

|  |  |
| --- | --- |
| **Document:** | **Minutes FINAL & CONFIRMED** |
| **Meeting:** | **Board of Directors (session in public)****Thursday 04 January 2018, 10.00 – 13.00, Boardroom, Blond McIndoe Research Centre, QVH RH19 3DZ** |
| **Present:** | Beryl Hobson, (BH) | Trust Chair (voting) |
|  | Ginny Colwell (GC) | Non-Executive Director (voting) |
|  | Kevin Gould (KG) | Non-Executive Director (voting) |
|  | Steve Jenkin (SJ) | Chief Executive (voting) |
|  | Sharon Jones (SLJ) | Director of Operations |
|  | Gary Needle (GN) | Non-Executive Director (voting) |
|  | Geraldine Opreshko (GO) | Director of Workforce and organisational development |
|  | Ed Pickles (EP) | Medical Director (voting) |
|  | Clare Pirie (CP) | Director of Communications and Corporate Affairs |
|  | Jo Thomas (JMT) | Director of Nursing (voting) |
|  | Jason McIntyre (JMc) | Acting Director of Finance (voting) |
|  | John Thornton (JT) | Non-Executive Director (voting) |
| **In attendance:** | Hilary Saunders (HS) | Deputy Company Secretary (minutes) |
| **Apologies:** | John Belsey (JEB) | Lead Governor |
| **Public gallery** | 6 members of the public, (including 4 governors) |
| Welcome |
| **05-18** | **Welcome, apologies and declarations of interest**The Chair opened the meeting. She began by introducing members of the Frontline team (who were observing today’s meeting as part of the Trust’s current ‘well led’ review), and went on to welcome four members of the public, (who were also public governors)Under Declarations of Interest, SLJ asked the Board to note that her spouse’s current 3-month contract with Sophos was now a rolling agreement. (Sophos Safeguard is used by Trust as one of its software programmes). There were no further new declarations of interest. |
| **Standing items** |
| **06-18** | **Patient Story**JMT read to the Board an email sent by a 23 year old male patient who had sustained a hand injury. He had been treated initially in the hand trauma unit, and subsequently by the physiotherapy team. The patient commended the calm professionalism of all staff and in particular commented on the compassionate care received from the hand therapist. The Board felt this was a short, but powerful testimony demonstrating the importance of a holistic approach to treatment and recovery, and asked that its thanks be conveyed to those concerned. |
| **07-18** | **Draft minutes of the meeting session held in public on 02 November 2017 for approval**The Board **APPROVED** the minutes of the meeting held on 7 September as a correct record, subject to the following amendments:* 162-17: Dedicated trauma ‘centre’ to be changed to ‘unit’;
* 170-17: to read: ‘JMT went on to report the details of a Never Event which had occurred the previous week during an eye procedure. This related to injection of local anaesthetic block to incorrect site’.
 |
| **08-17** | **Matters arising and actions pending**The Board received and **APPROVED** the current record of matters arising and actions pending.  |
| **09-18** | **CEO report**SJ began by setting out the Trust’s response to the recent national directive for hospitals to cancel non-urgent elective operations. The NHS had been under sustained pressure over the Christmas period and the new directive was aimed at managing this. All QVH staff had been notified that we would be working to minimise cancellations, at the same time as ensuring that we were making best use of our resources and supporting the wider NHS. In line with NHS England guidance, cancer operations and time-critical procedures should still go ahead as planned. SJ was conscious that staff had been working particularly hard over the Christmas and new year period, and expressed his thanks for their care and dedication. SJ moved onto his report, noting his two main areas of concern were workforce, and its resultant effect on patient experience. Other highlights of his report included:* The results of the 2016 Children and young people’s inpatient and day case survey, which had been published recently by the Care Quality Commission (CQC). Across the board, QVH had maintained or done better in all categories during a challenging 12 months. SJ noted this was a tremendous achievement and well deserved by the team;
* Following staff briefings held in the summer, the new bi-monthly Team Brief had been launched in November. These briefings were scheduled to follow on shortly after each Board meeting and designed to ensure all staff received information in a timely and consistent way;
* SJ advised that all four GP practices in East Grinstead were now collaborating with the Trust to provide a town-wide urgent ‘on the day’ service, offering additional appointments within the Minor Injuries Unit (MIU). GPs have been available in MIU for a number of sessions each week since the launch of the initiative in November and much positive feedback had been received to date.
* SJ and Andi Heaton, (Freedom to Speak Up Guardian) had met with representatives from the National Guardian’s Office recently; again, feedback had been very positive.
* In November, Crawley CCG and Horsham and Mid Sussex CCG, together with High Weald Lewes Havens and Brighton and Hove CCGs had formed the new Central Sussex Commissioning Alliance. SJ assured the Board that QVH would work to maintain a strong approach to partnership, working locally as well as across the wider STP. The Board questioned what impact this could have on commissioning. EP responded that, to date decisions had been clinically and evidence based. The unification of CCG guidelines would enable greater scrutiny of criteria; this would reduce variation, thereby minimising the perception of ‘post-code lotteries’.
* As reported at the last meeting, Bob Alexander had been appointed as STP lead for the Sussex & East Surrey Sustainability & Transformation Partnership (STP). He will become full-time from February, and is due to meet with the chief executives from acute trusts on 5 February.

