

Document:	Minutes FINAL & APPROVED		
Meeting:	Board of Directors (session in public) Thursday 26th February 2015, 13.00 – 16.00, The Council Chamber, East Court, College Lane, East Grinstead RH19 3LT		
Present:	Peter Griffiths (PAG)	Trust Chairman	
	Beryl Hobson, (BH)	Non-Executive Director and Chair Designate	
	Ginny Colwell (GC)	Non-Executive Director	
	Steve Fenlon (SF)	Medical Director	
	Lester Porter (LP)	Non-Executive Director	
	John Thornton (JT)	Non-Executive Director	
	Dominic Tkaczyk (DT)	Interim Director of Finance	
	Jo Thomas (JMT)	Interim Director of Nursing & Quality	
	Richard Tyler (RT)	Chief Executive	
	In attendance:	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)
	WELCOME		
030-15	Welcome, apologies and declarations of interest The Chair opened the meeting and welcomed back KD from maternity leave; he also welcomed JMT to her first board meeting as interim Director of Nursing and Quality. There were no apologies and no new Declarations of Interest		
PATIENT STORY			
031-15	Patient Experience JMT apprised the board of an instance where, due to difficulties experienced within patient transport, an elderly patient had to wait for approximately seven hours until she could leave. Despite the problems, our staff had responded with compassion and made the patient feel welcome and cared for, even providing a bed and a hot meal. The board agreed this was a very positive outcome. The Chair thanked JMT and the board NOTED the contents of her update.		
STANDING ITEMS			
032-15	Draft minutes of the meeting session held in public on 29th January 2015 for approval The following changes were requested: <ul style="list-style-type: none"> • 005-15: JT asked for his initials be distinguished from those of JMT to avoid confusion. • 006-15: for greater accuracy, JMT asked wording to be altered from 'next report' to 'future reporting' Taking these amendments into account, the minutes of the meeting were APPROVED as a correct record.		

033-15	<p>Matters Arising & Actions Pending The board reviewed the current record of matters arising and actions pending, the update was received and APPROVED.</p>
034-15	<p>Update from the Chief Executive RT presented his monthly report, highlighting the following:</p> <p>As agreed last month, the Directors of Finance and of Operations had undertaken a review of any risks arising to achieving the planned year-end surplus and updated the board accordingly at its earlier seminar.</p> <p>As RT had previously reported, the proposed tariff for 2015/16 had been suspended. Further information would be provided during the business planning item later in the meeting.</p> <p>Sir Robert Francis' recently published report <i>Freedom to Speak Up</i> was a review of the treatment of whistle-blowers within the NHS. The report contained a number of recommendations for NHS trusts and RT confirmed the QVH policy would be reviewed to ensure these were incorporated where appropriate. Both LP and GC agreed a board discussion on the implications of the report would be useful. GA noted that the current Whistleblowing policy was due to be ratified at the Quality and Risk Committee next week, after which time it would undergo a further evaluation to incorporate new recommendations. It would then be returned to the board for review in April. [Action: GA]</p> <p>PAG thanked RT for his monthly update, the contents of which were NOTED by the board.</p>

