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| **Document:** | | | **Minutes FINAL AND CONFIRMED** | |
| **Meeting:** | | | **Board of Directors (session in public)**  **Thursday 1 November 2018, 11:00 – 14:00, Education Centre, QVH site** | |
| **Present:** | | | Beryl Hobson, (BH) | Trust chair (voting) |
|  | | | Ginny Colwell (GC) | Non-executive director (voting) |
|  | | | Kevin Gould (KG) | Non-executive director (voting) |
|  | | | Abigail Jago (AJ) | Director of operations (non-voting) |
|  | | | Steve Jenkin (SJ) | Chief executive (voting) |
|  | | | Michelle Miles (MM) | Director of finance (voting) |
|  | | | Gary Needle (GN) | Non-executive director (voting) |
|  | | | Geraldine Opreshko (GO) | Director of workforce and OD (non-voting) |
|  | | | Ed Pickles (EP) | Medical director (voting) |
|  | | | Clare Pirie (CP) | Director of communications and corporate affairs (non-voting) |
|  | | | Jo Thomas (JMT) | Director of nursing (voting) |
|  | | | John Thornton (JT) | Non-executive director (voting) |
| **In attendance:** | | | Hilary Saunders (HS) | Deputy company secretary (minutes) |
|  | | | Andi Heaton (AH) | Freedom to speak up guardian **[items 155-18 to 161-18]** |
| **Public gallery:** | | | Two public members of the Council of Governors. | |
| **Welcome** | | | | |
| **155-18** | **Welcome, apologies and declarations of interest**  The Chair opened the meeting. There were no apologies and no new declarations of interest. | | | |
| **Standing items** | | | | |
| **156-18** | | **Patient story**  JMT advised the Board that the patient who had planned to come to today’s meeting to recount her experience had withdrawn at short notice. She had, however, forwarded an email describing her recent experience of treatment. Reading from the email, JMT described in detail how the patient had felt that she was not listened to and that her treatment had been lacking in dignity and respect. The complaint had been subjected to full investigation, with the majority of issues upheld. JMT and EP updated the Board of actions taken to ensure the issues had been addressed and that those concerned had carefully reflected on this event.  The Board expressed concern and asked that a letter of apology be sent from the Chair to the patient, (who was aware that the Board was hearing about the issues raised), assuring her that lessons had been learned from the incident. | | |
| **157-18** | | **Draft minutes of the meeting session held in public on 6 September 2018**  The minutes of the meeting held in public on 6 September were **APPROVED** as a correct record, subject to the wording of item 128-18, explicitly stating the surgeon’s mess will be available for all members of staff to use in the future. | | |
| **158-18** | | **Matters arising and actions pending**  The board received and approved the current record of matters arising and actions pending. | | |
| **159-18** | | **Chair’s report**  The Chair presented her first written report to the Board which included details of activities with governors and non-executive directors, and also of events attended on behalf of the Trust. The Board commended this as a useful addition to current reporting, particularly the updates on external ambassadorial roles. | | |
| **160- 18** | | **Chief executive’s report**  The Chief executive presented his regular report, comprising:  Board Assurance Framework (BAF) overview  Key risks remained workforce, underperformance against income plan and the RTT18 and 52 week breach position. Any impact on patient safety and quality was carefully monitored and assurance provided in separate reports to the Board, which was also shared with regulators and commissioners.  The main report, highlights of which included:   * The appointment of a programme director to support the Trust’s current partnership working with Brighton and Sussex University Hospitals (BSUH) and Western Sussex Hospitals Foundation Trust (WSHFT). The aim is to further align both clinical and support services. The Chair and CEO of WSHFT had been invited to attend the December board seminar. The Chair reminded the Board that it was still waiting to see the terms of reference for the Programme Board. * Receipt of the CQC routine Provider Information Request (PIR). This is an indication that within six months, the CQC will undertake an inspection of well-led at the trust-wide level, in addition to an inspection of at least one core service. Information contained within PIR will inform the CQC’s inspection approach. SJ commended JMT and her team for the work undertaken in preparation for this. * Publication by NHS Improvement of Q1 finance and operational performance figures for the provider sector which showed provider trusts were forecasting a deficit of £519m, despite the requirement set out in the planning guidance to deliver a balanced income and expenditure position.   The Board commended the introduction of the integrated dashboard presented data using the CQC domains of safe, effective, caring, responsive and well led which made information more easily accessible. It highlighted the issues of underperformance against plan, recruitment and retention and RTT18 waiting times, but also demonstrated that the Trust was performing well under safe, effective and caring. There had been a slight increase in the Friends and Family (FFT) metrics of staff recommending QVH as a place to work, but SJ noted there was still room for improvement. The Board noted that this was not a requirement of the regulator and it was at the Trust’s discretion how best to present the summary data. Discussion ensued as to the benefits or otherwise of presenting data according to the Trust’s KSOs instead of CQC domains. Agreement was reached to review again at the seminar in February. However, SJ noted it was important to recognise that these were the areas which the CQC would review during inspection.  