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| **Document:** | | **Minutes FINAL & APPROVED** | |
| **Meeting:** | | **Board of Directors (session in public)**  **Thursday 6 July 2017, 10.00 – 13.00, Boardroom, Blond McIndoe Research Centre, QVH RH19 3DZ** | |
| **Present:** | | Beryl Hobson, (BH) | Trust Chair |
|  | | Ginny Colwell (GC) | Non-Executive Director |
|  | | Steve Jenkin (SJ) | Chief Executive |
|  | | Sharon Jones (SLJ) | Director of Operations |
|  | | Gary Needle (GN) | Non-Executive Director |
|  | | Jo Thomas (JMT) | Director of Nursing |
|  | | Ed Pickles (EP) | Medical Director |
|  | | Lester Porter (LP) | Senior Independent Director |
|  | | Clare Stafford (CS) | Director of Finance and Performance |
|  | | John Thornton (JT) | Non-Executive Director |
| **In attendance:** | | John Belsey (JEB) | Lead Governor |
|  | | Clare Pirie (CP) | Director of Communications and Corporate Affairs |
|  | | Dee Vaidya (DV) | EA to Director of Finance and Performance (minutes) |
|  | | David Hurrell (DH) | Deputy Director of HR |
| **Apologies:** | | Geraldine Opreshko (GO) | Director of Human Resources & Organisational Development |
| **Public gallery** | | Seven members of the public, (including six governors) | |
| Welcome | | | |
| **104-17** | **Welcome, apologies and declarations of interest**  The Chair opened the meeting and welcomed DH who was representing GO today. She went on to welcome those in the public gallery. | | |
| **Standing items** | | | |
| **105-17** | **Draft minutes of the meeting sessions held in public on 4 May 2017 for approval**  The minutes of the meeting held on 4 May were **APPROVED** as a correct record with the exception of the following:  s.68-17: Board Assurance Framework, third point: JMT requested for ‘physicians’ to be amended to ‘surgeons.’ | | |
| **106-17** | **Matters arising and actions pending**  The board received and **APPROVED** the current record of matters arising and actions pending. | | |
| **107-17** | **Chief Executive’s report**  SJ presented his CEO report, asking the Board to note in particular that:   * There are significant challenges surrounding recruitment and retention and that this is connected to national issues. * QVH has organised a staff barbeque, which will take place on Wednesday 13 July. * The ’QVH conversations’ involved the chief executive meeting with and listening to groups of staff, and SJ highlighted that there was a good cross-mix from across the trust. Noted that in the national staff Friends and Family Test the rates of satisfaction with QVH as a place to work had dropped. The QVH listening events included what a good/bad day involved and what we can do more of. The key points that arose from these discussions were that a   + a cascaded team brief would be beneficial,   + wanting a better understanding of what other people do and;   + what opportunities are there for education and learning   An action plan will be developed based on these listening events.   * The freedom to speak up guardian has been elected and started their new role in May 2017. They attended the National Guardian Quarterly meeting and an unedited review will come to the Board.   The Board discussion of the report included:   * How issues raised in the QVH Conversations would be feedback, and the need to balance responding to individuals with using line management to address issues. * Plans for an executive chair for the STP; how an executive chair works in terms of governance and accountability; what authority they would have. * Noted that there will be a paper on STP governance in September 2017. Agreed that this would be circulated ahead of the Board meeting.   There were no further questions and the Board **NOTED** the update. | | |
| **Key strategic objective 1: outstanding patient experience** | | | |
| **108-17** | **Patient story**  BH provided an introduction to the patient story and reminded those present that the rationale behind the ‘patient story’ session was to ensure that the patient remained at the centre of what we do as an organisation.  JMT proceeded to tell the board an account of a working-age male, Matthew, who initially visited two other hospitals and commented on the professional, efficient and empathic service offered by QVH.  He described how the front desk at MIU was busy; however he was professionally greeted and seen within 10 minutes. JMT went on to share Matthews’ views on the nursing staff and described them of being of a cheery disposition and having made him comfortable, with effective pain relief.  Matthew applauded QVH’s post op experience and commented the nursing staff and the surgeon had involved Matthew in all conversations and there was the right amount of interaction.  Overall Matthew described his experience at QVH outstanding and thanked all staff involved in his treatment.  BH said that it was important to learn from patient stories and further added that we should not just be focusing on those that have had a positive experience, but those where the trust can obtain learning. | | |
