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| <b>Document:</b>       | <b>Minutes FINAL AND APPROVED</b>   |  |   |
| <b>Meeting:</b>        | <b>Board of Directors (session in public)</b><br><b>Thursday 26 June 2014, 13:00 – 16:00, Council Chamber, East Court, College Lane, East Grinstead, West Sussex RH19 3LT</b><br><i>For purposes of accuracy, it should be noted that item 152-14 was taken ahead of 143-14 and items 154-14 and 155-14 were taken ahead of 149-14.</i> |  |   |
| <b>Present:</b>        | Peter Griffiths (PAG)   | Chairman                                   |   |
|                        | Stuart Butt (SB)  | Interim Director of Finance                |   |
|                        | Ginny Colwell (GC)  | Non-Executive Director                     |   |
|                        | Steve Fenlon (SF)   | Medical Director                           |   |
|                        | Amanda Parker (AP)  | Director of Nursing & Quality              |   |
|                        | Lester Porter (LP)  | Non-Executive Director                     |   |
|                        | John Thornton (JT)  | Non-Executive Director                     |   |
|                        | Richard Tyler (RT)  | Chief Executive                            |   |
|                        | <b>In attendance:</b>   | Graeme Armitage (GA)                       | Head of Human Resources & Organisational Development      |
|                        |   | Julian Giles (JG)                          | Clinical Lead for Research & Development [Item: 152-14]   |
|                        |   | Brian Goode (BG)                           | Governor Representative                                   |
|                        |   | Brian Jones (BJ)                           | Interim Director of Research & Development [item: 152-14] |
|                        |   | Jane Morris (JM)                           | Interim Head of Operations                                |
|                        | Lois Howell (LH)  | Interim Head of Corporate Affairs & Co Sec |   |
|                        | Hilary Saunders (HS)  | Deputy Company Secretary (minutes)         |   |
| <b>Apologies:</b>      | None  |  |   |
| <b>Public gallery:</b> | Two members of the public   |  |   |

#### WELCOME

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| <b>139-14</b> | <p><b>Welcome, apologies and declarations of interest</b></p> <p>The Chairman opened the public session of the meeting, noting that a revised agenda had been introduced this month to reflect a better balance of reporting on the trust's results, strategic priorities and governance responsibilities. He advised the board that both he and LH would welcome any feedback regarding the new format following today's discussions.</p> <p>There were no apologies and declarations of interest</p> |
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#### PATIENT STORY

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| <b>140-14</b> | <p>As part of this new initiative, AP read aloud a patient letter which described how trust services and teams had combined in this instance to provide an excellent experience. AP noted that the feedback helped to assure the effectiveness of changes implemented as a result of the Canadian Wing investigation and subsequent action plan.</p> <p>In considering a suggestion to invite a patient to a future board meeting to make a presentation in person, it was recognised this would require careful planning and management of expectations.</p> <p>Whilst the Chairman supported the principle of bringing such stories to the board, he also reiterated the importance of keeping the board fully apprised of those instances where patient experience had been less than satisfactory.</p> <p>The Chairman thanked AP and the board <b>NOTED</b> the contents of the letter and subsequent discussion.</p> |
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#### STANDING ITEMS

