

Document:	Minutes (final & approved)	
Meeting:	Board of Directors (session in public) 23 May 2013, 13:00 – 15:00, Council Chamber, East Court, College Lane, East Grinstead, West Sussex RH19 3LT	
Present:	Peter Griffiths (PG)	Chairman
	Jeremy Beech (JB)	Non-Executive Director (Senior Independent Director)
	Stephen Fenlon (SF)	Medical Director
	Richard Hathaway (RH)	Director of Finance and Commerce
	Amanda Parker (AP)	Director of Nursing and Quality
	Lester Porter (LP)	Non-Executive Director
	Shena Winning (SW)	Non-Executive Director
In attendance:	Caroline Haynes (CH)	Deputy Head of HR
	Heather Bunce (HB)	Programme Director
	Kathleen Dalby (KD)	Head of Corporate Affairs & Company Secretary
	Georgia Denegri (GD)	Interim Deputy Company Secretary (minutes)
	Brian Goode (BG)	Governor Representative
Apologies:	Graeme Armitage (GA)	Head of HR & Organisational Development
Public gallery:	3 members of staff, including two staff governors	

Items were discussed in the sequence they are recorded in the minutes.

WELCOME	
110-13	<p>Welcome, apologies and declarations of interest The Chairman opened the meeting and welcomed observers in the public gallery.</p> <p>It was noted that SF had had to attend a hospital emergency and would join the meeting later. There were no apologies for absence and no declarations of interest were made.</p>
STANDING ITEMS	
111-13	<p>Draft minutes of the meeting session held in public on 25 April 2013 The minutes of the meeting were AGREED as a correct record of the meeting.</p>
112-13	<p>Matters arising and actions pending The Board considered the action schedule and NOTED the actions completed and the timeframe for progressing the open actions.</p>
113-13	<p>Update from the leadership team Until the next chief executive was in post from 1 July 2013, an update would be provided by the Chairman on behalf of the leadership team. The Chairman informed the Board that:</p> <ul style="list-style-type: none"> • Richard Tyler, Chief Executive designate, had spent a day at QVH on Tuesday 21 May 2013 meeting staff. Until he formally joins the trust in July, he intended to be every Tuesday afternoon at the hospital as part of his induction. • With regard to the recruitment campaign for appointing three new non-executive directors from September 2013, KD updated the Board that this was progressing. The terms of appointment of Shena Winning and Jeremy Beech had been extended to 31 March 2014 to allow for an appropriate handover with the new non-executive directors. With the advice and consent of the Council of Governors' Appointments Committee, it was decided to switch the search to Odgers who had built a relationship of confidence with the Trust through the successful recruitment campaign for the new chief executive. The campaign would be based on search and

	<p>online advertising and would not involve costly national press advertising.</p> <p>The Board NOTED the leadership team's update.</p>
SAFETY AND QUALITY	
115-13	<p>Quality and risk exception report: April 2013 (monthly update)</p> <p>AP introduced the report which provided information, on an exceptional basis, against national and local targets for April 2013. Key performance discussed was:</p> <ul style="list-style-type: none"> • A clostridium difficile incident was reported which was deemed unavoidable following full investigation. A patient with significant infection chose to be discharged and was prescribed a wide range of antibiotics. On their readmission at their request, they were found to have developed clostridium difficile. The patient remains well, the infection has been treated and additional precautions have been taken to protect other patients. • Two serious untoward incidents were reported to the local CCG in April. The first related to a historical incident in the 1980s which was passed on to the police to investigate. The second, categorised as a 'never event', related to a patient having an incision to the wrong side of their mouth. At that point the surgery was stopped and the incision and extraction made to the correct side of the mouth. A full incident review was underway and the findings will be reported to the Board in June (ACTION: AP). • An incident, categorised as 'amber', involving a consultant who used a personal device to record surgery was investigated and feedback was provided to the clinician and the clinical lead. As a result, the trust policy on the use of mobile devices is under review and actions are being taken to raise awareness among staff about the trust's photographic department who can support filming if required. In discussion, it was noted that the new theatres will have cameras installed. • Medical administration errors were higher but none resulted in harm to patients. Feedback was provided to clinical leads to explore any trends with their colleagues. • Staff incidents causing harm were also higher due to a higher than usual number of incidents resulting in inoculation injuries. These occur mainly in the operating theatre. The trust has been using every opportunity to raise awareness of the risks to staff and provides equipment, where available, to reduce the opportunities for harm from passing equipment hand to hand. • Seven complaints were received which were being investigated by members of the executive team. • One adult safeguarding referral connected to a patient's welfare was made to Social Services. • With regard to patient's consent being taken prior to the day of their elective surgery (which is one of the four main priorities the trust set for 2013/14); it was aimed to achieve 55% by the end of quarter 1. • CQUINS for 2013/14 have been agreed with commissioners and the trust has started collecting the required information. Plans relating to intraoperative fluid management, assistive technology and digital by default measures have already been submitted. <p>JB commended the new format of the report as being much improved, clearer and transparent. Also, for providing information on the actions implemented and improvements made as a result of complaints received.</p> <p>There were no other comments and the Board NOTED the report.</p>
116-13	<p>Patient experience reports: quarter 4 2012/13 and annual report 2012/13</p> <p>AP introduced the reports which included detailed information on feedback and</p>

