

Document:	Minutes FINAL & APPROVED	
Meeting:	Board of Directors (session in public) Thursday 07 September 2017, 10.00 – 13.00, Boardroom, Blond McIndoe Research Centre, QVH RH19 3DZ	
Present:	Beryl Hobson, (BH)	Trust Chair (voting)
	Ginny Colwell (GC)	Non-Executive Director (voting)
	Kevin Gould (KG)	Non-Executive Director (voting)
	Steve Jenkin (SJ)	Chief Executive (voting)
	Sharon Jones (SLJ)	Director of Operations
	Gary Needle (GN)	Non-Executive Director (voting)
	Geraldine Opreshko (GO)	Director of Workforce and organisational development
	Ed Pickles (EP)	Medical Director (voting)
	Clare Pirie (CP)	Director of Communications and Corporate Affairs
	Jo Thomas (JMT)	Director of Nursing (voting)
	Clare Stafford (CS)	Director of Finance and Performance (voting)
	John Thornton (JT)	Non-Executive Director (voting)
	In attendance:	John Belsey (JEB)
Hilary Saunders (HS)		Deputy Company Secretary (minutes)
Elin Richardson (ER)		Associate Director of business development
Public gallery	3 members of the public, (including 2 governors)	

Welcome

132-17	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting and welcomed KG to his first meeting as a non-executive director. She went on to welcome also those members of the public in attendance today.</p> <p>It was noted that KG’s declaration of interest had not been entered on the register contained within the board papers, but there was nothing of significance to affect today’s business. Other than this, there were no new declarations of interest, and no apologies.</p> <p>It was noted that JEB would be in attendance for the first part of the meeting only today, due to another commitment.</p> <p>The patient story item (136-17) would be taken ahead of the Chief Executive’s report (item 135-17)</p> <p>The Chair explained that she wished to allow sufficient time to explore in detail the contents of the report on staff engagement and retention (item 155-17) and so proposed to take this earlier in the agenda immediately following on from item 138-17 (Corporate risk register).</p>
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Standing items

133-17	<p>Draft minutes of the meeting session held in public on 6 July 2017 for approval</p> <p>The Board APPROVED the minutes of the meeting held on 6 July as a correct record subject to the following amendments:</p> <ul style="list-style-type: none"> • 112-17: Final sentence to read ‘QVH is working with SASH in a rotation of critical care staff for the benefit of staff and QVH patients’ • 113-17: Item heading to read <i>Inpatient survey</i> • 114-17: The final paragraph to read ‘The board asked whether there were any particular themes
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	<p>highlighted in the reasons for staff leaving. JMT noted that although some staff might have chosen to move to trusts which paid the outer London weighting allowance, evidence showed that these trusts were themselves struggling to recruit and retain staff and that pay did not seem to feature as a key theme when analysing exit data.</p> <ul style="list-style-type: none"> • 124-17: IM&T strategy to read ‘the strategy document predominantly outlines the route map for the Trust’s clinical information systems for the next five years’.
134-17	<p>Matters arising and actions pending The board received and APPROVED the current record of matters arising and actions pending.</p>
135-17	<p>CEO report SJ presented his report highlighting the following:</p> <ul style="list-style-type: none"> • GO had been appointed substantive Director of workforce and organisational development. The Board offered congratulations to GO on her recent success; • CS would be leaving QVH shortly to take up a position at BSUH. SJ thanked CS for her significant contribution during her time at the Trust and wished her well. In the interim, Jason McIntyre would be Acting Director of Finance and Elin Richardson (Associate director of business development) would be Board advisor on QVH strategy; • QVH was one of the most improved trusts in England for both the number of research studies undertaken and the number of participants recruited. The annual research and development report would be considered in further detail under item 148-17. • The Trust had recently held a very successful AGM attended by over 50 members of the public. Highlights had included presentations from Brian Bisase, Consultant Oral and Maxillofacial surgeon, and Mark Cutler, Consultant Maxillofacial Prosthetist. • Staff briefings had taken place in August which focused on developing our business, workforce challenges, partnership working and looking to the future of QVH. A cascade briefing to all staff would be launched in November which would be timed to follow on a week after board meetings to ensure dissemination of information throughout the organisation. • Our annual Staff Awards event was due to take place this evening; there had been more than 155 nominations across all seven categories which was more than double last year. • There had been considerable media coverage of the treatment of acid burns in recent weeks. CP advised that Balj Dheansa and Nora Nugent had been very supportive in providing local and national media interviews on the subject. • A report on the status of the Sustainable Transformation Programme would be provided under item 156-17 but, in the meantime, SJ asked the board to note that the appointment of an Executive Chair had been delayed. BH noted that a further update should be provided after 19 September. <p>There were no further comments and the Board NOTED the contents of the CEO’s update.</p>
Key strategic objective 1: outstanding patient experience	
136-17	<p>Patient story BH welcomed one of the Trust’s patients to the meeting, reminding the Board of the underlying principle of the ‘patient story’ session which was to ensure that the patient remained at the centre of what we do as an organisation.</p> <p>The patient opened by describing her treatment which began in 2011; she highlighted some significant improvements and described examples of the way in which her experience had been so positive. She always felt safe and well cared for, and emphasised that her patient experience had not been compromised by shortages of nursing staff although she was aware that staff were rotated throughout the organisation to</p>

