

<b>Document:</b>	<b>Minutes (Final)</b>	
<b>Meeting:</b>	<b>Board of Directors (session in public) 25 July 2013, 13:00 – 15:00, Council Chamber, East Court, College Lane, East Grinstead, West Sussex RH19 3LT</b>	
<b>Present:</b>	Peter Griffiths (PG)	Chairman
	Richard Tyler (RT)	Chief Executive
	Jeremy Beech (JB)	Non-Executive Director (Senior Independent Director)
	Stephen Fenlon (SF)	Medical Director
	Richard Hathaway (RH)	Director of Finance and Commerce
	Amanda Parker (AP)	Director of Nursing and Quality
	Lester Porter (LP)	Non-Executive Director
	Shena Winning (SW)	Non-Executive Director
<b>In attendance:</b>	Kathleen Dalby (KD)	Head of Corporate Affairs & Company Secretary
	Hilary Saunders (HS)	Deputy Company Secretary (minutes)
	Graeme Armitage (GA)	Head of HR & Organisational Development
	Heather Bunce (HB)	Programme Director
	Brian Goode (BG)	Governor Representative
	Laura Donaldson (LD)	Digital Communications Specialist (items 154-133 & 155-13)
<b>Public gallery:</b>	3 members of the public, including one staff member and one public governor	

#### WELCOME

<b>144-13</b>	<p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chairman opened the meeting and welcomed observers in the public gallery. He also extended a warm welcome to RT who was attending his first public board meeting as chief executive.</p> <p>There were no apologies for absence and no declarations of interest.</p>
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#### STANDING ITEMS

<b>145-13</b>	<p><b>Draft minutes of the meeting session held in public on 23 May 2013</b></p> <p>The minutes of the meeting were <b>AGREED</b> as a correct record.</p>
<b>146-13</b>	<p><b>Matters arising and actions pending</b></p> <p>The Board considered the schedule and <b>NOTED</b> actions completed together with the timeframe for progressing open actions. LP highlighted an outstanding action relating to IM&amp;T and asked that this be included on the schedule. <b>[Action: KD]</b></p>
<b>147-13</b>	<p><b>Update from the Chief Executive</b></p> <p>RT thanked the board for its welcome. He remarked on the impressive culture of the hospital and how welcome he had been made since joining QVH at the beginning of the month.</p> <p>RT then drew the board's attention to the Keogh report and also the radical changes in hospital inspection being introduced by Professor Sir Mike Richards. Whilst the national agenda was currently focused on A&amp;E and care of the elderly, the trust couldn't afford to be complacent and RT intended to ensure improvements in quality and patient care would be integral to the board development.</p> <p>The Board <b>NOTED</b> the chief executive's update.</p>

<b>148-13</b>	<p><b>Update from the Medical Director</b></p> <p>SF advised that, in addition to developing strategy for consultant specific reporting, (discussed during the private session of the board), he was also focusing on current policies, including consultant job planning.</p> <p>SF remarked separately that the imminent opening of the new theatres was being eagerly anticipated by clinical teams and felt this would be good for staff morale.</p> <p>The Board <b>NOTED</b> the Medical Director's update</p>
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**SAFETY AND QUALITY**