The Board sought and received clarification regarding the wording used to describe the current estates strategy which did not fully reflect the wording of KSO2. SJ explained that was not a new branding but rather a description of what the Trust aimed to achieve through its estates programme (ie. enhanced patient experience by ending the need to move patients from theatres to the wards through draughty, open corridors).  Brexit and the impact to delivery of services. SJ reported that the Secretary of State had written to advise of requirements to ensure continuity of supply of goods and services in the event of a no-deal Brexit, and reported that MM had been appointed as board-linked Senior Responsible Officer (SRO). MM described work underway to ensure due diligence, scheduled for completion at the end of November. She also advised that she would be raising these issues during the next STP procurement conference call.  The Board noted the media update and that that given the size of our organisation, QVH generated a strong media and social media presence, which particularly recognised our standing in the local community. | | |
| **161-18** | | **Freedom to speak up (FTSU)**  The Chair welcomed Andi Heaton, the FTSU guardian who was attending the Board to provide an annual update on the FTSU role and the activity so far. The Board noted the contents of the report and sought clarification with regard to the following:   * Reference to the statement that a ‘surprising number’ of speak ups had occurred since the appointment of the guardian 18 months ago. AH explained that compared to Brighton and Sussex University Hospitals NHS Trust (BSUH), the percentage of speak ups was higher at QVH, which was a substantially smaller organisation. The Board acknowledged that having a large number of speak ups was not necessarily a bad thing as it demonstrated a culture of openness and transparency. SJ concurred, and felt this figure was a testament to the transparency of the FTSU election process, the credibility of AH and also the high profile which the FTSU initiative had been given throughout the Trust since its launch. * Following four speak ups from one department, an investigation was underway. AH made clear that reference in the report to those suffering repercussions as a result of speaking up related to this particular investigation, and not to the experience of all those who had chosen to speak up in recent months. The investigation had yet to be concluded, so it was not possible to provide any further information in this particular case. * The Board sought assurance that staff affected would be protected under the Whistleblowing policy. GO explained that there were two distinct issues in relation to whistleblowing and the legislation which related to it (the Public Interest Disclosure Act (PIDA) 1988). Whilst there were sufficient protections under PIDA for those who raised such concerns, the Trust also had a responsibility to create a culture of openness where individuals raising any other concerns would also feel confident to speak up. The Board noted the additional challenges of maintaining confidentiality in a small organisation.   SJ reminded the Board of the number of issues which had been satisfactorily resolved as a result of the FTSU initiative, but agreed with AH that there was a requirement to review current process to ensure the right mechanisms were in place.  The Board debated the reasons why the number of speaks up had fallen in recent months. Whilst it was noted that the Trust offered a variety of ways in which to raise concerns in addition to the FTSU process, it was also agreed that, with AH’s departure and the appointment of a new FTSU guardian, this would be a timely opportunity to relaunch the process.  On behalf of the Board, the Chair thanked AH for everything she had done in establishing the FTSU role, and wished her well in the future. | | |
| **Key strategic objectives 3 and 4: operational excellence and financial sustainability** | | | | |
| **162-18** | | **Board assurance framework**  AJ presented the latest update on KSO3. The Board noted the variable trust wide processes for booking and scheduling and asked how this would be addressed. AJ described development of process maps. Current focus was on stability and reporting processes on this site, with a review scheduled for quarters 3 and 4. Spoke sites would be incorporated into the overall process in due course.  MM presented the KSO4 update asking the Board to note that whilst we were above plan at the end of Q2, there were still significant risks to full year delivery. | | |
| **163-18** | | **Financial and operational and workforce performance assurance**  As Committee Chair, JT noted that QVH still faced a number of related challenges across operations, financial performance and workforce, for which there was limited assurance that all key goals would be achieved.  Despite some levelling out, JT was not assured that overall recruitment and retention issues were improving. Feedback from the Stay/Exit interviews reviewed by the Committee indicated that many of the areas for improvement raised by employees did not relate to pay and conditions, but fell into the category of leadership, including limited management support. The Board agreed this would be carefully monitored by the Committee (noting that all members received F&PC reports as a matter of course). | | |
