Queen Victoria Hospital NHS
NHS Foundation Trust

Document:	**Minutes FINAL & APPROVED**	
Meeting:	**Board of Directors (session in public)** **Thursday 25 September 2014, 13:00 – 16:00, The Ark, Turners Hill,**	
Present:	Peter Griffiths (PAG)	Chairman
	Stuart Butt (SB)	Interim Director of Finance
	Ginny Colwell (GC)	Non-Executive Director
	Steve Fenlon (SF)	Medical Director
	Beryl Hobson (BH)	Non-Executive Director and Chair Designate
	Lester Porter (LP)	Non-Executive Director
	John Thornton (JT)	Non-Executive Director
	Richard Tyler (RT)	Chief Executive
In attendance:	Graeme Armitage (GA)	Head of Human Resources & Organisational Development
	Jane Morris (JM)	Interim Head of Operations
	Lois Howell (LH)	Interim Head of Corporate Affairs & Co Sec
	Hilary Saunders (HS)	Deputy Company Secretary (minutes)
	Ali Strowman (AS)	Deputy Director of Nursing
Apologies:	Brian Goode (BG)	Governor Representative
	Amanda Parker (AP)	Director of Nursing & Quality
Public gallery:	One member of the public (a staff governor) in attendance	

WELCOME

225-14 **Welcome, apologies and declarations of interest**

The Chairman opened the meeting and welcomed Ali Strowman who was representing Amanda Parker at today's meeting.

Apologies had been received from Brian Goode, Governor Representative and Amanda Parker, Director of Nursing

GC apprised the board of an update to her declaration of interests. GC is a non-executive director of CSH Surrey, a social enterprise providing services to the NHS in Surrey. In partnership with BUPA, CSH Surrey has won a contract to provide musculo-skeletal services in the region. Queen Victoria Hospital NHS Foundation Trust may in future provide services under or in connection with that contract.

BH reminded the board that she was also Chair of the NCT which contracted directly with the NHS (although not with QVH).

The Chairman asked report authors to assume that papers had already been carefully scrutinised by the board in advance of today's meeting and asked that in order to expedite proceedings, presentations should focus only on areas of particular interest.

PATIENT SAFETY

226-14 **Patient Story**

AS described an episode of sub-optimal care provided to a patient, which had taken place at the end of 2013, and which she thought pertinent to bring to the board's attention. The patient's subsequent complaint was upheld, and this resulted in changes in practice and protocol.

The Chairman noted this was a timely reminder of why we were here; RT concurred and noted the importance of learning from such episodes whilst providing assurance that appropriate action was being taken.

	GC suggested it might be useful for the board to receive a patient story first hand at the meeting. LH agreed to seek to ascertain how other trusts addressed this key component of board reporting. **[Action: LH]** The Chairman thanked AS for her update and the board **NOTED** its contents.
STANDING ITEMS	
227-14	**Draft minutes of the meeting session held in public on 28 August 2014 for approval** AS advised that AP had requested item 203-14 be amended to read 'A Never Event had occurred within an offsite minor oral surgery clinic'. Subject to this revision, the minutes of the meeting were **APPROVED** as a correct record.
228-14	**Matters Arising & Actions Pending** The board reviewed the current record of Matters Arising/Actions Pending, and the document was updated as appropriate. RT asked the board to consider items 144-14 and 157-14 in conjunction, and advised that the outcome of the Green and Kassab review into the Estates function would form part of the wider organisational review, due to commence in October. In the meantime, Estates planning and capability updates would be provided as part of the Key Strategic Objective (KSO) 4 (financial stability). It was agreed to mark actions 114-14 and 157-14 as complete and remove from the Matters Arising log.
229-14	**Update on behalf of the Chief Executive** RT asked the board to note that in future, his monthly update would be in the form of a written report. In the meantime, however, he provided a verbal apprisal including the following: • The trust had not progressed as well as anticipated in either finance or operational terms in August; additional details would be provided later in the meeting; • Further to his recent discussions with the Medical Director and Director of Nursing, RT informed the board he would be engaging external support to review the prevailing theatres culture, (in context of compliance with the WHO checklist and other quality metrics). JT sought clarification and RT agreed to circulate the detailed specification to board members **[Action: RT]** • In anticipation of a future CQC visit, RT, AP and LH would be meeting regularly to ensure that the trust was adequately prepared. • The Health Service Journal (HSJ) had identified QVH as one of the top 100 trust workplaces in England. RT observed that whilst the staff survey was the main source of data for the report, he had spent time meeting with staff throughout the trust and felt assured that morale was at a reasonable level, despite current high workloads. • The Finance and Operational teams would shortly start to provide the board with weekly dashboard updates to enable it to remain apprised of in-year performance; • RT and Ian Francis had attended this week's "5-Communities" public meeting in East Grinstead, at which plans for development of the primary care infrastructure were considered. RT reported that two of the surgeries within the town were considering a combined solution, with an option to relocate to the QVH site, and he hoped to provide further detail of this option appraisal exercise at next month's board meeting. In the meantime, RT was gratified by commissioners' referral to a positive and productive relationship with QVH. • RT described the different approaches being taken across the region in the current