RESULTS AND ACTIONS

035-15	<p>Patients: safe staffing and quality of care</p> <p>JMT reported that the response to the Savile enquiry had been published this morning and suggested the board might take an opportunity to review its conclusions. The report would be considered initially at the Quality and Risk Committee (Q&RC) and any pertinent issues be imparted to the board.</p> <p>Safe staffing levels had been maintained throughout January, although the escalation process had been invoked on four separate occasions during the month.</p> <p>GC requested that future reporting include a quality matrix for Theatres [Action: JMT]</p> <p>BH noted the high number of patient falls which had occurred in Canadian Ward in January. JMT agreed this figure was higher than usual but was unaware if this was indicative of any particular problem, although the situation would be monitored.</p> <p>SF sought assurance in respect of cancelled operations and suggested additional clarification regarding context would be useful in future reporting. [Action: JMT]</p> <p>JT queried the high level of needle stick injuries sustained by staff. JMT was assured by Occupational Health reports suggesting this was as a result of human error, but agreed to monitor the situation closely.</p> <p>JT also sought clarification with regard to the trust's preparedness for an inspection by the Care Quality Commission (CQC). JMT assured the board that planning for an inspection was well underway and apprised the board of steps the trust was taking to ensure it would be fully</p>
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prepared. Whilst the trust would be inspected during 2015/16, JMT confirmed this would not happen in Quarter 1, and the trust would be informed in April if this was scheduled for Quarter 2. GC reminded the board that an unplanned visit could take place at any time, although both RT and JMT felt the likelihood of an unexpected visit was currently quite low. PAG suggested once the inspection date had been confirmed, JMT could provide the board with an update as to progress. **[Action: JMT]**

LP raised concerns at the nil return for the Friends and Family Test in Peanut Ward this month. JMT advised there had been no inpatients in Peanut during the period in question, and it could have been that patients had not been inclined to complete questionnaires. However, she agreed to remind staff of the importance of encouraging patients to complete the test, and would also remind them of the importance of submitting a nil return when appropriate.

The Chair thanked JMT for her update, the contents of which were **NOTED** by the board.

036-15

Consent and WHO Checklist

SF presented an update on the Consent for Treatment target, aimed at achieving 'consent before the day of surgery' (CBDOS). He informed the board that it was not considered best practice for consent to be obtained on the day of the procedure; an optimum approach would be to obtain consent at the initial consultation and for this to be merely confirmed on the day of the procedure.

SF reminded the board that a staged introduction of this process was adopted as a CQUIN for 2012-13 and became priority 2 of the Quality Account in 2013-14. This has been monitored as a quality indicator during 2014-15.

A decision was taken to monitor the percentage of elective procedures consented for surgery before the day of admission by a monthly manual audit of the case notes, and to present the data as a percentage by directorate but to use the aggregate as the target. The latest target (2014-15) is an aggregate figure of 75%. SF apprised the board that all audit and consent data is on paper and manually checked as currently no electronic system exists at QVH for documenting or measuring consent; current audits were undertaken by reviewing 20 time-based samples.

GC asked whether the trust should be considering if CBDOS was always good practice, particularly in view of the huge variety of surgical procedures undertaken at QVH. PAG agreed that the trust should not be penalising clinicians if the current rules were inappropriate, however, he expressed concern at the low level of samples taken and suggested that current sampling be expanded whilst ensuring consent was appropriate for good clinical practice.

PAG also felt there was some confusion surrounding definitions and that the board was collectively unclear. JMT reminded the board that there were no incidents of patients being treated without consent that that this target related specifically to 'consent before the day of treatment'.

RT agreed he and SF would consider the matter further in order to gain a better understanding of the principles raised as blockers, eg lack of forms off-site, insufficient time allocated to the process. This item would then be returned to the board in due course. **[Action: RT]**

The second part of this report focused on the World Health Organisation (WHO) checklist. This was in place to ensure routine matters were habitually addressed, enabling capacity to manage any unexpected events. In 2013 a series of engagements was undertaken to embed the full version of the WHO checklist and to notify staff that this was now mandatory. In 2014-15 the trust achieved 95%, and in the current financial year, achieving 95% compliance was signed up