| **109-17** | **Board Assurance Framework**  As part of the KSO1 update, JMT reported there have been several updates including the positive performance in the CQC 2016 inpatient survey and reported that the Trust sustained better than national average.  Recruitment and retention continues to be a challenge with reported high vacancy rates. JMT further explained the national shortages of nurses and practitioners in theatres, critical care and paediatrics which have an impact on service provisions.    There were no further questions and the Board **NOTED** the contents of the report. | | |
| **110-17** | **Corporate Risk Register (CRR)**  JMT reported this was the latest register that was presented at the Executive Management Team meeting and the Quality and Governance Committee meeting. She continued to update the Board that four new risks had been added, one had been reopened and four have been closed.  In response to a question, JMT explained that the number of people who require safeguarding mandatory training has been reviewed, with plans in place to deliver the additional training needed..  Risk ID 1035 relates to the inability to recruit adequate numbers of skilled critical care nurses across a range of bands. In response to a question about the implications for this from a legal point of view, JMT responded that we do not have 75% of the critical care staff with a critical care course. There is no legal consequence for this it is however the critical care qualified nurse ratio is an indicator that regulators consider when reviewing services as part of the safe and caring domains. It was agreed JMT would review risk ID1035 with the critical care team and note the progress update in the corporate risk register.  GN commented on the risk rating on the recruitment and retention challenge and queried if it was rated correctly. SJ noted that it is currently rated at a score of 16. This has not been an issue which has had to be considered previously however this is something that the executive management team review regularly. | | |
| **111-17** | **Quality and governance assurance report**  GC presented the regular quality and governance report, providing information and assurance in respect of the sub-committee meetings held in May and June.  Discussion included the mock CQC inspections being carried out by staff and governors. JMT confirmed that this is being communicated to the governors. | | |
| **112-17** | **Quality and safety**  JMT presented the regular quality and safety report and highlighted the challenges in workforce, in particular within Peanut, Critical Care and Theatres.  The Board paid particular attention to the table showing shifts meeting planned staffing levels and queried if the trust had local intelligence with respect to other trusts with regards to shift cover. JMT said that she did not have that level of detail and would look at comparative data for the Board. Action JMT.  QVH is working with SASH in a rotation of critical care staff for the benefit of staff and QVH patients | | |
| **113-17** | **Inpatient survey**  JMT provided the Board with a summary of the CQC 2016 Inpatient Survey and noted the full report had been presented at the June Quality and Governance Committee meeting.  JMT added highlighted that QVH has sustained and improved our position. Work will continue to review the action plan and highlight the areas where we can improve.  JT recognised the scores are significantly better than other trusts. BH commended the team and noted the good result. | | |
| **114-17** | **6-monthly nursing workforce review**  JMT presented the 6 monthly nursing workforce review and requested the Board review, and seek assurance that the contents of the report reflect the quality and safety of care provided by the nursing workforce.  JMT proposed to bring back this report in four months in order to align reporting cycles.  GC drew attention the retention issue and queried if this had been escalated to a national debate. JMT reported we are liaising with regional directors and will be attending an NHS Improvement retention programme event on 14 July 2017.  The board asked whether there were any particular themes highlighted in the reasons for staff leaving.  JMT noted that although some staff might have chosen to move to trusts which paid the outer London weighting allowance, evidence showed that these trusts were themselves struggling to recruit and retain staff and that pay did not seem to feature as a key theme when analysing exit data.  There were no further comments and the Board **NOTED** the contents of the report. | | |
| **Key strategic objective 2: world class clinical services** | | | |
