

Document:	Minutes FINAL & APPROVED	
Meeting:	Board of Directors (session in public) Thursday 02 November 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)
	Jason McIntyre (JMc)	Acting Director of Finance (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

161-17

Welcome, apologies and declarations of interest

The Chair opened the meeting. She welcomed JMc who was attending his first meeting as Acting Director of Finance and went on to welcome the three members of the public, including two governors and a representative of the Care Quality Commission, (Kathryn Stoneman).

SLJ asked the Board to note the update to her Declaration of Interest relating to her spouse's current 3-month contract with Sophos (Sophos Safeguard used by Trust as one of its software programmes). There were no further new declarations of interest.

Standing items

162-17

Patient Story

BH reminded 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; she went on to welcome a patient and his spouse to the meeting who had agreed to join the session today.

The patient and his spouse described their recent experience at QVH, and whilst commending the high standard of care received, were critical of the way in which communication around the cancellation of his original operation had been handled. They went on to provide additional detail on the impact this had on not only the patient but also his family.

The Director of Nursing assured the patient that the Trust had learned from this episode and described some of the recent improvements to the patient pathway made since this incident, which had included the opening of a new dedicated trauma unit. Other members of the Board sought assurance regarding process and agreed it was very helpful to receive this type of feedback.

BH thanked the patient and his spouse for attending today to apprise the Board of issues, both good and

	bad. There were no further comments and they both left the meeting.
163-17	<p>Draft minutes of the meeting session held in public on 7 September 2017 for approval</p> <p>The Board APPROVED the minutes of the meeting held on 7 September as a correct record subject to the following amendments:</p> <ul style="list-style-type: none"> • 140-17: One Serious Incident was reported in August • 155-17: ‘HEKSS Deanery’ to be changed to HEKSS project’, and ‘performance management’ to be amended to ‘change’ • ER to be added to the list of those in attendance at the meeting.
164-17	<p>Matters arising and actions pending</p> <p>The board received and APPROVED the current record of matters arising and actions pending.</p>
165-17	<p>CEO report</p> <p>SJ presented his report highlighting the following:</p> <ul style="list-style-type: none"> • The Memorandum of Understanding with Brighton & Sussex University Hospitals NHS Trust had recently been approved, (the QVH Board had approved the MOU at their July meeting). A meeting between organisations to progress was scheduled for 15 November; • Deputy Medical Director, Dr Rachael Liebmann, had been awarded the Royal College of Pathologists Medal for Distinguished Service. This is the highest accolade the College has for a Fellow and is not awarded every year. In addition, Rachael has been elected Vice-President of the College and starts her three-year role this month; • With reference to the BAF, it was noted that recruitment and retention remains one of the most significant challenges facing the NHS and is impacting substantially on QVH, particularly in paediatrics, critical care and theatres; • Bob Alexander Executive Director of Resources/Deputy Chief Executive with NHS Improvement has been announced as the new Executive Chair of the local Sussex & East Surrey Sustainability & Transformation Partnership (STP). He is meeting with all 24 lead accountable officers and chairs, and visited QVH on 24 October. BH had assured Bob Alexander of the Trust’s commitment to the STP; he in turn was keen to break down artificial barriers and to progress transformation; • The Care Quality Commission (CQC) had published its annual assessment of the quality of health and social care in England, ‘<i>State of Care</i>’. This report had highlighted “unprecedented pressure” on the system and the impact that this was having on performance. SJ noted that this report reflected where the STP was locally, citing focus on treatment of illness rather than prevention, and slow responses to innovation. The Trust was keen to embrace integration with GPs; to this effect, from 16 November a GP from one of the local surgeries would be based in MIU to provide urgent ‘on the day’ care. It was hoped that this practice would extend across the remainder of local surgeries by the end of February. <p>The Board considered in detail the CEO’s review of the <i>State of Care</i> report, noting that Sir David Behan, CEO of the CQC had highlighted a deterioration in service quality over the last twelve months. The current model of care had been designed in 1948 when focus of care was on treatment not prevention. There was an urgent need to change but the only way to address this was through collaboration and partnership. ,</p> <p>There were no further comments and the Board NOTED the contents of the CEO’s update.</p>
166-17	<p>Freedom to Speak Up (FTSU) Guardian</p> <p>The Chair welcomed Andi Heaton, the Trust’s FTSU guardian, to the meeting. She had been invited to present on the FTSU guardian role and its purpose. This was an inaugural review, and would become a standing item with updates provided to the Board at regular intervals throughout the year.</p> <p>The Board was reminded that in line with all Trusts in England, QVH appointed a Freedom to Speak Up</p>