The overall BAF been adjusted to reflect that the KSO 4 Financial Sustainability risk rating had increased to 20, which was due primarily to income performance below plan. The Trust was still forecasting to achieve plan by the end of the financial year, but there were risks to full year delivery in relation to capacity.There were no further comments and the Board **NOTED** the contents of the CEO’s update. |
| **Key strategic objectives 3 and 4: operational excellence and financial sustainability**  |
| **10-18** | **Board Assurance Framework: KSO3 and KSO4**BH reminded the Board that she had placed the KSO3 and KSO4 items higher up the agenda this month, in order to facilitate additional time to debate the issues relating to finance and performance.SJ reported that the BAF for KSO3 highlighted the fortnightly improvement and RTT18 recovery plan meetings which she was currently chairing as part of mitigating current risks.As reported under the CEO update, the BAF for KSO4 had increased to 20, which reflected the current financial challenges. JMc advised that implementation of the Costing Transformation Programme was now scheduled for Q4 of 2017/18.The Board noted that the score for Finance and Use of resources should be shown as 2 (not 1 as published in the report).There were no further questions and the Board **NOTED** the contents of the BAF updates.  |
| **11-18** | **Financial and operational performance assurance report**JT presented his report following the last Finance and performance committee meeting in December. There were matters on which he explained he was unable to give full assurance to the Board, which included meeting 18-week and recruitment and retention targets, and achieving the financial control total. Income was below plan and both pay and non pay costs were over budget for the first time this year. The Chair summarised discussions which had taken place during the earlier closed session, at which the Board had approved measures for implementation to achieve the control total, and to secure the Sustainable Transformation funding (STF) for the full year. Whilst JT reiterated he felt unable at this stage to provide full assurance to the Board, he agreed that there were clear trajectories and plans in place, which would continue to be monitored by the Finance and performance committee.There were no further questions and the Board **NOTED** the contents of the update. |
| **12-18** | **Operational performance**SLJ presented the regular update on current operational performance, noting that this had been reviewed by the Finance and performance committee in December. Particular areas she wished to highlight included:* An update on the 18-week referral to treatment (RTT) open pathway target. QVH had achieved 83.5% against the 92% target and below the 84% trajectory that the Trust had submitted to NHSI. SLJ reminded the Board that much of the issues lay within the admitted element of the open pathway;
	+ All cancer targets had been met with the exception of 31-day, (due to the shared pathways)
* Outsourcing of routine hands work to the McIndoe had now started;
* ‘See and Treat’ and ‘Super Saturday’ clinics continued to run successfully;
* Operations teams had been hampered over a long period of time due to significant vacancies. However, appointments had been made recently to the performance and access, and business manager roles, and it was hoped this would alleviate some of the current pressures but the high level of nursing vacancies in theatres remained the limiting factor in putting on additional capacity to deliver 18RTT;
* Although teams had planned well for Christmas, staff sickness had impacted on activity with 17 lists being cancelled which will have a negative impact upon 18RTT performance;
* The Trust recently submitted its trajectories to NHSI and the CCG. No feedback had been received to date;
* A useful discussion had been held with the CCG regarding referral rates of routine dental work from the West Kent area. Commissioners were unhappy with level of referrals to the Trust, but acknowledged there was nowhere else at present for these patients to be treated. SLJ explained that criteria had never been well defined in the past, and described the reasons why such referrals had increased in recent years. The Board recognised that whilst it was clearly appropriate for QVH to treat complex orthodontic work, routine extractions should be undertaken by general dentist practitioners.

