

**PUBLIC MEETING OF THE  
COUNCIL OF GOVERNORS**

**Tuesday 15 January 2013**

**2pm at Meridian Hall, East Court, College Lane  
East Grinstead, West Sussex RH19 3LT**

**Meeting of the Council of Governors (held in public)**  
**Tuesday 15 January 2013, 14.00, Meridian Hall, East Court, East Grinstead**

Tea, coffee and biscuits and an opportunity to meet members of the  
Council of Governors and from 13.30

<b>AGENDA: PART 1 (PUBLIC MEETING)</b>			
No.	Agenda item	Time	Papers
<b>PRESENTATION</b>			
01-13	<b>TBC</b>	14:00	-
<b>STANDING ITEMS</b>			
02-13	<b>Welcome, apologies and declarations of interest</b> Peter Griffiths, Chairman	14:30	-
03-13	<b>Draft minutes of the meeting held on 30 October 2012 (for approval)</b> Peter Griffiths, Chairman		Enc.
04-13	<b>Matters arising and actions pending from the previous meeting</b> Peter Griffiths, Chairman		-
<b>REPORTS FROM THE TRUST MANAGEMENT TEAM</b>			
05-13	<b>Report from the Chief Executive</b> Adrian Bull, Chief Executive	14:35	Enc.
<b>REPORTS FROM LEAD GOVERNORS</b>			
06-13	<b>Report from the Vice Chairman</b> Ian Stewart, Vice Chairman	14:55	Enc.
07-13	<b>Report from the Governor Representative</b> Brian Goode, Governor Representative	15:00	Enc.
08-13	<b>Quality and risk</b> Moira McMillan, lead governor for quality and risk committee	15:05	Verbal
09-13	<b>Patient experience</b> Gillian Santi, lead governor for the patient experience group	15:10	Verbal
10-13	<b>Foundation trust membership</b> Michael Shaw, lead governor for membership taskforce	15:15	Verbal
11-13	<b>QVH charitable fund</b> Brian Beasley, lead governor for the charitable funds advisory committee	15:20	Verbal
<b>STATUTORY DUTIES</b>			
12-13	<b>Appointments Committee</b> Valerie King, Public Governor and Chair, Appointments Committee	15:25	Enc.
13-13	<b>Audit</b> Chris Orman, lead governor for audit	15:30	Verbal

14-13	<b>Constitution: planning for the third commencement order of the Health and Social Care Act 2012</b> Kathleen Dalby, Company Secretary	15:35	Verbal
<b>ANY OTHER BUSINESS</b>			
15-13	<b>By application to the Chairman</b> Peter Griffiths, Chairman	15:40	-
<b>QUESTIONS FROM THE PUBLIC</b>			
16-13	<b>To receive any questions or comments from members of the public</b> Peter Griffiths, Chairman	15:45	-
17-13	<b>To consider a motion to exclude members of the public and the board of directors in order to discuss confidential matters</b> Peter Griffiths, Chairman	15:55	-
<b>DATE OF THE NEXT MEETINGS</b>			
<b>Public meetings of the Council of Governors:</b> Tuesday 16 April 2013, 18:00, The Ark, Turners Hill, West Sussex, RH10 4RA			

<b>Members of the Council of Governors</b>	
Brian Beesley	Public Governor
Howard Bloom	Stakeholder Governor, West Sussex County Council
Mabel Cunningham	Staff Governor
Jenny Cunnington	Public Governor
John Dabell	Public Governor
Brian Goode	Public Governor
Robin Graham	Public Governor
Peter Griffiths	Chairman
Michael Hannah	Public Governor
John Harold	Public Governor
Anne Higgins	Public Governor
Valerie King	Public Governor and Chair, Appointments Committee
Carol Lehan	Staff Governor
Moira McMillan	Public Governor
Christopher Orman	Public Governor
Christian Petersen	Staff Governor
Louise Reader	Public Governor
Andrew Robertson	Stakeholder Governor
Gillian Santi	Public Governor