	<p>manage activity. She was also gratified to have been treated by the same surgeon and orthodontist throughout her time at QVH, which had provided consistency of care.</p> <p>On a less positive note, the patient described the problems she had experienced whilst trying to park on the hospital site. She explained that she suffered from anxiety and panic disorder which was exacerbated when she was preparing to arrive for treatment. Her parents now took time off work to bring her in for her appointment; however, whilst mitigating some of the anxiety, this wasn't an ideal solution. She confirmed that staff at QVH were aware of her anxiety disorder and had provided psychological support which had been very helpful.</p> <p>The patient also noted a slight decline in waiting times over the last year. The Board sought additional details and was advised that longest waiting time had been an hour, (this had been in the Orthodontic clinic - but had been as a result of an emergency case taking priority). On the whole, delays of 15 – 20 minutes were more common. However, the patient confirmed that despite delays, once she was seen, her appointment was never rushed and quality of treatment remained high.</p> <p>BH confirmed that the Board was aware car parking was an issue at QVH. As executive lead for the estate, CS described the recently commissioned travel plan, developed to propose viable solutions, (for example a multi-storey car park would not be feasible at QVH due to the prohibitive costs). After consideration, the Trust had decided the best course was to focus on smaller incremental gains, such as a review of staff travel arrangements, and prioritising patient and visitor parking whilst securing off-site parking facilities for staff. It was acknowledged by everyone that there was no single solution; however The patient was gratified that the Trust was taking this matter seriously.</p> <p>BH thanked the patient for attending today to apprise the Board of issues, both good and bad. There were no further comments and The patient left the meeting.</p>
<p>137-17</p>	<p>Board Assurance Framework: KSO1</p> <p>JMT reported no material changes to the BAF. Recruitment and retention remained the biggest risk to patient experience, although JMT had been assured to hear during the earlier patient story item that using staff more flexibly was not directly impacting patient experience. Other ways we could be assured were through patient feedback, patient data, plaudits and the friends and family test scores. The BAF scores were regularly debated at EMT and should staff shortages begin to impact on patient experience, the KSO1 BAF would be updated to reflect this.</p> <p>There were no further questions and the Board NOTED the contents of the report.</p>
<p>138-17</p>	<p>Corporate Risk Register (CRR)</p> <p>The CRR had recently been reviewed by the Quality and governance committee. Two new risks had been added since the last Board meeting. These included:</p> <ul style="list-style-type: none"> • 1061: Poor working environment and increased demand in appointments team; • 1069: Failure to achieve e-referral CQUIN <p>Other than that there had been no significant changes.</p> <p>The Board was asked to note:</p> <ul style="list-style-type: none"> • The amount of work which had been undertaken recently to categorise and differentiate between controls and hazards; however, this would continue to be a work in progress; • ID 1035 (recruitment of critical care nurses) had been updated to reflect new national guidance. • That the 'progress update' column denoted the actual update, and was not a key action; • The 'date reviewed' column would be removed as this was ambiguous and created confusion;