<b>149-13</b>	<p><b>Quality and risk exception report: June 2013 (monthly update)</b></p> <p>AP asked the board to approve and sign the Board of Directors' Agreement outlining its collective responsibility for minimising risks of infection to inpatients, outpatients and staff. The board <b>APPROVED</b> the agreement which would be signed by the Chairman on Chief Executive on its behalf. <b>[Action: HS]</b></p> <p>AP introduced the quality &amp; risk exception report which provided information on national and local targets for June 2013. Key performance issues included:</p> <ul style="list-style-type: none"> <li>• VTE prophylaxis results were now all green as a result of data being reviewed in line with the WHO compliance check list.</li> <li>• 10 complaints had been received in June, which was slightly above average; all were currently under investigation and would be reviewed by a member of the executive team; AP reminded the board that full responses would be signed by the chief executive upon completion of the investigation.</li> <li>• The trust had attained its target for taking consent; AP was assured this demonstrated strong consultant engagement in the process.</li> <li>• A CQUINs update would be provided to the board following the Quality &amp; Risk committee meeting scheduled for August. <b>[Action: AP]</b></li> <li>• Policy updates were now included in the Q&amp;R report as a way of demonstrating the trust's proactive approach. Six policies had been updated during June.</li> </ul> <p>There were no other comments and the Board <b>NOTED</b> the report.</p>
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<b>150-13</b>	<p><b>Mid-Staffordshire NHS Foundation Trust Public Inquiry: QVH actions update</b></p> <p>AP reminded the board that, to date, they had received the executive summary from the Mid Staffordshire public enquiry, together with the trust's initial assessment against the recommendations. This document was the QVH action plan against recommendations where the trust had identified opportunities for improvement. It would be returned to the board in November following the October Quality &amp; Risk Committee meeting. <b>[Action: AP]</b></p> <p>JB raised concerns that some recommendations relating to IM&amp;T maybe aspirational; AP concurred but noted that a working group had been established to identify what systems could be used to improve current working practices. AP also assured the board that routine observations would be automatically undertaken to ensure consistency of process.</p> <p>The Chairman thanked AP for the update and the Board <b>NOTED</b> the report.</p>
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**BUSINESS PERFORMANCE AND DELIVERY**

<p>151-13</p>	<p><b>Workforce performance report: June 2013 (monthly update)</b></p> <p>GA introduced the workforce performance report for June which included key highlights as follows:</p> <ul style="list-style-type: none"> <li>• This month's report now included whole time equivalents (WTE) and a breakdown between full and part time staffing. GA noted a fall in turnover and whilst generally this was a positive sign, it could also herald an aging staff population. It was therefore important to plan ahead and utilise the Wellbeing &amp; Culture Committee to initiate changes;</li> <li>• The vacancy rate remained high but was largely due to budgets being agreed at the beginning of the new financial year;</li> <li>• Pay was tracking in line with plan; GA asked the board to note this figure did not include on-costs;</li> <li>• Whilst bank and agency spend had reduced over the last couple of months, attention would remain on the use of bank staff. This would be facilitated through implementation of e-Rostering;</li> <li>• Sickness remained around the 3% target; absence would be reported by first day of absence and a more robust management of sickness would be implemented.</li> </ul> <p>LP noted that data relating to turnover was confusing; GA concurred and suggested this could be improved. GA highlighted the trustwide statutory &amp; mandatory training statistics which he believed to be very conservative at 68%, he suggested the current matrix was unnecessarily complex and should be streamlined. In response to the Chairman, GA advised there were sanctions in place for staff refusing to undertake training, however, it was also important for a process to be designed to enable staff to be compliant.</p> <p>GA reported that timescales for the implementation of the revised appraisal scheme would need to be adjusted and outlined the reasons why. He proposed a pilot of the new process be introduced in early October 2013 for a period of three months, after which a formal roll out would take place from January 2014. GA assured the board that processes would be implemented to ensure objectivity into the revised scheme. The Chairman thanked GA for this useful update.</p> <p>There were no further comments and the Board <b>NOTED</b> the contents of the report and <b>APPROVED</b> the recommendation to delay formal implementation of the revised appraisal system.</p>
<p>152-13</p>	<p><b>Operational performance report: June 2013 (monthly update)</b></p> <p>RH provided the board with a summary of the new NHS commissioning structure. The trust was still waiting for contracts to be signed by commissioners although, to date, this had not caused any adverse effects. During discussions, it was noted that the work commissioned by Horsham &amp; Mid Sussex CCG amounted to only 2% of its total spend. RH observed that the NHS specialist commissioning groups were not as yet running efficiently. RT noted that the CEO of NHS Sussex was aware of the issues and may be able to influence the situation where necessary.</p> <p>RH continued to update the board on operational performance, highlighting the following:</p> <ul style="list-style-type: none"> <li>• Income and activity had fallen short of the plan, unfortunately reversing overperformance achieved during the first two months of the financial year. Contributing factors included a reduction in outpatient activity resulting in fewer patients being listed for surgery. Also, elective income was under plan as a result of activity being under plan, (partly due to consultant sickness; non-elective income was under plan due to casemix being lower than anticipated.</li> </ul>

