

Document: Minutes FINAL & APPROVED																							
Meeting:	Board of Directors (session in public) Thursday 9 January 2020, 10:00 – 13:00, Education Centre, QVH site																						
Present:	<table border="1"> <tr><td>Beryl Hobson (BH)</td><td>Trust Chair (voting)</td></tr> <tr><td>Keith Altman (KA)</td><td>Medical director (voting)</td></tr> <tr><td>Paul Dillon-Robinson (PD-R)</td><td>Non-executive director (voting)</td></tr> <tr><td>Kevin Gould (KG)</td><td>Non-executive director (voting)</td></tr> <tr><td>Steve Jenkin (SJ)</td><td>Chief executive (voting)</td></tr> <tr><td>Abigail Jago (AJ)</td><td>Director of operations (non-voting)</td></tr> <tr><td>Michelle Miles (MM)</td><td>Director of finance (voting)</td></tr> <tr><td>Gary Needle (GN)</td><td>Non-executive director (voting)</td></tr> <tr><td>Karen Norman (KN)</td><td>Non-executive director (voting)</td></tr> <tr><td>Geraldine Opreshko (GO)</td><td>Director of workforce and OD (non-voting)</td></tr> <tr><td>Clare Pirie (CP)</td><td>Director of communications and corporate affairs (non-voting)</td></tr> </table>	Beryl Hobson (BH)	Trust Chair (voting)	Keith Altman (KA)	Medical director (voting)	Paul Dillon-Robinson (PD-R)	Non-executive director (voting)	Kevin Gould (KG)	Non-executive director (voting)	Steve Jenkin (SJ)	Chief executive (voting)	Abigail Jago (AJ)	Director of operations (non-voting)	Michelle Miles (MM)	Director of finance (voting)	Gary Needle (GN)	Non-executive director (voting)	Karen Norman (KN)	Non-executive director (voting)	Geraldine Opreshko (GO)	Director of workforce and OD (non-voting)	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
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In attendance:	<table border="1"> <tr><td>Hilary Saunders (HS)</td><td>Deputy company secretary (minutes)</td></tr> <tr><td>Nicky Reeves (NR)</td><td>Deputy director of nursing</td></tr> <tr><td>Peter Shore (PS)</td><td>Lead governor</td></tr> </table>	Hilary Saunders (HS)	Deputy company secretary (minutes)	Nicky Reeves (NR)	Deputy director of nursing	Peter Shore (PS)	Lead governor																
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Apologies:	Jo Thomas (JMT) Director of Nursing																						
Public gallery:	One member of the Council of Governors																						
Standing items																							
01-20	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting and welcomed the member of the public. Apologies were noted as above. There were no new declarations of interest.</p>																						
02-20	<p>Patient story</p> <p>Although a patient had been due to present to the Board this month, the Patient experience manager had been unable to contact her during the Christmas break, and so this story would be scheduled for a later date.</p> <p>The Director of operations also reported that following the November meeting at which a patient treated for hand trauma had expressed concerns regarding poor communication and delays throughout treatment, a strategic priority under consideration for the 2020/21 Quality report was a review of the hand trauma pathways.</p> <p>There were no further questions and the Board noted the contents of the update.</p>																						
03-20	<p>Draft minutes of the meeting held in public on 07 November 2019</p> <p>The draft minutes of the meeting held on 7 November were approved as an accurate record, subject to the following amendments:</p> <ul style="list-style-type: none"> • 180-19 would include additional clarification to indicate that cases within theatres related to activity on the QVH site only. • 180-19 would be expanded to reflect that whilst MM had reported the Trust to be broadly on track to achieve income YTD, the plan was set to increase in the final 6 months of the year, which was a risk. • 184-19 to be amended to read that this was the first year that the Workforce Disability Equality Standard (WDES) has been included in the report 																						
04-20	<p>Matters arising and actions pending</p> <p>The Board received the latest version of the matters arising and actions pending.</p>																						
05-20	<p>Chair's report</p> <p>The Board received the Chair's report. As an aside, BH noted that of the original members of the Guinea Pigs Club' only nine now remained, (with six in the UK).</p>																						