	<ul style="list-style-type: none"> • ID 882 (potential loss of activity due to competition) would be closed as this was no longer perceived as an immediate risk; • Likewise ID 884 (potential for unauthorised data breaches) would be closed as the Trust was about to move across to NHS Mail and significantly mitigate risk; • ID 877 (financial sustainability) would be removed at this time, but could in future be replaced by a more specific risk. <p>The Board sought and received clarification in respect of the following:</p> <ul style="list-style-type: none"> • Whilst acknowledging that some risks referred back to 2014, JMT assured the Board that the Trust was doing everything to mitigate risks; however, this often meant managing the risk at an acceptable level; • With regard to ID 1069, SLJ explained that the requirement to accept only eReferrals could put at risk those patients referred to the Trust via letter. The Trust had been working with the CCG and other external agencies and had made significant progress in this respect. It was hoped this risk could be removed from the register shortly; • In respect of ID 1061, SJ explained the risk had been separated out into two discrete areas. Firstly, much had been done to improve the physical working environment of the appointments team. The second part of the risk related to increased demand, with SJ noting that more needed to be done to manage this. This would be retained as a high risk, and progress would be monitored carefully; <p>There were no further comments and the Board NOTED the latest update.</p>
<p>139-17</p>	<p>Quality and governance assurance report</p> <p>The Quality and governance assurance report was presented by GC who highlighted the following:</p> <ul style="list-style-type: none"> • A detailed root cause analysis (RCA) regarding the death of a patient and the subsequent coroner’s findings was received at the Q&GC. The original RCA had been refined and resubmitted to the Clinical Commissioning Group (CCG); • The Q&GC had also received an extensive report and action plan regarding site security. CS confirmed that the prioritised action plan should be delivered on time. <p>There were no further questions and the Board NOTED the contents of the update.</p>
<p>140-17</p>	<p>Quality and safety report</p> <p>JMT presented the Quality and safety report, asking the Board to note the following:</p> <ul style="list-style-type: none"> • In July there was one case of hospital acquired MSSA bacteraemia in the Burns Unit. Root cause analysis was awaited to determine cause, but immediate actions had been taken to prevent further cross infection; • There had been no Never Events or Serious Incidents (SI) in June or July, but one had been reported in August. These had been correctly declared and investigations were underway. Further work would be undertaken to tie in with the previous SI actions, to mitigate a recurrence in the future. The Board would be apprised of details at its next formal meeting; • Workforce issues would be covered in greater detail under item 155-17; • Four inpatient falls occurred in the inpatient ward in June, and in July there had been three inpatient falls. A new Falls Pathway was launched at the Nursing and Quality Forum in August 2017 and would be trialled across the Trust. • The Trust's policy on how it responds to and learns from deaths at QVH had now been drafted and is awaiting executive review before being sent out for consultation. The Trust is required to publish the policy to its website by 30 September and therefore ratification will be undertaken by the Quality and governance committee this month. <p>There were no further questions and the Board NOTED the contents of the update.</p>

