

<b>Document:</b>	<b>Minutes FINAL &amp; APPROVED</b>		
<b>Meeting:</b>	<b>Board of Directors (session in public)</b> <b>Thursday 21 May 2015, 13.00 – 16.00, The Cranston Suite, East Court, College Lane, East Grinstead RH19 3LT</b> <i>For accuracy, it should be noted that item 123-15 was taken ahead of 121-15</i>		
<b>Present:</b>	Beryl Hobson, (BH)	Trust Chair	
	Ginny Colwell (GC)	Non-Executive Director	
	Steve Fenlon (SF)	Medical Director	
	Ian Playford (IP)	Non-Executive Director	
	Lester Porter (LP)	Non-Executive Director	
	Dominic Tkaczyk (DT)	Interim Director of Finance	
	Jo Thomas (JMT)	Director of Nursing & Quality	
	Richard Tyler (RT)	Chief Executive	
	<b>In attendance:</b> Graeme Armitage (GA)	Director of Human Resources & Organisational Development	
	Kathleen Dalby (KD)	Head of Corporate Affairs & Co Sec	
	Brian Goode (BG)	Governor Representative	
	Jane Morris (JM)	Interim Director of Operations	
	Hilary Saunders (HS)	Deputy Company Secretary (minutes)	
<b>Apologies:</b> John Thornton (JT)	Non-Executive Director		
<b>Public Gallery:</b> Fiona Long (FL)	Interim Deputy Director of Nursing for QVH		

## WELCOME

<b>111-15</b>	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chair welcomed IP to his first public board meeting since his appointment as non-executive director.</p> <p>JMT was congratulated on her recent appointment as substantive Director of Nursing and Quality.</p> <p>The Chair noted that this would be the last meeting for both DT and JM who would be leaving the trust in early June. She thanked them both for their hard work and contribution to the hospital.</p> <p>Fiona Long, who was observing discussions today, was welcomed to the meeting.</p> <p>Apologies had been received from John Thornton. It was noted that BG had to leave at 4pm.</p> <p>There were no new Declarations of Interest.</p> <p>The Chair reminded the board that the reason this month's meeting had been scheduled a week earlier than usual was to take account of prescribed deadlines for approval of the annual report and accounts. In some instances, report authors had been unable to submit written reports this month and verbal updates would be provided instead.</p> <p>Finally, BH reported that the findings of the 2014 national inpatient survey had been released this morning. These showed that QVH continued to achieve some of the best feedback from patients in the country. BH asked that the board's congratulations be extended to all concerned.</p>
---------------	---

## PATIENT STORY

<b>112-15</b>	<p><b>Patient Experience</b></p> <p>RT updated the board on his recent experience as an outpatient at the trust. He was impressed by the standard of surgical care he received and was reassured that patient pathways were working effectively.</p>
---------------	--