Guardian in May 2017. This role provides confidential advice and support to staff in order to protect patient safety, and empower staff to act. At QVH this appointment was by staff vote, and the time currently allocated to the role is half a day per week.

AH described the ways in which the role (overseen by the national guardian) had been implemented at QVH and provided some insight into the first four months' activity. She gave a snapshot of the national picture but noted that it was difficult to benchmark QVH against other trusts as the number of staff differs widely as does the length of time in post and time availability. However, the national demographic of those raising concerns was reflected at QVH. 18 cases had been raised in total at QVH since June. Two had related to potential patient safety issues, but others related to staffing/employment, service provision and patient experience, and unacceptable behaviour by QVH staff. No staff had raised a concern anonymously, but four had asked for their identity to be protected due to concerns about how they would be treated if identified. fear of reprisals.

AH's initial insight from early conversations included:

- That there was a strong desire to encourage 'speaking up' and embracing transparency in the NHS, although there were issues around 'trust' in the Trust;
- Leadership from the chief executive and support from other members of the Board had been very valuable;

However, AH had also experienced some mistrust from middle managers who resented having to give up time to meet with her; some had also been unwilling to accept that there were any issues within their respective departments.

Feedback on the service obtained via a survey had overall been very positive, although the Board noted with concern that a small number of respondents had stated they had suffered ramifications as a result of speaking up.

The Board asked AH to highlight the ways in which it could provide ongoing support for the role and to facilitate speaking up as 'business as usual' at QVH. AH set out an overview of plans and ideas for the next stage which included:

- Greater promotion of the service;
- Budget allocation for the role (currently, there was no budget and no backfill provided for AH's substantive post);
- Increase the time allocated to the role, which could enable a more proactive rather than reactive service;
- Identification of a suitable location in which to hold confidential meetings, funded from the corporate budget;
- Recruitment of a deputy guardian. (GO noted a similar election process should be followed, but that candidates from non-clinical areas could be invited to stand);
- Recruitment of Speak Up champions;
- Training managers in the benefits of speaking up, with implementation of a mandatory 360° appraisal process for B8 staff;
- Reintroduction of 'Schwarz' rounds (used successfully by the Trust up until a couple of years ago);
- Ways in which to demonstrate that the process has had a positive outcome - maybe using an anonymous 'you said, we did' model;
- Provision of credit card size business cards (to replace the current leaflets) which would be less conspicuous for users pick up.

The Board discussed at length the implications of this update, in particular:

- Ways in which to tackle the middle-management issue, and that Leading the Way leadership training