BH was assured that these issues had been examined thoroughly at Finance and performance committee (F&PC), and the Board felt confident the organisation had a good understanding of the issues.There were no further questions and the Board **NOTED** the contents of the update. |
| **13-18** | **Financial performance**JMc presented the latest report which was based on figures reviewed at the December Finance and performance committee (F&PC) meeting. Key points included that: * The Trust had delivered a deficit of £47k (£313k below plan). The year to date surplus had decreased to £959k (£585k behind plan). The key reason was underperformance, although this had been partially offset by a reduction in expenditure;
* Pay expenditure had deteriorated, and increased agency usage within Plastics, which had resulted in the breach of the NHSI agency target. JMc felt it was unlikely this would have any negative impact on the Trust’s score for finance and use of resources at this stage;
* The Trust was still forecasting to achieve plan by the end of the year. However there were risks to full year delivery. Recovery plans had been developed, although success could not be guaranteed due to ongoing workforce issues. The Board had met earlier in the day to approve a series of measures designed to achieve the control total. Progress would be monitored through the Finance and performance committee.
* Capital expenditure to date was approximately £648k behind, but it was anticipated that this would achieve plan by year-end. JMc described the reasons behind the shortfall and whilst the business planning process was robust, there had been difficulties procuring services following approval which had created delays. He assured the Board that the Estates teams had designed the backlog maintenance programme to begin earlier in 2018/19 to mitigate against similar difficulties.
* The cost improvement programme had delivered savings of £2,132k to date; concerted work was underway to ensure that the full cost savings would be achieved by year end.
* Whilst debtor balances had increased slightly, cash balances remained healthy.

JT explained the detail behind the profiling of the financial plan and noted that there was still an opportunity to recover the situation and achieve the control total by year end.There were no further questions and the Board **NOTED** the contents of the update. |
| **Key strategic objective 1: outstanding patient experience** |
| **14-18** | **Board assurance framework**JMT reported that the current and residual risks ratings for the KSO1 BAF reflected the concerns regarding never events and workforce. A detailed review of never events had taken place at the December Quality and governance committee meeting. |
| **15-18** | **Corporate Risk Register (CRR)**JMT highlighted key changes to the CRR since the Board’s last review:* Three new risks had been added:
	+ **1084: Data quality issue from Patient Tracking list (PTL):** Issues had been reviewed and risks reduced (with no further actions) - although this hadn’t been reflected in the current report;
	+ **1087: Inability to demonstrate full compliance with Mental Capacity Act in adult patient records***.* Work was underway with the Psychology team and safeguarding lead to change relevant documentation;
	+ **1089: QVH not currently providing level 3 adult safeguarding training as part of its training programme.** JMT reminded the Board that they had been apprised of this previously and also of the subsequent actions. All relevant staff should be compliant by June 2018.
* Two risks had been rescored following discussion with the risk owners as it had emerged that the initial scoring was too high. These were:
	+ **1049 inability to recruit qualified paediatric staff**, and
	+ **1075: risk to BSUH outsourced CT service**

The Board sought and received clarification in respect of the following:* **Risk 1082: Potential lack of compliance with requirements of General Data Protection Regulation**. It was confirmed that whilst Information Governance provided updates to Quality and governance committee (Q&GC), implementation of GDPR was being monitored by the Finance and performance committee. The CRR would be updated to reflect this **[Action: JMT]**
* SLJ reported progress in respect of **1081 demand and capacity mismatch in the Appointments team**. Work had been undertaken on systems and processes and a report was due shortly.
* The Board again acknowledged the great improvements made to the CRR over the last year. However, as a consequence many recorded risks were now more long-term and strategic (with around 40% over 12 months old). It was agreed it was now timely for the Board to review its risk appetite. CP reminded the Board that a risk workshop had been included as an option in the draft development programme for 2018/19.