	<p>There were no further questions and the Board noted the contents of the update.</p>
<p>06-20</p>	<p>Chief executive's report</p> <p>SJ began by directing the Board to the contents of the overall Board Assurance Framework (BAF) reminding members that this was regularly reviewed by the executive management team and the hospital management. Some changes had been made to individual KSO scores, the specific detail of which would be provided by the respective director later in the meeting.</p> <p>Highlights of the CEO report included:</p> <ul style="list-style-type: none"> • The outcome of the Care Quality Commission (CQC) 2018 Children and Young People's Patient Experience Survey, where QVH was the only trust to be rated much better than expected. This was a testament to the hard work of the teams involved and mirrored the results of the recent adult inpatient survey. • An update on partnership working with Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospital Trust. Feedback following the recent series of chief executive staff briefings had been positive with the majority of staff understanding the rationale and appreciating the openness. • A summary of the three bills introduced recently in the Queen's speech, which directly related to health and social care. SJ also noted that 2020 had been designated the year of the nurse and midwife; this would be an opportunity to raise the profile of the important work undertaken at the Trust and a number of events were planned to celebrate this. • The latest version of the integrated performance dashboard presented for information. • A summary of media coverage, with QVH again making the front page of the local paper with some good news stories. <p>The Board discussed the response to the release of the recent joint press statement with BSUH/Western. This had reported that the three trusts were starting work on jointly assessing potential benefits, opportunities and risks associated with furthering collaboration on a 'hospital group'. Stakeholders, including governors, had been contacted directly and there now appeared to be a good level of understanding. The Chair and CEO would be meeting with the local MP shortly and a full briefing session with governors was scheduled for next week.</p> <p>The Board endorsed the hard work that had resulted in positive outcome of the Children and Young People's Patient Experience Survey; however, it noted that choice of food had again been highlighted as a concern and it was important not to lose sight of this.</p> <p>The Chair welcomed the year of the nurse and midwife, and asked all Board members to be given an opportunity to participate in events to celebrate this.</p> <p>The Chair also reminded the Board that the Charity committee had expressed concern at the diminishing funds and urged board members to use their influence to improve current fundraising potential.</p> <p>The Board commended the presentation of the dashboard, which was directly correlating with issues raised under KSOs 3 and 4 (operational excellence and financial sustainability).</p> <p>The Board sought and received clarification as to 'other' categories of activity, which were shown as significantly below plan.</p> <p>There were no further questions and the Board noted the contents of the update.</p>

Key strategic objectives 1 and 2: outstanding patient experience and world class clinical services

<p>07-20</p>	<p>Board Assurance Framework</p> <p>KSO1: NR noted that scores remained the same, with international recruitment going well and a good level of patient experience maintained.</p> <p>KSO2: KA highlighted changes to the BAF since the last board meeting. These included:</p> <ul style="list-style-type: none"> • Risks around compliance with 7-day services standards, as highlighted at the previous Board meeting • The Trust was shortly to make a joint sleep/respiratory physician appointment; this would be a useful appointment; in addition to Sleep, it would be beneficial to have a consultant physician on wards available for plastics and maxfac patients. • The Trust was hoping to interview, via Skype, a consultant histopathologist candidate later this week. • Risks around radiology medical staffing, reflecting the current national position. The Board discussed briefly options for addressing these and noted that whilst succession planning had been in place, the appointed candidate withdrew at short notice. The Board was reminded that, in addition to radiology, there were a number of areas with small teams which could quickly lose resilience should circumstances change. Whilst the Trust worked hard to fill gaps, evidenced by high agency bills, it had to balance this against the current deficit. Should the position change and the Trust be successful in securing funding for an MRI scanner, SJ agreed this would be reviewed. SJ noted that one of the themes to be raised at the forthcoming meeting with the new MP for Mid Sussex would be the Trust's failed bid for the Prime Minister's scanner money last October and the case for a full time MRI scanner, which would support QVH in collaborative partnership working and existing diagnostic pathways to improve outcomes. In the meantime, the Board expressed its thanks to Ian Francis for the additional workload he was undertaking during this time. <p>There were no further questions and the Board noted the contents of the update.</p>
<p>08-20</p>	<p>Quality and governance assurance</p> <p>The Board received an assurance report from KN, who drew particular attention to findings of a Formal Internal Investigation and a Serious Incident Investigation; the Board was invited to raise any specific questions to these reports under part 2.</p> <p>The Board sought assurance as to the increase in reporting, as highlighted in the current risk exception report. The Quality and governance committee (Q&GC) had also considered data interpretation and difficulties in identifying its significance. KN had recently attended a conference on statistical control process, and the speaker had agreed to attend the Board seminar in April. It was suggested that the increase in reporting reflected increased awareness, driven by teams and professional bodies, and management assured the Board of the transparency around reporting and the scrutinising of action plans following lessons learned.</p> <p>The Board considered the Committee's request to amend the Guardian of Safe Working (GoSW) reporting frequency; this would in future be delivered bi-annually, to align to the reporting cycle. KA agreed to confirm dates so that these could be built into the Board's work programme. [Action: KA]</p> <p>There were no further questions and the Board noted the contents of the update, and approved the request to amend GOSW reporting frequency to bi-annually.</p>
<p>09-20</p>	<p>Corporate risk register (CRR)</p>

