Queen Victoria Hospital NHS
NHS Foundation Trust

| | | |
|---|---|---|
| **Document:** | **Minutes FINAL & APPROVED** | |
| **Meeting:** | **Board of Directors (session in public)**<br>**Thursday 29th January 2015, 13.00 – 16.00, The Council Chamber, East Court, College Lane, East Grinstead RH19 3LT** | |
| **Present:** | Peter Griffiths (PAG) | Trust Chairman |
| | Beryl Hobson, (BH) | Non-Executive Director and Chair Designate |
| | 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 |
| | Dominic Tkaczyk (DT) | Interim Director of Finance |
| | Richard Tyler (RT) | Chief Executive |
| **In attendance:** | Graeme Armitage (GA) | Head of Human Resources & Organisational Development |
| | Kathleen Dalby (KD) | Head of Corporate Affairs & Co Sec |
| | Lois Howell (LH) | Interim Head of Corporate Affairs & Co Sec |
| | Brian Goode (BG) | Governor Representative |
| | Jane Morris (JM) | Interim Head of Operations |
| | Hilary Saunders (HS) | Deputy Company Secretary (minutes) |
| | Jo Thomas (JMT) | Interim Director of Nursing & Quality (from February 2015) |

## WELCOME

**001-15** **Welcome, apologies and declarations of interest**

The Chair opened the meeting and thanked BH for chairing the board over the last two months during his absence.

He welcomed back KD who was attending today's meeting prior to her return from maternity leave next week. He also welcomed JMT who was in attendance at today's meeting, in anticipation of taking up the interim Director of Nursing role from next month.

The Chair reminded those present that this would be AP's final meeting. On behalf of the board he thanked her for all she had done during her time at QVH, and wished her all the best in her new role. Finally, the Chair thanked LH for her support as interim Head of Corporate Affairs (iHoCA) during KD's absence.

There were no apologies and no new Declarations of Interest

## PATIENT STORY

**002-15** **Patient Safety**

AP asked the board to note that, contrary to perception, staff shortages were a misconception (as borne out by data within the Safe Care module) and the trust was continuing to maintain safe staffing levels.

Whilst a recent bid for additional patient monitoring equipment had been unsuccessful, AP was hopeful that this might be reconsidered in the future as it would continue to strengthen board assurance of safe staffing.

| | |
|---|---|
| | The Chair thanked AP and the board **NOTED** the contents of his update. |
| **STANDING ITEMS** | |
| **003-15** | **Draft minutes of the meeting session held in public on 18 December 2014 for approval**<br>The minutes of the meeting were **APPROVED** as a correct record. |
| **004-15** | **Matters Arising & Actions Pending**<br>The board reviewed the current record of matters arising and actions pending, and the document was updated as appropriate.<br><br>The update was received and **APPROVED**. |
| **005-15** | **Update from the Chief Executive**<br>RT opened by reiterating the Chairman's earlier comments regarding AP's departure, and thanked her personally for her invaluable support during his time as Chief Executive. He then welcomed JMT, who would be assuming the Director of Nursing role from 1st February. Finally he thanked LH for her support during her time as interim Head of Corporate Affairs.<br><br>A statement had been released this morning by Monitor advising that 75% of providers had objected to the proposed national tariff for 2015/16. According to legislation, the proposals could not be introduced at this stage and the trust would therefore be expected to continue planning for the next financial year on the basis of the 2014-15 tariff.<br><br>The board was asked to note that this week's recruitment event, aimed at targeting rates of recruitment in key clinical areas, had been very successful; a more detailed update would be provided by GA within the Workforce report.<br><br>RT provided a brief update in respect of lower than anticipated levels of patient activity, explaining this had been attributed to three specific consultants. Whilst recent analysis provided some assurance that this wasn't due to a wider shift in referral patterns, RT had nonetheless tasked the Director of Finance and Head of Operations with ensuring changes in consultant workforce and case-mix were incorporated into the 2015/16 business planning process.<br><br>In December the trust had reported full compliance with the 18-week target at an aggregate level for admitted, non-admitted and open patient pathways. It had also achieved compliance at a speciality level across all patient pathways with the exception of oral surgery (where compliance on the non-admitted pathway was missed by a single patient). RT reminded the board that the orthodontic component of oral surgery was a considerable challenge with an overall backlog in November in excess of 200 patients; despite a significant reduction, an element of backlog rolled over into December resulting in the near miss. Whilst frustrating, RT was keen that this did not overshadow what was, in essence, a significant achievement for the trust.<br><br>RT reminded the board of the trust's current restructuring programme, (which had been considered in greater detail at the earlier Nomination & Remuneration Committee meeting).<br><br>The one-day industrial action (originally scheduled for today), had been called off.<br><br>RT reminded the board that the burns and trauma service was one of five focus areas for clinical strategy; with this in mind, a trauma working group had been established to consider how best to increase capacity and a detailed report would be presented later in the meeting.<br><br>Following publication of the NHS Five Year Forward View, and as part of the 2015/16 national planning guidance, expressions of interest were being sought from organisations willing to |

