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| **Document:** | | | **Minutes FINAL & APPROVED** | |
| **Meeting:** | | | **Board of Directors (session in public)**  **Thursday 6 September 2018, 10:00 – 13:00, Archibald McIndoe board room, 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:** | | | John Belsey (JEB) | Lead governor |
|  | | | Hilary Saunders (HS) | Deputy company secretary (minutes) |
| **Public gallery:** | | | Eight members of the public, including six governors, one member of staff and a CQC inspector. | |
| **Welcome** | | | | |
| **125-18** | **Welcome, apologies and declarations of interest**  BH opened the meeting and, for the benefit of members of the public, explained how the board agenda was developed in alignment with the Trust’s key strategic objectives. The flexibility of the agenda allowed sufficient emphasis to be given to important issues.  BH advised that the usual patient story item had been removed from the agenda at short notice as the patient who was due to attend had had to deal with a family emergency. It was hoped she would attend the November meeting.  No apologies, as the full board was in attendance. There were no additional declarations of interest. | | | |
| **Standing items** | | | | |
| **126-18** | | **Draft minutes of the meeting session held in public on 5 July 2018**  The minutes of the meeting held in public on 5 July were **APPROVED** as a correct record. | | |
| **127-18** | | **Matters arising and actions pending**  The board received and approved the current record of matters arising and actions pending. | | |
| **128-18** | | **Chief executive’s report, including Board Assurance Framework (BAF) overview**  SJ opened by reminding the board that the previous meeting had coincided with the nation’s celebrations to mark the 70th anniversary of the NHS. He thanked the League of Friends (and members of the Corporate Affairs team) for enabling afternoon NHS7Tea and biscuits to be provided in all areas of the hospital. In addition, QVH had been chosen by The Royal Mint as one of nine trusts in England to circulate a new 10p coin as part of their official Great British Coin Hunt.  SJ went on to provide an update on progress, highlighting in particular the following:   * Referral to Treatment Time (RTT): The Trust had now rectified long-standing issues with systems used to report waiting list information; however, this had resulted in an increase in our reported waiting list. Whilst systems were now robust, SJ acknowledged that some patients had waited too long for treatment and he apologised on behalf of the Trust. He assured the board that we were working to ensure there would be no further unnecessary delays for patients, and the trajectory indicated that the number of waiting patients would reduce dramatically by year end. He also reported that that a clinical harm review was underway to establish if any patients had come to harm as a result of the data quality issues; to date, no instances of harm had been identified. The board echoed his apology, but also expressed appreciation that the issue had finally been addressed. Whilst no physical harm had been identified, the board noted that the psychological impact of these delays should not be underestimated. In response to a question from the Lead Governor, SJ advised that the main impact had been on spoke sites and that there were no further concerns in terms of data validation in these areas. * Capital spend: NHS Improvement (NHSI) had approved that the capital fund bonus achieved through meeting the control total in 2017/18 could be used in this financial year. As a result, a new modular building located behind theatres and an upgrading of the surgeon’s mess had been agreed; this would enhance staff amenities. The upgrading of the surgeons’ mess for use by all staff was strongly endorsed by the board as being in alignment with the organisation’s culture and values. Also, following a staff engagement process, the Hospital Management Team (HMT) had approved a major project to create separate entrances for the critical care unit and burns ward thus improving infection control. * The NHS had been tasked with developing a new 10-year strategic plan; wide engagement, including consultation through strategic transformation partnerships, was underway. * Positive media activity during June and July: SJ commended the Corporate Affairs team for their achievements. * Board assurance framework: Whilst recruitment and retention remained one of the most significant challenges facing QVH and the NHS as a whole, our recent overseas recruitment campaign had led to a significant number of acceptances of posts. * The overall BAF highlighted the RTT18 waiting list position which had deteriorated significantly. Further information, including actions underway to address this were set out in the operations report.   The board sought and received assurance that, following on from Brexit guidance published by the Health Secretary, SJ would update the board on local STP arrangements in his future reports **[Action: SJ]**  There were no further questions and the board **NOTED** the contents of the report. | | |
