Document:	**Minutes FINAL & APPROVED**	
Meeting:	**Board of Directors (session in public)** **28 November 2013, 13:00 – 16:00, Council Chamber, East Court, College Lane, East Grinstead, West Sussex RH19 3LT**	
	Jeremy Beech (JB)	Acting Chair, Non-Executive Director and SID
	Shena Winning (SW)	Non-Executive Director
	Ginny Colwell (GC)	Non-Executive Director
	Lester Porter (LP)	Non-Executive Director
	Neil Hayward (NH)	Non-Executive Director
	John Thornton (JT)	Non-Executive Director
	Richard Tyler (RT)	Chief Executive
	Steve Fenlon (SF)	Medical Director
	Richard Hathaway (RH)	Director of Finance & Commerce
	Amanda Parker (AP)	Director of Nursing & Quality
	Kathleen Dalby (KD)	Company Secretary & Head of Corporate Affairs
In attendance	Hilary Saunders (HS)	Deputy Company Secretary (minutes)
	Brian Goode (BG)	Governor Representative
	Graeme Armitage (GA)	Head of HR & Workforce Development
	Heather Bunce (HB)	Programme Director (items 252-13 & 253-13]
Apologies:	Peter Griffiths (PAG)	Chairman
Public gallery:	2 members of the public, including one public governor	

WELCOME

239-13 **Welcome, apologies and declarations of interest**

JB welcomed everyone, in particular Neil Hayward and John Thornton who were attending their meeting since being appointed as NEDs in October.

Apologies had been received from Peter Griffiths.

GC reminded the meeting that she was also a NED for Central Surrey Health who had also expressed an interest in the MSK contract, and therefore declared a conflict of interest.

In order to mitigate potential conflicts of interest, SW announced that she had recently been appointed as a NED for Medway NHS Foundation Trust.

STANDING ITEMS

240-13 **Draft minutes of the meeting session held in public on 31 October 2013 (for approval)**

In respect of 216-13, JB asked the minute to be amended to 'Corporate Assurance Risk framework' removing the word 'full'. Subject to this amendment, the minutes were **APPROVED** as a correct record of the meeting.

241-13 **Summary of the workshop session held in private on 26 September 2013**

JB summarised the content of the workshop held on 26 September at which the Chief Executive had presented his current assessment of QVH, and his vision of excellence for the trust in 2020.

The board **NOTED** the update

242-13 **Matters Arising & Actions Pending**

	The rolling action list was updated; it was agreed that 'Completed' items outstanding for more than one month would be removed. The board **NOTED** the contents of the update
243-13	**Update from the Chief Executive** RT reported on the recent launch of QVH 2020. He also updated the board on the recent Wellbeing day, which was well attended by staff. The board **NOTED** the contents of the update
244-13	**Update from the Medical Director** SF asked the board to note the following: Work was continuing to improve consent targets, however, time was required to ensure validity of data Development of Outcome metrics was progressing well and would be discussed at the forthcoming Clinical Cabinet. A potential appointment had been identified for the proposed R & D secondment; however, detailed arrangements were still to be finalised. Education & training strategy was now discussed at the Clinical Cabinet and changes to the induction programme were being introduced. The trust had recent appointed a new Ocuplastics consultant. The board **NOTED** the contents of the update
SAFETY & QUALITY	
245-13	**Quality & Risk Exception Report: October 2013 (monthly update)** AP presented an exception report in respect of Quality and Risk which highlighted the following: • A serious incident had been declared following further transmission of multi drug resistant Acinetobacter between patients; it was noted that once in the environment, this is difficult to eradicate. • This month, a total of seven staff had been involved in incidents causing them harm; however, no trend has been identified; • Mandatory training: the focus remained on ensuring that the trust achieves a consistent target of above 80%. NH queried the statistics and was updated by GA regarding the background to the issues which the trust was trying to address • Medication prescribing incidents were above the monthly average; however, all had been identified prior to medication being given to patients. • As requested at last month's board meeting, the potential loss of referrals due to commissioners developing a more centralised system had been added to the risk register; • In respect of patient complaints, it was agreed that data indicating whether complaints were subsequently upheld would be useful; • A low number of dementia patients (ie. one) within the trust had distorted data to present a misleading reading; SW asked if agreement had been reached in respect of the CQUIN payments; RH advised that whilst not in dispute, the trust was still awaiting confirmation.

	GC commended AP for the report but suggested external benchmarking could be incorporated in future reporting. BG asked for clarification regarding consent; SF advised that the current consent form allowed a surgeon to make a decision mid-procedure if required; however, it was agreed it might be helpful if the wording of the current consent form could be broadened. RH advised that the board papers were now circulated to Clinical Cabinet just prior to the board meeting to enable clinicians to focus on key areas. AP advised that efforts to resolve lack of on-site presence with Microbiologist were continuing. The board **NOTED** the contents of the update
246-13	**National cancer survey 2013: QVH results** AP advised that results had been reviewed at the Patient Experience Group and subsequent actions embedded into patient action plans; she did not believe there were any real surprises but asked the board to note that the survey reflects the patient cancer journey from start to finish; it would be more helpful if it were targeted at organisation rather than patient experience programme. NH suggested that as the survey was in the public domain, it would be beneficial to include QVH compare and contrast data running alongside the national cancer survey. The board **NOTED** the contents of the update
247-13	**Mid-Staffordshire NHS Foundation Trust public enquiry: QVH action plan (update)** AP reported that recommendations from the Cavendish, Keogh & Berwick reports had all been taken into consideration when developing this action plan. NH sought assurance that the action plan was reviewed at CEO level; AP confirmed that all reports were reviewed independently before being incorporated into the main plan. JB noted a danger that action plans could focus on recommendations and miss the essence of the reports. RT concurred but assured the meeting that he and the Chairman were debating this issue and intended to bring this to a future board seminar for consideration. The board **NOTED** the contents of the update
BUSINESS PERFORMANCE & DELIVERY	
248-13	**Workforce Performance Report: October 2013 (monthly update)** GA presented this month's workforce performance report highlighting the following: An increase in sickness with a resultant increase in bank usage; however reduction in agency usage which was well below levels shown last year. The sickness trend was rising due to higher incidences of stress and activity and the focus of the trust's Wellbeing & Culture group had been adapted to address these issues. GA asked the board to note that whilst this was a concern it was useful to note that of 19 organisations within Kent, Surrey and Sussex, only three had lower sickness rates than QVH. He also