STANDING ITEMS	
<b>113-15</b>	<p><b>Draft minutes of the meeting session held in public on 30<sup>th</sup> April 2015 for approval</b></p> <ul style="list-style-type: none"> <li>• 89-15: 'Once' to read 'one'</li> <li>• 89-15: 'enhanced' to read 'overtime'</li> <li>• 89-15: Reporting of pressure ulcer levels should read: 'JMT explained that a high number of these were the result of very long theatre sessions and assured the board that particular care was already given to vulnerable patients'.</li> </ul> <p>With these changes, the minutes were <b>APPROVED</b> as a correct record.</p>
<b>114-15</b>	<p><b>Matters Arising &amp; Actions Pending</b></p> <p>The board reviewed the current record of matters arising and actions pending. The update was received and <b>APPROVED</b>.</p>
<b>115-15</b>	<p><b>Update from the Chief Executive</b></p> <p>Due to deadline restrictions this month, the Chief Executive provided a verbal rather than written update. Highlights included the following:</p> <ul style="list-style-type: none"> <li>• There should be a degree of continuity following the results of the recent general election, with nothing to suggest any major changes at present. The 7-day working initiative was now a key focus. This sat within the QVH vision for community services. However, funding would continue to cause concern.</li> <li>• The second wave of new models of care emerging from the Five Year Forward View vanguard programme was launched on 20<sup>th</sup> May. As reported last month, Sam Jones (instrumental in developing the Dalton model of care work) would be asked to support lobbying for QVH to become a vanguard site for the new models of care.</li> <li>• Discussions relating to burns services between QVH and BSUH were progressing well;</li> <li>• The new operations structure was due to go live on Monday 1<sup>st</sup> June. Additional key appointments made since the last update included Deputy Director of Finance, Business Manager for Plastic Surgery and interim Business Manager for Eyes and Oral Surgery. Clinical Director appointments were scheduled for 8<sup>th</sup> June.</li> <li>• The Maxfac's team, led by consultant Ken Sneddon, had undertaken a successful pilot scheme running weekend tooth extraction clinics.</li> </ul> <p>BH thanked RT for his report, the contents of which were <b>NOTED</b> by the board.</p>
RESULTS AND ACTIONS	
<b>116-15</b>	<p><b>Patients: safe staffing and quality of care</b></p> <p>JMT presented this month's update. A new safe staffing template was presented in this month's report but this was only partially populated due to earlier reporting deadline. As not all metrics were available at the time of the report being written JMT reported the following highlights:</p> <ul style="list-style-type: none"> <li>• Achievement of safe staffing levels throughout March. Whilst establishment figures had been a concern, new staff had been recruited to both Canadian wing and Peanut Ward.</li> <li>• The CCG had confirmed payment in full for the 2014/15 Q4 CQUIN schemes;</li> <li>• Of the 65 incidents relating to patients in April, 59 were graded as no harm or near misses, with 6 graded as minor harm. None were categorised as moderate or severe harm</li> <li>• Two grade 2 QVH acquired pressure ulcers had been reported in April. These were due to friction, not length of theatre stay. New tape and patches were being trialled by the ward to see if this would reduce pressure damage.</li> <li>• Falls continue to decrease with only 2 reported in April.</li> <li>• No serious incidents occurred in April</li> <li>• Friends and Family Test metrics continue to score strongly, although outpatient areas were not performing as well as inpatient this month. As previously agreed JMT had further explored the</li> </ul>

	<p>percentage of patients ‘unlikely or extremely unlikely’ to recommend QVH. This month the highest figures were in trauma. It was hoped that new trauma pathways would help to address this.</p> <ul style="list-style-type: none"> <li>• A revised CQC Hospital Intelligent Monitoring report was anticipated</li> </ul> <p>The Board went on to discuss matters arising from the update including:</p> <ul style="list-style-type: none"> <li>• Clarification of the complaints process;</li> <li>• A request by GC for incident reporting to be refined in line with annual reporting metrics; <b>(Action: JMT)</b></li> <li>• A request by LP to ascertain if there was direct correlation between MIU waiting times and ‘FFT’ scores (noting that plastics trauma patients were also sent to the same area); <b>(Action: JMT)</b></li> </ul> <p>The medical director provided an update on the recent ‘never event’ relating to wrong site tooth extraction. He agreed to circulate a summary of findings to the board <b>[Action: SF]</b>. Although there had been no harm to the patient, the board was reminded of the reputational repercussions for the trust.</p> <p>The Chair thanked JMT for her update, the contents of which were <b>NOTED</b> by the board.</p>
<p><b>117-15</b></p>	<p><b>Operational performance: targets, delivery and key performance indicators</b></p> <p>JM presented April’s report, highlighting the following:</p> <ul style="list-style-type: none"> <li>• Confirmation that the trust had achieved compliance with the Trust aggregate admitted RTT with all specialities;</li> <li>• The trust was compliant with the aggregate non-admitted RTT target for all specialities except Cardiology, Plastics and Rheumatology. (As there were less than 20 patients in Rheumatology, this would not be reportable as a speciality breach as per Monitor guidance);</li> <li>• The trust continues to forecast compliance with all three targets for May. (It was noted that the trust had now attained sustainable waiting time targets for the last six months. The Chair commended JM and her team for the work undertaken to achieve this);</li> <li>• The trust achieved all cancer waiting times in March except for 62 days, with a total of 4 breaches. JM asked the board to note that one patient had been incorrectly allocated to QVH. The trust was currently in contact with the organisation concerned to amend the ‘open Exeter’ system; however even with this patient excluded the trust would still have failed this target for March;</li> <li>• The trust achieved all cancer waiting times for quarter 4 except for 62 days, with a total of 9.5 breaches of this standard reported between January and March, (the majority being recorded in February). JMT asked the board to note that nationally, cancer targets were the worst on record. She also pointed out that 81% of all breaches featured patients whose pathway had started elsewhere.</li> </ul> <p>The Chair thanked JM and the board <b>NOTED</b> the contents of the report.</p>
<p><b>118-15</b></p>	<p><b>Financial performance</b></p> <p>Due to deadline restrictions this month, DT provided a verbal rather than written update. Highlights included::</p> <ul style="list-style-type: none"> <li>• Pay and non-Pay were both underspent;</li> <li>• The Cost Improvement Programme (CIP) was being achieved;</li> <li>• Income in April was down, with an adverse variance to plan of £75k. However, much work had been done by operational teams to ensure activity would be achieved this year. RT noted that the weekly ‘flash’ report also indicated that activity was starting to improve. (It was noted that April had also been a short month due to the Easter break).</li> </ul> <p>The Chair reminded the board that the new Finance and Performance Committee would be effective from June.</p> <p>BH thanked DT for his report, the contents of which were <b>NOTED</b> by the board.</p>