	tendering exercise for dermatology services. He confirmed he was currently in discussions with Sussex Community Dermatology Services about joint approaches to secure delivery of more complex skin surgery. In the meantime, he asked the board to note that Paul Banwell, (a plastic surgeon with specialist interest in dermatology) had recently resigned, and therefore careful succession planning was required to ensure the needs of future services were met; • QVH was still in negotiations with the central Sussex consortium regarding Musculo-Skeletal service contracts, but the impacts were still unknown; • Project Initiation Documents contained within today's private session of the board would consider the next two aspects of the trust's strategic work. The Chairman thanked RT for his update, the contents of which were **NOTED** by the board.
RESULTS AND ACTIONS	
230-14	**Patients: safe staffing and quality of care** AS presented the monthly update on Patient care, highlighting the following: • Safe staffing levels were maintained in August, despite increases in annual leave in the month; areas of concern remained within Burns and the Intensive Treatment Unit (ITU); Human Resources were reviewing recruitment opportunities; • Under Quality and Risk Management, AS reiterated RT's earlier report that, in response to an executive evaluation of recent Never Events and SUIs, an external review of theatre practice was to be undertaken. This would complement previously reported actions including the Medical Director's reiteration to medical staff of the trust's expectations, inclusion of medical staff in the Manchester Patient Safety Framework (MPSF) programme and QVH signing up to the 'Safety campaign'; • A patient with a high body mass index (BMI), (and therefore at greater risk of skin damage), had developed a grade two pressure ulcer following lengthy surgery; this had affected the harm free care score in August. The board sought, and received, assurance that preventative action was, and continued to be, taken; • Consent targets fell in August, although AS assured the board they were back on track for September; • The Burns Unit had now re-opened; details of the action plan developed in response to the recent healthcare acquired infection outbreak (HCAI) was contained in this month's report; • Staff attitude and behaviour was identified as a continued theme within the Complaints, Claims and Patient Experience report for August. AS outlined the direct actions which were taken as a result of this and confirmed that a positive attitude was emphasised as a priority at staff induction, through feedback on incidents, complaints, and in training on customer care, conflict resolution and care and compassion; • Patient feedback is currently good with a high Friends and Family Test (FFT) response rate. LP raised concerns that trust response to complaints appeared generic, and sought assurance that issues were also addressed directly with individuals concerned. AS and SF confirmed that all cases were actively managed, providing relevant examples. RT reiterated the importance of emphasising values and behaviours, both at recruitment and induction stages, to ensure all staff were cognisant of core standards. The Chairman asked if there was any way of monitoring this trend; GA advised that casework levels in HR were usually an early indicator but also concurred that whilst everything was done at corporate level to mitigate risk, the trust did not hesitate to address individuals if incidents were wholly