	<p>as a trust CQUIN (subsequently raised to 100% compliance by the CCG). SF reported that during the first month of Q4 compliance was 100% against a target of 100%. The Chairman thanked SF for his update and the board NOTED the good progress which had been made in respect of the WHO targets.</p>
<p>037-15</p>	<p>Operational performance: targets, delivery and key performance indicators</p> <p>JM reported that the trust was compliant at an aggregate level for all three 18-week targets in January. It was also compliant in January for all three 18-week performance targets at specialty level with the exception of Oral Surgery (non-admitted patients), which missed its target by only one patient. JM was confident that the trust was close to sustaining overall performance going forward.</p> <p>Other key performance indicators included the following:</p> <ul style="list-style-type: none"> • There were no urgent operations cancelled in January. • Whilst there were six cancellations on the day of admission in January, all patients were rebooked within the 28 day NHS Guarantee. • For Quarter 3, the Trust reported <ul style="list-style-type: none"> • Non-compliance with 18 weeks due to failure to meet Trust aggregate performance in October and November • Compliance with the cancer standards. • Non-compliance with the diagnosis target due to the Cone Beam CT failure reported in November, (subsequently repaired). The Trust is forecasting compliance with this standard for Q4. <p>PAG congratulated JM and her team on the excellent performance. In the meantime, however, he asked how close the trust was to achieving its 15-week internal target. RT reported that 75% of patients were now seen within 15-weeks, but reminded the board that this target had been agreed as a means of achieving a sustainable waiting list and was not mandatory. To achieve this would require a further waiting list initiative and he therefore asked the board for guidance as to how this should be managed going forward. PAG requested that, whilst in no way detracting from the team's achievement to date, consideration be given to what was necessary to achieve a sustainable waiting list. Her asked RT to give this matter due consideration and report his findings to the board. [Action: RT]</p> <p>The Chairman thanked JM for her report, the contents of which were NOTED by the board.</p>
<p>038-15</p>	<p>Financial performance: monthly update</p> <p>DT reported that the trust was £93k ahead of the plan for the year, and on track to achieve surplus at end of year. The January surplus had been improved by £132k through the removal of the Q2 RTT18 penalties. (As reported previously, penalties would not now apply due to the current 18-week performance). Income also included 100% of CQUIN payments for Q1, Q2 and Q3. As discussed at last month's board (and also this morning's seminar), an element of achieving this year's plan had been assisted by carrying across the provision for MRET (Marginal Rate for Emergency Treatment) which had been utilised last month.</p> <p>As reported on several occasions in previous months, capital expenditure was significantly below the phased plan due to the delayed start of the IT network replacement project and reconsideration of the Estates programme; however, the trust had been aiming to spend as much available capital as possible by the end of the financial year to reach the 15% tolerance level required by Monitor. PAG sought and received assurance that some expenditure would include the cost of the new anaesthetic machines (also being partially funded by the League of Friends).</p>

	<p>The cash position remained healthy. DT confirmed that the intention was to invest in a new IT infrastructure, and a business case would be returned to the board for approval in due course. [Action: DT]</p> <p>PAG asked if the anticipated surplus was realistic and was assured by DT that this was the case. As discussed during the earlier seminar, this would be used appropriately to support next year's financial position.</p> <p>BH asked if Monitor would be likely to raise the issue of capital during its visit to the trust in March. It was noted that this matter had not been raised during the recent conference call with Monitor, and RT concurred that the forthcoming visit was more of an introduction rather than a performance review.</p> <p>BG asked if there might be a direct correlation between the overall increase in day case patients, the reduction in inpatient cases, and the drop in income. PAG agreed that these changes may have cost more in staffing, (not been offset by a reduction of inpatients) with the overall result being that it had cost more to deliver certain activity than it had yielded in income.</p> <p>Whilst RT agreed that the fall in income could be due to the case mix issue, more detail was required before drawing any conclusions. DT agreed to investigate and report back at next month's meeting. [Action: DT]</p> <p>The Chair reminded the board that should QVH meet its surplus target, this would be a huge achievement compared to other foundation trusts. He then thanked DT for his update, the contents of which were NOTED by the board.</p>
<p>039-15</p>	<p>Contract update</p> <p>DT presented the monthly contract update highlighting the following:</p> <p>Whilst the trust had bid to provide services for AQP Non Obstetric Ultrasound (NOUS) and Direct Access Magnetic Resonance Imaging (MRI) for West Kent CCG, feedback indicated QVH had not been successful due to the service being outside the boundaries of West Kent. DT would appeal this decision and keep the board apprised of developments.</p> <p>As reported at last month's meeting, DT reminded the board that NHS England had commissioned at approximately 8% below the 2013/14 outturn, without any demand management schemes in place. DT noted the trust had signed the agreement in good faith, on the basis of an activity / volume mechanism for payment and yet NHS England continued to challenge all over performance. In the meantime, guidance had been released indicating that for 2015/16, NHS England intended to set the baseline at the same level as the MO10 outturn. The board expressed concern at this rationale; again, DT undertook to keep it informed of progress.</p> <p>The Chair thanked DT for what he felt was a very helpful briefing, the contents of which were NOTED by the board</p>
<p>040-15</p>	<p>Workforce</p> <p>GA reported there were promising signs this month in respect of turnover, vacancies and sickness.</p> <p>Turnover had reduced with a steady trend towards target, and the work of the Recruitment and Retention Taskforce was now starting to have a positive impact.</p> <p>The number of vacancies throughout the year had been higher overall than for the previous two years, but this was in line with the higher turnover rate (in turn driven by the retention problems</p>