	<p>The Board received the latest corporate risk register, noting one new risk relating to inadequate consultant radiologist cover, and two rescored risks relating to pharmacy services and RTT delivery and performance.</p> <p>The Board commended the good level of assurance and high quality of the risk team.</p>
<p>10-20</p>	<p>Quality and safety report</p> <p>NR presented the latest Quality and safety report, highlighting in particular:</p> <ul style="list-style-type: none"> • Sustained performance in the 2018 Children and Young People’s patient experience survey • Additional nursing workforce metrics, now incorporating theatres and trauma • The Head of Risk & Patient Safety meets monthly with the CCG to discuss the clinical harm review outcomes; to date, 597 reviews have been undertaken, with only one patient currently under surveillance. • Eight complaints had been recorded in November, five of which related to communication. The Patient experience manager was working to see how to address this particular area. <p>NR advised that flu percentage uptake currently stood at 59.8%. Whilst there had been a positive uptake in nursing, the Board discussed at length why there appeared to be a lack of medical engagement, despite clear messaging throughout the Trust. The idea of applying sanctions to increase uptake was dismissed. The consensus was to continue administering the vaccine in a variety of ways, whilst continuing with the high profile campaigning. The deadline for uptake was March and there was still time for staff to either have the vaccine, or opt out.</p> <p>There was a further discussion as to whether this was a cultural, rather than logistical, issue as non-compliance was also evident in areas such as hand hygiene and wearing of lanyards, despite clear guidance to the contrary.</p> <p>In the meantime, KA agreed to raise the matter at the next consultants’ meeting and apprise the Board of the response [Action: KA]. NR offered to undertake further analysis on reasons for opt-out; this would also be reported back to the Board [Action: JMT]</p> <p>The Board commended new formatting of nursing metrics. Additional areas where assurance was provided included:</p> <ul style="list-style-type: none"> • Assurance as to why the rate of falls had increased on Margaret Duncombe ward. Q&GC had highlighted the same concerns and whilst the significance was not clear, the Board would receive feedback at its next meeting as to whether fall patients had been appropriately supervised. • In September, new dental core trainees had rated their three-day induction as excellent and assurance was sought as to the evaluation process. GO confirmed that this was carefully monitored as it was key to delivery of the GMC action plan. • Despite an increase in reporting of medication errors, SJ reported that the Chief Pharmacist had no particular concerns in this area and felt assured this was largely because of heightened awareness and transparency. <p>The Board was gratified that KSS Dental Deanery had agreed to fund the installation of a Dental Skills Lab at QVH; this would be used by KSS Dental Foundation trainees but could also be utilised by our own staff.</p> <p>The Board was reminded that in November it received an update on adult burns in the closed session, as the meeting had taken place during the pre-election period. For the record, KA reminded the Board of the adult burns active programme of work, noting that one potential option would be for the service to move to Brighton dependant on Phase 1 of 3Ts. A further report would follow in March [Action: KA]</p>