	<ul style="list-style-type: none"> <li>All targets had been reached with the exception of the 31-day cancer wait.</li> </ul> <p>The Board <b>NOTED</b> the contents of the report.</p>
153-13	<p><b>Financial performance report: June 2013 (monthly update)</b></p> <p>RH summarised the trust's financial performance for the three months to June 2013, which showed the financial position currently £97k below plan at a surplus of £535k. As reported earlier, ground made in the first couple of months had been lost and income not delivered as expected, partly as a result of consultant sickness. However, RH assured the board that our FRR remained at 5, as despite this setback, our financial position was still strong for Monitor's rating purposes. Other highlights included:</p> <ul style="list-style-type: none"> <li>Pay and non-pay analysis showed that both were marginally underspent; however, non-pay continued to be overspent YTD due to activity and other overspends;</li> <li>CCG payments were now progressing more smoothly; the June debt total included a £1.5m April debt which was subsequently received in July.</li> <li>The current position reflects CQUIN at 50% with no recovery of ERT;</li> <li>Cash balance remains strong at £7,730; a more detailed cash flow forecast would be provided in the future.</li> </ul> <p>There were no comments and the Board <b>NOTED</b> the report.</p>
154-13	<p><b>Digital communications performance report: quarter 1 2013/14</b></p> <p>Laura Donaldson, Digital Communications Specialist for the Trust joined the meeting to provide an update on digital communications performance since December 2012. Important initiatives had included the re-design of the trust website, work to improve search engine optimisation (SEO) results and investment in email software to enable communications with stakeholders to be tracked.</p> <p>A KPI report was tabled which had been designed to assist in evaluating the effect of digital communications activity. The board briefly discussed the report and agreed it would be a useful tool, going forward. BG concurred this would be of particular interest to the governors.</p> <p>There were no further comments and the Board <b>NOTED</b> the report.</p>
<b>STRATEGY</b>	
155-13	<p><b>Social media strategy</b></p> <p>LD gave a presentation on social media and highlighted some of the ways in which the trust could become further engaged with (for example), Twitter, LinkedIn and Facebook; these could be utilised for marketing, access to alerts and data, and involvement with patients and families in discussions.</p> <p>LD also explained the importance of social media from a business perspective. It was clear the trust would need a strategy as it was already been talked about on social media. Social media had now been acknowledged as the best way to raise awareness of QVH whilst other organisations were already investing more resources into its use. LD cited the success of QVH using social media to alert patients to reduced services during adverse weather conditions earlier in the year.</p> <p>JB suggested that as a specialist hospital, the trust had no geographical membership and Facebook could be used as a tool to address this; LD agreed this could be trialled.</p> <p>SW agreed this could be an effective and efficient method of communicating but</p>