seen in a few specific areas – eg. Canadian Wing). However, vacancies overall had been falling steadily, a trend which was continuing. The number of live vacancies represented only about 24% of the gap between the funded establishment and the ‘in-post’ figure. GA asked the board to note that the total of all paid staff, (including bank, agency and overtime), was slightly above funded establishment. Although previous years had seen a sharp increase in the number of live vacancies towards the end of Q4 GA anticipated that with tighter controls in place it was hoped that the number of live vacancies would remain fairly constant, although this would continue to be closely monitored.

The position on sickness was positive, with rates continuing to fall. Managers were handling episodes of sickness well. In contrast, however, high sickness levels were being reported in Theatres, particularly in relation to stress and anxiety. GA intended to focus on short term sickness and future reporting would separate long and short term sickness to better monitor future trends.

Statutory and Mandatory Training continued to improve, and there was now greater confidence in the quality of data available.

The Chair congratulated GA on the recent recruitment initiative and for further information regarding the final ‘conversion’ rate from the 50 prospective candidates who attended on the day
[Action: GA]

It was agreed that whilst the Recruitment and Retention Taskforce appendix had been useful, only headline figures were required for future reporting.

The Chair thanked GA for his update, the contents of which were **NOTED** by the board.

STRATEGIC PRIORITIES

<p>041-15</p>	<p>Quarterly update on delivery of Key Strategic Objective (KSO) 5: Organisational Excellence</p> <p>GA reminded the board that this objective was divided into the three core areas of Leadership Development, Performance Management and Innovation. Highlights for this quarter included the following:</p> <p>Leadership Development</p> <ul style="list-style-type: none"> • The formal launch of the Leadership and Management Development Framework was taking place today; it was anticipated this would enable a more effective system of identifying members of staff appropriate for development <p>Performance Management</p> <ul style="list-style-type: none"> • Progress had been maintained within most performance management areas, with the exception of 3-year workforce planning; however a new approach aligned to the 2015/16 business planning process would be adopted for Year 1. (Plans for Years 2 and 3 would be developed during Q1 and Q2 following implementation of the revised management structure). GA assured the board this issue was a priority within the Workforce Strategy and the recently appointed Deputy Head of Human Resources would be driving this forward. • GA noted that further work was being done to develop the current recruitment team, although the revamped Medical Recruitment Team was working well. • SafeCare: GA conceded that e-Rostering had been implemented too quickly and with insufficient resources. However, he explained how the SafeCare module would use existing information systems to provide managers with early warning of potential workforce problems. Implementation of the SafeCare module was now in line with the project plan scheduled to go live in March. Scoping and costs were being worked through for a mobile version which
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	<p>would provide real time scheduling. GA was assured that results would lead to better management decisions. There was greater cooperation between wards which enabled staff to be moved to areas where demands were higher. GA advised that as the national model doesn't fit with our specialist organisation, a bespoke model was being developed for Paediatrics and Burns, with successful testing leading to further refinement</p> <ul style="list-style-type: none"> • GC asked what would be the success criteria of the leadership strategy, and if this would be presented to the board. GA confirmed this would be addressed through the talent management leadership programme. <p>Innovation The new education centre was being development under the leadership of Ed Pickles (Director of Medical Education) and Helen Moore, Medical Education Manager.</p> <p>JT noted that the RAG status of this quarterly update was predominantly green and asked if this suggested a new programme might be required. GA explained that this demonstrated most areas were on track but were not complete and would carry over to the next financial year.</p> <p>The Chair thanked GA for his update, the contents of which were NOTED by the board.</p>
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GOVERNANCE