141-17	<p>Annual safeguarding report</p> <p>The annual safeguarding report had been reviewed by the Quality and governance committee and was recommended to the Board for approval.</p> <p>JMT asked the Board to note that all priorities had been achieved this year and showed great progress. There were no further comments and the Board APPROVED the report.</p>
142-17	<p>Emergency preparedness, resilience and response and business continuity annual report (EPRR & BC)</p> <p>JMT reported that the annual EPRR & BC report had been reviewed by the Quality and governance committee and was now recommended to the Board for approval. In particular, JMT drew the Board's attention to the following:</p> <ul style="list-style-type: none"> • Much progress had been identified this year, for example in the area of Information Management & Technology (IM&T); • Although QVH was not a 'first responder' for EPRR, the business continuity plans had tested our resilience over the last year in dealing with incidents relating to power and water supplies. JMT confirmed that two to three exercises took place each year, either in table top or lockdown format; • Whilst the CCG had agreed to take into account 'offered but declined' flu vaccine data when assessing the uptake of the flu vaccination programme, this would not translate across to the NHSI statistics. <p>There were no further questions and the Board APPROVED the report.</p>
143-17	<p>Patient experience annual report</p> <p>JMT acknowledged that the Board would already be familiar with much of the content of this report as it received regular patient experience updates throughout the year. The report had been reviewed by the Quality and governance committee and was recommended to the Board for approval. Overall the Trust was maintaining a strong patient experience with quick response and good closure rates, and only small numbers referred onto the Ombudsman following Trust investigation. However, the Board was also reminded of the risks to resilience of this service which was managed by only one member of staff.</p> <p>The Board commended the quality of the report. It was suggested that the 'Learning from complaints, concerns and feedback' section could be enhanced if it were to include a '<i>this is what you said, this is what we did to make a difference</i>' section. [Action: JMT]</p> <p>There were no further comments and the Board APPROVED the report.</p>
144-17	<p>Infection prevention and control (IP&C) annual report</p> <p>The annual IP&C report had been reviewed by the Quality and governance committee and was now recommended to the Board today for approval. Those members of the Board who were also members of the Quality and governance committee commended the performance of the recently appointed Lead infection control nurse, and noted that her work was reflected in the quality of this report.</p> <p>In response to a question raised regarding the validity of the targets in a trust the size of QVH, JMT explained that the Trust had no control over these numbers as they were set nationally.</p> <p>There were no further comments and the Board APPROVED the report.</p>
Key strategic objective 2: world class clinical services	
145-17	Board assurance framework

	<p>EP reported that changes to the BAF this time included details of the coroner's report and subsequent action plan.</p> <p>There were no further questions and the Board NOTED the contents of the report.</p>
<p>146-17</p>	<p>Medical director's report</p> <p>The Medical Director update was taken as read. The Board went onto raise the following queries:</p> <ul style="list-style-type: none"> • GMC National Training Survey: Concerns were raised that following improvements in 2014, our results were at risk of decline again. However, EP was assured that there had been no evidence to indicate a rise in incidents of bullying and intimidation, as had been the case in 2014. The Junior Doctors' forum (which replaced the Junior Doctors' breakfast) was the appropriate channel to feed through any concerns. EP believed that the results reflected several factors including the new junior doctor contract, high levels of sickness within the plastics directorate and increased service commitments; however general dissatisfaction was also seen nationally, not just at QVH. EP went on to describe the purpose of the Local Academic Board (whose membership included the deanery representative) which was an appropriate forum for junior doctors to raise any internal concerns. He also noted that fluctuating results were more likely to show an impact in a small organisation such as QVH. • Memorandum of Understanding with BSUH: EP was unable to provide assurance as to when this would be signed off. SJ and EP were due to meet with the CEO and Medical Director of Western Sussex Hospitals on 18 September, and had been advised that the MOU would be considered at their Board of Directors as part of a wider strategic piece of work. He would continue to keep our Board apprised of progress. <p>There were no further questions and the Board NOTED the contents of the update.</p>
<p>147-17</p>	<p>Consultant revalidation annual update</p> <p>EP presented the annual report to the Board which provided assurance that our doctors were compliant with relevant professional standards, had up to-date skills and competencies, and were fit to practice. The Board sought and received assurance in respect of the following:</p> <ul style="list-style-type: none"> • That the consultant appraisal rate of 91% was appropriate, given that elsewhere in the Trust the target figure was 95% or higher, and the Board noted that a discrepancy in the reporting numbers of appraisals carried out could appear if doctors joined the Trust having had an appraisal undertaken at a previous Trust. • The distinction between the appraisal process for medical staff and the rest of the organisation. The vision and values of the business were incorporated as part of the job planning process discussion rather than at appraisal time. Doctors' duties were agreed against GMC guidelines and objectives were not stipulated in the same way as for other members of staff. • One of the risks identified in the report was that the appraisal system was not sufficiently robust to detect and manage concerns of poor performance, (for example, the current process was reliant on doctors self-declaring any incidents). EP was hopeful that new software shortly to be implemented would mitigate much of the risk. <p>There were no further questions and the Board APPROVED the report, noting that it would be shared, along with the annual audit, with the High Level Responsible Officer.</p> <p>The Board went on to APPROVE the 'Statement of Compliance' confirming that the Trust is in compliance with the regulations.</p>
<p>148-17</p>	<p>Research and development annual report</p> <p>The Board NOTED the contents of the annual research and development report, commending the</p>