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| <b>141-14</b> | <b>Draft minutes of the meeting session held in public on 22 May 2014 for approval</b> |
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|               | The draft minutes were <b>APPROVED</b> as a correct record.  |
| <b>142-14</b> | <p><b>Matters Arising &amp; Actions Pending</b></p> <p>The board reviewed the current record of Matters Arising and Actions Pending. The Chairman was provided with clarification regarding the status 'on-track'; there were no further comments.</p>   |
| <b>143-14</b> | <p><b>Update from the Chief Executive</b></p> <p>RT reported on his recent visit to the Secretary of State, as part of the Foundation Trust Network (FTN) review into sustainability of small hospitals, and agreed to circulate a copy of the presentation to board members [<b>Action: RT</b>] Following the recent appointment of Simon Stevens as Chief Executive of NHS England RT noted a shift in previous emphasis on amalgamation of hospitals and felt the new focus on community and specialist hospitals would complement the QVH 2020 strategy.</p> <p>RT reported that Amanda Fadero would be leaving the Local Area Team (LAT) in the autumn; Amanda had been very supportive of QVH and would be greatly missed. She was due to attend next month's seminar at which the board would hope to gain a better understanding of some of the key messages at both local and national level.</p> <p>RT advised that the revised Senior Management Team (SMT) structure had now been in place for a month. Operational priorities were clear, including a focus in Finance on cost and expenditure, tight control of the 18-week target, (particularly over the next four to five months), and greater emphasis on the Quality agenda, including Serious Untoward Incidents (SUIs) and 'Never Events'. A review on clinical strategy was planned in July, to be led by Ian Francis.</p> <p>RT was continuing to work on developing more constructive partnerships with Surrey and Sussex Healthcare (SaSH) and Maidstone and Tunbridge Wells (MTW) NHS Trusts to support better the needs of the local community.</p> <p>The board <b>NOTED</b> the contents of the update.</p> |
| <b>144-14</b> | <p><b>Update from the Medical Director</b></p> <p>SF drew the board's attention to recent national news reports estimating that around one-fifth of hospitals were reporting inaccurate data; he was assured however, that QVH did not fall into this category.</p> <p>SF asked the board to note that, in tandem with changes to the organisational management structure, he was working closely with RT in implementing changes to the clinical management structure.</p> <p>Following recent informal discussions, SF provided feedback to the board from consultants in respect of some of their current concerns; these included, (but were not limited to), theatre efficiencies, lack of a dedicated staff lounge within theatres, plus concerns about the general condition (and perceived lack of strategy) of the estate. RT responded that the current independent review of the Estates Department had demonstrated a clear need to refresh and develop strategy. Both the Estates and Hotel Services Departments now reported directly into SB. SB confirmed that organisational changes were to be implemented and would provide an update to the board next month [<b>Action: SB</b>]. JM reminded the board that the establishment of the new Theatre Users' Group would assist in addressing some of the existing concerns. JT observed that, despite some negative comments, it was still</p>  |

encouraging to receive feedback which would aid overall engagement with medical staff.

The Chairman thanked SF and the board **NOTED** the contents of the update

## RESULTS AND ACTIONS

### 145-14 Patients: safe staffing and quality of care

AP presented the monthly patient update which included reports on Quality and Risk, Infection Prevention and Control, Complaints, and Safe Staffing.

Exception reporting for May included:

- World Health Organisation (WHO) pre-surgery checklist compliance was down to 91%;
- The Friends & Family Test (F&FT) score within the Minor Injuries Unit (MIU) was below 80, with the return rate of F&FT forms below 20%; the F&FT score within the Sleep Disorder Centre was below 80. AP assured the board that despite these dips, scores were above average for June.
- The inpatients' score for reassessment of nutritional screening after 7 days had fallen below 95%;
- Medication administration errors were higher than anticipated;
- The score for consent of elective patients prior to surgery was lower than 75% overall and specifically in Plastics and Maxillo facial teams.

One Serious Untoward Incident (SUI) had been reported in May which involved extraction of the wrong teeth. BG raised concerns that this appeared similar to a previous incident, but was assured by AP that the investigation currently underway indicated this had not been a WHO checklist error but a transcription error in the patient's notes. RT concurred that whilst there didn't appear to be a trend in respect of SUIs or 'Never Events' he would be meeting with AP and SF to discuss how best to eliminate any underlying concerns. **[Action: RT]**

The Chairman sought clarification regarding Safe Staffing data and asked for a clearer summary of conclusions in future reporting. Both LP and SF noted that overall the new style reporting was an improvement; JT concurred but suggested that the inclusion of summary headings would be helpful.

The Chairman thanked AP for her update and the board **NOTED** the contents of the report and appendices.

### 146-14 Operational performance: targets, delivery and key performance indicators

JM presented the monthly operational performance reports which included updates on targets, delivery and key performance indicators (KPIs).

Recommendations following the visit in April by the Department of Health (DoH) Intensive Support Team (IST) had now been prioritised and JM provided a summary of key actions contained within the report.

It was noted that trust income from patient activity was above plan in May. JM observed that whilst first outpatient referrals had remained static, both inpatient and outpatient waiting lists had increased, particularly in April.