	<p>and other work was designed to address culture at the Trust;</p> <ul style="list-style-type: none"> • Clarification regarding the process, how issues were tracked and the assurance required before a matter was closed; • This role was important to the Trust’s culture and should be embedded, together with the ‘Tell Jo’, Datix and Whistleblowing options for raising concerns. However, the Board had yet to identify the best way in which to collate this intelligence and review it as a whole in order to develop a ‘Culture of Improvement’. The Chair agreed that this important matter should be addressed and would ensure this was would be considered at the next board seminar (likely to be as part of the Well Led discussions). <p>There no further questions and the Chair thanked AH for her comprehensive update, the contents of which were NOTED by the Board.</p>
<p>Key strategic objective 1: outstanding patient experience</p>	
<p>167-17</p>	<p>Board Assurance Framework: KSO1</p> <p>JMT reported that the risk rating had been increased to 15 in response to the increase in negative Friends and Family comments regarding waiting times. Additional work was being undertaken by the Patient Experience Group to ascertain the issues and identify appropriate actions.</p> <p>There were no further questions and the Board NOTED the contents of the report.</p>
<p>168-17</p>	<p>Corporate Risk Register (CRR)</p> <p>The CRR had recently been reviewed by the Quality and governance committee, The Head of Risk had now met with all senior managers and the Board was asked to note the CRR information and progress from the previous report. Key changes included seven new corporate risks added, thirteen re-scored to below 12 (therefore becoming local risks) and fourteen corporate risks closed.</p> <p>The Board sought and received additional clarification in respect of the following:</p> <ul style="list-style-type: none"> • 1079: DCT stood for dental care trainees; • 1082: Relating to the General Data Protection Regulation (GDPR). Although the Information & governance group reported into Q&GC, it was agreed that the F&PC would monitor progress. JMc confirmed that Internal Audit were scheduled to review the Trust’s GDPR preparedness in Q4 and an action plan was already in place; • 1074: Had been a new risk but during the risk review process had already been downgraded; • 1054: Training compliance levels of Safeguarding Children L3 were improving as per the trajectory previously reported; <p>The Board noted the improvements to the CRR and asked that the Head of Risk, (Karen Carter-Woods) be commended.</p> <p>There were no further comments and the Board NOTED the latest update.</p>
<p>169-17</p>	<p>Quality and governance assurance report</p> <p>GC presented the Quality and governance assurance report. She asked the Board to note in particular that following on from the decision taken previously for the Committee to meet with specialty teams, the Plastics speciality would be further broken down in order to gain additional assurance in sub-specialty areas. These meetings would be scheduled into the annual work programme.</p> <p>The Board approved the latest version of the Terms of Reference which had been revised to show that an additional meeting would be held in July, (rather than September), which would facilitate timely review of annual reports from those clinical groups who report to the Committee.</p>

	<p>There were no further questions and the Board APPROVED the latest terms of reference and NOTED the contents of the assurance update.</p>
<p>170-17</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"> • An update on recent work in defining establishment figures. The total establishment for nursing, theatre practitioners and health care assistants stood at 352.74WTE with the current total number of vacancies at 73.16 WTE. The trust is recruiting substantively to 44.26 WTE of these, (14% of the workforce). JMT explained that the remaining 28.9 WTE was flexible uplift and would not form part of the substantive workforce. She went on to commend this piece of work which would facilitate better management of the nursing budget; • Issues in decontamination (the Wassenberg machine in theatres remained out of service), but this was being carefully managed. <p>JMT went on to report the details of a Never Event which had occurred the previous week during an eye procedure. This related to injection of local anaesthetic block to incorrect site. Parts of the resultant action plan had already been incorporated into practice, with key staff fully engaged in the process.</p> <p>EP suggested additional time and resource was needed to ensure WHO checklist processes were embedded culturally, noting that in the short term this could have an adverse effect on activity levels.</p> <p>EP highlighted the similarities between this never event and the recent serious incident where the structure of a lengthy policy document meant important parts had not been immediately apparent. JMT described work relating to policies which had been undertaken, with reminders to specific groups of staff on key policies and procedures as well as how to access all policies. However, an overhaul of all policies to underscore areas relating specifically to critical patient safety would require resource.</p> <p>The Board queried whether the use of agency staff in theatres could increase risks, but JMT was assured that this incident was not directly attributable to agency staff. The WHO checklist was widely used and a competent practitioner would be familiar with this. The bigger risk was around culture, with SJ reiterating the importance of learning after such events.</p> <p>The Chair recognised that this issue would be monitored through the Quality and governance committee but asked that the Board also receive updates on progress.</p> <p>JT noted changes in formatting of the Complaints report. This had been revised to ensure patient confidentiality was maintained, however the detailed report was still contained within the Q&GC reports which all board members received.</p> <p>There were no further questions and the Board NOTED the contents of the update.</p>
<p>171-17</p>	<p>Six-monthly nursing workforce review</p> <p>The Board received its bi-annual review of nurse staffing levels at QVH. JEB sought assurance that the Trust could not become unsafe and was apprised of the robust procedures in place to ensure staffing levels remained safe at all times. These included regular meetings with the site practitioners, Director of Nursing and Deputy Director of Nursing, methods of escalating concerns and a real time rostering system. JMT was equally assured at weekends and was not aware of any failures to escalate at these times.</p> <p>There were no further questions and the Board NOTED the contents of the latest report.</p>