| | |
|---|---|
| | become a vanguard site; RT reported that QVH would be submitting a bid shortly to form an acute collaborative with primary care and community services.<br><br>Following publication of the NHS Five Year Forward View, and as part of the 2015/16 national planning guidance, expressions of interest were being sought from organisations willing to become a vanguard site for new models of care; RT reported that QVH would be submitting a collaborative bid shortly with primary care and community services.<br><br>The board was advised that the trust was part of a consortium bid for the High Weald Lewes Havens Community Services; if successful the trust would continue to provide its existing services, whilst developing a strategy to engage in community work.<br><br>RT asked the board to note that the Care Quality Commission (CQC) had received formal notification that the roles of DIPC, Caldicott Guardian and Accountable Officer for Controlled Drugs would be assumed by JMT following AP's departure. In addition, NHS Protect had been advised formally that the Security Manager role would also pass from AP to JMT with effect from 31st January 2015.<br><br>The Chair thanked RT and the board **NOTED** the contents of his update. |
| **RESULTS AND ACTIONS** | |
| **006-15** | **Patients: safe staffing and quality of care**<br>AP presented the monthly update on patient care, highlighting the following:<br><br><u>Safe Staffing:</u><br>In addition to the standard metrics this month, the board also received its bi-annual report on Safe Staffing; whilst all areas were deemed to have safe staffing levels, vacancy rates within Canadian Wing and the sickness rate within the Burns Intensive Treatment Unit (ITU) continued to cause concern. AP anticipated that future reporting would be more comprehensive, as it would incorporate data extracted from the recently launched Safer Care Module.<br><br><u>Commissioning for Quality and Innovation (CQUIN) payments</u><br>AP advised the following:<br>• Agreement had been reached with commissioners this morning in respect of the Quarter 3 CQUIN payments. Metrics for local CQUINs for 2015-16 had been agreed in principle, although the trust was still awaiting confirmation of national and specialist metrics;<br>• The Food for Life action plan continues to fall behind schedule and is being monitored by the Patient Experience Group and Hotel Services Manager; and,<br>• Due to the re-admission of an elective patient (categorised as trauma), the trust had not achieved its dementia screening target, although the trust would not be penalised for this.<br><br><u>Quality & Risk Management</u><br>• One grade 2 QVH acquired pressure ulcer was reported in December;<br>• As the board was already aware, one SI (Serious Incident) relating to decontamination was reported to the Clinical Commissioning Group (CCG) in December;<br>• The board was also in receipt of a Root Cause Analysis (RCA) report relating to a patient who had lost the sight of one eye. GC asked how this would be managed in light of the recent Duty of Candour legislation. AP and SF were confident this would have been reported appropriately regardless of new legislation, (although LH took the opportunity to highlight the recently adopted process which would ensure QHV was meeting its obligations). It was also confirmed that in future the Head of Risk would review all SIs after a period of one year to ensure actions remained embedded in the process;<br>• Flu vaccination rates had improved but were still not at the trust's 60% target rate. |