Although the trust had met its aggregate 18-week targets, it had failed to achieve the admitted targets in Ophthalmology and Sleep. The Clinical Commissioning Group (CCG) had been informed. Reiterating his earlier comments, RT reminded the board that the main

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|        | <p>strategy for meeting the 18-week targets was to increase capacity, and key to this was the opening of former Theatre 11. To date, however, efforts had been hampered by delays in recruitment of staff. In the meantime, RT assured the board that the operational team was exploring options to open as many sessions as possible in July and August (assuming safe staffing levels).</p> <p>JM asked the board to note that in May one patient was reported to have waited over 52 weeks for treatment. This patient had been referred to QVH for treatment from Brighton and Sussex University Hospitals Trust (BSUHT) at week 49 in their pathway following delays at BSUHT in obtaining test results. The QVH team had not been alerted in advance of any concerns and had accepted the patient for treatment in order to prevent any further delays to their care. Discussions surrounding reallocating this breach were taking place and QVH was currently awaiting a response from BSUHT; SB noted that the IST had already highlighted this issue with commissioners, but they had not agreed to separate accountabilities. It would therefore be raised at a future programme board meeting [<b>Action: SB</b>]</p> <p>It was reported that two urgent operations were cancelled for a second time in May; JM set out the reasons for this and the actions to be taken to address and to maintain performance in the short term. Longer term it was recognised that the trust would need to manage trauma more flexibly and was developing an options appraisal system to facilitate this.</p> <p>This month's report also included reference to the 'Never Event' previously raised under the earlier 'Patients: safe staffing and quality of care' update presented by AP.</p> <p>The Chairman thanked JM and the board <b>NOTED</b> the contents of the report and endorsed the actions being taken to improve performance where necessary.</p>                    |
| 147-14 | <p><b>Financial performance: monthly update</b></p> <p>SB presented highlights from the monthly finance report which suggested the trust was continuing to perform well against the plan. In order to put the report into context, he made the following observations:</p> <p>Although there was a year to date overspend on pay, this included some non-recurrent and prior year costs of £189k, SB advised, however, that the board should be equally concerned by underspend which could suggest that level of staffing might not be appropriate. With this in mind, he would be working to gain a broader understanding of the clinical directorates to identify the underlying areas of both over and under spending which would be addressed at cost centre level. Non-pay spend currently appeared favourable but a continuation of stringent cost control measures was important.</p> <p>As a result of some uncertainty around capital schemes and phasing, the trust was currently behind on its capital programme. SB was reviewing the status of all capital projects to understand better the resources, requirements and phasing of these developments. He reminded the board that a separate business case for capital investment in Information Management and Technology (IM&amp;T) would be submitted in October.</p> <p>Due to receipt of legacy debt resulting in a reduction in the high level of debt seen at the end of 2013/14, cash was now above plan at £6m and expected to remain so for the rest of the year. However, SB warned that creditor payment performance was poor due to internal processes, and that he was concerned that suppliers were not being paid in line with the Public Sector Payments Policy. Efforts were being made to address this.</p> <p>LP queried why adjustments of £103k had been made in respect of Commissioning for Quality and Innovation payments (CQUINs); SB explained that in line with standard practice,</p> |

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|                      | <p>these should be accrued at just 50% until there was greater certainty around their achievement; he assured the board there was no evidence to suggest the trust would not achieve the targets, but this was prudent provision against a risk of non-compliance.</p> <p>LP sought clarification in respect of the current month variance on executive pay SB assured him this was a timing issue, and was not unduly unfavourable.</p> <p>With reference to a discussion item on contracts, (scheduled for later in the agenda), JT asked for clarification in respect of contracts signed with commissioners. SB explained that contracts for 2014-15 did not assume growth, so any additional activity would be subject to delayed payments; The Chairman noted the conflict between the assumptions of commissioners and those of the providers.</p> <p>BG sought assurance that additional activity undertaken in May was not the work that the trust had planned for June and July; however, he was assured by SB that the extra work in May had been driven by extra lists to meet the 18-week targets.</p> <p>The Chairman thanked SB and the board <b>NOTED</b> the contents of the report and verbal update.</p>   |
| <p><b>148-14</b></p> | <p><b>Workforce</b></p> <p>GA presented the Workforce update for May 2014, highlights of which included the following:</p> <p>As a result of erroneous data regarding medical staff results, appraisal rates appeared low at present; SF concurred and advised that that he had doubled checked statistics and could report an 88% appraisal rate for doctors. GA noted that overall appraisal results were within tolerance but not as good as anticipated.</p> <p>Levels of bank and agency usage were continuing to decrease due to control measures put in place earlier in the year; however, there was still some concern regarding pay and efforts were currently underway to identify reasons for the disparity between establishment and actual staffing figures.</p> <p>The sickness rate for the trust remained above target due to both short-term and long-term absence cases, the main reasons being anxiety and depression. GA assured the board that sickness absence was being managed proactively through collaboration between line managers, Human Resources and Occupational Health. Moreover, mental wellbeing would continue to be promoted through various activities including the upcoming Positive Minds Day on 10<sup>th</sup> July 2014.</p> <p>GA noted other absences (eg annual leave) required careful management to ensure not too many staff were absent at the same time. JM stressed the importance of mitigating negative impacts on the 18-week target.</p> <p>Turnover rates appeared above target and SB sought clarification in respect of the 20% rate reported. GA reminded the board that this figure included changeover rates relating to junior doctors, which could mask the real figure. GC sought clarification regarding exit interviews; GA explained the current process and advised that plans were underway to implement a system whereby both an exit interview and leaver form would be completed at the same time. In the meantime, GA agreed to review previous staff turnover data to establish any evidence of a trend. <b>[Action: GA]</b></p> <p>Figures for statutory and mandatory (S&amp;M) training had dropped slightly from 79.35% to 78.11%.</p> |