<p><b>119-15</b></p>	<p><b>Contracts update</b></p> <p>Due to deadline restrictions this month, DT provided a verbal rather than written update drawing the board's attention to the following:</p> <ul style="list-style-type: none"> <li>• Contract negotiations had now concluded. All contracts had now been signed off;</li> <li>• There was little evidence currently to indicate CCGs (Care Commissioning Groups) were achieving Quality, Innovation, Productivity and Performance (QIPP) targets;</li> <li>• There was no indication there would be any change to 'low priority' procedures this year;</li> <li>• The trust was still waiting to hear if Monitor was likely to refer the tariff issue to the Competition and Markets Authority (CMA). If so, the issue could take some time to resolve. However, due to the level of provision set aside in this year's budget, the trust should not be adversely affected by any delay.</li> </ul> <p>The Chair thanked DT for his update, the contents of which were <b>NOTED</b> by the board.</p>
<p><b>120-15</b></p>	<p><b>Workforce</b></p> <p>GA provided the board with an update on workforce key performance indicators. As a consequence of the meeting being brought forward it had not been possible to update some of the data including sickness absence reporting.</p> <p>Main themes emerging in April were highlighted as follows:</p> <ul style="list-style-type: none"> <li>• Turnover at the start of Q1 stood at 15.58%. Whilst still above the trust target of 11% the position remained stable. GA reminded the board of the steps taken to address turnover. These included the bank/overtime initiative, recruitment open days and improved exit interview/data collection.</li> <li>• An increase in pay, bank and agency, although this had been anticipated as it occurred prior to implementation of the bank/overtime initiative. However, during the first month of operating the new initiative there was a significant shift back towards bank rather than agency use. GA noted that staff continuity would improve patient experience and quality of care. But the situation would be closely monitored to ensure staff were not overworked.</li> <li>• Vacancy rates. It was noted that the gap between the funded establishment whole time equivalent (WTE) and the in-post WTE was still too high, although it had improved during Q4. As reported under item 116-15, successful recruitment to vacancies on Canadian Wing would have a positive impact on sickness and bank/agency use in this area.</li> <li>• Levels of compliance for statutory and mandatory training continue to improve.</li> </ul> <p>The Chair thanked GA for his update, the contents of which were <b>NOTED</b> by the board.</p>
<p><b>121-15</b></p>	<p><b>Staff Survey 2014</b></p> <p>GA reminded the board that following publication of the 2014 QVH annual staff survey, he had commissioned a more detailed analysis of survey results over the last 3 years. This was to ensure that any potential trends could be identified and built into an action plan.</p> <p>GA asked the board to remain mindful that, whilst this report would be focusing on the negative aspects of the results, the trust was still performing well in comparison to other specialist acute trusts.</p> <p>The full staff survey report had been circulated to the board for information. In each area the most significant decline was shown and to which staff groups these are attributable. The action plan would therefore include each relevant area with appropriate actions and time scale assigned to them.</p> <p>In addition, a visual indication ('heat map') across all areas associated with the survey over the last 3 years had been produced. This showed that a greater level of engagement and focus was required</p>