	<p>enormous achievements over the last year.</p> <p>It was also noted that QVH Charity had agreed to fund a clinical research post, and that the responsibilities of the postholder in the first year include developing a research strategy. EP will bring this to the Board in due course.</p> <p>There were no further comments and the Board APPROVED the contents of the report.</p>
<p>Key strategic objectives 3 and 4: operational excellence and financial sustainability</p>	
149-17	<p>Board assurance framework</p> <p>There had been no Finance and performance committee in August. The Board NOTED the content of the BAF reports for KSO3 and KSO4.</p>
150-17	<p>Financial and operational performance assurance report</p> <p>JT provided an update of the meeting which had taken place in July, which was NOTED by the Board.</p>
151-17	<p>Operational performance</p> <p>SLJ presented the operation performance report, noting that the Trust had submitted its July data and achieved all targets, apart from 62-day cancer waits where there had been over three breaches. All breaches were shared with other trusts and all were as a result of late referrals.</p> <p>Concerned that much of the work undertaken by QVH could be low value, the Board sought assurance that the organisation was discerning in the type of activity it was contracting. SLJ advised that the Deputy director of finance and the Associate director of business development were undertaking work on activity contribution, but this was not a straightforward process. Any further development would to be reported through the Finance and performance committee.</p> <p>There were no further questions and the Board NOTED the contents of the update.</p>
152-17	<p>Financial performance</p> <p>CS presented the finance report highlighting the following:</p> <ul style="list-style-type: none"> • The Trust had delivered a surplus of £14k in month; £210k below plan. The YTD surplus has increased to £609k which was £210k behind plan. The main reason was the under-recovery of income of £430k, (partially offset by expenditure underspends); • Income was down by £177k mainly as a result of the drop in clinical income in Plastics due largely to sickness, lower levels of non-elective activity in Burns and medical staffing issues in Corneo. This had partially been offset by over delivery within MIU – predominantly in non-elective activity, radiology and sleep studies, but would impact on the bottom line. • As the control total had not been achieved, the sustainability and transformation funding of £63k would not be recognised; • The CQUIN risk of £39k has now been reduced to £26k and factored into the YTD position. • Performance review meetings had taken place at the end of August and CS noted the progress achieved over the last two years since these meetings had been instigated. • The Trust was still forecasting to achieve the plan by the end of the year. However, this included a caveat in respect of staffing issues, as reflected in the BAF. • In response to a query from the Board, CS explained that whilst activity was continuing to increase, the average value of that activity was falling, which was linked to the tariff and changes in activity, (ie lower value and less specialist work). At the same time, the cost of consumables was rising. The combination of these factors was aggravating the position for QVH.