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|  | <p>GA reported that nursing posts accounted for a quarter of all trust vacancies at present but gave assurance that action was being taken to manage this area of recruitment proactively. On the whole, however, he felt recruitment timescales were still reasonable and noted the introduction of a new NHS ID passport (similar in principle to the training passport) had speeded up the process.</p> <p>GA noted that, whilst the board's focus had remained on training over the last year, this was only one of a range of quality measures. He proposed instigating a quarterly report for training and appraisals, and suggested a variety of alternative quality measures which could be reported either monthly or quarterly. After some debate, SB recommended that as the data was already available it should remain within the board reports, albeit as an appendix. The Chairman concurred and asked that strategic reporting be brought to the board on a quarterly basis against the QVH 2020 headings, whilst monthly reporting remain in its current format.</p> <p>The Chairman thanked GA for his update and the board <b>NOTED</b> the information contained therein.</p> |
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**STRATEGIC PRIORITIES**

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| <b>149-14</b> | <p><b>Quarterly update on delivery of Key Strategic Objective (KSO) 1: Outstanding Patient Experience</b></p> <p>AP presented the first of a series of quarterly updates in respect the trust Key Strategic Objectives (KSOs). As Director of Nursing and Quality, AP had been tasked with leading KSO 1: 'Outstanding Patient Experience', which would support delivery of superior care and outcomes for patients, and the provision of an exceptional environment, combined with outstanding personal service.</p> <p>In introducing the report, AP asked the board to note that rather than a long term strategy, this paper focused on the shorter term actions which could be achieved during 2014/15. JT acknowledged this observation but asked how the board could establish whether the trust was on track to achieve medium to long-term objectives. After discussion, the board agreed it would be helpful to add a preface to the report, to provide some context and which could then be underpinned by the associated action plan. The Chairman also suggested that an aspirational statement, defining excellent experience (as informed by patient perspective) would assist in developing these ideas further.</p> |
| <b>150-14</b> | <p><b>Quarterly update on delivery of Key Strategic Objective (KSO) 2: World Class Clinical Services</b></p> <p>Noting this was still very much a work in progress, SF presented a quarterly update on delivery of KSO 2: 'Delivery of World Class Clinical Services', which had been assigned to him in his capacity as Medical Director.</p> <p>SF reminded the board that Ian Francis was now permanently appointed as Consultant Radiologist for QVH, having previously been employed by Brighton University Hospitals NHS Trust (BSUHT). SF was confident Ian was a well-connected, strategic thinker who would be well equipped to support Elin Richardson in developing some of the key observations. He also reported that a project manager for Clinical Outcomes was now in post but would need a little more time before becoming fully established.</p> <p>Reiterating concerns he had raised recently at the board, SF explained how non consultant</p>   |

career grade staff were a missing link in development of medical staff. Usually recruited for service delivery, these doctors were not currently receiving the support and development of traditional deanery trainees. However, the trust's aim was now to ensure these posts were educational, reflecting the value placed in this workforce. Contracts and job plans would be rewritten, and negotiations would take place with all directorates to ensure the various specialities recognised their responsibilities to these grades.