	There were no further questions and the Board noted the contents of the update.
11-20	<p>EPRR core standards and statement of readiness</p> <p>The Board received a report on the results of the external assessment by the CCG and NHSE of our preparedness against the common NHS Emergency, Preparedness, Resilience and Response (EPRR) Core Standards.</p> <p>NR highlighted the key issue, which was the disparity between the CCG which had assessed QVH as having substantial assurance, and NHSE which had assessed QVH as only partial.</p> <p>NR was currently awaiting confirmation from NHSE and CCG on the discrepancies so that actions could be agreed to address this. As an aside, the Board also noted the core standard figures in one of the tables were incorrect, which NR agreed to investigate and an update will be provided in March. [Action: JMT]</p>
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
12-20	<p>Board assurance framework</p> <p>KSO3: Considerable progress had been made over the last 12 months, and following discussion at F&PC, the current risk rating had been reduced. There were no further changes but AJ highlighted the vacancy for the post of access and performance manager.</p> <p>KSO4: MM asked the Board to note that certain gaps in controls had been removed as ESR could now be reconciled with the ledger, finance training was embedded, and enhanced pay and establishment controls were fully implemented.</p> <p>There were no further comments and the Board noted the contents of the latest update.</p>
13-20	<p>Financial, operational and workforce performance assurance</p> <p>The Board received a report from the Chair of the finance and performance committee following the last meeting. In particular, he drew the Board's attention to:</p> <ul style="list-style-type: none"> • Continue improvement in workforce, particularly recruitment. • Operational performance, which showed improvement in many areas, but still behind trajectory on some areas; principally due to patient choice. • Focus continued to be on Finance this month with the Committee keen to understand how much of the variance from plan was due to incorrect planning assumptions at the start of the year, or unexpected variants during the year. MM reminded the Board that all activity plans had been signed off by the relevant manager. Looking to the future, concern remained whether the Trust could continue to deliver activity knowing the constraints. The Committee had requested additional analysis with regard to casemix and volume. • Cost improvement plans continued to be reviewed and it was likely the Trust would be short of the target by £600k, which would have a significant impact on our financial position. <p>The Board noted the contents of the update.</p>
14-20	<p>Operational performance</p> <p>AJ presented the latest operational performance report. Whilst activity reporting had previously been part of the finance report, it would in future be included in the operational report. Highlights of today's report included:</p> <ul style="list-style-type: none"> • The 52-week trajectory had been revised following discussions with commissioners and regulators; the Trust was still on track to deliver, but this was not entirely without risk. • An update on the new 28-day Faster Diagnosis Standard which comes into effect in April; the Trust was making good progress, with shadow reporting showing performance of 84.4% against the 85% target.

	<ul style="list-style-type: none"> • Staffing had improved but there were still material gaps in key areas. • Despite a fragile service, Sleep was currently managing to deliver the activity plan. • The plastic service continued to underperform. The Trust had been unable to recruit to the locum breast post and the situation had been exacerbated by maternity and parental leave within the service. • The Board sought additional information concerning the impact of the pension tax issue. Whilst the Government had agreed a solution with the NHS for this year, doctors were sceptical around any binding legal agreement. Although the Trust had made direct assurances to Consultants affected, most had decided to take time out, which had affected waiting lists and was one of the reasons why the Trust was not meeting the activity plan. The Board asked how this level of lost activity could be attributed to the pension position. CCGs have also asked QVH to quantify the challenge, and AJ concurred that an informed estimate of what was under our control, or otherwise, would be helpful. She reminded the Board that there were many factors responsible for longer waiting times, including rising demand, workforce shortages and staff sickness, but the pension tax issue was certainly playing a role. • Strategic work on reviewing priorities and care pathways continued. • The gap in clinical fellows had severely affected activity in April, and additional sessions were being scheduled in order to catch up. • Two-week activity meetings continued, where an understanding as to case mix changes could be identified early on. • Trust continued to mobilise as much activity as possible but this was difficult due to the challenges already outlined. SJ reminded the Board that most trusts were seeing an increase in waiting lists, whilst QVH has seen a 30% decrease this year. He also noted that although QVH was still identified as an outlier, there is a recognition from the regulator that we are had a good operational grip and were doing everything possible under the circumstances. <p>There were no further comments and the Board noted the contents of the update.</p>
<p>15-20</p>	<p>Financial performance</p> <p>The Board received the latest report on financial performance. MM noted a significant deterioration in coded income, whilst the Trust was still managing the impact of the coding backlog. For this reason, it would not be possible to consider a reforecast today and a discussion would be postponed until w/c 20 January. In the meantime, MM assured the Board that plans were in place to outsource provision for coding. Other highlights of the report included:</p> <ul style="list-style-type: none"> • Income was under plan by £1.3m, £700k of which was non-PbR, in effect equating to £2m income activity behind plan. • The Trust is currently £600k behind on delivery of CIPP. A reminder that phasing of unidentified CIPP for the rest of the financial year presents a substantial increase to the target. • The Trust was broadly on plan to achieve the capital plan. <p>The Board expressed limited assurance on coding and a genuine concern as to the accuracy of activity. MM felt the situation was improving, but due to the unique nature of QVH, concerns remained that outsourcing might not provide robust data.</p> <p>The Board reviewed the capital programme. Due to constraints on funding, it was hoped that the League of Friends might provide financial support to address some of air handling and air conditioning issues. It was also noted that there had been considerable improvement in the delivery of the capital programme in 2019/20 compared to recent years. Whilst this year's programme was smaller, the Estates teams had worked hard to deliver on time and on budget.</p>