	<p>for non-qualified clinical, administration and estates and facilities staff groups. GA noted that addressing their concerns was likely to impact most positively on future results.</p> <p>GA reported the main areas of focus would be:</p> <ul style="list-style-type: none"> <li>• Quality of appraisal;</li> <li>• Objective setting;</li> <li>• Individuals involvement in decision making;</li> <li>• Support for line managers;</li> <li>• Contribution to patient care; and,</li> <li>• Health and wellbeing.</li> </ul> <p>The Board went on to discuss matters arising from this update including:</p> <ul style="list-style-type: none"> <li>• Confirmation that the action plan would target both frontline and managerial staff. GA reminded the board that cultural changes would be addressed through the new leadership and management development framework (see item 122-15);</li> <li>• The importance of protecting the confidentiality of the survey whilst ensuring the correct staff groups were being targeted;</li> <li>• Ensuring staff survey results were linked with other metrics, (for example, sickness absence and recruitment);</li> <li>• Concern that disengaged staff could have a detrimental impact on the organisation, and consideration as to whether performance management might be appropriate in these instances;</li> <li>• Confirmation that methods similar to those used during the recent organisational restructure would be adopted to encourage staff engagement with this process.</li> </ul> <p>It was agreed that a formal action plan would be returned to the board in June <b>[Action: GA]</b></p> <p>The Chair thanked GA for his comprehensive update. The Board <b>NOTED</b> the contents of the report, in particular the improvement areas highlighted in sections 4.1 to 4.19 of the full staff survey report</p>
--	--

**STRATEGIC PRIORITIES**

<p><b>122-15</b></p>	<p><b>Quarterly update on delivery of Key Strategic Objective (KSO) 5: Organisational Excellence</b></p> <p>GA provided the board with an update on progress against the objectives identified in delivering KSO5 (organisational excellence). Highlights included:</p> <ul style="list-style-type: none"> <li>• Implementation of the 'SafeCare' system, planned opening of the simulation suite and launch of the new leadership and management development framework. GA agreed to circulate the link to the framework to the board <b>[Action: GA]</b>;</li> <li>• As reported previously, progress had been maintained in most areas apart from three-year workforce planning. GA confirmed that this was now scheduled for 2015/16;</li> <li>• A revised set of objectives for KSO5 had been agreed and would form the basis for quarterly updates throughout 2015/16. These would focus on the non-clinical infrastructure, junior doctors and leadership development.</li> </ul> <p>The Chair thanked GA for his update, the contents of which were <b>NOTED</b> by the board.</p>
----------------------	--

<p><b>123-15</b></p>	<p><b>Board Development Programme</b></p> <p>In advance of the formal report scheduled for June 2015, GA provided the board with a verbal update of progress on the board development programme.</p> <p>This would include:</p> <ul style="list-style-type: none"> <li>• Emphasis on organisational culture, relevant to all key strategic objectives (KSOs);</li> <li>• Additional focus on equality and diversity issues;</li> <li>• Expansion of the teambuilding work started at the end of last year to improve the board's function as a unitary board.</li> <li>• An improved induction process for executive and non-executive directors;</li> <li>• Greater emphasis on safeguarding and risk issues; and,</li> </ul>
----------------------	--