| | |
|---|---|
| | Quality Account Priorities<br>The process for agreement of the 2014/15 priorities was underway and would focus on the Refer To Treatment (RTT) 18-week and 28-day re-admission targets; a third area was still under consideration and would require input from the Council of Governors.<br><br>Complaints, Claims and Patient Experience<br>• Five new complaints had been received in December and were currently under investigation;<br>• Changes had been made to the scoring methodology of the Friends and Family Test (FFT). The procurement process was underway to ensure an external provider would be in place by April.<br><br>Learning Disability Peer Review<br>An action plan and report had been circulated to the board;<br><br>The Chair thanked AP for her update, the contents of which were **NOTED** by the board. |
| **007-15** | **Operational performance: targets, delivery and key performance indicators**<br>As mentioned previously by the Chief Executive, JM reminded the board that the trust had achieved aggregate levels for all three 18-week targets in December, moreover, she confirmed that the trust had achieved compliance for all three targets in January (including Maxillofacial Surgery), and was predicting compliance in February now that the RTT18 position was more sustainable. The trust had achieved all cancer waiting times in November, although the figures for December were not yet available. With effect from the end of January, JM confirmed data for both non-admitted as well as admitted patients would be included as part of the weekly report circulated to the board. Finally, as the trust had achieved backlog reduction and compliance by 1st December (in line with the agreement reached with CCGs earlier in the year), no penalties would be applied for the period from July to November. (Although verbal assurance had been received, the trust was still awaiting written confirmation from the CCGs).<br><br>The Chairman asked if the 15-week internal target would be achievable. RT explained that whilst 80% of patients were being treated within this timescale, an overall 15-week target could not be achieved by the end of the financial year; however, he was assured that the backlog was now under control and the trust in a much more sustainable position. JT concurred, and reminded the board that the internal target was originally introduced to allow additional breathing space.<br><br>GC queried if targets could be sustained without additional capacity; JM explained this was dependent upon demand (which would continue to be carefully monitored). RT reminded the board that the main risk would continue to be late off-site referrals, over which the trust had limited control.<br><br>With the RTT18 process in a sustainable position, JM was hopeful her focus could now return to transformation projects which would include future growth and redesign of patient pathways.<br><br>The Chairman thanked JM for her report, the contents of which were **NOTED** by the board. |
| **008-15** | **Increase of theatre capacity for Trauma**<br>JM reminded the board that the vision for trauma services at QVH included creating capacity for growth to further improve existing services through reduced waiting times; this would be achieved by providing one-stop services and also through provision of increased support to lower leg trauma within the region. It was acknowledged this was one of the organisation's key clinical strategies within QVH 2020, and a priority for the trust.<br><br>In order to facilitate these improvements, a model had been developed which would provide |