	observed the importance of recognising anomalies, for example part of recent increase in bank activity and turnover was as a result of the C-Wing investigation. RT asked for a sense check ie identifying if the data reflect a small number of long term sickness episodes, or a large number of short-term incidences. Statutory & Mandatory Training: GA presented the national skills 'passport' which now presented statutory training data by directorate. (It was noted that figures for those already booked onto training had not been included in this month's data, which should in future improve the overall position) GA felt this report would enable attention to be directed towards non-compliant; however, he urged caution whilst mechanics for capturing data were still improving. NH asked how risks associated with non-compliance were captured; GA responded that these were considered at the Quality & Risk Committee and recorded on the trust risk register. AP highlighted some of the historical reasons for non-compliance but concurred that managers now needed to be more diligent, requiring a change in culture. RT stressed that the complexity of accurate reporting couldn't be underestimated and this should be the focus for the organisation. The board **NOTED** the contents of the report
249-13	**Operational Performance Report: October 2013 (monthly update)** RH reported that demand in the form of referrals had increased in October, remaining higher than in 2012-13 which was a good indicator of stable demand for the trust's services. The number of patients waiting for a new outpatient appointment decreased in October for the first time in 2013-14. Elective activity and income was slightly above plan in month, with the casemix for elective activity as expected. Regrettably, the trust had failed its 31 day cancer target in September. SW asked RH to confirm in which area the breach took place. RH agreed to investigate but noted this was a recurring problem due to late tertiary referrals and small numbers. **[Action: RH]** In addition, the trust had failed its C-Diff target (although there were no associated penalties in this instance). The board **NOTED** the contents of the report
250-13	**Financial Performance Report: October 2013 (monthly update)** RH reported that the financial position for month 7 was £2k below plan, at a surplus of £1,569k; he noted that actions to address recent underperformance were now starting to take effect and was hopeful the plan would be delivered at year end. RT requested further analysis on pay to resolve the anomalies between the finance and workforce reports.**[Action: RH]** SW raised the issue of legacy debt; RH suggested that whilst the associated risk was low, there was still a threat that this won't be resolved and summarised the escalation processes which had been followed to date. The board noted its concern regarding the current position. The board **NOTED** the contents of the report.

STRATEGY	
251-13	**Delivering Excellence: QVH 2020 (monthly update)** RT updated the meeting on the 2020 initiative which had been launched on 11 November. This comprised three board strands comprising Outstanding Patient Experience, World Class Clinical Services and Operational Excellence, headed up by AP, SF and JM respectively. Board members would be invited to attend a Clinical Cabinet meeting on 03 March 2014 to review the results to date. The board **NOTED** the contents of the update
252-13	**Site Redevelopment Programme: October 2013 (monthly update)** HB joined the meeting to present the monthly update. Whilst there was little to report, she reminded the board that Phase II theatres was still on track to be handed over to the QVH commissioning team on 17th February. The project was on budget with only £10k assigned against the risk register (as a result of lessons learned during Phase I). The board **NOTED** the contents of the update
253-13	**Capital Programme: October 2013 (monthly update)** HB reported that tenders had now been received for the combined Jubilee, Burns and Prosthetics project. In the meantime, she asked the board to note that heating failures in the Jubilee building were currently very difficult to manage operationally at present. RT advised had asked HB to develop the governance structure for Phase III of the site redevelopment. RH reported that changes to the business planning process meant that in future the senior management team and Clinical Cabinet would consider priorities for capital programme for the next year; a broader discussion around priorities would be undertaken by the board. HB asked the board to note that a recent KPMG audit had recommended a 3-year rolling capital programme in the future but this would be difficult to align to strategic priorities The board **NOTED** the contents of the update and HB left the meeting.
GOVERNOR REPRESENTATIVE & NON-EXECUTIVE DIRECTORS	
254-13	**Report from Governor Representative** BG asked if the trust could provide evidence of safe working at weekends; SF observed this would depend on how it could be measured but assured him that governance still applied at weekends. RT commented that whilst mindful QVH was not a DGH, (with less associated risks) it made definitions slightly more difficult; however, safe care model could be linked to eRostering which would provide the evidence assurance required. BG asked that a specific response be prepared for the forthcoming CoG who had been seeking assurance. **[Action: RT/???]**
255-13	**Observations from Chairman & Non-Executive Directors** SW & JT updated the board on the HFMA conference which they had recently attended. GA summarised the recent Sussex Leadership Awards summit which he had attended with RT and AP. LP reminded the board that he attended the FTN conference in October and would be

	circulating a paper produced by KPMG on different models of delivery care **[Action: LP]** The board **NOTED** the contents of the update.
ANY OTHER BUSINESS (BY APPLICATION TO THE CHAIRMAN)	
256-13	There was none.
QUESTIONS FROM OBSERVERS	
257-13	There were none The Chairman closed the meeting at 15:45

Chairman…… Date……