

Document:	Minutes FINAL & APPROVED	
Meeting:	Board of Directors (session in public) 22 August 2013, 10:00 – 12:30, Council Chamber, East Court, College Lane, East Grinstead, West Sussex RH19 3LT	
Present:	Peter Griffiths (PG)	Chairman
	Jeremy Beech (JB)	Non-Executive Director (Senior Independent Director)
	Lester Porter (LP)	Non-Executive Director
	Shena Winning (SW)	Non-Executive Director
	Stephen Fenlon (SF)	Medical Director
In attendance:	Hilary Saunders (HS)	Deputy Company Secretary (minutes)
	Heather Bunce (HB)	Programme Director
	Brian Goode (BG)	Governor Representative
	Bill Stronach (BS)	Deputy Director of Finance
	Ali Strowman (AS)	Deputy Director of Nursing
	Caroline Haynes (CH)	Deputy Head of Human Resources [item: 181-13]
Apologies:	Richard Tyler (RT)	Chief Executive
	Richard Hathaway (RH)	Director of Finance & Performance
	Amanda Parker (AP)	Director of Nursing & Quality
	Kathleen Dalby (KD)	Head of Corporate Affairs & Company Secretary
	Graeme Armitage (GA)	Head of HR & Workforce Performance
Public gallery:	1 member of the public	

WELCOME	
175-13	<p>Welcome, apologies and declarations of interest</p> <p>The chairman opened the public session of the meeting and welcomed new governor, Milton Chimonas who was in attendance.</p> <p>Apologies had been received from RT, RH, AP, KD and GA. The chairman advised the board that CH was attending for item 181-13 on behalf of GA.</p> <p>There were no declarations of interest.</p>
STANDING ITEMS	
176-13	<p>Draft minutes of the meeting session held in public on 25 July 2013 (for approval)</p> <p>The minutes of the meeting were AGREED as a correct record.</p>
177-13	<p>Matters arising and actions pending</p> <p>The board considered the schedule and NOTED completed actions, together with the timeframe for progressing open actions.</p>
178-13	<p>Update on behalf of the Chief Executive</p> <p>SF provided an update in RT's absence which included a reminder of the visit by the royal patron on 17th October, (information now in the public domain) and confirmation that the new theatres project was proceeding according to plan.</p> <p>RT wished to convey that he had now completed his review of trust strategy and would apprise the board of his initial thoughts at the meeting in September; He was also</p>

	reviewing the recently published Cavendish, Keogh and Berwick reports and formalising a plan to implement their recommendations.
179-13	<p>Update from the Medical Director</p> <p>In addition to items already discussed during the private session, (eg. elective consent levels), SF advised that he was working with RT in order to realise the implications of the Keogh report for the trust.</p>
SAFETY AND QUALITY	
180-13	<p>Quality and Risk exception report: July 2013 (monthly update)</p> <p>AS presented the Q & R exception report highlighting the following:</p> <ul style="list-style-type: none"> • Two pressure ulcers were noted to have developed as hospital acquired; she assured the board that theatres recognise the risk to patients particularly during long surgical procedures. • Medication prescribing errors had exceeded the average monthly number. The total number of cases was still very small and it was agreed by JB that it would be more productive to review these on an individual basis at the next Q & R meeting. [Action: AS/AP] • Staff mandatory training levels for risk management, health and safety had fallen below the target of 80%; focus was now on ensuring the trust achieves a consistent score of over 80%. • During July there had been no red rated incidents and 4 amber incidents; these would be followed up with final summaries provided to the board in September. [Action: AS/AP] • There were six complaints received from patients (or their relative) over the last month; AS summarised these briefly and reminded the board that these would be investigated and reviewed by the chief executive. Full responses, (signed by the chief executive), would be provided to the complainant upon completion of the investigation. • Quality Account priorities highlighted that there had been a reduction in consent taken prior to the day of surgery; results had been fed back to clinical leads to raise identified issues with their colleagues. • During recent months, concern had been raised nationally regarding the interpretation and use of the Liverpool Care Pathway. However audits demonstrated that this was used appropriately at QVH and always with the consent of family members. An update would also be provided to the council of governors at its meeting in September. • Acuity study; as recommended by the Francis report an audit was undertaken in June of the acuity of patients receiving care compared with the staff available to deliver it. This indicated that our current nursing resource was sufficient for the patients we provide care for. <p>JB raised concerns in respect of the Quality Account Q1 update which didn't provide clear evidence on what progress was being made, in particular to consultant outcome measures. After protracted debate regarding various aspects of the report, the chairman observed that the commentary seemed to suggest that even this early on in the year, the trust was conceding some aspects of its plans and commitments would not be met. He therefore proposed that he and RT should meet with JB, AP and SF to follow up on the Quality Account and consultant engagement issues. [Action: RT/PAG]</p>