Michael Shaw	Public Governor
Ian Stewart	Vice Chairman and Chair, Governor Steering Group
Alan Thomas	Public Governor
Norman Webster	Stakeholder Governor, East Grinstead Town Council
Peter Wickenden	Public Governor
Vacancy	Stakeholder Governor, NHS West Sussex
<b>Invited attendees</b>	
Adrian Bull	Chief Executive
Jeremy Beech	Non-Executive Director
Heather Bunce	Programme Director
Claire Charman	Engagement Coordinator (Secretariat)
Kathleen Dalby	Company Secretary and Head of Corporate Affairs
Pauline Farrell	Head of Human Resources
Richard Hathaway	Director of Finance and Commerce
Ken Lavery	Medical Director
Renny Leach	Non-Executive Director
Amanda Parker	Director of Nursing and Quality
Lester Porter	Non-Executive Director
Shena Winning	Non-Executive Director

Report to:  
Meeting date:  
Agenda item reference no:  
Author:  
Date of report:

Council of Governors  
15 January 2013  
05-13  
Adrian Bull, Chief Executive  
January 2013

## Report from the board of directors

### 1. Quality, Safety Risk, DIPC

#### 1.1. Infection Control

Oct / November	New this quarter	Year to date (Target)
MRSA bacteraemia	2	2 (1)
MSSA bacteraemia	4	6
<i>C.diff</i>	0	0 (1)

- 1.1.1. During October and November there was a higher than expected rate of hospital acquired MRSA in patients wounds. The cases occurred on both the Burns unit and Canadian Wing wards.
- 1.1.2. At the beginning of quarter three two patients were identified as having MRSA positive blood cultures and no patients with *clostridium difficile*. Four patients were identified as having MSSA bacteraemia. All patients with MRSA bacteraemia were from within the Burns unit as were two of the MSSA bacteraemia. A full root cause analysis investigation has been undertaken for each case to identify lessons that could be learned and actions to be taken to prevent further occurrence.
- 1.1.3. The Burns Unit was deep cleaned twice. Strict adherence to policies and practices related to infection control, including hand hygiene, were reinforced with all members of staff. The number of people on ward rounds was reviewed and reduced. Wearing of protective clothing practice was tightened.
- 1.1.4. After these actions were completed there were further cases of MRSA acquisition into wounds. It is normal for healthy individuals to have this bacteria on their skin without causing harm. Many people carry MRSA without harm to themselves or others.
- 1.1.5. Because of this further acquisition, it was assumed that there was transmission from one or more members of staff. It was not possible to narrow this down to a small group. Consequently all staff who regularly work within the Burns Centre were requested to participate in a decolonisation programme in order to ensure we are taking all actions possible to protect patients. Those members of staff who preferred not to undertake the precautionary decolonisation had swab tests instead.
- 1.1.6. There have been no further acquisitions during December.

#### 1.2. Emergency Planning/Business Continuity

- 1.2.1. During October and November activity has centred on winter preparedness. Staff have been accessing the flu vaccination clinics; current uptake rate is circa 47%.
- 1.2.2. Two emergency planning exercises have been undertaken to ensure we are able to set up our major incident room and contact staff and cooperating organisations. QVH also participated in an exercise involving burns patients.

### 1.3. Risk Management

- 1.3.1. During October and November, two serious untoward incidents have been declared; these were the MRSA bacteraemia cases. A third incident was reported at Medway NHS Trust where the wrong deciduous (milk) teeth were removed during an operation by a QVH employee. Medway NHS Trust are investigating and QVH will contribute as required.
- 1.3.2. In the previous report a serious untoward incident was reported in relation to a retained swab. The full investigation has concluded that this was not a retained throat pack as initially thought. However it has resulted in an updated policy on swab management and the introduction of specific bite packs for use following the removal of teeth.