172-17	<p>Emergency planning assurance</p> <p>JMT presented the Emergency planning assurance report. This detailed the results of the external assessment by the CCG and NHSE of the Trust’s preparedness against NHS EPRR core standards and provided assurance of the effectiveness of emergency planning and business continuity at QVH.</p> <p>It was noted that of the 66 core standards, QVH was compliant in 59 with seven standards rated as amber. This was an improvement on last year’s results, although the Trust’s compliance rating remains as Partial. JMT assured the Board that although there was work to be done, none of the areas rated as amber would impede our ability to respond to an incident or emergency.</p> <p>It was noted that as a small trust QVH does not have a dedicated emergency planning role, and that further consideration was needed on how to resource this work.</p> <p>There were no further questions and the Board NOTED the partial compliance rating and the contents of the report its appendices.</p>
<p>Key strategic objective 2: world class clinical services</p>	
173-17	<p>Board assurance framework</p> <p>EP reported that there had been no changes to the BAF risk rating since the last meeting.</p> <p>There were no further questions and the Board NOTED the contents of the report.</p>
174-17	<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"> • Routine data on transfers out, returns to theatre and unexpected readmissions to hospital within 30 days of discharge had shown that there were 8 patients transferred out unexpectedly from QVH in August. However, EP assured the Board that this figure was within the normal range; • This was the first report since our new policy ‘Responding to and Learning from Deaths’ had been published. Although the Trust only had a small number of deaths on site, for each death, QVH will contact the family, carers, and GP to ask if they have any concerns regarding care provided. Any concerns raised will prompt a Structured Judgement Review and ensure full duty of candour process is adhered to. <p>There were no further questions and the Board NOTED the contents of the update.</p>
175-17	<p>Paediatric inpatient burns services update</p> <p>EP presented a report to the Board regarding the Trust’s current paediatric inpatient service, its risks and current and planned mitigation.</p> <p>EP described the background leading to the current position. In 2013, following a revision of National Burns Care standards a number of significant gaps against the specification had been identified. Although services at the Trust were deemed to be safe, (with agreed derogation against certain standards) the significant infrastructure changes required were not practical for QVH alone, and in 2014 NHS England had asked QVH to consider an alternative service model, working with partners to ensure future compliance.</p> <p>In March 2016, a Strategic Outline Case (SOC) for the development of Paediatric Burns and Lower Limb Trauma care was developed between QVH and Brighton and Sussex University Hospitals (BSUH). The original plan was for services to be fully implemented by February 2017. However, the funding gap was estimated to be c£876,000; when a request for assistance from NHS England was declined, progress ceased and the momentum was lost.</p>