There were no further comments and the Board **NOTED** the latest update. |
| **16-18** | **Quality and governance assurance report**GC tabled the assurance report following the December Quality & governance committee (Q&GC) meeting. She asked the Board to note in particular:* The Freedom to Speak Up guardian had attended and spoke about her experience to date. The Committee had been assured that the post was working well and that issues were being resolved. However, the Board noted that the Freedom to Speak Up guardian also attended its meetings on a regular basis. To avoid duplication, GC agreed to check the governance process and report back. **[Action: GC]**
* A new Never Event had been reported which related to a local anaesthetic eye block being inserted on the wrong eye. A root cause analysis was currently underway with GC noting early indications were that staff had not complied entirely with the WHO checklist. Details of other Never Events and Serious Incidents were also considered, including a review of two final Never Event reports. Further work was underway to strengthen the use of the WHO checklist. This included the appointment of a deputy theatre manager, whose remit was to include a focus on safety. The Q&GC had requested a detailed work programme be developed.
* The Committee had also considered a flow chart identifying areas at which the Corporate risk register was reviewed at present. Proposals for improvements were discussed, and further modifications would be made.
* The Committee had agreed that in future, the theatre productivity group would report to F&PC;
* The Trust had received a report following the first Care Quality Commission (CQC) quarterly assurance visit. After a brief discussion, it was agreed that initially this report should be monitored by Q&GC. A decision as to whether it should come to Board would be made in March **[Action: GC/JMT]**
* The Committee had considered the Quality and Safety strategy, which continued to be developed. Once complete, it was anticipated this would support the Trust in raising its CQC rating from ‘good’ to ‘excellent’.
* The Committee had also reviewed and approved a number of policies.

The Board considered the contents of the update, discussing in particular concerns regarding the level of Never Events. These included: * The decision to create a new role of deputy theatre manager role to mitigate against further incidents had been taken by the Joint Hospital Management Group, reflecting the seriousness with which the Trust was taking the situation.
* Whilst this role would support the organisation in improving culture and embedding learning, the Board was disappointed no improvements had been seen to date. EP noted that three Never Events had been recorded in 2017, with an average of two per year over the last six years. All events were linked to inadequate use of the WHO checklist.
* The reports presented to Q&GC on Never Events had been comprehensive. The Board sought assurance that once new systems, processes and learning had been embedded, the Trust would consider what sanctions should be taken against individuals if policies and procedures continued to be disregarded.

There were no further questions and the Board **NOTED** the contents of the update. |
| **17-18** | **Quality and safety report**JMT presented the Quality and safety report, highlighting in particular:* As previously discussed, key areas of focus for recruitment and retention were theatres, critical care and paediatrics, (though there had been some recent improvement in critical care and paediatric recruitment).
* MIU continued to perform better than the national average;
* As reported under the Q&GC assurance update, the first of the new format quarterly quality assurance visits took place in November. Prior to the visit QVH had been asked to submit a comprehensive assessment which was discussed in detail at the meeting. This had focused on Serious Incidents and Never Events. The visit had not raised any new concerns;
* The Board was asked to note that wording relating to falls (P.76 of the report) should be amended to read: ‘There were eight inpatient falls during November 2017’.

The Board sought and received assurance in respect of the following:* The number of medication related incidents had reduced, and JMT went on to describe processes followed by the Pharmacy Medicines Governance and Medication Safety officer when investigating any concerns;
* Whilst Site Practitioners had been under pressure for several months, JMT highlighted some recently introduced new ways of working which had alleviated pressures on the team.
* JMT confirmed that the Trust was still anticipating an unannounced CQC inspection at some stage in the near future.