| **115-17** | **Board assurance framework**  EP reported this has remained unchanged from the previous meeting. Noted the risk register has been updated in the light of the recent inquest.  There were no further questions and the Board **NOTED** the contents of the report. | | |
| **116-17** | **Medical director’s report**  EP presented the regular medical director update and highlighted the following:   * There was one never event reported to STEIS in April 2017. This related to a retained swab used during dental surgery and removed in theatre recovery. No harm was suffered by the patient. EP further added the root cause analysis would be presented to the Quality and Governance Committee meeting in August 2017. * The Trust successfully completed our data submission to the third audit period of the NHS England seven day services audit. * The results have been discussed with NHS England during a visit on the 15 May 2017. After discussion of the trauma case mix, NHS England has asked QVH to develop our own pathways for required consultant review and agree them with commissioners. * In response to a question EP confirmed the audit reviewed a weeks’ worth of patients and found 51% of patients received a consultant review within 14 hours. | | |
| **Key strategic objectives 3 and 4: operational excellence and financial sustainability** | | | |
| **117-17** | **Board assurance framework**  KSO3  SLJ reported that the BAF for KS03 remained unchanged from the previous meeting. There were no further questions and the Board NOTED the update.  KSO4  CS asked the board to note:   * The costing transformation programme business case has been developed, approved and the procurement is now underway.   There were no further questions and the Board **NOTED** the contents of the report. | | |
| **118-17** | **Financial and operational performance assurance report**  JT presented the assurance report in respect of matters discussed at the finance and performance committee meeting on 26 June 2017. Recruitment and retention of employees continues to be of concern to the committee. The committee obtained some assurance from the fact that turnover levels are stabilising and the level of agency staff is currently within our cap.  JT went on to discuss the ward and outpatient productivity programmes and explained these were presented to the committee in detail. The committee endorsed the approach and the goals that were set out and will monitor progress against objectives at future finance and performance committee meetings. | | |
| **119-17** | **Operational performance**  SLJ presented the regular operational performance report and highlighted the following:   * After validation, the Trust achieved a final RTT18 of 91.6%. This is on track for the Trust’s trajectory. * It was recognised that there is national pressure on the 62-day cancer waiting time target. All trusts have been requested to submit an action plan and have been categorised into one of four groups. SLJ reported the Trust has been placed into the ‘best performing’ category.   In response to a question on the Medway backlog SLJ responded that due to the high number of patients with no clock start dates, it is difficult to take a view of the current performance with any accuracy. | | |
| **120-17** | **Financial performance**  CS presented the financial report and in particular, highlighted the following points:   * The Trust delivered a surplus of £183k in month, which is £32k behind plan. It was noted that this is a significant improvement in relation to the Trust’s month 1 performance. * The key driver for the patient treatment income has been the performance within plastics. * CS raised concerns over income and noted that although this has improved, the Trust is not in a position where it needs to be and is offset by underspends in pay. * The Trust’s use of resources score is 2. * Capped Expenditure Process: noted that the original gap of £95mil was reduced to £55mil, which was based upon Brighton’s re-negotiation on the control total. The Trust submitted balance plans 2 weeks ago. * CS further noted that the Trust is doing more than national expectations around Carter back office review. * In response to a question on MIU CP highlighted continuing communication through posters within QVH and at GPs as well as social media, the paid for advertising has finished. | | |
| **Key strategic objectives 5: organisational excellence** | | | |
| **121-17** | **Board assurance framework**  DH reported that the wording within the strategic objective section has been updated. Discussions took place around the residual risk rating and it was noted that this may be reduced once the impact of the assurances and the controls in place were achieved.  There were no further questions and the Board **NOTED** the contents of the report. | | |