SF reminded the board that a key component in delivery of the education strategy was development of an education centre. Agreement had been obtained to part fund this from the League of Friends and SF would also be making a formal application to the QVH Charity for additional funding in due course. Engagement with deaneries was on-going to ensure that QVH continued to provide comprehensive training and to be a well-regarded destination for trainees and future consultants. SF noted that reputational improvement would follow enhanced research and education, contributing to the achievement of other KSOs.

Whilst acknowledging the above, JT queried if what was in place at present was sufficient to deliver the objectives, and asked how the board could be assured the project was on track. The Chairman reiterated his earlier request for an overarching aspirational statement which would help to set the context and enable the board to monitor process. RT suggested that the agendas for the August and September board meetings be revised to enable this aspirational element to be developed across all KSOs. **[Action: RT]**

Whilst LP suggested additional time should be dedicated to discussing the Key Strategic Objectives, the Chairman felt assured that the newly revised agenda should enable the board to ascertain progress in a robust and systematic manner during its formal sessions.

As an aside, JT suggested to SF that the RAG rating status included within AP's previous report, together with some key headings, would be helpful in future reporting. **[Action: SF]**

The Chairman thanked SF for his report and update which was duly **NOTED** by the board.

## GOVERNANCE

### 151-14 Corporate Risk Register

AP had collated and circulated risks on the corporate risk register currently rated 12 or above, (as these posed the most significant threat to the trust). Whilst all risks had been reviewed in recent months, AP asked the board to note that those risks without a residual risk rating were without allocated actions as yet. Alison Vizulis, (recently appointed Head of Risk) was currently working through all risks to quantify their ratings and the board would receive an update in due course.

Details of controls in place to mitigate each risk were provided, together with details of actions required to further reduce risk to the organisation. It was noted that the most significant risk was the potential risk of failure of the clean room, (rated at 16).

JT queried how risk was determined, and was advised this was calculated by multiplying the level of likelihood with the level of seriousness. RT suggested that to provide a better understanding, an additional column should be added to the report setting out how overall levels had been established. **[Action: AP]**

JT confirmed that the Board Assurance Framework (BAF) could be presented to the board without a requirement for it to go through the Audit Committee first. **[Action: AP]**

Taking the above comments into account, the Board **AGREED** to adopt the corporate risk

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| 152-14 | <p><b>Research and Development (R&amp;D) Annual Report 2013-14</b></p> <p>The Chairman welcomed Julian Giles (Consultant Anaesthetist and Clinical Lead for R&amp;D) and Brian Jones, (interim Director for R&amp;D) who had joined the meeting to provide an update on the trust's progress within the field of R&amp;D. JG reminded the board that BJ had joined the trust in January under a new, fixed-term joint contract with Brighton and Sussex University Hospital Trust (BSUHT), funded by Charitable Funds, with a remit to increase research, promote a positive and active research culture and increase collaboration between the Blond McIndoe Research Foundation (BMRF), QVH and BSUHT.</p> <p>In presenting the 2013-14 Annual Report which reviewed R&amp;D activity over the last year JG explained how also this fed into the QVH2020 strategy as part of KSO 2: 'World Class Clinical Services'. RT agreed that an expanding R&amp;D programme would contribute to outstanding patient experience, world class clinical services, and operational excellence, in addition to contributing to financial sustainability by bringing funding into the Trust.</p> <p>JG suggested it was already clear that the Research Director post had resulted in closer strategic collaboration with the University, which in turn had facilitated greater access to major grant awards, (including resources of which the trust had hitherto been unaware).</p> <p>BJ emphasised how fortunate QVH was to have a resource such as the BMRF on site, and felt confident that joint working would benefit fostering a culture of research.</p> <p>SF summarised the board's view that this was an interesting report, clearly demonstrating positive, measurable outcomes.</p> <p>JG reminded the board that it needed to secure the future of the R &amp; D post and an application would be made to the Charitable Fund in due course. He suggested an indication of the board's support would be valuable. LP confirmed that a recommendation would be made at the Charitable Trustees' meeting in November.</p> <p>The Chairman thanked JG and BJ for attending the meeting and the board <b>NOTED</b> the contents of the report and the verbal update.</p> |
| 153-14 | <p><b>Emergency Preparedness Resilience and Response, and Business Continuity Annual Report 2013-14</b></p> <p>AP presented annual reports on Emergency Preparedness Resilience and Response (EPRR), and Business Continuity for 2013-14. JT asked if these were two discrete items; AP confirmed that they were, but explained that in this organisation both items were managed together.</p> <p>JT asked how business continuity was tested within the trust. AP reminded the board that due to storm damage, and IT and electrical failures experienced over the last year, business continuity plans had been tested in real time. Notwithstanding this, JT reiterated the importance of an ongoing programme of business continuity assessment.</p> <p>The board <b>NOTED</b> the contents of the reports.</p>  |
| 154-14 | <p><b>C-Wing Action Plan update</b></p> <p>LH presented the latest version of the Canadian Wing (C-Wing) action plan, which now included additional updates.</p>  |