	<ul style="list-style-type: none"> • Following a short discussion around reference costs, CS advised that this matter was scheduled for consideration by the Finance and performance committee; • CS confirmed that many trusts were repatriating work and it was important for QVH to retain its high value activity. <p>There were no further questions and the Board NOTED the content of the update.</p>
Key strategic objectives 5: organisational excellence	
153-17	<p>Board assurance framework</p> <p>The Board NOTED the BAF for KSO5, acknowledging that much of the highlights would be discussed in greater detail under item 155-17.</p> <p>There were no further questions and the Board NOTED the contents of the report.</p>
154-17	<p>Workforce monthly report</p> <p>The Board received and NOTED the contents of the latest report.</p> <p>Additional clarification was provided in respect of honorary contracts. These were expensive and time consuming to prepare and in line with other hospitals QVH would introduce a charge to offset costs. However, the Board also recognised their value in that they enabled the Trust to gain influence within other trusts, and they also continued to highlight and enhance the QVH brand. The Board noted that the hub and spoke model adopted by QVH also required the use of honorary contracts.</p> <p>Other highlights of the report included:</p> <ul style="list-style-type: none"> • A new intake of 22 junior doctors in August; • A lecture given earlier in the week by one of the Trust’s consultant anaesthetists entitled ‘a journey through trauma and the military lessons learnt’, which had been well received. The next clinical lecture was scheduled for January 2018.
155-17	<p>Engagement and retention options</p> <p>GO opened by reminding the Board that attraction and retention of staff was one of the biggest risks and challenges across the NHS currently. Today’s report considered the context in which QVH was currently operating, and set out options available to the Trust to try and improve its current position. As a small organisation, the Trust needed to do a lot of small things in a multifaceted approach. This report included a compilation of all work currently being undertaken in respect of engagement, attraction and retention, staff survey, friends and family test and the QVH Conversation. This was a comprehensive programme which fed into the NHSI Retention Improvement Programme, of which QVH was a participant. GO advised that she and JMT had attended an NHSI nurse retention masterclass in June; JMT and the Trust’s Workforce Information Manager had also attended the first masterclass in the formal programme in July. GO explained that the aim of the programme was to improve retention in participating trusts within the next 12 months. NHSI had allocated clinical and workforce leads to QVH who would be likely to visit us this month. A Trust improvement plan would be submitted to NHSI by early October.</p> <p>Tangible measurements for success had been identified to enable the Board to undertake a meaningful evaluation within a 12-month period. The three key areas of focus were:</p> <ul style="list-style-type: none"> • Attraction and Retention • Reward and Recognition • Education, Training and Development including leadership development

Implementation would require collaboration across the whole of the Executive Management Team, for example, Finance would undertake the cost benefit analysis, and Nursing would arrange the secondment of an experienced nurse to support the Workforce team in developing greater flexibility amongst nursing staff. The Communications Director was working with external specialist media to explore the possibilities of targeted recruitment. In addition during the business planning cycle a review of the nursing establishment would be undertaken to close down vacancies which were not longer needed.

The Chair noted that during the QVH Conversations, the issue of limited access to education had been highlighted. In response GO confirmed she had reviewed the data, but this didn't appear to align to the facts, borne out by the large number of educational achievements attained this year.

The Board went on to discuss at length the implications of the report and sought additional information in respect of the following:

- So far, QVH had achieved milestones on Months one and two;
- To date, a small scale nursing time and motion study had been carried out within Critical Care.
- There were particular challenges in a trust the size of QVH, with a small number of leavers having a marked effect on the turnover percentages.
- Further work would be done to improve data by eradicating the use of 'not known' on the exit form. However, it was recognised that the millennium generation of workers had a different expectation of the workplace and were less likely to stay in one place beyond two years.
- The first step should be attracting staff in the first place. Appendix 2 set out the reasons why staff thought QVH was a great place to work, with 'my team' being the highest ranked. This was reflected in data gathered by the HEKSS project.
- At the same time, areas of dissonance would be addressed as a matter of urgency, (although it was acknowledged that there was no differential between good and bad turnover, and that small number of staff could be resistant to change);
- Despite the staff survey showing decreasing levels of staff satisfaction, the Board noted the data which showed low sickness absence, and high rates of appraisal and statutory and mandatory training.
- Insufficient doctors and nurses had been trained over a long period of time; coupled with that QVH had an aging workforce which increased the risks. There was an acknowledgement that QVH had been complacent in the past and was now having to implement long overdue actions. For example there had been no clear structure for nurse education governance. This had impacted on identifying a recruitment pipeline of student nurses and cohesive support for practice mentors. However, the Trust was now in dialogue with South Bank University regarding to student rotation and accreditation of specialist education modules;
- Whilst commending the report and the Trust's collaboration with the national improvement programme, the Board expressed concerns regarding the breadth of the improvement plan. The Board made a request for priorities to be ranked in terms of toughest challenges; this would help direct efficiencies and make most impact. Further work and analysis was required; it was recognised that with limited resources, we should focus on what works best, what we can do over the next three months and what would put us in a better position next year.
- The impression on arrival at the QVH must be positive. The Trust Induction had been relaunched to incorporate more culture, welcome, more focus on values and was less of a 'tick-box' exercise. There will also be a 3- month follow up meeting for new starters with the chief executive.
- The Board considered the suggestion that the current vision 'Delivering excellence' did not convey what we do as a surgical and/or specialist Trust, and that QVH should consider changing its tag line to 'Rebuilding lives.....', This is now widely used in communications with staff and the public to describe the work of QVH, whilst the title '*Delivering excellence QVH 2020*' described the strategy that was shaped when the previous chief executive first joined QVH in 2013. The Board recognised that staff asked about the strapline of the Trust might reference either of these two titles. It noted that the