| **164-18** | | **Operational performance**  AJ presented the regular update, asking the Board to note in particular:   * The referral to treatment (RTT) position with the planned revision of trajectories. * The eRS hard paper switch-off which took effect on 1 October. 3% of referrals were still received on paper but the Trust had protocols in place to ensure these weren’t lost in the system. QVH was working well with commissioners and weekly calls with NHSE/NHSI and the CCG to monitor progress were ongoing. * Significant challenges in regard to delivery of diagnostic standards in September with particular pressures in sleep studies. However, whilst we were not yet where we wanted to be, both NHSI and commissioners appeared assured by the progress to date.   The Board commended the quality of the reports and went on to seek clarification on the following:   * That the 53.8% performance on the 62-day head and neck (H&N) cancer target was as a result of the very small numbers involved (3 breaches in a total of 6.5). AJ described the complicated pathway for head and neck patients, much of which was not under the Trust’s control. There had been a dip in the August performance; however September targets were back on track. * Analysis of the data which showed the top seven reasons for cancellations within theatres. Good progress was being made to mitigate against these through contacting patients in the days just prior to procedure. | | |
| **165-18** | | **Financial performance**  MM presented the finance report, highlighting:   * That the Q2 position had been achieved as a result of a series of non-recurrent stock adjustments. Work within theatres and procurement was ongoing to introduce significant changes in current practice and gain better understanding of minimum stock requirements. * Other additional income included funding from the League of Friends for the CT scanner (due for implementation in December). * There had been a significant drop in patient activity, particularly within Outpatients (mainly Oral services and Plastics). MM was hopeful the situation would improve once the benefits of the efficiency work supported by FourEyes and RTT18 were realised, but in the meantime the operations team would investigate the reasons behind this drop and report back via the F&PC. * In line with other trusts, our pay position had also been affected by the Agenda for Change award.   The Board considered the current position, noting that whilst the Trust had agreed to reset its operational plan in July,(thus reducing the challenge during the first half of the financial year), this had made it significantly harder to achieve plan in the second half. Costs were rising due to the need for agency staff, whilst income remained stagnant. In order to become a sustainable business it was crucial for the Trust to address both activity and cost control and there was now an urgent need to engage the whole organisation to support this. | | |
| **166-18** | | **Estates strategy**  MM presented a report apprising the Board of developments to the Trust’s estates strategy. Highlights included:   * The Trust wished to develop its site to ensure it remained one of the leading surgical hospitals in the country. In order to fund this, it was considering selling an unused area of land on the site. The aim was to sell this land with planning permission in order to maximise the value to the hospital, (the land identified is already allocated in both the district and local plan for housing). The Trust had appointed architects and had worked with planners in recent months, but learned very recently that it wouldn’t be possible to achieve the land sale in this financial year due to the requirement for ecology reports to be undertaken prior to seeking planning permission.   The Board sought and received clarification in respect of the following:   * The objective was to improve patient experience by building two new wards adjacent to the theatres. Currently patients were moved through cold corridors between theatres and the wards which impacted on privacy and dignity. It was also hoped that the plan would allow for enhanced outpatient environment and an improvement in car parking which would benefit patients, visitors, staff and the local neighbourhood. * There had been strong public and staff engagement which would continue. * There was a strong governance process in place with the Estates strategy project steering group, reporting directly to the Finance and performance committee. * A draft transport survey had already been undertaken which had not highlighted any significant tissues. * Mid Sussex District Planning had been specific about the number of dwellings permitted (including affordable housing), but appeared reasonably supportive of the Trust’s approach to date.   MM agreed to keep the Board apprised on progress and likely timescales. | | |
| **Key strategic objective 5: organisational excellence** | | | | |
| **167-18** | | **Board assurance framework**  As part of the KSO5 update, GO highlighted:   * The opportunities for closer partnership working with STP and through the Local Workforce Action Board (LWAB), particularly for whole system leadership and talent management initiatives * That she was now executive lead for the recently launched Theatre recruitment and retention workstream (part of the work supported by FourEyes). * The draft workforce and organisational development strategy was scheduled for review by the Board at its seminar in December. | | |
| **168-18** | | **Workforce monthly report**  GO presented the latest workforce report asking the Board to note:   * Finance and Human Resources continued to work closely together to consolidate the ledger and gain a clear understanding of the precise vacancy rate. * Additional work was being undertaken on the temporary workforce, with a focus on the cost to the organisation. * Sickness rates attributed to stress and anxiety incorporated a large range of illnesses, including depression. The latest report from Occupational Health indicated that around half the cases were linked to personal rather than work related challenges. A bid had been submitted to the League of Friends for funding for a stress reporting tool. * An increase in staff engagement had been seen from the recent Friends and Family Test (FFT). Return rates to date for the current staff survey were good.   The Board asked if any trends had been identified regarding the recent spike in leavers. There was no obvious trend, but the Head of Organisational development was currently developing a qualitative scoring metric to enhance intelligence gained from exit interviews. | | |