There were no further questions and the Board **NOTED** the contents of the update. |
| **18-18** | **CQC children and young person’s inpatients and day case survey 2016**As referenced earlier under the CEO’s update, JMT now presented the full report on the 2016 children’s and young person’s inpatient and day case survey. * The survey, published in November 2017, showed that QVH had achieved top scores in both age groups, ‘7 and under’, and ‘8-15’.
* In 25 of the 63 questions asked, QVH was the highest scoring trust nationally.
* Areas where scores were lower related to patient choice, an area over which the Trust had no influence.

The Board noted the high response rates were also a testament to patients’ experiences. The Board echoed SJ’s earlier comments that this was a tremendous achievement given the challenges of the last year and asked that formal congratulations be conveyed to the teams concerned.There were no further questions and the Board **NOTED** the contents of the latest report. |
| **Key strategic objective 2: world class clinical services** |
| **19-18** | **Board assurance framework**EP advised that there had been no changes to the BAF risk rating since the last meeting. There were no further questions and the Board **NOTED** the contents of the report. |
| **20-17** | **Medical director’s report**EP presented his regular update, highlighting the following:* In line with the, ‘Responding to and Learning from Deaths’ policy, the Trust now publishes numbers of all on-site deaths, and all deaths occurring within 30 days of treatment at QVH. Two deaths (within 30 days of discharge) had been reported; EP went on to assure the Board there were no concerns regarding either of these;
* The Trust had recently completed its latest data submission for the Seven Day Services initiative, focusing on the standard requiring all emergency admissions be reviewed by a consultant within 14 hours of admission. QVH results had greatly improved, and whilst being a specialist hospital made it more difficult to apply this standard, this confirmed we were compliant in 92% of cases using QVH criteria, which provided assurance both to the Trust and also to the CCG.
* Three new plastic surgery consultants and three new consultant anaesthetists had recently been appointed. It was noted that the appointments included an experienced intensive care doctor which would strengthen the intensive care provision at QVH considerably. The Board was assured that, despite the difficulties in recruitment and retention of nursing staff, the Trust was still able to attract high calibre surgeons and anaesthetists;
* Appraisal rates were improving and new data packs had now been introduced to support medical staff in preparing for their appraisals. An audit on the Appraisal and Revalidation process had been undertaken recently, with the report pending;
* Following implementation of job planning, and approval of the new job planning policy, it was anticipated that all permanent staff will have undergone a job plan review by the end of March 2018.

The Board sought and received additional clarification in respect of the funding of plastic surgery trainees. EP confirmed that five were funded by the deanery, with the remainder by QVH. There were no further questions and the Board **NOTED** the contents of the update. |
| **Key strategic objectives 5: organisational excellence** |
| **21-18** | **Board assurance framework**Scores remained the same as last month. Changes to controls and assurances this month included:* Confirmation that the e-job plan ‘super-user’ training had now taken place, (as reported under the item 20-18).
* Following approval at the September Board meeting, the Engagement and Retention action plan was progressing at pace. (The Board had received via email, a separate update from the Director of Workforce earlier in the week. This had included the recently launched ‘Workforce Matters’ factsheet for nursing and clinical staff).

