challenges faced by the Trust and a Board member highlighted the importance of examples being set by the executive team and senior managers in order to drive positive change.</p> <p>The Board agreed that there is a need for the People committee to focus on key EDI issues to ensure a shared understanding of action to be taken to drive positive and lasting change in addressing the issues that the report highlights.</p> <p>The Board <b>noted</b> the contents of the report and <b>approved</b> the report for publication on the Trust's website.</p>
<p><b>135-25</b></p>	<p><b>Emergency Preparedness Resilience and Response annual assurance</b></p> <p>KT presented the report to the Board as read. She explained that all NHS trusts must complete an annual self assessment rearding readiness for emergency planning, response and resilience (EPRR) and that the Trust has received a rating of full assurance for its recent assessment.</p> <p>In response to a question from a Board member, KT confirmed that the assessment does look at technology readiness too and that there are some recommendations within the report regarding cyber. She thought that there was further work to do to ensure that the Trust is prepared for a cyber incident. The Board agreed that a cyber incident exercise would be useful.</p>

	<p>In response to a question, LM confirmed that EPRR currently sits with the Quality and safety committee. It was agreed that this should be reviewed to ensure the appropriate oversight of technology.</p> <p>A Board member asked if Fit test numbers have increased and KT agreed to confirm this outside of the meeting. <b>ACTION KT.</b></p> <p>The Board <b>approved</b> the report, acknowledging and improvement on the substantial assurance rating received last year.</p>
<b>136-25</b>	<p><b>Audit and risk committee assurance</b></p> <p>PDR presented the committee assurance report to the Board. He reported that the committee had held an additional meeting to approve the external audit plan and to consider the draft Annual governance statement for 2024/25. The committee have emphasised the need to be transparent about the governance challenges faced during the year and to provide assurance that the issues have been addressed before the end of the year. PDR stated that he was hopeful that the Trust will be in a better position by the year end and AJ confirmed that this is a key priority.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>137-25</b>	<p><b>Quality and safety committee assurance</b></p> <p>SOL presented the committee assurance report to the Board. He reported that there remains an issue with compliance with the Mental capacity act and that the committee are assured that mitigating actions are being taken with the establishment of the task and finish group to increase focus on this issue. The group will report back to the committee on a regular basis.</p> <p>SOL reported that the committee had temporarily stopped receiving reports regarding health and safety but this has started again. There is an outstanding question regarding whether it should sit with this committee.</p> <p>Positive progress has been made in relation to NATSSIPs.</p> <p>The committee will pick up the EPRR digital testing issue.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>138-25</b>	<p><b>Financial, workforce and operational performance assurance</b></p> <p>POD presented the report to the Board. He commended KT and JB for more robust forward forecasting although there is more to do to forward look into 2025/26.</p> <p>The committee received the East Grinstead community diagnostic centre (CDC) business case and have requested further assurance on the plan including clinical engagement, finances and implications. KT and the team are working on a revised business case which will be recommended to the Board for approval once the committee have approved it.</p> <p>A Board member asked about the key differences between the consolidated and phased approaches for electronic patient records (EPR). In response KT explained that the consolidated approach brings the phases together so that the Trust will see a greater benefit and the point of go live, there are risks with both options but the consolidated approach allows more time for planning and testing to ensure it is safe.</p> <p>The Board <b>noted</b> the contents of the report</p>
<b>139-25</b>	<b>Any other business (by application to the Chair)</b>

	<p>The Chair acknowledged that this was KN's last Board meeting as the Trust's Senior independent director, as she was nearing the end of her second and final term as a Non-executive director for the Trust. She described KN as a kind, compassionate, patient centred, curious and committed Non-executive director and thanked her for all that she had done for the Board and for the Trust during her tenure.</p> <p>The lead governor thanked KN for her contributions on behalf of the Council of Governors.</p> <p>There was no further business and the meeting closed.</p>
140-25	<p><b>Questions from members of the public</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 meeting on behalf of the governors. The lead governor asked the following questions and the following responses were given.</p> <p><b>Question</b> In light of upcoming organisational change in addressing challenges discussed today, how can you assure us that the Trust's services wider than Sussex (Kent, Surrey, South London) will be maintained?</p> <p><b>Response</b> JS responded, stating that the Board acknowledged that the Trust does provide important services beyond Sussex and that these will still need to be provided in the future. She thought that there was no simple solution but the Board does need to get ahead of the curve and protect what the Trust does well. Discussions are ongoing with NHSE and the ICB and JS committed to keeping the Council updated.</p> <p><b>Question</b> How will the Trust become more agile given that it is small and can we take into account the views of clinicians about how we do this?</p> <p><b>Response</b> AJ concurred that engagement is key as a two way conversation. The Trust established a robust engagement approach during the strategy develop and the same approach will be taken for future engagement to ensure that it is done well, including with clinicians who will be key.</p> <p><b>Question</b> Is there a clinical engagement issue for the electronic patient record (EPR) project?</p> <p><b>Response</b> TE explained that historically there had not been enough clinical engagement but this is improving with a lot of clinician involvement in the last clinical advisory group meeting. Clinical safety will be the subject for the next Quality and safety committee seminar. The Trust has three trained clinical safety officers.</p> <p><b>Question</b> How can we see progress against key strategic projects?</p> <p><b>Response</b> KT confirmed that the dashboard is included in the IQPR but noted the need to ensure it is accessible.</p> <p><b>Question</b> Why is the Trust leading on the Bognor CDC and can it withdraw?</p>



	<p>Response</p> <p>JS explained that a commitment was made to the system to support the CDC and there was limited governance. The Board is now working to understand whether it is reasonable to continue and the system expectation is that the Trust will continue to lead the project. AJ confirmed that a detailed stock take has been undertaken.</p> <p>Question</p> <p>Who is accountable for cyber security?</p> <p>Response</p> <p>AJ confirmed that HE is the Trust's SIRO currently but that portfolios are under review.</p>
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