| | |
|---|---|
| | three additional theatre lists, increasing total trauma capacity by 30%. (Refurbishment and staffing costs had also been considered as part of the business case). JM explained that as demand for trauma was difficult to predict, the business case set out both a 5% and 10% growth in activity (four and eight additional cases per week, respectively).<br><br>The majority of cases were referred from elsewhere and comprised non-elective work which other trusts were struggling to manage. SF reminded the board that this model would also offer a new service for lower limb trauma. RT acknowledged this model would improve patient safety but asked the board to note it would also improve the trust's strategic position within the current trauma network; importantly, it also had the backing of the Clinical Cabinet. PAG agreed this would have a strategic impact on the surrounding Kent, Surrey and Sussex area, which in turn would improve the trust's standing in provision of trauma care. He also predicted improvements beyond short term financial gain, but noted this would require tackling issues such as weekend working in due course.<br><br>GC acknowledged that, from a quality perspective, this was a good development but sought clarification regarding the financial position and queried whether this would be classified as additional activity. JM explained that a 5% growth was equivalent to £461k in additional income, whilst staffing levels would remain the same. DT concurred that the trust would break even, even at a cautious 5% assumption and this activity might provide a significant financial contribution in time.<br><br>JT asked for confirmation that the CCGs would pay for this additional activity; RT explained he was still to clarify the position with the CCGs but pointed out that if this work were not undertaken at QVH, it would still have to be undertaken at an alternative A & E department.<br><br>JT asked how it might assist with the RTT18 targets; JM explained how the proposal would insure against cancellation of elective lists (due to a surge in trauma as had happened in the past), and should also assist with waiting list management.<br><br>The Chairman thanked JM for her presentation of the proposal. After due consideration, the board **ENDORSED** the decision of the Clinical Cabinet to progress with the implementation of the proposal to increase trauma capacity. |
| **009-15** | **Financial performance: monthly update**<br>DT presented the Finance report for December, noting that the current surplus of £1,715k provided assurance that the planned surplus would be achievable. The trust continued to maintain a Continuity of Service Risk Rating (CSRR) of 4.<br><br>DT drew the board's attention to the new Divisional Performance summary showing financial performance aligned to the revised structure and associated business units; it was anticipated that this would lead to greater clarity around Service Line Reporting in the future.<br><br>DT reiterated concerns in relation to capital, reminding the board that expenditure was significantly below plan due to the delayed start of the IT network replacement project. Sufficient project management would be crucial to delivery of capital projects (and was therefore being built into plan). It was noted that cash balances were healthy at present but this was due in part to delays in capital expenditure and would need to be monitored carefully.<br><br>BG queried if activity was holding up according to the plan. JM reiterated her update from last month's board meeting, whilst RT restated earlier comments attributing lower than expected levels of patient activity to three specific consultants and reminding the board that changes in consultant workforce and case-mix would be incorporated into the 2015/16 business planning process. |

| | |
|---|---|
| | The Chairman asked DT for his views regarding the current position on surplus. DT felt this could end up higher than originally planned and consideration should be given as to how best this should be managed. DT anticipated he should be in a better position to present options next month, and this would be included on the February agenda. **[Action: DT]**<br><br>JT sought clarification with regard to the release of £655k of provisions in December. DT explained this had originally been set aside to mitigate penalisation under the Emergency Rate Tariff (ERT) policy; however, current indications were that this was now unlikely (although DT assured the board that similar provision would be built into the plan next year).<br><br>RT drew the board's attention to the Income by Point of Delivery report and concluded that the provision level had been prudent but not over cautious. (He reiterated, however, that both expenditure and volatility of income were now under control).<br><br>The Chairman thanked DT for his update, the contents of which were **NOTED** by the board. |
| **010-15** | **Contract update**<br>DT reported that over performance was continuing, predominantly in day cases and outpatient follow-up, largely as a result of action taken to reduce 18-week backlog but also due to the extension of provision of Musculo-Skeletal services (which had been removed from commissioner plans). DT asked the board to note that the CCGs were aware of levels of over performance and strict limits were now being enforced, which could pose a risk to the trust next year.<br><br>DT reminded the board that NHS England had commissioned at approximately 8% below the 2013/14 outturn without putting any demand management scheme in place. Although the trust had signed agreements in good faith on the basis of activity, it was now being challenged by commissioners on over performance, (significantly also by 8%).<br><br>RT confirmed that the majority of Outpatient follow-up referrals related to Ophthalmology. Evidence was being collated to show these were carried out for sound clinical reasons, and the trust would respond to commissioners to this effect in due course.<br><br>The Chair thanked DT for his update, the contents of which were **NOTED** by the board |
| **011-15** | **Workforce**<br><br>GA expanded on RT's earlier reference to the recruitment day, which had focused on key clinical areas. The day had been a great success and there were plans to hold two or three similar events in the next financial year. In the meantime, a drive targeting Medical Staff was scheduled for March. Although originally established as a 'task and finish' group, a decision had been taken for the Recruitment and Retention Group to continue, and GA would keep the board apprised of developments.<br><br>Turnover had fallen slightly, and was now approaching a similar level compared to this time last year.<br><br>Sickness had increased slightly compared to the previous month; whilst the trust was still some way above its 2% outturn target, results were still favourable when compared to the NHS as a whole. There were some encouraging signs relating to rates of long term sickness, with the majority of cases being resolved, either through individuals returning to work, or leaving due to ill-health retirement. Stress and anxiety cases had fallen considerably (this was now only 6th on the list of top 10 reasons for absence, having previously been at top earlier the year). As previously requested by the board, GA confirmed the workforce report now provided additional information in respect of absence, including a breakdown of individual staff groups. It was |