	attributable to poor behaviour. AS reminded the board that whilst the rising trend in staff attitude and poor communications complaints was of concern, the level of complaints Trustwide remained relatively low. The Chairman thanked AS for her update, the contents of which were **NOTED** by the board.
231-14	**Operational performance: targets, delivery and key performance indicators** JM presented the operational plan for August, highlighting the trust's failure to meet all three aggregate 18-week targets; this included failure to achieve admitted targets in ophthalmology, oral surgery and plastics, non-admitted targets in oral surgery and rheumatology and open pathway targets in oral surgery, plastics and ophthalmology. JM reminded the board of previously highlighted key risks and noted these were still valid for September. As figures had not been available in time for circulation of the board report, JM provided a verbal update in respect of cancer waits, asking the board to note that the trust had failed its 62 day target. RT drew attention to Monitor's response to the trust's quarter 1 results; whilst it was disappointing the trust had failed to meet its referral to treatment time (RTT) 18 targets, it was reassuring that Monitor did not intend to take further action at this stage; RT felt it important to acknowledge work undertaken by the team with the Department of Health's elective care Intensive Support Team. Secondly, he highlighted the joint letter received last week from Monitor, the Trust Development Authority (TDA) and NHS England requiring trusts to achieve compliance with the RTT18-week wait standards by the end of November, and for these standards to be met consistently thereafter. Additional above tariff resources would be released to support trust delivery of these standards. Finally, RT updated the board on a bulletin from NHS England, which set out the expectations on Clinical Commissioning Groups (CCGs) in respect of the provision of specifics of service requirements. GC raised concerns that in addressing targets, the trust could be building up a complex case mix for the future; however SB provided assurance that addressing the 18-week target was only one part of the overall picture. JM made a short presentation detailing total trajectories for admitted and non-admitted patients which showed that the plan should stabilise in October. However, SB asked to board to note that it was not possible to identify which current outpatients might be converted to inpatients within the same timeframe The Chairman noted that whilst the board already received updates on risks to achieving targets and actions to mitigate these risks, the current format for the metrics published to board members made it difficult to ascertain how many patients were currently waiting, and in which categories. RT was hopeful the new weekly 'flash' report would go some way to addressing this, but concurred it would be helpful for the board to monitor backlog reduction, and would therefore consider how best to present this. **[Action: RT]** JT asked for clarification on targets; for avoidance of doubt it was confirmed that, as from 1st November 2014 the trust would be in a sustainable, compliant position in respect of the 18-week target. The Chairman thanked JM, RT and SB for the update, the contents of which were **NOTED** by the board.
232-14	**Financial performance: monthly update**

	SB reported that the trust remained ahead of its surplus plan for the year, at just over £1m, consistent with the £2.2m planned surplus. However, performance was down compared to previous months, due in the main to back pay claims from ophthalmic consultants, which had resulted in a variance of £108k. SB explained that this related to an informal grievance which had been managed outside formal trust process and accordingly was beyond budgetary control. He was, however, working with GA to ensure this would not recur.. SB highlighted rates of outpatient follow-up which were disproportionately greater than first attenders, and could therefore be subject to commissioner challenge at a later stage. He advised the board that he was also currently developing financial reporting processes to ensure income and expenditure were better aligned. SB reminded the board that a figure of £3.3m had been included in the 2014-15 capital forecast; however, as the board was already aware, there had been significant slippage to date. In order to address this in part, it had been suggested that plans for new anaesthetic machines (currently included within next year's plan) should be brought forward. RT confirmed this had been discussed and agreed as a feasible option during a recent Clinical Cabinet discussion. Due to its commercial sensitivity, the full business case was to be considered at the private session of the board meeting, however in principle, the board approved this as a sensible solution. Accordingly, the board agreed that the trust should declare a capital forecast of £2.9m, to include the cost of new anaesthetic machines, in its submission to Monitor. JT queried underperformance within elective activity. SB advised this target was based on the plan, giving a somewhat distorted impression and suggested focus on actual performance rather than plan would provide a more accurate interpretation. (Additional detail was contained within the contract report to be considered later on in the meeting). The Chairman thanked SB for his update, the contents of which were **NOTED** by the board.
233-14	**Workforce** GA presented the Workforce report for the month, highlighting areas of significance as follows: Sickness absence has returned to levels normally associated with this time of year; the HR team continue to provide appropriate support to all managers in supporting sickness absence cases. Whilst cases of stress and anxiety had reduced, GA commented there was still work to do but as previously reported, the majority of cases of stress were not related to work. GA highlighted a number of challenges within the recruitment team and its processes at present, and set out some of the actions being implemented to address these; they included changes to current line management arrangements, and the appointment of a new interim Deputy Head of HR. Medical and general recruitment would also be combined in order to streamline and improve current resources. The results of an external report commissioned last month, focusing on recruitment initiatives, were now available; resultant recommendations would be taken forward to improve recruitment performance in support of operational services. Some examples included development of the current Band 4 nursing roles and more targeted recruitment campaigns for the future. Use of external agencies for recruitment in Europe was also under consideration, however it was noted that there would be costs associated, with no guarantee of recruiting staff with requisite specialist skills and expertise.