	<p>complaints received per service, comparators with previous years, improvements made, and future developments.</p> <p>In response to LP's query about the higher number of complaints received relating to the plastics and burns directorate, it was noted that approximately 1,000 patients per month are seen in the directorate so a total of 37 complaints received over the year could not be considered as high. It was suggested that it may be more meaningful to present the data in percentages or if the actual numbers are not statistically significant, a comment to that effect to be added to the report to explain that such consideration was given during the analysis (ACTION: AP).</p> <p>The Board further discussed the plans for future reporting per consultant and the necessary changes required to the reporting systems, as well as linking patient outcomes measures to the patient experience. It was noted that this information will also be required for revalidation purposes.</p> <p>There were no other comments and the Board NOTED the reports.</p>
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BUSINESS PERFORMANCE AND DELIVERY

<p>117-13</p>	<p>Workforce performance report: March 2013 (monthly update)</p> <p>CH introduced the new format report which included a broader range of indicators in order to support managers with improved business intelligence and assist them in their decision making. Priority was given to statutory information and further improvements would continue to be made to the report over the next three months. CH reported that there were no areas of particular concern and summarised the key performance as follows:</p> <ul style="list-style-type: none"> • The trust has been maintaining low turnover of staff for the last two years and it was expected that this would continue next year. This would enable improvements to bank and agency administration but the trust would require a medium to long term strategy to manage the implications of an aging workforce, for example potentially higher sickness levels. • Use of bank and agency staff continued to increase mainly in inpatient and outpatient services mainly due to staff sickness. Improvements in bank administration were already underway. • Sickness absence (4%) remained 1% above plan. Further analysis would be carried out and linked to the wellbeing and culture action plan. • There were 26 live vacancies in April. • HR will work closely with managers to ensure that appraisal rates and mandatory training attendance are improved. <p>The Board discussed in detail the new format and performance indicators, and in particular with regard to bank and agency staff.</p> <p>AP advised the Board that the information on nursing staff will be reported quarterly instead of twice a year.</p> <p>The following key comments and suggestions were noted for future inclusion in the report (ACTION: CH and GA):</p> <ul style="list-style-type: none"> • The table presenting information on WTE versus actual headcount which was included in the previous format was helpful to be added. • The table at the end of the previous report presenting the incidents per staff would be added from next month. • A way of presenting productivity/the correlation between activity and staffing levels needs to be explored.
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	There were no other comments and the Board NOTED the report.
118-13	<p>Operational performance report: April 2013 (monthly update) RH reported that all performance targets had been achieved in April. The commissioning contract had not yet been formally signed due to the CCGs being in a transitional stage. The trust had received the money for month 2 although not yet for month 1.</p> <p>RH further reported on his recent meeting with commissioners who raised no concerns about the Trust's performance and services. The Board discussed at length about the current implications relating to specialist commissioning which have yet to be resolved, how the Trust can devise a medium to long term strategy for growth which could include support to the local community and services for elderly and how it can focus in continuing to build its relationships with the local GPs and the CCGs.</p> <p>There were no other comments and the Board NOTED the report.</p>
119-13	<p>Financial performance report: April 2013 (monthly update) RH summarised the key contents of the report, including:</p> <ul style="list-style-type: none"> • Financial performance for month 1 was slightly ahead of plan. • Patient related income was ahead of plan and in particular the hands service continued to perform significantly ahead of plan. • Pay and non-pay were overspent and this was being addressed with budget holders. • Cash remained strong although the balance of £6,813k was down on the previous month because of initial delays in payments from some of the new CCGs. Actions were being taken to ensure that debt is paid within the agreed terms. • The financial risk rating for the month was 4 due to the way the risk margins are calculated but this can rise to plan if the performance of the rest of the quarter is to budget. <p>There were no comments and the Board NOTED the report.</p>