| **169-18** | | **Equality and diversity annual report**  GO presented the workforce diversity report for 2017/18, observing that as QVH was such a small organisation there had been challenges around reporting detailed information given the ease with which staff could be identified. She highlighted in particular:   * Section 2 of the report which set out the nine equality priorities which the Trust was required to abide by * The equal pay and reward section, noting that the gender pay gap correlated to the difference in male representation at different bands/grades, with an uneven distribution in medical and dental roles and senior management (for example Clinical Excellence Awards (CEAs) paid to long standing surgeons at the top of their pay scale). At present not enough females were applying for CEAs. This matter had been raised at the Local Negotiating Committee (LNC) meetings and was a key action to improve on current numbers. * The workforce age profile, noting concerns regarding the aging workforce and the large percentage of staff aged over 55 who could take retirement at any given time. The workforce and organisational development strategy was to support flexible working and flexible working patterns.   The Board noted the contents of the report and sought additional clarification regarding the high numbers of staff who had not declared their sexual orientation. GO explained that the Trust uses the electronic staff record (ESR) - not staff survey data - to process and report information on diversity characteristics. Upon appointment all staff are asked to provide equality monitoring information. However, longer serving members of staff would have been appointed before data was collected in this way which could explain the high level of non-disclosure.  There were no further questions and the Board **NOTED** the contents of the report. | | |
| **Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services** | | | | |
| **170-18** | | **Board assurance framework**  JMT and EP presented the current BAFs for KSOs 1 and 2, reporting there had been no changes since the last report. | | |
| **171-18** | | **Quality and governance (Q&G) assurance report**  As Committee Chair, GC presented the latest Q&G assurance report, asking the Board to note that at the last meeting, discussion had focused on deaths which had taken place at the Trust in in April and September. The Trust needed to clarify processes and timescales in order to identify and implement learnings as quickly as possible. Recommendations would be presented at the next Q&GC.  The Trust’s 52-week cancer breaches had been raised as a Serious Incident. It was agreed that the Board would spend some time reflecting the train of events. BH confirmed this should be scheduled for the seminar in February 2019. | | |
| **172-18** | | **Corporate risk register (CRR)**  JMT presented September’s Corporate Risk register asking the Board to note that this had been further reviewed in October; additional changes would be reported to the Board via the Q&GC. This version showed three new risks had been added, three closed and three re-scored. She was assured that directors now took ownership for risk, ensuring the process was embedded throughout the organisation.  The Board reviewed the risks which had been re-scored noting in particularly there had been robust assurance with regard to compliance requirements under the General Data Protection Regulation.  JMT explained that despite work undertaken to mitigate against the risk of patients missing from the cancer PTL, this risk would remain on the corporate risk register for the time being.  The Board commended the quality of the CRR. There were no further comments and BH thanked JMT for her update. | | |
| **173-18** | | **Quality and safety report**  JMT and EP presented the quality and safety report drawing the Board’s attention to the metrics contained within the report which provided assurance that QVH continued to provide safe, high quality care and a sustained patient experience, despite the workforce shortages.  A further risk to quality of care was the RTT18 and RTT52 breaches. An agreed process for undertaking clinical harm reviews on all patients affected was in place, with no harm identified to date, although the Trust did not underestimate the impact of these delays on patients and families.  The Trust supported the use of bank and agency staff where necessary, and would not compromise on safety regardless of current challenges within the organisation.  EP presented feedback following the recent Health Education England Kent, Surrey and Sussex review. All trainees had highlighted the supportive environment at QVH, but the main concern was that trainees were working in satellite clinics without local consultant supervision when consultants were on leave. EP noted that QVH operates a larger hub/spoke model than other hospitals and in the past have relied heavily on junior doctors to support this. Whilst there were plans to address the recommendation, these would have both financial and operational impacts.  The review team had also expressed concern at the lack of appropriate food and rest facilities available to trainees out of hours. This had been a recurrent theme throughout previous reviews, however, plans were now underway to address this as part of the capital programme.  