	PAG raised particular concern with regard to recruitment of domestic staff. Whilst acknowledging there were issues with pay and working conditions, GA observed it was difficult to retain staff once recruited, and issues within the department needed to be tackled separately. Tracking systems indicated recruitment was taking an average of 5-6 weeks (despite an optimal timescale of 4-5 weeks), however, GA reminded the board that the recruitment team was currently managing under difficult circumstances. The Chairman asked for future board reports to include data relating to recruitment. **[Action: GA]** The board **NOTED** the contents of the update.
234-14	**Quarterly update on delivery of Key Strategic Objective (KSO) 1: Outstanding Patient Experience** AS presented an update on the Outstanding Patient Experience objective, summarising progress made against priorities identified for this financial year. Feedback indicated that the most important element of outstanding patient experience related to staff attitude, politeness and NHS values. GC queried progress in attaining the bronze Food Charter Mark. It was agreed that standard of food was a key component of patient experience, although at present the trust was ranked in the bottom 20% of the country. The board was unanimous in its desire for this to be addressed as a priority. LP queried whether KSO1 was sufficiently ambitious in respect of new technology; he was assured by JM that there was overlap between KSO1 and KSO3 (Operational Excellence) which contained considerable aspiration in terms of Information Technology. The Chairman thanked AS for her summary, the contents of which were **NOTED** by the board.
235-14	**Quarterly update on delivery of Key Strategic Objective (KSO) 2: World Class Clinical Services** SF explained how the trust was working towards providing world class clinical excellence by developing and demonstrating highest standards of safe, effective, efficient care, training and innovation. GC commended SF for the improved reporting format but queried whether this was designed to encompass all staff or just medical teams. RT described how the decision to engage with consultants in the first instance had been reached, and explained this would be developed further in time to include, for example, therapists. Whilst noting this was still very much a work in progress, JT requested additional detail regarding delivery dates **[Action: SF]** RT noted the enormous volume of work contained within the plan, and SB highlighted the importance of aligning such an ambitious plan to funding. LP raised concerns regarding the number of projects planned over the next five years and queried whether a trust the size of QVH currently had sufficient resources to meet these objectives.

	The Chairman thanked SF and the board **NOTED** the contents of the quarterly update.
236-14	**Stakeholder Engagement Strategy** The board had previously agreed to update its stakeholder engagement plan; accordingly LH had developed a plan describing the trust's main stakeholders, including key methods by which it engages with bodies and individuals. During appraisal, it was suggested the plan be amended to include politicians, local councillors and Brighton & Sussex University Hospitals NHS Trust (BSUHT). Subject to these changes, the board **RECOMMENDED** the plan, and **AGREED** to schedule an annual review to ensure it continued to engage effectively with those bodies and individuals who have an influence over, an interest in, or are affected by, the trust's performance and continued existence.
GOVERNANCE	
237-14	**Corporate Risk Register (CRR)** AS presented the latest version of the Corporate Risk Register (CRR) which provided a review of existing risks, whilst highlighting new or changing risks. The Chief Executive sought clarification in respect Risk ID 388 *'failure to deliver safe healthcare …. training/recruitment'*; it was agreed this would be amended to provide a clearer explanation. **[Action: AP]** The Chairman thanked AS for her update the contents of which were **NOTED** by the board.
238-14	**2014 Emergency Preparedness Resilience and Response (EPRR) board assurance** AS reminded the board of its requirement to complete a self-assessment and to submit a statement of readiness to NHS England (Surrey and Sussex Area team) stating compliance against national requirements of EPRR core standards. AS advised all outstanding areas were now compliant, and confirmed any remaining 'red' areas were not applicable to QVH. After due consideration the board **RECOMMENDED** the content of the self-assessment and **APPROVED** the statement of readiness. The Chairman thanked AS for her update and the board **NOTED** its contents.
239-14	**Canadian Wing Action Plan update** LH provided an update on the Canadian Wing action plan. Whilst acknowledging a number of actions were now overdue, LH confirmed she would continue to work with GA to pursue completion of outstanding matters and was confident of an improvement in rate of completion by the time of the next quarterly update. RT informed the board that once the plan was complete he would take stock of cultural