	<p>EP then went on to describe the options considered by QVH and the London and South East Burns Network in the intervening years, but the current clinical partnerships between QVH and BSUH showed that a shared, dual site service option remained the most clinically relevant solution. To this end a Memorandum of Understanding (MoU) had now been signed by both boards proposing clinical partnerships. It was recognised that paediatric burns care was the most urgent. It was also noted that the MOU aligned to STP collaboration across acute specialties.</p> <p>EP set out the risks and mitigations in place to support current service provision, and assured the Board that the Trust continued to operate a safe, effective service. In order to progress the MOU, the following was required:</p> <ul style="list-style-type: none"> • A paediatric burns work stream, (managed by a jointly appointed project manager) should be developed as a matter of urgency; • QVH currently employed five of the six consultant posts needed for a sustainable on call rota for plastics at the BSUH major trauma centre. It was hoped there would be financial support for the additional post; • There was a requirement for a transfer of nursing skills in burns care; this remained a challenge in view of the current recruitment issues, but it was hoped this was achievable through increased collaboration in the STP and MoU. JMT stated that she was currently liaising with her counterpart at the Royal Alexandra Children’s Hospital (RCAH) and had been assured by the level of enthusiasm for this proposal; <p>The Board went on to consider the impact of this report, noting the following:</p> <ul style="list-style-type: none"> • Satisfaction that the MoU had now been agreed by both boards. SJ remarked that the CEO of Western and BSUH was keen to progress, and he was optimistic of a positive outcome; • That if the clinically appropriate number of consultants was agreed to be six, then the Board should support this additional post; • The adult burns service was also included in the overall MoU. . <p>There were no further comments and the Chair thanked EP for his comprehensive update which was NOTED by the Board.</p>
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Key strategic objectives 3 and 4: operational excellence and financial sustainability	
176-17	<p>Board assurance framework The Board NOTED the content of the BAF reports for KSO3 and KSO4.</p>
177-17	<p>Financial and operational performance assurance report JT provided an update of the recent meeting which had taken place. There were no questions or comments and the Board NOTED the contents of the assurance report.</p>
178-17	<p>Operational performance The report was taken as read, and SLJ stated that she would provide a summary of service improvement at the next meeting. In the meantime, she asked the Board to note that:</p> <ul style="list-style-type: none"> • A series of clinics and theatres ‘Super Saturdays’ would be operating on ten Saturdays from November through to February to ensure the timely treatment of patients. In some cases both the appointment and procedure could take place on the same day. • An update on the backlog at Medway and the efforts to improve capacity through implementing transformational change. SJ reported that NHSI had brokered a meeting between Medway and QVH, and the agenda would include discussion on the most appropriate allocation of breaches. It was noted that whilst there was money available for improvements, a different approach was now required, which would focus on service improvement.

	There were no further questions and the Board NOTED the contents of the update.
179-17	<p>Financial performance</p> <p>JMc presented the latest financial update. The Trust reported a £1,097k surplus at Month 6 and had met its NHSI control total. However, the Trust had benefitted from a non-recurrent VAT gain of £377k. Had this not been available, then we would not have received the Q2 Sustainable Transformation Funding (STF) of £188k. This would have resulted in an underlying surplus of only £532k, and the Trust would have missed its NHSI control total by £565k.</p> <p>The underlying issues had been swiftly identified in the first six months of the year, and underperformance of income had been partially offset by underspend in pay and non-pay. However, JMC warned that the Qs 3 and 4 were likely to be the most challenging that the organisation had faced. Our usual strategy to increase activity was less likely to be successful than in previous years and a radical change in approach was now required. The position was being closely monitored through the Finance and performance committee.</p> <p>GC sought clarification regarding the agency ceiling analysis which showed a variance above the Trust's agency cap. JMc explained the recruitment and retention strategy included a focus on bank rather than agency staff, and corporate agency contracts had been moved across to the Trust bank. Whilst we would continue to breach the cap for the remainder of the year, this had not impacted on our ability to achieve the STF, and we should reach our control total without financial penalty.</p> <p>JT highlighted the issue of income this year; costs were now being closely controlled so falls in income would have a significant impact on surplus. It was important to maintain pressure to improve income in the second half of the year.</p> <p>There were no further questions and the Board NOTED the contents of the update.</p>
Key strategic objectives 5: organisational excellence	
180-17	<p>Board assurance framework</p> <p>There were no questions or comments on the KSO5 BAF update and the Board NOTED the contents of the report.</p>
181-17	<p>Workforce monthly report</p> <p>As requested at the previous Board meeting, GO's report focused predominantly on updates relating to the recruitment and retention programme. Highlights included:</p> <ul style="list-style-type: none"> • Following on from item 179-17, GO remarked that bank utilisation remained much higher than the previous financial year, with demand highest in specialist nursing clinical areas such as Theatres and Critical Care due to national staff shortages. However, agency usage within corporate and operational management areas was also increasing in order to cover vacancies on medium term placements. • Early indications showed that the recently introduced TRAC recruitment system was proving successful. The timescale from going out to recruit, to new employee actual start date had reduced from 99 days last year to 38 this year. More detailed analysis, including the associated costs savings, would be presented to the Board at a future date. • Mandatory and statutory training (MAST) rates were around 90% which was a significant achievement given the vacancy rates, particularly within theatres; • The appraisal rate was in reality still ahead. However reports showed a slight decline which had been as a result of due to the reporting deadlines; • The 2nd Quarter Staff Friends and Family Test (SFFT) test showed a marked improvement in staff recommending QVH as a place to work. Reminders were going out shortly regarding the deadline for