There were no questions or comments and the Board **NOTED** the contents of the KSO5 BAF update |
| **22-18** | **Workforce monthly report**GO presented the Workforce and Organisational Development report for December 2017 which provided the Board with a breakdown of key workforce information. This report had previously been reviewed in detail at the December Finance and performance committee and GO asked the Board to note in particular that:* Overall sickness absence had increased, as the Trust was currently experiencing high levels of short term sickness at every level.
* Data provided by the Trust’s Employee Assistance Programme indicated that staff were accessing support primarily for personal rather than work related issues.
* Mandatory and statutory training rates had decreased slightly but were still relatively stable given current pressures on staffing;
* The Trust had started work with a social media marketing agency. They had already facilitated focus groups and was launching a closed Facebook page as a precursor to the start of the recruitment campaign in January. It was noted that as this campaign was targeted specifically at nursing/clinical staff, members of the Board were unlikely to see any outputs. GO explained that this was an innovative project, not commonly used across the NHS. We have agreed KPIs for the campaign which would support the Trust in measuring overall success.
* The new ‘Refer a Friend’ scheme had now launched, and the list of Trust job vacancies in the staff newsletter Connect will indicate which roles are eligible for this.
* As part of the new retention plan, SJ and GO had now met with the first new starters after their first three months in the organisation. Initial responses had been positive.
* A review of data relating to TRAC (the new recruitment system) showed that in the five months since implementation, there had been a significant improvement in the process;
* The staff survey had now closed. There had been a 55% response rate, which was comparable to last year. The date on which results would be released had yet to be advised.

BH noted that the Chair and Chief Executive breakfast meeting before Christmas had been very positive and well attended. There were no further questions and the Board received and **NOTED** the contents of the latest report.  |
| **Board governance** |
| **23-18** | **Board development**The Board considered a review of training and development undertaken over the last twelve months to ensure it continued to have skills and experience relevant to keep QVH an innovative and high performing organisation. A number of new directors had joined during the current year and it was important that members continued to work together as a unitary Board. CP reminded the Board that the funds available for development within a small trust were limited. She asked the Board to consider the approach taken to date, and the priorities for the coming year. Whilst noting the importance of generic training in areas such as risk management and corporate manslaughter, the Board asked that consideration also be given to raising capability. It was noted that the facilitated Board development session planned for June 2018 would include work in this area. After due consideration, the Board **NOTED** the contents of the report and **AGREED** to consider proposals for further development opportunities following the outcome of the current Well Led review. **[Action: CP]** |
| **24-18** | **Board of Directors annual evaluation**As required under the FT Code of Governance, the Board was required to undertake a formal annual evaluation of its own performance and that of its committees and individual directors. In support of this, CP had prepared a report summarising activity over the last twelve months. She reminded the Board that a more comprehensive evaluation was currently underway (through the Well-Led review), the outcomes of which would be reported formally to the Board in March.In the meantime, the Board was asked to note:* That the Finance and performance committee had also recently undertaken a light-touch self-assessment;
* That the corporate risk register was reviewed by the Quality and governance committee as well as the Board and Audit committee.

There were no further questions and the Board **NOTED** the contents of the report. |
| **25-18** | **Annual review of Board committee Terms of Reference**As part of its overall annual Board evaluation, the Board was asked to review and approve its committees’ terms of reference for the year ahead. (In most instances, key changes for the respective ToRs had been highlighted).GN stated that in reviewing the full complement of ToRs, he had noted some discrepancies in NED membership and variations in quoracy. The Board agreed that this should be considered further following completion of the Well-Led evaluation.There were no further comments and the Board **APPROVED** the ToRs for the respective committees. |
| **26-18** | **Nomination and remuneration committee**BH presented an assurance report following the Nomination and remuneration meeting in November. She highlighted in particular that in the view of recent guidance from NHSI, the Committee had agreed it would in future consider the national strategy in setting senior manager pay; this would replace principles previously agreed by the Committee regarding VSM pay and take account of the outcome of annual appraisals.There were no further questions and the Board **NOTED** the contents of the report. |
| **27-18** | **Audit committee**KG presented the assurance report following the recent Audit committee meeting. This also included details of the self-assessment survey recently undertaken by the Committee. In view of problems experienced in previous years, the Chair sought and received assurance that the internal audit plan was on track for completion by year end.There were no further questions and the Board **NOTED** the contents of the report. |
| **Any other business** |
| **28-18** | The Chair reported that the Board had undertaken an ‘away-day’ in December which had focused on strategy. Outcomes would be followed up at the February seminar. The next Board development day was scheduled for 7 June. On behalf of the Board, BH thanked all members of staff who had worked so hard over the Christmas and New Year period. |
| **Observations and feedback** |
| **29-18** | **Questions from members of the public**There were none and the Chair closed the public session of the Board. |