| **Key strategic objectives 3 and 4: operational excellence and financial sustainability** | | | | |
| **129-18** | | **Board assurance framework**  KSO3: All new BAFs now contained reference to risk appetite and stated initial, current and target risk ratings. This new format was commended by the Board. AJ asked the board to note in particular the RTT18 action plan now in place, in addition to risks to planned implementation of electronic referral paper switch off and capacity issues within theatres.  KSO4: MM highlighted that the current risk rating was 20 due to the present financial position. She also asked the board to note that improved information from the costing teams was being cascaded throughout the organisation in order to provide enhanced data.  There were no questions and the board **NOTED** the contents of the update. | | |
| **130-18** | | **Financial and operational and workforce performance assurance**  Noting that there was no written report because data provided to the July finance and performance group had been superseded, KG provided an update on behalf of JT. Key elements were:   * Assurance with regard to plans to address the current RTT18 position. * Temporary staffing levels which continued to remain a concern; however, there had been a positive response to the recent overseas recruitment campaign. * Assurance provided of additional steps to identify and manage new cost improvement plans. * A project manager had now been appointed for the electronic document management project. * Additional opportunities available for the Trust to use the apprenticeship levy * Confirmation that the annual finance and performance committee review began in August.   There were no questions and the Board **NOTED** the contents of the update. | | |
| **131-18** | | **Operational performance**  AJ reported that the key item in the operational update related to the referral to treatment (RTT) position. The board was aware that a cohort of patients had been identified that had not historically been included within the QVH reporting position. Extensive validation work had been undertaken in recent weeks in order to report an accurate position. As a result, however, referral to treatment time had deteriorated. The impact on performance was that the total waiting list had increased from 11,101 to 14,738, with 145 patients waiting 52 weeks or more, (an overall RTT performance of 74.48%). This data would be included in national publication of July performance data.  AJ assured the board that 115 of the long wait patients now had treatment plans in place. Work was ongoing to identify additional theatre capacity at East Sussex hospital and within the independent sector. In addition, QVH was no longer accepting referrals for low complexity dental work; this would enable the Trust to focus on patients requiring the specialist skills of our medical staff. Commissioners were repatriating patients to primary care where appropriate.  Whilst there had been progress in the two-week and 62-day cancer performance, 31-day targets were still off track, but work was continuing to improve this including improved communication with referring trusts including weekly conference calls.  Other highlights included updates on the planned implementation of eRS (electronic referral) hard paper switch off and the theatre improvement programme including the launch of 6-4-2 scheduling model for theatres.  The board sought assurance as follows:   * Year-end trajectories had been agreed with NHSI and would be reported at the September finance and performance committee (F&PC). BH reminded the board that all members had a standing invitation to attend F&PC. * The launch meeting for the new CT scanner would take place tomorrow (Friday). An update on progress would also be provided at the September F&PC. * The Minor Injuries Unit (MIU) had treated a significantly higher number of patients than planned. The MIU service supports adjoining trusts and much of the peaks in activity are seasonal. Increased publicity around the MIU opening times/service was a factor in increases in activity previously and may still be impacting.   There were no further comments and board **NOTED** the contents of the update. | | |
| **132-18** | | **Financial performance**  MM presented the latest finance report highlighting the following:   * The Trust delivered a deficit of £301k which was £260k below plan. The year to date (YTD) deficit had increased to £1,907k which was £258k below plan. Whilst the Trust was still forecasting to meet plan by the end of the year, there were now significant risks, particularly given workforce and cost saving challenges. * Patient activity income had over performed by £96k. Elective & daycases were below plan but this had been partially offset by over performance within plastics. Sleep services and eyes were over performing YTD. There was a provision of £92k for CQUIN and challenges. Non elective was above plan within Maxillofacial and plastics services. * Pay was down, partly as a result of the new Agenda for Change (AfC) pay