

Document:	Minutes FINAL & APPROVED	
Meeting:	Board of Directors (session in public) 31 October 2013, 13:00 – 16:00, Council Chamber, East Court, College Lane, East Grinstead, West Sussex RH19 3LT	
Present:	Peter Griffiths (PAG)	Chairman
	Jeremy Beech (JB)	Non-Executive Director (& SID)
	Shena Winning (SW)	Non-Executive Director
	Ginny Colwell (GC)	Non-Executive Director
	Richard Tyler (RT)	Chief Executive
	Richard Hathaway (RH)	Director of Finance & Commerce
	Amanda Parker (AP)	Director of Nursing & Quality
In attendance	Hilary Saunders (HS)	Deputy Company Secretary
	Brian Goode (BG)	Governor Representative
	Graeme Armitage (GA)	Head of HR & Workforce Development [item 217-13]
	Heather Bunce (HB)	Programme Director (items 222-13-223-13)
Apologies:	John Thornton (JT)	Non-Executive Director
	Kathleen Dalby (KD)	Company Secretary & Head of Corporate Affairs
	Steve Fenlon (SF)	Medical Director
	Lester Porter (LP)	Non-Executive Director
	Neil Hayward (NH)	Non-Executive Director
Public gallery:	1 member of the public	
WELCOME		
211-13	Welcome, apologies and declarations of interest The Chairman opened the meeting and welcomed GC to her first meeting as a new non-executive director, and a member of the public who was attending today's session. Apologies had been received from John Thornton, Kathleen Dalby, Steve Fenlon, Lester Porter and Neil Hayward. There were no declarations of interest.	
STANDING ITEMS		
212-13	Draft minutes of the meeting session held in public on 22 August 2013 (for approval) The minutes of the meeting held on 22 August 2013 were APPROVED as a correct record.	
213-13	Matters Arising & Actions Pending <ul style="list-style-type: none">Rolling Actions SW noted that item 058-13 was not in fact complete and requested this be amended to 'pending'. Ownership of the task was expanded to include AP and SFThe Royal Visit The Chairman noted that the recent visit by The Princess Royal had been extremely successful and asked that his thanks be conveyed to the Corporate Affairs team, in particular Hilary Saunders and Catherine Blacker. It was noted that the publicity for the hospital had been extremely good.	
214-13	Update from Chief Executive RT reported that he and RT had met recently with the local CCG to identify how best	

	<p>QVH could meet commissioners' needs; he stressed the importance of maintaining strong communication links. RT advised commissioners were assuming a 7 – 8% cost improvement for next year and warned that money 'top sliced' for social care wouldn't return to the health sector.</p> <p>RT had met with the Director of Local Action Team for Burns, Amanda Fadero, who appeared supportive of QVH and confirmed the trust had until October 2015 to develop solutions in respect of the burns issue;</p> <p>RT reminded the board that the CCG were procuring for the future provision of Musculo-skeletal work and stressed the importance of clear lines of communication between QVH and the commissioners. RH confirmed that early notice had been received from commissioners regarding its activity for next year. SW raised concerns at the potential risk; RH acknowledged these but confirmed trust would be closely involved with procurement process.</p> <p>RT advised that he had been present at a recent handover in C-Wing which appeared to be running smoothly.</p>
	<p>Update on behalf of Medical Director</p> <p>Whilst SF had attended the earlier session of the board, he was not available for this session and therefore, AP provided a brief verbal update of his earlier report. This included the high achievement rate for consultant appraisals - currently at 88%. In addition, work was continuing the development of appropriate data for consultant outcomes.</p> <p>The Chairman reiterated that discussion surrounding Consultant Outcomes during the private session had been extremely useful.</p>
SAFETY & QUALITY	
216-13	<p>Quality & Risk Exception Report:</p> <p>AP presented an exception report in respect of Quality and Risk which highlighted the following:</p> <ul style="list-style-type: none"> ▪ During October one SUI identified as a 'never event' was reported; a full investigation was currently underway and findings would be reported back in the November board paper. ▪ A second SUI had been declared to the CCG; however following police advice the incident was managed as an internal investigation and therefore reclassified; again, a summary of findings would be provided in the November board report. ▪ AP reminded the board that under matters arising (action 197-13), ie. the issue of poor communication highlighted under the National Cancer Patient Experience Programme survey would be addressed as part of the work being undertaken within patient experience, rather than as a separate entity; it would therefore be removed from the Matters Arising log; ▪ The Quality Account metrics demonstrated that patient consent was still a cause for concern; as reported earlier, SF was continuing to progress this. ▪ CQUINS: the Q2 summary would be provided to the Q & R committee in November; the current draft indicates that QVH has met the requirements required. ▪ Difficulties with the microbiology contract continued; AP would be meeting with BSUH in November to address.