## 2. Financial Performance and Operational Performance

- 2.1. Financial performance for the 8 months to 30<sup>th</sup> November remained strong, generating a surplus of £2.6m year to date against a plan of £1.8m.
- 2.2. Income from patient activity has recovered well from a slow start in April and is now £1.1m ahead of plan overall at £38.4m. The Trust is also benefitting from lower interest and depreciation charges than planned. There are also additional costs associated with the extra activity undertaken. A strong position at this time of year is encouraging given that the level of financial risk is likely to increase over the remaining winter months.
- 2.3. The Trust's Financial Risk Rating remains at 5 under the Monitor Compliance Framework (the lowest level of risk)
- 2.4. Service line performance is monitored monthly and Hands continues to perform ahead of plan, whilst other areas that had slower starts have recovered well including Sleep Studies and Burns. The main area below plan continues to be Maxillofacial and this is expected to continue to year end as a result of the fall in Kent activity. Reductions in staff and associated costs have been implemented as a result of this.
- 2.5. It is recognized that in 2012/13 the Trust has needed to take action to treat patients who have waited longer than acceptable and also to achieve waiting time compliance at service line level. This will have increased activity in some services to a level that could not be sustained in 2013. Business Planning will need to make clear the assumptions for the 2013/14 plan.
- 2.6. The Trust did not meet the corporate 18 week admitted pathway target for October as a result of implementing the agreed trajectory for clearing long waiting patients. This is expected to impact on the Trust's Governance rating with Monitor when the Q3 return is submitted in January. However performance is expected to return to compliant levels by the year end.
- 2.7. The Trust has also exceeded its MRSA limit for the year with 2 cases, though this remains below the Monitor de minimis of six for performance management assessment.
- 2.8. Financial pressure remains a significant risk in the local health economy.

### **3. Estates and Capital Programme**

#### **3.1. New Theatre development**

- 3.1.1. The overall project remains on time and within budget, with an anticipated (revised) completion date of June 2013. The date on which the new Theatres building will become fully operational is dependent on the Trust's commissioning programme which has yet to be agreed; this is however likely to be August 2013.
- 3.1.2. The main ground floor construction is now complete.
- 3.1.3. The internal works are progressing well
- 3.1.4. All external panels for the roof top plant rooms have been erected.
- 3.1.5. The facing brickwork will be complete by Christmas.
- 3.1.6. Close contact with hospital departments and local residents most affected by construction works continues and co-operation remains high. We attended the local residents' association meeting in December. The residents are supportive of the site redevelopment but did raise concerns regarding contractor parking in the streets adjacent to the hospital. Willmott Dixon are doing everything they can to manage both deliveries and parking.
- 3.1.7. A Full Business Case is being produced for the construction of the four remaining theatres. This case is scheduled to go to the February Board of Directors. Approval has been given to building the foundations for the remaining four theatres to reduce cost and disruption during construction.

#### **3.2. Estates Capital Programme**

- 3.2.1. Work on this year's capital programme is well underway with the majority of the work due for completion by the end of Q3. Projects include the following:
- 3.2.2. Replacement of Steam Boilers completed.
- 3.2.3. Fire Compartment works: survey works currently being carried out and project now on hold until the new financial year.
- 3.2.4. Replacement doors to Theatres 8 & 9: completed
- 3.2.5. Wayfinding, signage: The current wayfinding signage project is now complete however as the site changes this requires continual revision.
- 3.2.6. New OPD main entrance work has been delayed but will commence in January 2013

### **4. Operational developments**

#### **4.1. Cancer**

- 4.1.1. Work on streamlining the cancer pathway continues to progress through the implementation of the action plan. Since the last report the Trust has failed the 62 day cancer targets due to issues off site. The processes for collecting information off site is being reviewed as a significant number were related to administrative delays from referring Trusts which are outside our control. Significant progress has also been made in developing Somerset and Inflex systems to enable clinicians to contribute to the new Cancer dataset which is being introduced from Jan. The New Year will also see the introduction of a dedicated steering group to oversee the implementation of the dataset as well as agreeing a Trust Cancer strategy with all key stakeholders. This group will also monitor the progress towards streamlining pathways and reducing waits.

4.1.2. The QVH's Moh's service launched in Sept is now embedded within the Trust and has now treated 10 patients. From January 2013 the service will be increasing the numbers treated per week, with the aim from April it will become an all day service. This service has now been extended to Kent and so more patients will be able to have their treatment locally without the need to travel into London.

## 4.2. Trauma

4.2.1. The electronic trauma board is now live and in use across the Trust. Elective operating lists are also now available and the need for manual data collection and analysis is progressively being removed. Trauma continues to be extremely busy for this time of the year but despite this the system is maintaining 90% of patients being seen within 24hrs of admission whilst very few referrals are declined. The trauma policy has been completely refreshed to cover all the changes with the service now in place.

4.2.2. Improving patient flow for Paediatric trauma cases has now been completed. Extra trolleys and staff at weekends have already made a difference. The location of the handover has now been relocated and the way the meeting is run is being reviewed to improve effectiveness. The next few months will also see a focus on the trauma outlier process and improving the efficiency of trauma clinics based in MIU.