awards. Whilst there had been a reduction in agency spend, bank expenditure had increased to a similar value. * Non pay was overspent YTD by £713k, mainly through unidentified Cost Improvement Plans (CIPs). So far the Trust not identified sufficient savings to achieve target. In previous years, the Trust had increased activity to meet its control total, but this was no longer an option. Instead there was a trustwide focus on CIP and activity achievement, with an identified senior responsible officer being assigned to each business area. * Although expenditure YTD on the capital plan was behind, full-year expenditure was still forecast, with EMT recently approving a further four business plans. * Due to recovery of an aged debt, the debtor balance had decreased. * In order to improve the current creditors balance, the finance team would continue to review areas where invoice authorisation was delayed.   The board considered the impact of the update asking for the following clarification:   * The clinical supplies overspend was linked to unidentified CIPs. The board noted that in recent weeks, management focus had been on tackling RTT18 concerns, which had resulted in insufficient resource being available to fully address CIPs issues. The board sought assurance that there were now sufficient resources in place to support business units. MM described the challenges which the team had been facing which had led to a delay in this project but was confident plans were now in place to deliver the target. * The Head of quality would be working with service leads to ensure that proposed CIPs would not have an adverse impact on quality.   The board went on to discuss how an increase in the patient waiting lists, poor financial performance and slippage in CIP delivery could indicate a worrying trend. However, they recognised the time and effort which had been spent in understanding the systems and processes which gave a higher level of confidence that the Trust was going in the right direction. The management team concurred that this was a reasonable interpretation but noted that realistically it would take around 18 months to achieve full turnaround.  There were no further comments and the board **NOTED** the contents of the update. | | |
| **Key strategic objective 5: organisational excellence** | | | | |
| **133-18** | | **Board assurance framework**  GO presented the BAF for KSO5 which had been updated in line with the new format. The board sought assurance that this now provided sufficient focus on organisational development, with an appropriate balance between efficiency and quality. GO confirmed that values, behaviours and cultural issues were intrinsic and would continue to be reflected in the BAF. | | |
| **134-18** | | **Workforce monthly report**  GO presented the latest report highlighting the following:   * The increase in the number of staff in post, and a small reduction in vacancy levels in most directorates. Finance and Workforce continued their efforts to align the ledger with the electronic staff record. This should be complete by the end of September, and address any current discrepancies, but was likely to alter vacancy rates. * The Trust’s rolling annual turnover had decreased for the second consecutive month, and was back in line with the planned trajectory. * The overseas recruitment programme had resulted in 48 offers of employment, with 42 confirmations to date. There had also been UK interest in applying for jobs in theatres and recent positive media coverage was likely a contributory factor. An update on the recent social media recruitment campaign would be provided at the September F&PC.   The board considered the report and sought clarification of the following:   * The length of time before new recruits could start. Whilst the government had relaxed visa requirements, other checks such as language testing were still mandatory. However, it was hoped the first cohort could start during December. Staff were cognisant of the success of the recruitment campaign, in addition to other methods of positive PR. Acknowledging that the Trust had experienced a high turnover of EU nursing recruits in the past, it was felt that these candidates had longer term aspirations to settle in the area. * The high use of temporary staff. GO confirmed that the executive management team (EMT) provided a high level of scrutiny in this area, but given priorities of patient safety there was little alternative until substantive staff were recruited. In contrast, the board was asked to note that the Trust no longer employed HCA agency staff. GO believed a contributory factor to this achievement had been the secondment of a member of staff from Nursing to Workforce. * A notable increase in sickness absence as a result of stress and anxiety. GO reminded the board that Trust staff had access to the employees assistance programme (EAP) and that not all episodes of stress were necessarily work related, however these did correlate to areas with high vacancy rates. The League of Friends had been approached for funding for a Health and Safety Executive (HSE) stress tool which would benefit staff if approved. * Whilst appraisal rates had dipped slightly, mandatory and statutory training rates were being maintained despite current workforce pressures.   There were no further comments and the board **NOTED** the contents of the update. | | |