	<ul style="list-style-type: none"> <li>• Media training.</li> </ul> <p>It was confirmed that a budget had now been agreed for board development.</p> <p>BH reminded the board that plans were underway for a further board away day in July.</p> <p>The Chair thanked GA for his update, the contents of which were <b>NOTED</b> by the board.</p>
<b>GOVERNANCE</b>	
<b>124-15</b>	<p><b>Corporate Risk Register</b></p> <p>JMT presented the latest Corporate Risk Register (CRR) noting that little had changed since last month's update. However, it was noted that the latest version did not include the latest update to the Estates services risk (ID 670). This had now been reduced and the correct rating would be reflected in next month's report.</p> <p>Further to discussions regarding the format of the CRR at last month's meeting, JMT confirmed that risks were grouped in scores, according to owner.</p> <p>There were no further questions and the board duly <b>NOTED</b> the contents of the update.</p>
<b>125-15</b>	<p><b>Board assurance framework development update</b></p> <p>JMT provided a formal review on the board assurance framework (BAF) seminar held last month. Further work was required to develop a new BAF with progress to be presented at future board seminars.</p> <p>There were no further questions and the board duly <b>NOTED</b> the contents of the update.</p>
<b>REPORTS FROM THE CHAIRS OF THE SUB-COMMITTEES TO THE BOARD</b>	
<b>126-15</b>	<p><b>Clinical cabinet</b></p> <p>RT advised there was nothing significant to report following last month's Clinical Cabinet meetings.</p> <p>There were no questions and the board duly <b>NOTED</b> RT's comments.</p>
<b>127-15</b>	<p><b>Nomination and remuneration committee</b></p> <p>LP presented an update highlighting key issues discussed at the last Nomination &amp; Remuneration Committee meeting. He drew particular attention to the planned appraisal process, noting that this was due to start in May, with a view to key conclusions being reported to the committee at its meeting in July. GA agreed to circulate appraisal documentation to board members, to include the process and timescales. <b>[Action: GA]</b></p> <p>There were no further questions and the board duly <b>NOTED</b> the contents of the update.</p>
<b>128-15</b>	<p><b>Quality and risk committee</b></p> <p>GC presented a report on the latest Quality and Risk Committee.</p> <p>The board was asked to note that the trust would no longer subscribe to the Academic Health Science Network (AHSN) in 2015/16 as part of cost saving measures.</p> <p>There were no further questions and the board duly <b>NOTED</b> the contents of the update.</p>
<b>NEXT MONTH'S AGENDA</b>	
<b>129-15</b>	<p>KD presented next month's draft agenda for comment.</p> <p>It was noted that a formal report on board development and an update on the board governance</p>

	<p>review would also be included on the agenda.</p> <p>Due to the forthcoming changeover in personnel, JM reminded the board that there could be a problem with timely submission of next month's operational report, particularly as Department of Health (DH) deadlines occasionally fall after board deadlines.</p> <p>The board <b>NOTED</b> the contents of the draft agenda and subsequent verbal updates.</p>
--	--

<b>STAKEHOLDER AND STAFF ENGAGEMENT</b>	
---	--

<b>130-15</b>	<p><b>Feedback from events and other engagement with staff and stakeholders</b></p> <ul style="list-style-type: none"> <li>• BH continued to meet staff throughout the trust, and hoped to attend trust-wide team meetings as part of her regular programme of work;</li> <li>• LP reported on an NHS Providers NED forum which he had attended recently;</li> <li>• LP noted KPMG's recommendation regarding chairmanship of the audit and finance and performance committees. He reminded the board that it approved at its last meet for LP to take over as chairman of the audit committee from 2015. He asked the board to review its decision in the light of the auditors' recommendation. The board discussed the matter and agreed that: <ul style="list-style-type: none"> <li>• RT will discuss the matter in principle with Monitor <b>[ACTION: RT]</b>.</li> <li>• The Chair will meet with KPMG to discuss the issues raised <b>[ACTION: CHAIR]</b>.</li> <li>• The board will consider the matter again once these discussions have taken place <b>[ACTION: HS/KD TO SCHEDULE DISCUSSION]</b></li> <li>• In the meantime, JT will continue to act as chairman of the audit committee.</li> </ul> </li> <li>• As this was her last meeting before leaving the trust, JM took the opportunity to thank the board for its support over the last five years and wished the new team all the best for the future. In turn, BH thanked JM for the significant contribution she had made to the organisation. In particular, it was noted that JM had been instrumental in improving overall performance, and in the last year had made significant progress in developing both trauma capacity and the longer term strategy for burns services, as well as leading all of our work on the electronic patient record.</li> </ul>
---------------	--

<b>MEMBERS OF THE PUBLIC</b>	
------------------------------	--

<b>131-15</b>	<p><b>Observations from members of the public</b></p> <p>There were none.</p>
<b>132-15</b>	<p>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</p>

Chair ..... Date .....