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|   | There were no comments and the board <b>NOTED</b> the contents of the latest edition.   |
| <b>155-14</b>   | <p><b>Board Governance Assurance Framework (BGAF) Action Plan: Governor involvement in NED Appraisals</b></p> <p>As part of the BGAF action plan, LH had been asked to consider how best to improve governor involvement in the current NED appraisal process. Research into processes adopted by other trusts suggested that generally governors are asked to complete and return a feedback form. It was noted that although QVH already follows this process in respect of the Chairman's appraisal, return rates are quite low amongst governors.</p> <p>The Chairman suggested that this proposal appeared to be the most pragmatic but asked NEDs to reflect and report back to LH in due course. <b>[Action: all NEDs]</b></p> <p>LP asked for an update regarding the 360<sup>o</sup> appraisal process planned for use by the Executive team; RT responded that he was still developing this with GA but that the senior team would require an external process. The Chairman reminded NEDs that he was still awaiting their feedback on the Executive team; he agreed to meet with RT to formalise <b>[Action: PAG]</b></p> |
| <b>REPORTS FROM THE CHAIRS OF THE SUB-COMMITTEES TO THE BOARD</b> |   |
| <b>156-14</b>   | <p><b>Clinical Cabinet</b></p> <p>As Chair of the Clinical Cabinet, RT prepared and circulated a report summarising discussions held at meetings of the Clinical Cabinet which took place on 02 and 16 June 2014.</p> <p>The board <b>NOTED</b> the contents of the report.</p>   |
| <b>157-14</b>   | <p><b>Audit Committee</b></p> <p>As Chair of the Audit Committee, JT had prepared and circulated a report on the recent Audit Committee meeting. Of particular concern this quarter, was the KPMG report into the trust's Capital Projects and Processes, which had been given an overall assurance rating of 'requires improving'. JT noted the final report would be brought to the board in July <b>[Action: SB]</b>; in the meantime, RT assured the board that shortcomings highlighted in this report were being addressed as part of the wider Estates review.</p> <p>The board <b>NOTED</b> the contents of the report.</p>   |
| <b>STAKEHOLDER AND STAFF ENGAGEMENT</b>                           |   |
| <b>158-14</b>   | <p><b>Feedback from events and other engagement with staff and stakeholders</b></p> <p>LH reminded the board that in order to satisfy criteria laid down in the Board Governance Assurance Framework (BGAF) and the C-Wing action plan, it was required to provide evidence of how its members engaged with staff and stakeholders.</p> <p>The Chairman asked the board to reflect on this and be prepared to provide updates with effect from next month. <b>[Action: ALL]</b></p>   |
| <b>GOVERNOR REPRESENTATIVE &amp; NON-EXECUTIVE DIRECTORS</b>      |   |
| <b>159-14</b>   | <p><b>Report from the Governor Representative</b></p> <p>BG provided an update on the Chairman's recruitment process and advised that an Extraordinary General Meeting of the full Council of Governors (CoG) to approve the</p>  |

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|  | <p>recommendation of the Appointments Committee was scheduled for 5pm this evening.</p> <p>BG reported that governors had requested further information in respect of the QVH 2020 and the Estates strategies. RT confirmed he would provide an update at the next full CoG in September. <b>[Action: RT]</b></p> |
| <b>160-14</b>  | <p><b>Observations from the Chairman and Non-Executive Directors</b></p> <p>There were none.</p>  |
| <b>QUESTIONS FROM OBSERVERS</b>                              |   |
| <b>161-14</b>  | There were none   |
| <b>MOTION TO EXCLUDE THE PRESS AND MEMBERS OF THE PUBLIC</b> |   |
| <b>162-14</b>  | Further to paragraph 39.1, and annex 6 of the Trust's Constitution, it was agreed that members of the public should be excluded from the remainder of the meeting in order to enable the board to discuss confidential information concerning the trust's finances and matters of a commercially sensitive nature |

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