| **Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services** | | | | |
| **135-18** | | **Board assurance framework**  As agreed at a recent seminar, BAF KSOs had now all been updated to now include reference to risk appetite. Current KSO1 risk ratings would remain until the overseas recruitment process was complete. There was also an increase in negative friends and family test (FFT) comments regarding appointments and waiting times. Whilst the visibility of the patient experience manager was helping the situation, it had not resolved these issues. JMT agreed that ideally, risk ratings should be aligned, but the current BAF presented the position as it was currently.  EP asked the board to note that the board pack version of the KSO2 BAF was not the most recent, and tabled the latest which had been reviewed at quality and governance committee. The impact of the deteriorating RTT position was reflected in the rationale for current scores.  There were no further comments and the board **NOTED** the contents of the BAF update. | | |
| **136-18** | | **Quality and governance assurance report**  GC presented an assurance report on the work the Quality and governance committee work had undertaken since the last board meeting. A meeting in July had been convened specifically to review a series of annual reports prior to approval by the board. In particular, GC asked the board to note the following:   * Whilst the patient experience report noted that two complaints had been referred to the Parliamentary and Health Service Ombudsman (PHSO), it was reassuring that no further actions had been necessary. * A CQC post never event had noted the significant work that has taken place and that there has been no never events since October. * The CQC quarterly provider visit report showed progress in critical care issues and provided an update on actions around staffing issues and RTT. * There had been no further new cases of MRSA since 18 July; it was hoped that the decision to separate the burns and critical care main entrances would support infection prevention.   The board sought clarification with regard to the targets for elective list start times. EP explained that there were multifactorial reasons for delays. It was hoped that the theatre productivity programme would address some of the issues, including work currently being commissioned with *Four eyes Insight.*  There were no further comments and the board **NOTED** the contents of the update. | | |
| **137-18** | | **Corporate risk register (CRR)**  At the last meeting, this report had included a heat map for the first time; the board was asked to consider if this should become a permanent feature. There was a brief discussion on its merits, but the board concluded it was not necessary given that all data was included within the main report.  JMT went on to present the latest CRR, noting that three new risks had been added, five closed and four rescored during June and July. The board commended the CRR process and the progress updates for all live risks.  Clarification was provided regarding dental core trainees from Eastbourne, who would now be undergoing the same level of training as QVH trainees.  JMT detailed clear evidence that the risk described under ID: 1105 (ventilation system within Burns and Critical care) had not been a contributory factor to the recent MRSA outbreak.  There were no further comments and the board **NOTED** the contents of the CRR. | | |
| **138-18** | | **Risk appetite**  The board considered a report proposing the current risk profile of the organisation and the amount of risk it was currently exposed to. The report included a suggested risk appetite, and a process for assessing future risk tolerance. This would also support horizon scanning to identify emerging risks that are both within and external to the organisation’s control. The board was asked to approve a formal statement on risk appetite which would be used in future to support the Trust’s annual governance statement.  The board commended the report and associated statement noting that it would helpwith identifying future priorities and support decision making. Noting that additional work on issue descriptors would be ongoing **[Action: JMT]** the board **APPROVED** the risk appetite statement for 2018/19. | | |