<p>042-15</p>	<p>Corporate Risk Register (CRR) JMT advised the board of the trust's four top risks as follows:</p> <ul style="list-style-type: none"> • Ability to meet RTT18 targets (a risk now escalated to 20); • Breaching of cancer targets • Failure to main continuous estates services due to staff shortages, and • The impact on the trust's decontamination services due to relocation of core surgical services at Synergy healthcare. <p>A further risk relating to emergency alarm systems in theatres had been rated at 12 but JMT was assured staff were managing this, and that there was no risk to patients.</p> <p>As requested last month, risks which were duplicated in the Board Assurance Framework had now been removed from the Corporate Risk Register.</p> <p>BH referred to the spoke site summary review which had been incorporated into the Strategy and Sustainability report to be considered later in the meeting, and asked if a risk assessment had been undertaken in view of the report's conclusions. JMT concurred there was nothing in place at present, but agreed to action this. [Action: JMT]</p> <p>The Chairman thanked JMT for her update, the contents of which were NOTED by the board.</p>
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REPORTS FROM THE CHAIRS OF THE SUB-COMMITTEES TO THE BOARD

<p>043-15</p>	<p>Clinical Cabinet The Chief Executive confirmed there was nothing to report this month.</p>
<p>044-15</p>	<p>Nomination & Remuneration Committee LP confirmed he nothing further to add to his written report. As an aside, BH noted that the target date for appointment should be amended from 'before end March' to 'during March' as it was hoped the Appointments Committee would be in a position to make a recommendation to the full Council at its meeting in early April.</p> <p>The board duly NOTED the contents of the report.</p>

<p>045-15</p>	<p>Audit Committee In addition to the points raised in his written report, JT advised that following a stringent procurement process, the trust had now appointed Mazars (who had recently acquired the Deloitte Public Sector internal audit unit) to replace Chantrey Vellacott as its internal auditors. He confirmed he had every confidence in the appointment and the new team would be taking over from the beginning of 2015-16.</p> <p>The board NOTED the contents of the report.</p>
<p>NEXT MONTH'S AGENDA</p>	
<p>046-15</p>	<p>Next month's draft agenda was presented for comment, and duly noted by the board..</p> <p>DT advised that Monitor had delayed submission of the 5-year plan until mid-April which could impact on reporting to the board.</p> <p>JT suggested that the BAF should be removed from the March agenda as he felt the board required an informal debate before being in a position to consider and identify key risks. RT agreed that the March board meeting should focus on priorities and budget setting, and the April meeting could be used to focus on identifying key risk following on from this.</p> <p>KD asked for suggestions which might be considered within the informal seminar next month.</p>
<p>STAKEHOLDER AND STAFF ENGAGEMENT</p>	
<p>047-15</p>	<p>Feedback from events and other engagement with staff and stakeholders PAG, BH and RT had met with Sir Nicholas Soames, East Grinstead's local MP who had been very complimentary about the hospital.</p> <p>BH had visited the East Grinstead Museum to learn more about the history of QVH.</p> <p>GC, LP, SF and RT had all undertaken Compliance in Practice visits through the trust and without exception had received very positive feedback from both patients and staff.</p>
<p>MEMBERS OF THE PUBLIC</p>	
<p>048-15</p>	<p>Observations from members of the public There were none.</p>
<p>049-15</p>	<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: 26 March 2015