	<ul style="list-style-type: none"> Quality Accounts Update A report summarising progress against QA priorities at the end of Q2 had been drafted for submission to the Q & R committee in November. Highlights included the following: <ul style="list-style-type: none"> Family & Friends Test surveys show satisfaction in general with the Outpatient service. Data has been developed to score individual departments which has identified that further analysis of the MaxFacs department would be useful to understand why their satisfaction rates are lower than other outpatient areas. Patient Consent levels within the Plastics directorate require improvement. A group has been established, led by a plastics consultant, to review procedures. A database to provide quality assurance information at consultant and directorate level was currently being developed. <p>The board endorsed the new style of presentation and NOTED the contents of the report.</p> Board Assurance Framework Whilst acknowledging that this was a matter for discussion outside the main board meeting, JB asked the board to note that imminent changes in the current risk team could facilitate a review of the BAF in its present format. GC was advised that this register encompassed the Corporate Assurance Risk framework; SW asked that procurement of the Muscular Skeletal contract (as referred to earlier during the CEO update) be added to the register [Action: AP] The board NOTED the contents of the report. Care Quality Commission Inspection A copy of the inspection report following the recent CQC visit had been included in the board pack. AP confirmed that records now met the standards required by the CQC. JB and SW sought assurance surrounding AP's role as part of the national CQC inspection teams; AP and RT explained that this was carefully managed so as not to impact to the detriment of QVH; the Chairman noted that, moreover, as a centre of excellence it was only right that QVH should expect to be a part of this. AP reported that Alison Walton from NHS England had visited the trust recently and been impressed by the level of integrated care given by nurses and consultants. It was confirmed that Jane Cummings, Chief Nurse for NHS England had accepted the trust's invitation to visit next year (7th May 2014). The board NOTED the contents of the reports.
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BUSINESS PERFORMANCE & DELIVERY	
217-13	Workforce Performance Report: October 2013 GA joined the meeting to present this month's Workforce Performance Report; key highlights included the following: <ul style="list-style-type: none"> Turnover remains at a healthy level; The vacancy rate is high and this would be a busy month for recruitment;

	<ul style="list-style-type: none"> ▪ A higher than usual level of bank and agency staff use had impacted on Pay costs; this was partly attributable to the outcome from the investigation on C-Wing which had identified the need for additional nurses and HCAs. ▪ eRostering for bank and agency staff was now managed by Human Resources; GA tabled a sample report which illustrated examples of rostering, further information would be available next month as the scheme developed; ▪ Whilst sickness absence had declined by 0.30% to 2.98% for September, GA asked the board to note that the estimated cost for sickness to the trust for the quarter equated to £208,379. ▪ Whilst GA acknowledged the trust still had some way to go to bring the appraisal rate up to acceptable levels, he noted that doctors were currently achieving rates of 88% ▪ Likewise further improvement was required in respect of statutory and mandatory training, although there were early signs of progress; ▪ GA noted that a CIP target of £80k had been set for 2013/14 and HR were working through how this could be measured; <p>SW sought clarification as to how mandatory training was categorised; AP explained that the national passport set the criteria for mandatory training; other training was role specific; GA agreed to include details of the national passport at next month's meeting [Action: GA]</p> <p>The Chairman reminded GA that sanctions should be applied for those who were not compliant with the S & M training requirements; GA assured him this was the intention but reminded the board that the trust first needed to have full confidence in the system.</p> <p>The Chairman commended GA on the improved metrics but requested that accompanying commentary be further developed</p> <p>As an aside it was noted that members of the Trust Board were not yet compliant with mandatory training.</p> <p>The board NOTED the contents of the report.</p>
218-13	<p>Operational Performance Report: September 2013</p> <p>RH reported that the trust was meeting targets at aggregate level; however, service level targets remained tight.</p> <p>MaxFacs waits were occurring due to lack of capacity at Maidstone & Medway; a locum had been recruited for Medway to work through the backlog created there (due to the lack of an associate specialist). This would address short term problems but a more strategic response would be required in the long term.</p> <p>Outpatient waiting lists were tailing off but were still at a higher level than a year ago.</p> <p>The Chairman asked if performance information could be displayed by service line; RH agreed to include a couple of samples next month to ascertain if this might be helpful in the future. [Action: RH]</p> <p>The board NOTED the contents of the report.</p>
219-13	<p>Financial Performance Report: September 2013</p>