	<p>suggested implementation would have to be carefully managed to prevent the trust becoming hostage to fortune.</p> <p>There were no further comments and the Board thanked LD for her informative presentation and <b>NOTED</b> the report.</p>
<b>156-13</b>	<p><b>Site re-development programme: June 2013 (monthly update)</b></p> <p>HB presented the monthly update, reminding the board that the phase one theatres had now been formally handed over to the theatres manager with commissioning work going according to plan. The planning contingency for phase one theatres would be closed in September, with a likely total outturn cost of £573k. HB noted there was still a question mark over the future of the PKL building (DSU and offices), but in the meantime, the team were developing the plans for the decommissioning of theatres 1,2,3,4 and 5. Work was continuing according to plan on the phase two theatres, which were scheduled to open to patients in April 2014. HB noted that the phase two theatres contingency figure would be much lower than that for phase one.</p> <p>There were no comments and the Board <b>NOTED</b> the report.</p>
<b>157-13</b>	<p><b>Capital programme: June 2013 (monthly update)</b></p> <p>Following concerns raised at last month's meeting, HB provided the board with a brief summary of the process undertaken in respect of the replacement heating for the Jubilee building; HB also explained that the value of the tender under scrutiny had included the cost of repairs to the Burns unit.</p> <p>HB asked the board to note that the tenders, which had just been returned, were subject to a technical evaluation, the outcome of which would not be available to the board until after 01 August. In answer to a question from the Chairman, HB advised installation of the new heating system would require a programme of decanting for departments based in the Jubilee building; those affected would be apprised of the detail closer to the time.</p> <p>There were no comments and the Board <b>NOTED</b> the report.</p>
<b>GOVERNANCE</b>	
<b>158-13</b>	<p><b>Equality, diversity and human rights: annual report</b></p> <p>GA presented the Quality, Diversity and Human Rights annual report for 2012 and confirmed this was a statutory requirement. He noted that by the end of 2012 the trust had achieved 11% of the actions set out in its Equality Objective scheme and had made some progress towards a further 75%; 2012 was the first of a 3-year scheme.</p> <p>GA advised that equality, diversity and human rights was now being managed by QVH, (and not the Surrey and Sussex partnership).</p> <p>There were no further comments and the Board <b>NOTED</b> the report.</p>
<b>159-13</b>	<p><b>Research and development: annual report</b></p> <p>SF noted this report had been presented to the clinical cabinet by Julian Giles; whilst it provided much information, it was felt there was insufficient clarity regarding the R &amp; D objectives. SF would ensure that future reporting would better reflect these. LP asked SF to ensure that page 4 of the report was amended to correct references to BSMS.</p> <p>There were no further comments and the Board <b>NOTED</b> the contents of the report.</p>
<b>160-13</b>	<p><b>Research and development: operational capability statement (for approval)</b></p> <p>It was noted that Graeme Armitage and not Pauline Farrell was now Head of HR;</p>

	subject to this minor amendment, the board <b>APPROVED</b> the statement.
<b>161-13</b>	<p><b>Revalidation Action Plan: quarterly update</b></p> <p>SF confirmed that he had now assumed full responsibility for the role of RO. This meant he was the board level licensed doctor responsible for systems for medical staff recruitment, monitoring, appraisals, revalidation recommendations and remediation. SF asked the board to note that the RO was responsible to the GMC, and not the trust. The action plan required every doctor to have an annual appraisal. The revalidation procedure had started in 2012 but was a slow process and would probably take around 5 years to be fully implemented. SF explained the current appraisal figures and noted that most problems related to the provision of RMS by Equiniti. The Equiniti contract was currently under review and would not be renewed unless improvements were made to the current practice.</p> <p>SF assured the Chairman that at present, he had sufficient resources to undertake the plan.</p> <p>The Chairman thanked SF for his contribution and the Board <b>NOTED</b> the update.</p>
<b>162-13</b>	<p><b>Monitor Declaration: Q1 2013/14</b></p> <p>RH presented the Monitor declaration for Q1 which confirmed the trust had met all key targets with no unreported items requiring an exception report.</p> <p>The Board <b>NOTED</b> the contents of the schedules and <b>APPROVED</b> the declaration for inclusion in Finance, Governance and Quality Declarations.</p>
<b>GOVERNOR REPRESENTATIVE AND NON-EXECUTIVE DIRECTORS</b>	
<b>163-13</b>	<p><b>Report from the Governor Representative</b></p> <p>BG reported that the revised proposal on the definition of significant transactions and approval levels had been approved at the June meeting of the Council of Governors.</p>
<b>164-13</b>	<p><b>Observations from the Chairman and Non-Executive Directors (NEDs)</b></p> <p>No further observations were made.</p>
<b>ANY OTHER BUSINESS</b>	
<b>165-13</b>	There was no other business.
<b>QUESTIONS FROM OBSERVERS</b>	
<b>166-13</b>	<p>A member of the public congratulated RT on his recent appointment and noted the important task that lay ahead in respect of engagement with the new CCGs. RT agreed that this would be a challenge but hoped that the council of governors and membership would assist in influencing the decision making process.</p> <p>No further observations were made and the Chairman closed the meeting.</p>

Chairman..... Date.....