4.2.3. As with cancer, there is a detailed action plan with specific timescales which the Trauma Management Group continues to work through.

## 4.3. Elective

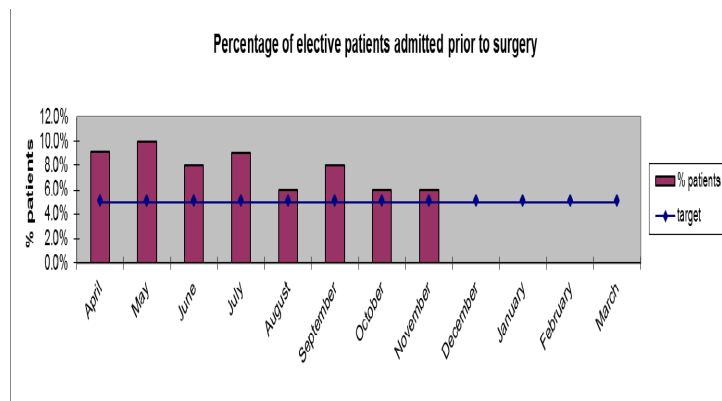
4.3.1. Pre-Assessment steering group has almost agreed the streamlined paperwork to be used and will be allowing secretaries to book appointments. The team is looking at options for a new pre-assessment tracker which will include electronic forms. The second phase of the development of ORSOS also continues and currently the recovery department are trialling electronic documentation.

4.3.2. The initial review of the administration functions around scheduling has been completed and a number of workshops are being run with secretarial staff to standardise and streamline the current processes. This along with the increased focus on 18 weeks performance should lead to a more proactive and sustainable approach to waiting list management within the Trust.

4.3.3. The Outpatient User Group, is now starting to implement a programme of work focusing on improving patient flow and experience initially within Hand and Corneo clinics. This will include reviewing clinic templates based on demand and capacity analysis, reviewing outpatient space / room allocation / utilisation and using therapists / nurses to reduce follow ups.

4.3.4. The focus on reducing pre-operative length of stay continues led by the Inpatient and Peri-operative Matrons, plus the respective clinicians. Progress is gradually being made (see over for table) and there are a number of other actions underway to improve this further.





4.3.5. A proposal for the development of a single dashboard for all streamlining projects is being taken to the Trust Board in Feb with a consolidated summary of all the action plans.

#### 4.4. Other Clinical Specialities Projects

- 4.4.1. Voice recognition pilot went live in Orthodontics and Sleep during November. The impact of this will be reviewed in the New Year. Digital Dictation will be extended to the last remaining areas before the end of March.
- 4.4.2. Outpatient 'Self Check-In Kiosks' and patient calling system are now live in all our main outpatient areas and its being used by more than 60% of patients regularly. Last remaining media screens will be installed during Feb. Sleep and Therapies are now looking to adopt the patient calling system by the end of the Spring. Further work to develop a web based patient portal to allow on line check in and access to appointment letters is being considered.
- 4.4.3. Synertec (an automated letter printing and postage system) – 20% of all letters are now being sent out via this system and December saw this rolled out to Max fac, whilst Corneo will commence in Feb. This is anticipated will achieve 60% coverage. Other areas such as Therapies, Radiology and Sleep are discussing how they could benefit from the system. It is also planned to review and streamline the Admission letters currently used to improve the presentation of information for patients.
- 4.4.4. The NHS Institute 'Organising for Quality and Value' programme with 19 participants closed with a celebration day in October. A large number of projects were very successful and many of the participants continue to develop other ideas for change within their departments. A full summary of their achievements is available upon request. A second cohort is being planned for the New Year.

#### 5. People Issues

- 5.1. Trade Unions are in the process of consulting their members about proposals to make changes to the Agenda for Change Terms and Conditions of service. Confirmation of any amendments is likely to be given in March 2013 but will become effective in April 2013.
- 5.2. There are also discussions at national level on the Junior Doctors' contract and the Clinical Excellence Awards scheme.
- 5.3. Interviews for the post of Head of HR & OD will take place on Tuesday 8 January.
- 5.4. The staff survey results have begun to come through and the Trust is starting to analyse its performance and think of actions to address key findings. Comparison

with other Trusts however will only be possible from March 2013 when the Department of Health releases information for all Trusts.