BUSINESS PERFORMANCE AND DELIVERY	
181-13	<p>Workforce performance report: August 2013 (monthly update)</p> <p>CH joined the meeting to present key points of the workforce performance report as follows:</p> <ul style="list-style-type: none"> • Turnover for July remained low at 1.1%. This figure was representative of the trust's overall position with regards to leaves and joiners; however, it did not fully reflect the turnover in some areas of the trust. LP reminded the meeting that he believed this data to be inaccurate and had previously requested this be reviewed. CH confirmed this would be addressed in time for the next meeting. [Action: GA/CH]. • The vacancy rate was high due to staff leaving and to recruitment of additional staff for opening of new theatres. • Bank and agency usage had increased again; CH was optimistic that this would be better monitored following implementation of the e-Rostering system. The Chairman concurred that whilst bank and agency usage provided flexibility within, (for example), Burns, the trust should be alerted to departments persistently using agency staff ; he stressed this information should be available, regardless of e-Rostering and asked that, a proposal of how this should be managed going forward be presented at the next meeting. [Action: GA/CH] SW noted that a preponderance of term-time only contracts was creating further difficulties; CH recognised this was an issue but was difficult to address. It was agreed that policies should be developed to balance the needs of the individual against the needs of the service. • Staff absence through sickness remained low for this month but had increased slightly from June. CH assured the board that the HR team continued to monitor sickness levels closely to pick up on trends and potential shortfalls in staffing levels. In addition, staff requiring surgery were now meeting with OH in advance of their surgery in order to plan a more effective recovery and return to work schedule. <p>The Chairman remarked that performance against mandatory training requirements and annual appraisal remained unsatisfactory and noted a number of data definition and collection issues. He suggested that he and RT should meet with JB, AP and SF to agree what action was now required in respect of mandatory training and appraisal in order to be able to support the HR team. [Action: PAG/RT]</p>
182-13	<p>Operational performance report: July 2013 (monthly update)</p> <p>BS reported that referral performance was sustained in July, indicating steady demand for the trust's services; follow up ratios remain below the outturn for last year.</p> <p>The report showed that the referral to Outpatient procedure ratio appeared to have dropped due to backlog in coding; BS assured the board that this had now been rectified and would be reflected in next month's reports.</p> <p>JB highlighted the change in non-elective casemix linked to high numbers of transfers from neighbouring A & E departments; SF agreed this was positive for the trust and suggested developing relationships with other hospitals in order to offer support where possible.</p>

	<p>The trust had failed its cDiff target, with one case, but would not be penalised as the case (in April this year) was clinically unavoidable. All remaining performance indicators were met for July.</p>
183-13	<p>Financial performance report: July 2013 (monthly update)</p> <p>BS provided a summary of the trust's financial performance which showed that turnover was slightly up this month, YTD at £19,333k. However, the financial position was £36k below plan at a surplus of £987k.</p> <p>After a lengthy debate, the chairman highlighted the three key factors causing concern as:</p> <ul style="list-style-type: none"> • non-pay expenditure, which could be overspent by year end if no action was taken to address; • the underperformance of activity in a number of service lines; and, • accounting of the full CQUIN funding for Q1 at this stage as it had eliminated any aspiration for investment funding so far this year. <p>He suggested that he and RT should meet with SW and RH and report back to the board on its findings and a proposed plan of action; he noted however that it was helpful the board were in a position to address this at month 4, and not later in the year. [Action: RT/PAG]</p>
184-13	<p>Reference cost report</p> <p>BS presented the board with an update on the trust's Reference Cost position for 2011/12 and 2012/13 and noted that overall the trust compares well with its peers, being the fifth most efficient in specialist hospitals. The Board NOTED the update and supported the basis of the 2012/13 submission.</p>
185-13	<p>APR monitoring feedback</p> <p>BS reported that the trust had now received formal feedback from Monitor that its Annual Plan, submitted in May had been accepted with no further scrutiny required.</p> <p>BS was requested to ensure that cost improvement plan reporting should be included in future finance reports. [Action: BS/RH]</p>
STRATEGY	
186-13	<p>Site redevelopment programme: July 2013 (monthly update)</p> <p>As reported during the private session, HB advised that new theatres were on target to open on 2nd September; a full review of the vacated theatres would be undertaken and (assuming successful commissioning of the new theatres), will be mothballed.</p> <p>SW asked for confirmation of when the Phase 1 final account would be approved and was assured by HB that this was imminent, again assuming successful commissioning of the new theatres.</p> <p>HB reported that the phase 2 theatre programme was running ahead of schedule; there was no commitment on phase 2 contingency to date.</p>
187-13	<p>Capital programme: July 2013 (monthly update)</p> <p>As discussed during the earlier session, HB recommended that the Jubilee heating contract be awarded to the lowest bidder; however, there had been difficulties in awarding a tender for the burns heating, resulting in delays.</p>

	<p>HB advised that RH had requested a draft capital programme for 2014-15 by September; the chairman concurred as at present, the management team were unable to assess revenue and capital as flexibly as required. Bringing timescales back in line with the business planning process would also enable better risk assessment.</p> <p>LP asked HB to summarise the impact of the forthcoming repairs to the staff car park; HB reported this would be very disruptive to both staff and patients, but weekend working had been precluded due to prohibitively high costs. It was noted that this work had only been carried out recently but whilst disappointing, HB outlined the reasons why there was no case for financial recompense from contractors in this instance</p> <p>HB reported that major structural issues had been discovered in the Maud Barclay Room, resulting in its immediate closure; initial estimates indicated it would not be economically viable to repair the building. The board voiced regret, recognising that this would be a disappointing outcome for many people as the building had played a significant part in the trust's history.</p>
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GOVERNOR REPRESENTATIVE AND NON-EXECUTIVE DIRECTORS

188-13	Report from the Governor Representative No observations were made
189-13	Observations from the Chairman and Non-Executive Directors (NEDs) No further observations were made.

ANY OTHER BUSINESS

190-13	There was no other business.
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QUESTIONS FROM OBSERVERS

191-13	There were no further questions and the Chairman closed the meeting.
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Chairman..... Date.....