	<p>The cost improvement plan indicated that the Trust would be short of the target by £600k; this directly correlated to income surrendered for procurement savings. The Board again expressed disappointment with regard to the lack of central support, despite this being a condition upon which the revised operating plan had been agreed. It was agreed that a non-traditional approach to CIPs should be considered in the future.</p> <p>The Board discussed the service line report (SLR), developed in recent months and noted the importance of identifying those services, which provided a contribution. It was felt that commissioners were starting to have a better understanding of services provided by QVH, with Kent in particular aware of the need to work with the Trust to support patients in its own area. The SLR was also crucial to inform the partnership working with Western and BSUH.</p> <p>The Board was aware that NHSI/E's financial trajectories for 2020/21 to 2023/24 had not reflected the Trust's current position; this in turn had adversely affected our access to financial recovery funds. Following an exchange of correspondence between the Trust Chair and the South East regional director with regard to this inequality, this matter would be included as part of the broader strategic partnership discussions scheduled later this month.</p> <p>There were no further comments and the Board noted the contents of the latest update.</p>
<p>Key strategic objective 5: organisational excellence</p>	
<p>16-20</p>	<p>Board assurance framework</p> <p>GO reminded the Board that following review by EMT and F&PC, both the current risk rating and the risk appetite had now been reduced. The Board queried whether this was consistent with other BAFs and asked for this to be further reviewed by EMT. [Action: GO]</p> <p>There were no further comments and the Board noted the contents of the latest update.</p>
<p>17-20</p>	<p>Workforce monthly report</p> <p>GO presented the latest workforce report asking the Board to note in particular:</p> <ul style="list-style-type: none"> • Improvements in a number of workforce metrics over the last 12 months with performance remaining stable in most areas. The vacancy rate in November was now 10.89%, with rolling turnover the lowest compared to November 2018. This was a credit to operational teams and business managers. There was a slight increase in the rate of sickness absence, but in line with what would be expected seasonally. Managers are encouraged not to use the category 'unknown' for sickness. The team was also reviewing trends around medical sickness, which had challenges within activity. • Our overseas nursing partnership has had a positive impact, resulting in some staffing areas being removed from the risk register. Whilst mindful of natural turnover, the Trust was likely to continue with the Yeovil partnership given the high quality of service. • There had been a significant reduction in the numbers of temporary staff although this would not be reflected in our finances due to the high cost of medical locum staff. <p>The Board commended GO on the success of the international recruitment programme, noting both the high quality and successful integration of staff and asked that thanks be conveyed to the Deputy director of workforce and the team. There was a short discussion as to whether international recruitment could be adopted for medical staff but GO explained some of the significant challenges this would create, including high costs.</p> <p>The Board had a short discussion around the results of the internal audit into rostering and workforce planning which was subject to considerable scrutiny at the Audit committee. GO concurred that annual leave was currently better managed within nursing than medical, mainly because the software had been in use for longer and was better embedded. The</p>

	<p>Trust's recent focus had been on job planning; it would not have been possible to address issues with annual leave until this had been completed, but was now an area of major focus.</p> <p>There were no further comments and the Board noted the contents of the update.</p>
Governance	
18-20	<p>Audit committee update</p> <p>KG presented his assurance report following the December audit committee, highlighting the following:</p> <ul style="list-style-type: none"> • The Committee had received the latest external audit plan for 2019/20 noting that it had not been possible to move the interim audit to December 2019. This would now take place in February 2020. A discussion had taken place around key risks identified, including valuation on land and buildings. • The internal audit into financial management had shown only partial assurance with one high priority action; however, the Board was assured that this was technical relating to the financial position, rather than process. • The Committee, together with the Deputy director of workforce and the medical director, had reviewed the internal audit into rostering and workforce planning (noting again this had received only partial assurance, with seven high priority actions). • Assurance had been provided in respect of the Trust's management of conflicts of interest and of the effectiveness of processes. <p>There were no further comments and the Board noted the comments of the report.</p>
Any other business (by application to the Chair)	
19-20	None
Questions from members of the public	
20-20	None

SIGNED:
Beryl Hobson, Trust Chair

Date: 5 March 2020