- 5.5. In the meantime the key findings show that the Trust's response rate has improved from 52.8% in 2011 to **62.5%** in 2012 and that the Trust has improved significantly on the following questions:

		<b>2011</b>	<b>2012</b>
1e	No training in how to handle confidential information	9 %	<b>3 %</b>
1f	No training in how to deliver a good patient / service user experience	33 %	<b>24 %</b>
3d	Appraisal/performance review: left feeling work not valued	33 %	<b>24 %</b>
6d	Not able to do my job to a standard am pleased with	14 %	<b>8 %</b>
11a	Do not know who senior managers are	10 %	<b>5 %</b>
11b	Communication between senior management and staff is not effective	31 %	<b>22 %</b>

- 5.6. However the Trust has worsened significantly on the following questions:

		<b>2011</b>	<b>2012</b>
1c	No training in how to handle violence to staff/patients/service users	13 %	<b>18 %</b>
11d	Senior managers do not act on staff feedback	17 %	<b>25 %</b>

- 5.7. A communication and action plan will be formulated over the next few months to address any issues identified as part of the survey.

## **6. Recommendation**

- 6.1. The Council of Governors is requested to NOTE the contents of this report.

<b>Report to:</b>	<b>Council of Governors</b>
<b>Meeting date:</b>	<b>15 January 2013</b>
<b>Agenda item reference no:</b>	<b>06-13</b>
<b>Author:</b>	<b>Ian Stewart, Vice-Chairman</b>
<b>Date of report:</b>	<b>January 2013</b>

## **Report from the Vice-Chairman of the Board of Governors**

### **1. Input from Governors**

1.1. At the last Council Meeting I asked for input to the Business plan and to the Quality Account priorities for 2013. These issues were discussed at the last two GSG meetings and suggestions from the Governors have been passed to management.

1.2. The areas for consideration in the Business Plan were;-

- **Formulation and Publication of Clinical Outcomes**  
It is an essential part of the Trust's marketing strategy that clinical outcomes, relevant to patients, are produced and published. This should guide patients and referrers to QVH. Specific budgetary provision should be made in the business plan for the IT support and the manpower resource that is necessary.
- **Planning for a Better Balance on QVH's Service Lines**  
Over the last few years QVH has slimmed down to concentrate on its core services. Now it would be beneficial to move to a more equal balance across those services that would mitigate any loss of business in Burns and Hands.
- **Psychological Therapy Rooms**  
The plan should include a review of how identification and booking of rooms for psychological therapy can be improved.
- **Kitchen Facilities**  
The governors realise that the kitchen facilities are on the plan for eventual replacement/improvement. However, the current facilities are increasingly inappropriate. Better facilities would improve matters for both staff and patients. Can the plan be adjusted to deal with the kitchen more quickly?
- **Central Corridor**  
The central corridor is far from acceptable for any hospital. Work, largely of a cosmetic nature, is underway. Can a more permanent solution be brought forward in the plan?

1.3. The suggestions for the Quality Plan were:

- **Communication of Waiting times in Outpatient Clinics**  
Surveys are showing that patients are still not being made aware of the waiting times in clinics and the reasons for any wait. The Trust should specifically target improvement in this area.
- **Friends and Family Test**  
The government target for the response rate to the Friends and Family Test is 15%. It would seem reasonable for the Trust to try for a much higher rate from our patients.

**2. Adrian Bull**

2.1. As you will be aware this will be the final Council of Governors meeting which Adrian will be attending. I would like to congratulate Adrian on his appointment to Managing Director of Imperial College Health Partners. It is with mixed feelings that I see Adrian going. On the one hand it is very satisfying that we, a small foundation trust, can provide a stepping stone to such a prestigious appointment. On the other hand Adrian has been of inestimable value to QVH over his time with us and has pushed the Trust to even higher standards of performance. He has gone out of his way to ensure that the relationship with the governing body is good and constructive. I am sure I speak for all governors in wishing him a very successful future.

**3. Ken Lavery**

3.1. It is also going to be Ken's last CoG meeting. Ken has had a leading role in the Trust's success, not just as a leading surgeon. Many of the changes over the last few years have necessitated different approaches and systems for the clinical side. Ken has been instrumental in ensuring that these have been implemented smoothly. We wish him all the very best in his retirement.