	<p>Trust's strategy remains 'Delivering Excellence QVH 2020' but that the marketing brand is 'Rebuilding lives'.</p> <p>There were no further comments and the following actions were confirmed:</p> <ul style="list-style-type: none"> • The actions would be prioritised in order to make the most difference. [Action: GO]; • An update would be provided within the next Workforce report [Action: GO]; • This issue would continue to be closely monitored through the Board's Finance and performance committee.
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Board governance

<p>156-17</p>	<p>Proposed STP governance and leadership model for system-wide transformation</p> <p>SJ reminded the Board that since the launch of the STP, concerns had been raised in respect of its governance and associated apportioning of costs. In February 2017 Carnall Farrar was commissioned to produce a governance model. This had subsequently been through several iterations and was still awaiting sign off by all organisations. SJ asked the Board to note that to date, the following organisations had made a decision not to sign at this stage: Coastal West Sussex CCG, Surrey and Sussex Healthcare NHS Trust, in addition to four local authorities.</p> <p>SJ went on to describe the current Sussex and East Surrey STP governance infrastructure, and explained that the Board was being asked to note the review of the current STP governance arrangements and consider the following recommendations:</p> <ol style="list-style-type: none"> 1. Approve in principle the revised STP governance and leadership infrastructure to support the delivery of the STP 2. Approve in principle, and authorise the Chief Executive to sign, the Draft Memorandum of Understanding for STP Governance. 3. Approve in principle the draft terms of reference for the proposed governance and leadership model <p>SJ reminded the Board that since this document had been produced, an announcement had been made that the appointment of the executive chair for the SES STP was now on hold; it now appeared likely that NHS England and NHS Improvement would instead allocate this role.</p> <p>The Board considered in full the implications of approving the report's recommendations. During discussions, concerns were raised in particular that the STP governance arrangements recommended system transformation to the statutory bodies, including all organisational boards. As the Trust's license did not permit delegation of accountability, any delegation of authority warranted a full discussion at Board.</p> <p>Whilst commending the direction of travel of the STP, the Board felt unable at this stage to sign the Memorandum of Understanding. In conclusion the Board agreed to NOTE the contents of the governance and leadership model, (rather than agree in principle) but agreed to review again once this had been updated with further information.</p>
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<p>157-17</p>	<p>Well-led framework</p> <p>CP presented a paper summarising the requirement for an external review and asking for Board support for the proposed process and the timescales.</p> <p>The first stage of the process would comprise a self-assessment questionnaire which would be circulated shortly to all Board members. The feedback from this would be shared with the external reviewer for discussion of areas for scrutiny.</p>
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	There were no comments and the Board APPROVED the contents of the report, the proposed process and the timescales.
158-17	<p>Board committee effectiveness</p> <p>CP presented a proposal for a programme of annual self-assessments for the Board’s committees for approval. This comprised a three-year rolling programme, alternating between full and light touch reviews each year.</p> <p>After consideration of the proposal, there were no further questions and the Board APPROVED implementation of the proposed evaluation programme</p>
Any other business	
159-17	As it was her final meeting, the Chair thanked CS, on behalf of the Board, for everything she had done for the Trust during her time here as Director of Finance. In particular, BH commended CS for the discipline and robustness she had introduced to the business planning process and the energy she had brought to the Board away days. Although she would be missed, everyone at QVH wished her well in her new role at BSUH.
Observations and feedback	
160-17	<p>Questions from members of the public</p> <p>There were none.</p> <p>The Chair closed the public session of the Board.</p>

Chair

Date