| | |
|---|---|
| | reported that Administrative and Clerical staff had the most sickness absence in December with the top three groups being Medical Secretaries, Health Records and Human Resources. A high level of short-term sickness had been reported, with Mondays being the highest first day absent (a recurring trend for the trust). Work was being undertaken to identify if this related to any specific individuals and managers were being supported to take action where this appeared to be the case.<br><br>Phase 3 of the Statutory and Mandatory Training improvements were now complete. GA advised that the January 2015 reports went live mid-month and to date the number of queries and corrections were minimal.<br><br>The vacancy rate for November was 11.4% of which 23.4 Whole Time Equivalent (WTE) staff vacancies were actively being recruited to. However, the board was asked to note that the 11.4% vacancy rate was derived from the Funded Establishment figure minus the In-Post figure. Added back into this figure were the current live vacancies of 23.4 WTE and so at present the trust was only seeing 23% of this gap in the form of live vacancies. GA confirmed this was being investigated to understand better how managers were using vacancies (and the overall impact on efficient use of resources).<br><br>The Chair thanked GA for his update, the contents of which were **NOTED** by the board. |
| **STRATEGIC PRIORITIES** | |
| **012-15** | **Quarterly update on delivery of Key Strategic Objective (KSO) 3: Operational Excellence**<br>JM presented a brief summary on the progress in respect of delivery of KSO3; this was designed to support organisational delivery of streamlined services to ensure patients were offered choice and treated in a timely manner. KSO3 would be delivered through various means including the use of technology, implementation of lean systems, reduction in duplication, standardisation of processes, reduction of waste and co-location of departments to improve efficiency, whilst reviewing structures to ensure they remained fit for purpose.<br><br>A table summarising key actions had been providing with JM highlighting the following:<br>• The introduction of electronic referrals had been delayed but was now due to go live in two weeks;<br>• The trust had been unsuccessful in its efforts to arrange for staff to be trained to deliver an Organising for Quality programme, so the aim now was to deliver an in-house training programme during the first quarter of 2015/16;<br>• Attempts to improve productivity within Outpatients and Theatres had been hampered by delays with the RTT18 targets, but this was now progressing. GC noted this should enable progress to tie in with the recent Theatres review;<br>• As highlighted during the Contract update, a steering group had been established to review New to Follow-up ratios;<br>• A review of options around centralised referrals, appointments and the scheduling function would be delayed until after the operational restructure was complete<br><br>JT observed the update focused on short term plans rather than medium term ambitions; JM concurred but confirmed that the programme was now incorporated into a roadmap for implementation over the next five years.<br><br>The Chair thanked JM for her update, the contents of which were **NOTED** by the board. |
| **013-15** | **Quarterly update on delivery of Key Strategic Objective (KSO) 4: Financial Sustainability**<br>DT presented a report on the objective of providing assurance to the board on the financial sustainability of the trust. |