STRATEGY

120-13	<p>Streamlining programme: quarterly update JM introduced the report which updated on progress of the streamlining/service transformation projects relating to the elective, cancer and trauma pathways. A first draft dashboard of metrics was also included and JM commented that this would be adjusted along the lines of the new quality and risk exception report to provide a clearer format.</p> <p>JM summarised the progress made since the last report in February, including:</p> <ul style="list-style-type: none"> • Health records: Additional storage space had been created following scanning of permanent records. Extra racking was due to be delivered the following week and records would be moved in the next three months. A new system for accepting referrals and storing them electronically through a central point was being piloted. In addition, preparatory work for the procurement of a longer term electronic management system continued. The Health Records Committee continued to focus on the action plan to implement the CQC recommendations concerning patient documentation. • Outpatient appointment booking: Standardisation of processes and letters continued. A search for purchasing an appropriate appointment booking and scheduling software package was underway aimed to reduce the current time-consuming manual processes. • Outpatient redesign: Significant progress is being made with the redesign of
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pathways and processes of the hands and corneoplastics services which are the focus for this year. A dedicated member of staff supported the corneoplastics redesign of patient flows and consideration was being given to improvements in the appointment booking system. With regard to the Hands service, pilots were planned for July to test the improved clinic outcome forms, extend the x-ray opening times so that patients do not wait long between their x-ray and their clinic appointment, and setting up therapy clinics.

- Pre-screening and pre-assessment: A procurement exercise for an electronic pre-assessment system was underway which would improve communications and allow moving towards electronic waiting list cards.
- Theatre scheduling: The number of outpatient clinic outcome forms and waiting list cards had been reduced and it was planned that these be available electronically in future. Admission letters were being reviewed and standardised across departments in order to avoid the need for handwritten instructions as they will be sent out via an outsourced mailing system. The quality of information in the letters had significantly improved. The functionality of ORSOS was being explored and guidance for scheduling secretaries was being developed which would improve the efficiency of scheduling operations and reduce the need for cancellations due to double bookings. Training workshops to engage scheduling secretaries and gain their feedback had been held and follow up workshops to assess the effectiveness of the changes were planned.
- Cancer pathway: The first meeting of the steering group had taken place and good progress was being made with the review of the functionality of relevant databases, reduction of data duplication and automation of information collection relating to the cancer outcomes dataset.
- Trauma pathway: The Trauma Management Group had met and finalised the action plans for 2013/14 to improve systems and patient flows.
- Key performance indicators: A draft dashboard covering the metrics of all the streamlining projects had been developed which would continue to be improved.
- Organising for quality: The second cohort of the trust's involvement with the NHS Institute programme had now completed their modules and were preparing to present progress of their projects at an event planned at the end of June. A trust strategy to promote continuous improvement in line with the trust culture and values would be developed following the event. The strategy would help define how the skills of staff trained in organising for quality methodology can be used in-house to support pathway re-design and speed up service improvements.

Given the underlining issues relating to the trust's IT infrastructure, LP suggested that dedicated time is scheduled on a future Board agenda. RH reported that the Information Management Group, which included SW, AP and the clinical lead for IT in its membership, met monthly to consider relevant national developments and local needs. At its next meeting on 11 June, the group would reappraise the identified IT needs against existing systems to ensure that any software purchases are necessary (i.e. they are due to technical limitations of existing systems rather than existing systems not being used to their full operating capability) and how they fit in with the overall IT strategy. The Board could then debate about the priority-setting and investment required.