| **139-18** | | **Quality and safety report**  JMT presented the regular Quality and safety report, confirming that there had been no further cases of MRSA since 18 July. Whilst the Burns unit was reopened on 8 August, enhanced infection prevention and control (IPAC) measures would remain during outbreak mode (until all patients affected had been discharged), but it was hoped this could be resolved shortly. Regular meetings between QVH, Public Health England and the Health Protection Agency were continuing, and commissioners and regulators had also been informed. A root cause analysis had been undertaken, the results of which would be reported to Q&GC. The board raised concerns at the data relating to hand hygiene metrics. JMT explained this was partially the result of a misunderstanding where staff had not realised the requirement to continue recording this data whilst already adhering to enhanced IPAC measures and that robust action had been taken.  EP highlighted the recently published 2018 GMC national training survey, reminding the board that Health Education England was due to visit QVH next week.  GO reported that Joy Curran, consultant anaesthetist was the new Guardian of safe working, which the board agreed was an excellent appointment.  Following on from item 131-18, clinical harm reviews were continuing, with no harm identified to date.  A project manager had been appointed to oversee the programme of work with Brighton and Sussex University Hospitals (BSUH) and Western Sussex Hospitals. Workstreams had been established which would define the service model, activity, staffing and resource requirements to produce a final business case. Whilst QVH and BSUH had met to discuss collaboration opportunities, paediatric burns and maxillofacial services would remain the priority. The model of care would ensure all acute and perioperative patients were seen in Brighton, whilst outpatient services, including psychological therapies, would continue at QVH. EP warned of the challenges to the project which included affordability and provision of appropriate nursing and therapies skills and expertise at BSUH.  There were no further questions and the board **NOTED** the contents of the update. | | |
| **140-18** | | **Research and development annual report**  EP presented the annual report of the work coordinated by the Clinical Research Department. Particular highlights included:   * A47% increase in recruitment to research studies over the previous year * In 2017/18 the Trust had four fully grant-funded studies ongoing, initiated at QVH. * Joint funding of one major study on scar formation by the Blond McIndoe Research Foundation and   QVH Charity.   * Sterling examples of QVH clinicians who had contributed to this report, including Emma Worrell and Simon Booth   The board congratulated the team on the results of this year’s report, and noted that the R&D team had been invited to attend part of next month’s seminar.  The board suggested there might be opportunities for further collaboration with BSUH, given the work being undertaken at the Brighton and Sussex Medical School to host a programme of undergraduate projects. They also expressed thanks to the local Comprehensive Research Network (CRN) who had awarded core funding to support a variety of research posts at the hospital.  The Lead governor asked what governance controls were in place. Although ethics and consent was monitored by Q&GC, a review of financial controls may be required. EP noted that the aim was for research and development to eventually become self-funding. In meantime, the board reflected on how much the Trust was currently supporting research and development.  There were no further comments and the board **APPROVED** the annual report. | | |
| **141-18** | | **Safeguarding annual report**  JMT reminded the board that many of the annual reports on today’s agenda, including Safeguarding, had already been reviewed in detail by Q&GC. For this reason she suggested that the board may want to consider delegating future approvals to Q&GC. After a brief discussion, the board agreed that there should be no change to the current process.  JMT went on to present the Safeguarding annual report. The board commended the quality of the report and recommended the model be shared in other departments.  Concern was raised in respect of limitations of space and facilities for children in outpatient departments. JMT advised that work on addressing this issue was continuing and should be concluded within the next few weeks. (It was noted that there were already designated paediatric waiting areas in both MIU and trauma).  There were no further questions and the board **APPROVED** the annual report | | |
| **142-18** | | **Infection prevention and control annual report**  The Infection and prevention annual report had been reviewed in detail at the recent Quality and governance committee and was presented to the board today for approval.  JMT advised that a new lead nurse was now in post and that assurance around infection prevention and control had been maintained through a robust audit process. She noted that whilst there had been no risk to patient safety, there remained room for improvement with compliance from all staff.  The board raised concerns regarding the results of the sharps box audit. JMT confirmed that staff had received additional training on the correct assembling and use of sharps boxes; a further audit would be scheduled to gain assurance that practice had improved.  There were no further comments and the board **APPROVED** the annual report. | | |