| | |
|---|---|
| | To supplement this, DT apprised the board of plans within his team to improve financial support under the new organisational structure. With the right framework in place, Service Line Reporting should be introduced in the future.<br><br>As the board was aware, the Deputy Director of Finance (DDoF) would be leaving the trust in February and to ensure continuity, an interim DDoF had been recruited. Recruitment for a substantive replacement was underway with plans aligned to the appointment of the new Director of Finance.<br><br>JT asked about the type of investment which the department might need over the next two to three years; DT suggested this would relate predominantly to financial reporting systems (ie driven by Information Technology).<br><br>The Chairman thanked DT for his update, the contents of which were **NOTED** by the board. |
| **014-15** | **Board Governance Review: interim update**<br>An interim report on progress of the Governance Review Group (GRG) which had been established to review the trust's current governance structure was presented; today the board was being asked to comment on the direction of travel in advance of the final report.<br><br>BH summarised the GRG's review of the existing committee structure in light of Monitor's Well-Led framework, the governance structure of other trusts, and best practice in governance generally.<br><br>As part of its recommendations, the GRG had proposed the addition of a monthly board Finance and Performance Committee (F&PC) to ensure scrutiny of financial and performance issues, thereby providing additional assurance to the board.<br><br>The GRG report also suggested that the Quality and Risk Committee (Q&RC) should meet more frequently, reflecting the board's emphasis on the quality and safety of the organisation's services.<br><br>On the basis that the existing assurance processes would be strengthened by adopting these recommendations, the GRG proposed that frequency of formal board meetings could be reduced to once every two months.<br><br>JT endorsed the introduction of an F&PC, together with increased frequency in Q&RC meetings, although he raised concerns regarding the proposal to reduce the total number of full board meetings, and advocated any time freed up be used for strategy and planning. GC concurred, and noted that all but one of the trusts reviewed in the report held monthly board meetings.<br><br>JT also asked that consideration be given as to where Risk Management should sit overall, (as Q&RC did not currently review all aspects of risk). BH assured him this would be reviewed during the next stage of the process. JT also suggested that the Terms of Reference of the Audit Committee (AC) could be reviewed in light of the new framework to ensure the board was making best use of the capacity and capability of this particular committee.<br><br>AP urged the group to ensure clarity surrounding those committees sitting immediately beneath the new structure to ensure these were fully aligned to the needs of the organisation.<br><br>GC drew the board's attention to paragraph 5.3 of the report, noting that the last paragraph applied equally to Q&RC as to F&PC.<br><br>GC queried whether it would be appropriate for the executive level Human Resources and |

| | |
|---|---|
| | Organisational Development Committee (HR&ODC) to feed into the F&PC. RT explained the rationale had been to ensure HR & OD maintained a sufficient profile within the trust, whilst recognising limitations on non-executive time. JT agreed that it was not appropriate for OD to sit with the remit of the Nomination & Remuneration committee as at present.<br><br>LH reminded the board that, although only a small trust, governance obligations for QVH were the same as for a larger organisation, and that regulator expectations continued to increase.<br><br>GC observed that both Q&RC and AC benefited from the attendance of the Chief Executive which reinforced integrated governance. RT agreed and, (as an ex-officio member of all sub-committees), would ensure this continued as part of the assurance process.<br><br>BH advised that a further interim report would be presented to the board in March, with a final report for approval in June. Although the original intention had been to implement the new structure from April, given the present recruitment of non-executive and executive board members, coupled with the current organisational restructure, it was proposed this be deferred to 1st October. This would enable the GRG to identify members of each committee, and draw up an appropriate timetable.<br><br>After general discussion, the board agreed in principle to the recommendations and asked the working group to develop further proposals regarding the board and committee meeting frequency, timing and support.<br><br>The Chairman thanked BH for her update the contents of which were **NOTED** by the board. |
| **GOVERNANCE** | |
| **015-15** | **Corporate Risk Register (CRR)**<br><br>AP presented the latest Corporate Risk Register for the board's information.<br><br>LP felt the wording contained within the first new risk, ie 'potential impact on core service delivery' was unhelpful and asked that it be revised. **[Action: JMT]**<br><br>JT asked why 40 open risks (already contained within the Board Assurance Framework) were now duplicated on the CRR. AP agreed to investigate further and would ask JMT to report back to the board in due course **[Action: JMT]**<br><br>The Chair thanked AP for her update the contents of which were **NOTED** by the board. |
| **016-15** | **Monitor Quarter 3 Return**<br><br>DT reminded the board that the trust was required to submit its Quarter 3 (Q3) monitoring return by the end of this month.<br><br>After due consideration it was confirmed that in Q3, the Continuity of Service Risk Rating be submitted as **4: No evident financial concerns**.<br><br>However, for Governance it was recognised that the trust had not met the 18-week targets. Accordingly the declaration that '*The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forward*' was **Not confirmed** |