	improvements, and report findings to the board in late November/early December **[Action: RT]** The board **NOTED** the contents of the report
240-14	**Trust Standing Financial Instructions, Standing Orders and Scheme of Delegation** SB reported that, in accordance with its regular review of its policies, the trust Standing Financial Instructions, Standing Orders and Scheme of Delegation had been updated. SB confirmed that these documents had been reviewed by the Audit Committee at its meeting on 17th September, and recommended to the board for approval (subject to some minor changes identified within the report). BH suggested that policy review dates be adjusted to align with the outcome of the forthcoming Board Governance Review. Taking this suggestion into the account, and subject to the proposed amendments, the board **APPROVED** the Standing Financial Instructions, Standing Orders and Scheme of Delegation.
241-14	**Safeguarding Annual Report** The Child Protection and Safeguarding Annual report was presented to the board to provide assurance that the trust was fulfilling its statutory responsibility to safeguard children and young people as set out in Section 11 of the Children's Act 2004. The board **NOTED** the contents of the report.
REPORTS FROM THE CHAIRS OF THE SUB-COMMITTEES TO THE BOARD	
242-14	**Clinical Cabinet** RT presented an update of Clinical Cabinet meetings held on 1st and 15th September, asking the board to note, in particular, the following: • A Trauma Review Group had been established to undertake a detailed option appraisal on the extension of trauma capacity; the group was due to report its findings at the beginning of November; • In endorsing the existing Professional Leave policy, the Clinical Cabinet had expressed approval of the need to implement the policy across the trust in a fair and consistent manner. The board **NOTED** the contents of the regular update.
243-14	**Quality & Risk Committee** GC presented a report from the recent Quality and Risk Committee, highlights of which included: • A discussion around how best the trust could engage with the new national patient safety campaign; GC noted this would link into further quality initiatives enabling the trust to gain support from other bodies; • The Executive Governance Committee had identified a requirement for additional assurance regarding their understanding of risk priorities; this would be addressed at the next Clinical Governance meeting;

	• Concern had been raised at the practicality of adjusting the Commissioning for Quality and Innovation (CQUIN) target relating to the World Health Organisation (WHO) checklist which had now been increased to 100% compliance. AP was currently seeking further clarification from commissioners, but in the meantime it was recognised there would be financial implications associated with this change. The Chairman thanked GC for her report, the contents of which were **NOTED** by the board.
244-14	**Council of Governors** LH summarised highlights of the Council of Governors' meeting which had taken place on 11th September. Allocations to committee members and Lead Governor roles were proposed and agreed. Chris Orman had succeeded Ian Stewart as the new Vice Chair of Governors. The board **NOTED** the contents of the report.
STAKEHOLDER AND STAFF ENGAGEMENT	
245-14	**Feedback from events and other engagement with staff and stakeholders** RT reminded the board that he had attended the CCG's "5 Communities" meeting in East Grinstead earlier this week. In addition, he had been undertaking regular walkabouts and meeting with staff and patients. He was assured that staff morale appeared positive, despite high workloads
GOVERNOR REPRESENTATIVE & NON-EXECUTIVE DIRECTORS	
246-14	**Observations from the Chairman, Non-Executive Directors and Governor Representatives** The group overseeing the governance review would comprise BH, RT, LP and BG. Terms of Reference (ToRs) would be circulated to the board. **[Action: LH]**
MEMBERS OF THE PUBLIC	
247-14	**Observations from members of the public** A member of the public in attendance, (also a staff governor), urged the board to be mindful of resources within Orthodontics in view of proposed increased activity.
EXCLUSION OF THE PRESS AND PUBLIC	
248-14	Further to paragraph 39.1, and annex 6 of the Trust's Constitution, it was agreed that members of the public should be excluded from the remainder of the meeting in order to enable the board to discuss confidential information concerning the trust's finances and matters of a commercially sensitive nature.