It was agreed that a brief update will be provided at the Board meeting in June and a full discussion will be scheduled at the Board meeting in July, which will also give the opportunity to the new chief executive (due to join the trust at the beginning of July) to be involved (**ACTION: RH**)

JB further asked JM to update the Board in more detail about the issues relating to the health records which had been discussed as an area of concern at the recent meeting of

the quality and risk committee. JM had already provided a full briefing to JB and AP. JM reported that there were several issues that needed to be addressed and improved:

- While the trust policy states clearly that responsibility for patient records lies with all staff (rather than just being confined within the health records department) and includes guidance on the filing structure that should be adopted across the trust, there are still some departments that have adopted their own systems for filing in patient notes, despite this having been challenged in the past. Following the concerns about this also been raised at the recent CQC inspection, a number of discussions have taken place with consultants and a proposal to adopt a standardised chronological system Trust-wide is being taken to the meeting of the Health Records Committee in June for approval.
- The health records service which has moved off site is not sufficiently resourced to handle all the filing and retrieval demand of paper records (previously spread across all departments) and a backlog has been created. Following the approval of the proposal to move to a chronological system, new guidance will be issued to all staff, accompanied by relevant training, and some temporary resources will be put in place to clear the backlog of filing. The situation will be monitored closely and staff who fail to adhere to trust policy will be approached. There will not be sufficient resources to change all the notes to the new system but the new policy will be applied to all new notes and those that are actively being used. There are also several systems in place for electronic storage of information so retrieval of these notes from Kings House is not required.
- The trust's current paper based system is inherently labour intensive and creating physical space requires resources to move and cull notes. Ongoing scanning of the initially identified 10,000 records and additional archiving racking will provide necessary storage space in the short term. A further exercise is underway to identify additional notes that can be legitimately destroyed in line with DH guidance. The risk register needs to be updated to reflect these actions.
- From 1 April 2012 to 20 May 2013, there were 88 incidents recorded under the heading of documentation or health records, the majority of which related to issues raised as areas of concern by the CQC. Whilst these are being dealt as part of the CQC action plan, it may be worth looking at the categories on the Datix system to help identify any trends within these categories.
- Only seven of the 88 incidents were directly attributable to the health records of which 6 related to corneoplastics. Until 2012 (before the standardisation process and the move of notes to the health records), corneoplastics managed their own records and had their own dedicated staff who undertook filing. However, due to staff sickness, there is a typing backlog within corneoplastics which resulted in creating their own store of notes within the department. An additional temporary resource has been put in place to help with problems in the department but this has been further compounded by another vacancy of a ward clerk who also used to assist with notes from ward to clinic and filing. Corneoplastics will be reviewing in June the flow of notes and filing through the department and will hold a facilitation meeting with the health records in order to resolve issues.
- The role and remit of the Health Records Committee needs to be expanded to reflect the changing emphasis towards digital records and improving overall patient documentation in the trust. Changes to the terms of reference, membership, administrative support and frequency of meetings to give it a much higher profile in the organisation will be discussed at its next meeting on 4 June. It is envisaged that the new remit of the committee will be covering all the documentation issues raised by CQC, reviewing audits and metrics more regularly, overseeing the preliminary work towards electronic patient records (EPR) and subsequently its implementation.
- QVH works collaboratively with two other trusts to secure EPR national funding. The outline business case has been approved by DH and funds are expected to be

	<p>released by Treasury. In the meantime, QVH staff are working with the other two trusts to devise the final system specification planned to be procured in the autumn with implementation by the end of March 2014. After the release of the funds, a full business case needs to be completed and finance are leading on it with representatives from the other two trusts.</p> <p>There were no further comments and the Board thanked JM for her report and NOTED the update.</p>
121-13	<p>Site re-development programme: April 2013 (monthly update) HB introduced the report and informed the Board that the programme was progressing to time and below budget. By the June board meeting, it was expected that the theatres will have been handed over and run internally. The risk register would be updated to reflect the possible total outturn of £537,083 which would be rounded to £600k to include some contingency.</p> <p>There were no other comments and the Board NOTED the report.</p>
122-13	<p>Capital programme: April 2013 (monthly update) HB introduced the monthly update on the capital programme and reported on the final outturn for works carried out in 2012/13 and the budget for each project planned in 2013/14.</p> <p>There were no comments and the Board NOTED the report.</p>