| | |
|---|---|
| | The board noted the contents of the report and **APPROVED** that the above declarations be made to Monitor. |
| **017-15** | **Update on Whistleblowing Policy**<br><br>Following on from last month's meeting, RT reminded the board that a recent Whistleblowing incident had highlighted gaps in the current policy, which appeared ambiguous in respect of monitoring and delivery of actions. Changes had now been implemented and the revised policy approved by Clinical Cabinet. The policy would be ratified formally at the next Quality & Risk Committee meeting, and received by the Audit Committee as part of the assurance process. |
| **REPORTS FROM THE CHAIRS OF THE SUB-COMMITTEES TO THE BOARD** | |
| **018-15** | **Clinical Cabinet**<br>The report apprising the board of the Clinical Cabinet meeting which took place on 15th December 2014 was duly noted by the board. |
| **019-15** | **Charitable Fund Advisory Committee**<br>As Chair of the Charitable Funds Advisory Committee, LP presented an update, highlighting the work currently underway to simplify both the application process and the current funds structure to ensure they were better aligned to the needs of the charity.<br><br>The board duly **NOTED** the contents of the report. |
| **020-15** | **Quality & Risk Committee**<br>The report prepared by the Chair of the Quality & Risk Committee was duly **NOTED** by the board. |
| **021-15** | **Council of Governors**<br>Actions and findings highlighted within the report provided by BG on the December Council meeting were **NOTED** by the board. |
| **NEXT MONTH'S AGENDA** | |
| **022-15** | This was duly **NOTED** by the board |
| **STAKEHOLDER AND STAFF ENGAGEMENT** | |
| **023-15** | **Feedback from events and other engagement with staff and stakeholders**<br>Board members and attendees were invited to report on events in which they had participated in the last month; these included the following:<br><br>GC had undertaken a recent Compliance in Practice session on Margaret Duncombe ward, and was assured by feedback received regarding organisational culture.<br><br>JM reported that the plans to provide receptionist staff and ward clerks with QVH uniform had now been successfully implemented.<br><br>BH had attended a meeting of the League of Friends and asked the board to note that its AGM was scheduled for 23rd June 2015.<br><br>The Chairman thanked the board for their updates, the contents of which were **NOTED**.<br><br>LH reminded the board that as part of the Board Governance Assurance Framework (BGAF), it |

| | |
|---|---|
| | was due this month to consider how effective this item was in demonstrating both internal and external engagement by the board. After consideration, the board concurred this was a useful mechanism and agreed this item should remain on future board agendas. |
| **GOVERNOR REPRESENTATIVE & NON-EXECUTIVE DIRECTORS** | |
| **024-15** | **Observations from the Chairman, Non-Executive Directors and Governor Representatives**<br>There were none and it was agreed that this item would be removed from future agendas |
| **MEMBERS OF THE PUBLIC** | |
| **025-15** | **Observations from members of the public**<br>There were none. |
| **026-15** | 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 |