**4. Recommendation**

4.1. The Council of Governors is asked to **NOTE** the contents of this report.

Report to:	Council of Governors
Meeting date:	15 January 2013
Agenda item reference no:	07-13
Author:	Brian Goode, Governor Representative
Date of report:	January 2013

## Report from the Governor Representative

### 1. Board of Directors

- 1.1. The financial position continues to improve month on month and the hospital is now nearly 7% ahead of target. This means that the monitor financial risk rating is 5. There are two difficult months to come, December and February and bad weather could also affect the financial position if heavy snow causes cancellation of procedures.
- 1.2. The number of referrals remains slightly higher than predicted though the number of patients seen in Minor Injuries has dropped off since October but this is no different from other years. Monitor targets have been missed during this period which will mean that at best only an amber/green governance rating can be achieved for this quarter. The targets for Sleep Studies and Ophthalmology are still being missed but the situation is improving.
- 1.3. There have been two cases of MRSA bacteraemia the Burns Unit and Canadian Wing wards and deep cleaning has been undertaken in the Burns Unit. The board is keeping a close eye on this situation.
- 1.4. The board is taking regular reports on the theatre new build and monitoring progress closely. It is getting assurance that the project is running to plan and budget whilst also ensuring that the Trust is in an appropriate position to support this large long-term investment. The building is now watertight and permission for building the foundations ahead of time for a further four theatres has been granted.
- 1.5. Work has started on the business plan for 2013/2014 and governors will be asked to make their normal contribution in the next few months.

### 2. Land Redevelopment

- 2.1. The board was presented with ways of raising money from the land owned by QVH. Further work is being undertaken and will be presented to the governors in the coming months.

### 3. Recommendation

- 3.1. The Council of Governors is asked to **NOTE** the contents of this report.

<b>Report to:</b>	<b>Council of Governors</b>
<b>Meeting date:</b>	<b>15 January 2012</b>
<b>Agenda item reference no:</b>	
<b>Author:</b>	<b>Valerie King, Public Governor and Chair of Appointments Committee</b>
<b>Date of report:</b>	<b>January 2013</b>

### Report from the Appointments Committee

1. The Council of Governor's Appointments Committee has met once on 6 December 2012 since the last formal meeting of the Council of Governors.
2. The last formal meeting was chaired by Valerie King and in attendance were:

<b>Committee members 2012/13</b>	<b>In attendance 06 12 12</b>
<ul style="list-style-type: none"> <li>• Valerie King [Chair] – Public Governor</li> <li>• Ian Stewart [Deputy Chair] – Public Governor and Vice Chairman</li> <li>• Mabel Cunningham – Staff Governor</li> <li>• John Dabell – Public Governor</li> <li>• Robin Graham – Public Governor</li> <li>• Anne Higgins – Public Governor</li> </ul> <p><u>Invited attendees</u></p> <ul style="list-style-type: none"> <li>• Kathleen Dalby – Company Secretary and Head of Corporate Affairs</li> <li>• Peter Griffiths - Chairman</li> <li>• Claire Charman – Secretariat</li> </ul>	<ul style="list-style-type: none"> <li>• Valerie King [Chair]</li> <li>• Ian Stewart [Deputy Chair]</li> <li>• Mabel Cunningham</li> <li>• John Dabell</li> <li>• Robin Graham</li> <li>• Anne Higgins</li> <li>• Kathleen Dalby</li> <li>• Peter Griffiths</li> </ul>

3. The committee noted that the following recommendations had been presented to the Council of Governors at their full committee meeting held on Tuesday 30 October 2012 and after some discussion had been agreed:
  - To extend the Chairman's appointment for an additional two years to end March 2015.
  - To continue with the agreed succession plan for the remaining Non-Executive Directors and seek to appoint two Non-Executive Directors ready to replace Shena Winning and Jeremy Beech when their terms of office end in September 2013.
4. The remaining meeting involved further discussion of Non-Executive Director recruitment and review of the Appointments Committee workplan for 2013/14. Further comments will be given in Part 2 of the Council of Governors meeting.
5. The Council of Governors is asked to **NOTE** the content of this report