	<p>RH reported that the financial position for Month 6 was £34k below plan, at a surplus of £1,121k, (although he noted that the gap had closed slightly).</p> <p>Pay and Non Pay were both overspent both for the month and for the YTD. Pay overspend was largely within medical staffing and some RMN/ITU agency nursing, whilst Non Pay overspend was due to general activity.</p> <p>The Chairman asked if in future, Cashflow forecast could include actuals prior to October, including YTD. [Action: RH]</p> <p>Despite being behind plan, the financial position is still strong for Monitor's rating purposes and remains at 5</p> <p>RH confirmed that recovery meetings with RT, PAG, and SW would continue; an action plan was now in place but had not fed through in time to be reflected in this month's report. He was optimistic, however, that progress would be seen in the future.</p> <p>The board NOTED the contents of the report</p>
GOVERNANCE	
220-13	<p>Governance Risk Ratings under Risk Assessment Framework</p> <p>RH reminded the board of the new governance risk ratings under the Risk Assessment Framework; correspondence from Monitor confirmed that QVH has been assigned a green risk rating.</p> <p>The board NOTED the contents of the report.</p>
STRATEGY	
221-13	<p>Strategic Review update</p> <p>RT provided a brief summary of his earlier update for the benefit of the public in attendance and reported that the 20:20 strategy had been launched to Clinical Cabinet this week. The overall remit of the Clinical Cabinet had been adjusted and agendas revamped to facilitate this process and encourage greater clinical engagement.</p> <p>AP, SF and Jane Morris were leading on the workstreams with a formal launch week, including staff briefings, commencing 11 November. Additional external resources to support the clinical strategy would be introduced within the next 2 - 3 weeks</p> <p>The board NOTED the contents of the report.</p>
222-13	<p>Site Redevelopment Programme: October 2013</p> <p>HB joined the meeting to present an update on the site redevelopment and capital programmes.</p> <p>HB confirmed that negotiations in respect of the Phase I final account had been concluded and that Finance would review and present its findings to the November board. [Action: RH]</p> <p>The Phase I programme was now closed with the exception of mothballing; HB had also</p>

	<p>been tasked with revisiting options for the PKL building (former DSU, Admissions unit and offices).</p> <p>Phase II theatres were on schedule to be handed over for commissioning in March/April 2014.</p> <p>The board NOTED the contents of the report</p>
223-13	<p>Capital Programme: October 2013</p> <p>HB reported that a decision, led by the Director of Finance, had been made to re-tender the Jubilee project as it was felt that the Estates department had not undertaken a defensible process and could place the trust at risk. The involvement of external technical advisors had also led to a lack of transparency on some aspects. HB also noted that KPMG had been commissioned to review the Jubilee tender process.</p> <p>During the course of discussions it had also been agreed that combining the Burns and Prosthetics capital works would bring some cost advantages, and these have therefore been included in the overall retender package. However, this would delay work commencing until Q4.</p> <p>RT suggested that to minimise risks to backlog maintenance, capital programme dialogue should commence earlier in the financial year.</p> <p>The Chairman asked what was planned beyond Phase II. HB hoped to present the Phase III option appraisal to the March 2014 board, (this would include options for bringing GPs onto site). [Action: HB]</p> <p>During discussions JB requested consideration be given to refurbishment of the Jubilee and T6 meeting rooms (following the recent decommissioning of the Maud Barclay Room); HB concurred but asked the board to note that the Estates department continued to experience operational difficulties and were currently reliant on external contractors to undertake the On-Call rota.</p> <p>The board NOTED the contents of the report.</p>
GOVERNOR REPRESENTATIVE & NON-EXECUTIVE DIRECTORS	
224-13	<p>Report from Governor Representative</p> <p>BG provided a summary of the recent governor forum and confirmed he had received much positive feedback from those who attended.</p> <p>The board NOTED the contents of the report.</p>
225-13	<p>Observations from Chairman & Non-Executive Directors</p> <p>There were none</p>
ANY OTHER BUSINESS (BY APPLICATION TO THE CHAIRMAN)	
226-13	<ul style="list-style-type: none"> • Monitor Q2 Declarations <p>RH reminded the board that the trust was required to submit its Q2 Monitoring Return by the end of the month. He tabled a paper confirming the Quarter 2 Monitor Governance and Finance declarations and noted that the trust's financial</p>

	<p>performance indicated a risk rating of 5. In addition, the trust had met all key quality and performance targets indicating a 'green' governance risk rating.</p> <p>The Board NOTED the contents of the schedules and APPROVED that the <i>Declaration 1</i> should be made in the Finance Declaration, Governance Declaration and Quality Declaration.</p> <ul style="list-style-type: none"> The Chairman reminded those present that he would be on annual leave at the end of next month and therefore the November board meeting would be chaired by JB.
QUESTIONS FROM OBSERVERS	
227-13	<p>There were none</p> <p>The Chairman closed the meeting at 15:45</p>

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