GOVERNANCE

123-13	<p>Annual report, financial accounts and quality accounts 2012/13 KD noted that the three reports had been considered and approved at the private session of the meeting of the Board of Directors and would be made publicly in accordance with the statutory process for laying the report before Parliament. The reports include the annual statutory declarations relating to governance which had been audited.</p> <p>RH added that the annual accounts 2012/13 had been considered by the Audit Committee the previous day together with the annual report and the quality accounts. The auditors were satisfied with the way the accounts had been produced and declared their intention to issue a clear audit opinion. The whole process for closing the accounts had been smooth.</p> <p>AP reported that the external auditors confirmed that the trust achieved a limited assurance opinion on the content of the quality account and on the reasonableness of the mandated performance indicators subject to a limited assurance report in all material respects in accordance with Monitor's <i>NHS Foundation Trust Annual Reporting Manual 2012/13</i>. They recommended improvements to data processes associated with reporting on incidents resulting in severe harm by ensuring consistency with Monitor guidance.</p> <p>The auditors emphasised that the audit findings did not raise any concerns over processes in place to manage and monitor incidents but there is nationally a concern for auditors that as this mandated performance indicator is expressed as ratio, the denominator (all incidents reported) implies an assurance over the reporting of all incidents irrespective of their level of severity. At present, the auditors do not believe that the trust's systems are robust enough to provide a completeness assurance over this indicator. Furthermore, there is a clinical judgment required in grading incidents as</p>
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	<p>'severe harm' which is moderated at both trust and national level. The clinical judgment means that there is an inherent uncertainty in the presentation of the indicator which cannot be audited at this stage.</p> <p>The Board ACKNOWLEDGED that it had approved the report and accounts during the private session of the meeting.</p>
114-13	<p>Update from the Medical Director</p> <p>SF reported that the general concerns raised by consultants reflected the issues that concerned the Board and related to building sound external relationships with GPs and CCGs; a need for reducing the number of advisory committees and streamlining the internal decision making processes; and how outcomes can be better measured and reported in the quality accounts.</p> <p>SF further reported that his personal focus was on his role as Responsible Officer for medical revalidation and addressing issues with the company contracted to support the trust in this area; job planning where he had good support from HR; and the need to develop leadership among consultants.</p> <p>The Board NOTED the update.</p>
GOVERNOR REPRESENTATIVE AND NON-EXECUTIVE DIRECTORS	
124-13	<p>Report from the Governor Representative</p> <p>BG noted that a revised proposal on the definition of significant transactions and approval levels will be considered at the next meeting of the Council of Governors.</p>
125-13	<p>Observations from the Chairman and Non-Executive Directors (NEDs)</p> <p>No further observations were made.</p>
ANY OTHER BUSINESS	
126-13	There was no other business.
QUESTIONS FROM THE PUBLIC	
127-13	<p>In response to a query by Carol Lehan, staff governor, with regard to the reduction of training posts funded by the Deanery, CH clarified that this related to the whole of the Sussex and the South region and was not specific to QVH. While the Deanery funded training post numbers were reduced due to the current financial constraints in the NHS, trusts have a commitment to support training of medical doctors to progress from junior doctors up to consultant posts, so the overall numbers of doctors will not drop.</p> <p>In response to a second query from Carol Lehan, with regard to the frequency of CRB checks among the trust's workforce, CH confirmed that checks are carried out regularly for staff working in high risk areas, such as paediatrics and the Minor Injuries Unit. While there is no statutory obligation for the trust to carry out regular repeated CRB checks in other areas, HR are considering carrying out checks for staff working in low risk areas every three years in line with the practice of other trusts.</p> <p>With regard to the arrangements planned to avoid disruption of services during the handover of the new theatres, it was reported that the builders were due to hand over the completed work on 20 June 2013. The week before the new theatres open, all theatre lists have been reduced and bookings of non urgent complex cases were avoided to allow time for staff to be familiarised with the new environment. Full theatre operation will be retained in the old block to minimise disruption over the short period of</p>

	<p>the changeover. The financial impact of these arrangements was taken into consideration and reflected in the income plan.</p> <p>Following on from the earlier discussion about staff productivity, Christian Petersen, staff governor, noted the view of the Council of Governors discussed at their last meeting about the importance of ensuring that the trust maintains an appropriate balance between safe staffing levels and productivity gain.</p> <p>There were no other questions or comments raised and the Chairman closed the meeting.</p>
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Chairman..... Date.....

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