| **143-18** | | **Patient experience annual report**  The Patient experience annual report had been reviewed in detail at the recent Quality and governance committee and was presented to the board today for information.  There were no further questions and the board **NOTED** its contents. | | |
| **144-18** | | **Emergency preparedness, resilience and response, and business continuity annual report**  The Emergency preparedness, resilience and response, and business continuity annual report had been reviewed in detail at last month’s Quality and governance committee and was presented today for approval. The board was required to seek assurance of the preparedness of QVH from a major incident perspective. JMT explained that the 2017/18 NHSE annual assurance review process, (undertaken in conjunction with the CCG and a burns specialist team), had placed our compliance with national standards as ‘partial but meeting essential requirements’. She assured the board that the Trust was not a first line responder and that detailed action plan had been developed to further improve compliance.  There were no questions and the board **APPROVED** the annual EPRR and business continuity report. | | |
| **145-18** | | **Consultant revalidation**  EP reminded the board that it was required to review an annual report of compliance with requirements for medical appraisal and revalidation. He went on to explain that this was a General Medical Council (GMC) led process by which doctors had to demonstrate compliance with relevant professional standards. Revalidation is required every 5 years. EP asked the board to note the following:   * The Trust was 89.9% compliant with doctors’ appraisals at 31 March 2018; the appraisal ‘window’ would be adjusted to help avoid appraisals being booked late in the financial year, which could skew reporting. * The Trust’s internal auditors had undertaken an assessment on the current process. Few actions had resulted from this, and all completed in a timely manner.   There were no further comments and the board **APPROVED** the report and ratified the statement of compliance, signed by the Chief Executive on behalf of the Trust. | | |
| **Any other business** | | | | |
| **146-18** | | There was none. | | |
| **Questions from members of the public** | | | | |
| **147-18** | | 1. An email was sent to the Trust by a member of the public with the following questions:   *Patient access at QVH is a major problem due mainly to inadequate car parking provision.  I am aware that a Travel Plan was undertaken by Cathy Rooney involving consultation with staff and volunteers during 2016/17. East Grinstead Cycle Forum made comments with regard to improving access to QVH by bicycle. We also believe that public transport to and from the town centre is inadequate and not co-ordinated with other health service providers. We believe that enabling and encouraging a modal shift in getting to and from the hospital would start to address the parking problems by simply reducing the number of car journeys.*  *We are disappointed that the results of the Travel Plan study have not been made known to us.*   * *Question 1: Have any discussions with staff, volunteers and stakeholders taken place with respect to the travel plan findings?* * *Question 2: Has the travel plan been evaluated by QVH management and have any decisions been made?* * *Question 3: East Grinstead Cycle Forum members are standing by to help you find a way of improving patients' experience. Is this offer of any value to you?*   The Trust has responded as follows:  *Following significant work on our Travel Plan, unfortunately the lead director left the organisation. The Travel Plan was based on staff, patient and stakeholder engagement and the feedback had been considered in various internal QVH forums, including our patient experience group, but the Travel Plan had not been published nor implemented.*  *Our new finance director is the process of reviewing the plan. The Trust is keen to improve travel to and from our site for staff, visitors and patients. We are very grateful for the engagement of East Grinstead Cycle Forum members, and will be in touch later in the autumn about the Travel Plan.*   1. One of the governors asked why the board used printed report packs instead of an electronic solution. The Director of communications explained that it was difficult for board members to read from a screen for a long period of time and that sometimes it was difficult to pick up detail from the screen; for Board meetings it was felt important not to have the barrier to engagement that laptop screens can form; a cost benefit analysis had been undertaken on a board portal option which had shown that the cost of implementing a new system was far higher than current print costs. The Chair indicated that she agreed with the sentiments regarding printed packs and would prefer to have a board portal, which many other NHS boards use. However, the size of QVH means that implementing a board portal system is prohibitive in terms costs.   There were no further questions and the Chair closed the meeting. | | |

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