	<p>return of staff surveys.</p> <ul style="list-style-type: none"> • An external agency had now been appointed to support QVH on a recruitment campaign involving social media. The campaign will launch in early January after a staff engagement exercise and will focus initially on theatre and critical care staff; • An experienced nurse has been appointed as the Nurse Workforce Lead. This role will specifically support nurse retention aspects of the plan, including bank promotion, rostering practices, induction, policies and career pathways • The staff relocation policy had been re-written to now also include B6 clinical staff; • The Deputy Director of Nursing and Deputy Director of Human Resources were reviewing current bank staff bandings to address any anomalies and ensure consistency; • GO is the executive sponsor of the STP temporary staffing project which is supporting collaborative working across Trusts including reviewing consistent payments, reduction in agency spend options for collaborative banks with a view to reducing costs and improve efficiency. • On behalf on the East Surrey and Sussex STP, GO had prepared a Workforce Statement of Intent covering such areas as leadership and talent, apprentice levy, and wellbeing. This had been agreed by the Local Workforce Action Board (LWAB) and demonstrated additional evidence in respect of collaboration. <p>There were no further questions and the Board received and NOTED the contents of the latest report.</p>
<p>Board governance</p>	
<p>182-17</p>	<p>Annual report on use of Trust seal</p> <p>The Trust NOTED the contents of the annual report on the use of the Trust seal (as required under S10 of its standing orders).</p> <p>There were no further questions or comments.</p>
<p>183-17</p>	<p>Annual review on co-operation with third parties</p> <p>As required under the FT Code of Governance, the Board considered a report on the effectiveness of the Trust's co-operation with relevant third parties.</p> <p>The Board noted that due to current Strategic Transformation Partnerships (STPs) and collaborative working, the regulation pertaining to this report was less relevant now than when FTs were first established. The Board acknowledged that co-operation and collaboration was crucial to the organisation's sustainability and noted key developments over the last twelve months. KG asked that the Chair be commended in particular for her work chairing the local STP oversight meeting.</p> <p>The Chair thanked CP for her update and the Board NOTED assurance of this report regarding the continued effectiveness of the Trust's co-operation with relevant third parties.</p>
<p>184-17</p>	<p>Audit committee</p> <p>The Board NOTED the contents of the Audit committee assurance report and sought additional clarification in respect of the current status of the internal audit contract. KG confirmed that the committee had agreed to extend this for 12 months from 31 March 2018. This had been subject to the outcome of discussions between the chair, the Acting Director of Finance and Mazars regarding the audit plan and audit committee reporting. Anecdotal evidence suggested there had been an improvement in performance, and despite some management reservations, data also showed that Mazars were performing well. JMc suggested gaining a collective view regarding the number of days required in the contract, which would better inform future tenders.</p>

	KG expressed concern that whilst internal audit reports highlighted issues of concern, there was little contained around assurance.
185-17	QVH Charity The Board NOTED the contents of the latest Charity assurance report. GN advised that since submitting his report, a new Head of Fundraising and Volunteers had been appointed and would join the Trust at the end of November.
Any other business	
186-17	JMT tabled the new laminated 'Safeguarding' cards which had recently been introduced around the Trust.
Observations and feedback	
187-17	Questions from members of the public There were none and the Chair closed the public session of the Board at 12:50.

Chair

Date