| **122-17** | **Workforce**  DH presented the regular workforce report and highlighted the following:   * It was identified that for the second month there has been a net increase in staff in post. This has been partly due to the IR35 effect and corresponding reduction in agency with staff transferring to payroll. * The Trust is in implementation stage with TRAC (applicant tracking system) * DH drew attention to an alteration in the way turnover is calculated. From April 2017, senior trust fellow doctors are included within the calculations that had been previously omitted in error. DH added that in the month of April there has been an impact of 0.7%; there would have been an in-month reduction in turnover, but this change has meant a flat line. * There has been a reduction across the board in statutory and mandatory training. This has received particular attention at the performance reviews and is being challenged. * Discussions were held concerning recruitment and retention and it was agreed that GO would submit a report detailing action to address the current issues. | | |
| **Board governance** | | | |
| **123-17** | **Memorandum of Understanding with BSUH**  EP presented the memorandum of understanding (MOU) with Brighton and Sussex University Hospital and highlighted the MOU sets out to the nature of the partnership between BSUH and QVH and provides the framework within which all parties can address strategic issues of mutual interest.  There was discussion of the level to which BSUH are engaged in this. EP commented BSUH are eager for a sustainable maxfax service. Updates on issues cover by the MOU will be included in the regular medical director’s update.  The board unanimously **APPROVED** the BSUH MOU. | | |
| **124-17** | **IM & T strategy**  CS presented the IM&T strategy. The strategy document predominantly outlines the route map for the Trust’s clinical information systems for the next five years, which is underpinned by an IT technical strategy and an information strategy. The strategy details the objective of developing a best of breed electronic patient record over the next five years.  The strategy has been presented to the board seminar, IM&T steering group, the consultant’s advisory group and EMT.  In terms of costings, an assessment has been made for the next five years, which equates to circa. £1mil per year with the exception of the last year, when it will be higher, due to the PAS replacement.  CS highlighted the risk of the lack of the Chief Information Officer and how we mitigate the risk. Further work is required on education and awareness across the board.  In response to a question, CS reported the director of finance will be the executive lead and chair the IM&T strategy implementation group.  The process of benefits realisation was discussed and CS confirmed that benefits realisation will be an integral part of the business case development and implementation process.  The board **APPROVED** the strategy. | | |
| **125-17** | **Board committee appointments**  BH updated the Board on the recent appointment of two new NEDs and highlighted that at the end of August new committee chairs will be appointed and the NED attendance at committees agreed. CP directed the Board to the s.7 of the report which detailed the committee attendance across the NEDs.  The Board **APPROVED** the distribution of the committee responsibilities from September 2017. | | |
| **126-17** | **Changes to QVH Constitution**  CP presented a report outlining the changes to the QVH constitution and sought approval from the Board. It was highlighted that Amendment 4 should be dated 20 October 2016.  Subject to the amendment above, the board **APPROVED** the changes to the constitution. | | |
| **127-17** | **Annual approval of SFIs, SoA and Scheme of Delegation**  CP presented the review of the corporate governance documentation and requested the Board to approve the revised standing orders, reservation of powers/scheme of delegation and standing financial instructions.  The Board **APPROVED** the revised standing orders, reservation of powers/scheme of delegation and standing financial instructions. | | |
| **128-17** | **Audit committee**  LP presented an update from the audit committee meeting held on 21 June 2017 and reported that the audit committee would conduct a self-evaluation in September and the results would be provided to the December audit committee and the Board in January 2018. | | |
| **129-17** | **Nomination and remuneration committee**  Reported a pay review for executive directors was undertaken on 18 May 2017 and the directors of finance, nursing and operations received uplifts.  Noted and agreed they would proceed with recruitment to the director of HR role. | | |
| **Any other business** | | | |
| **130-17** | The Board acknowledged this would be LP’s last Board meeting. BH thanked LP for his hard work and expressed her and the Board’s gratitude for his commitment to QVH. | | |
| **Observations and feedback** | | | |
| **131-17** | **Questions from members of the public**  There were none noted. | | |

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