The Board sought clarification regarding the reporting of infection outbreaks. JMT referred the Board to the Quality and Safety assurance report which had advised that the Trust’s quality indicators were being reviewed to include MRSA colonisation. However, the focus for the national target remained on bacteraemia.  The Board received assurance that there had been a recent improvement in Site Practitioner staffing, with JMT noting that the team was now fully established, (although unexpected sickness had accounted for a recent reduction in cover).  The Clinical Quality Review Group had met on 7 November and formally closed down the action plan resulting from the Prevention of Future Deaths notice.  The Board sought and received assurance that by using a range of metrics, there was clear evidence that the Trust performed well against the national benchmarks relating to harm-free care. | | |
| **174-18** | | **6-monthly nursing workforce review**  JMT presented the six-monthly workforce review; this was a National Quality Board requirement providing assurance that safe nursing levels were being maintained in all areas of the Trust. JMT advised that this had been reviewed both at Executive management team (EMT) and Quality and governance committee (Q&GC), where there had been considerable discussion regarding workforce issues. The Board was reminded of the ongoing commitment and flexibility of staff who worked hard to provide continuity of care. In addition the Trust had developed good working relationships with its agency staff.  The report demonstrated that safe care has been provided but the Trust was not complacent and aware that it remained at risk within critical care and theatres. Whilst there was an expectation that the international recruitment programme would eventually relieve some of the pressure, JMT warned that there could be a 12-month lead in period before this cohort were fully inducted into the Trust. Focus also continued on local staff recruitment programmes.  The Board noted the contents of the 6-monthly establishment review, taking assurance that the Trust met the benchmarks recommended by the Royal College of Nursing. It also commended the achievement of the operational nursing teams in achieving over 90% compliance of statutory and mandatory training, despite current pressures. | | |
| **Governance** | | | | |
| **174-18** | | **STP governance arrangements**  SJ presented a paper which had been circulated to all Sussex and East Surrey (SES) STP partner provider trust boards and CCG governing bodies which summarised recent revisions to the SES STP governance arrangements.  SJ reminded the Board of the background to the 2018 governance review, noting that the STP executive (of which he was a member) had approved the model and principles supporting these new arrangements.  The STP Compact had been introduced to strengthen system leadership and collaborative partnership working . SJ noted in particular the values to which all organisations were required to commit.  The Board discussed the content of the paper and the implications of the new governance arrangements, in particular:   * The Board was cognisant of the need to identify acute clinical network solutions to the challenges within provision of maxillofacial care. The STP clinical and professional cabinet were developing the clinical case for change which would require visible leadership. * Given that workforce was currently an issue throughout the STP, not just at QVH, there was a requirement for transparency and scrutiny around the decision making process. * The Kent STP was not linked to this proposal, although the Board noted that several of our satellite services were based in this area and requested updates as they became available. * There was a request for more assurance with regard to collective authority. SJ reiterated that he would not be prepared to act outside of the parameters of the Trust’s scheme of delegation.   All 24 organisations involved in the SES STP, including QVH, had been asked to endorse the document. The Board noted that whilst gaps remained around some of the detail, it was important to proceed and agreed to endorse the current proposal. | | |
| **176-18** | | **Audit committee**  The Board received an assurance report from the Chair of the committee on matters discussed at its meeting on 19 September.  There were no questions and the Board **NOTED** the contents of the report. | | |
| **177-18** | | **QVH Charity**  BH noted that as the Charity reported into the Corporate Trustee and not the Board, this item would be removed from future agendas. However, the Corporate Trustee would be required to receive final and approved minutes of the Charity committee meetings **[Action: CP].** | | |
| **178-18** | | **Annual report on use of Trust seal**  In line with S.10 of the Trust’s standing orders, the board received a report confirming that there had been no sealings made since the last annual report in November 2017. | | |
| **179-18** | | **Annual review on co-operation with third parties**  As required under the FT Code of Governance, the Board considered a report on the effectiveness of the Trust’s co-operation with relevant third parties. The Board reflected that the regulation pertaining to this report was less relevant now than when FTs were first established due to Strategic Transformation Partnerships (STPs) and collaborative working, and it was clear that co-operation and collaboration were crucial to our sustainability. | | |
| **Any other business** | | | | |
| **180-18** | | There was none. | | |
| **Questions from members of the public** | | | | |
| **181-18** | | There were none. | | |

Chair …………………………………………………. Date ………………………