Queen Victoria Hospital
NHS Foundation Trust

Meeting of the Council of Governors

Monday 14 January 2019

Session in public at 16:00

The Amazon Room
Jubilee Community Centre
Charlwoods Road
East Grinstead
West Sussex
RH19 2HL

Queen Victoria Hospital
NHS Foundation Trust

Meeting of the public session of the Council of Governors
Monday 14 January 2019 at 16:00
The Amazon Room, Jubilee Community Centre, Charlwoods Road, East Grinstead RH19 2HL

Agenda: meeting session held in public				
No.	**Item**	**Purpose**	**Time**	**Mode**
Standing items				
01-19	**Welcome, apologies, declarations of interest and eligibility** *Beryl Hobson, Chair*		16:00	-
02-19	**Draft minutes of the meeting held on 15 October 2018 for approval** *Beryl Hobson, Chair*	*Approval*	16:02	*paper*
03-19	**Matters arising and actions pending from previous meeting** *Beryl Hobson, Chair*	*Review*	16:04	*paper*
Know your Trust				
04-19	**Estates strategy** *Steve Jenkin, Chief Executive*	*update*	16:05	*presentation*
Council business				
05-19	**CoG/board level engagement (annual review of agreement)** *Beryl Hobson, Chair*	*approval*	16:15	*paper*
06-19	**Annual review of GSG ToRs** *John Belsey, Lead governor*	*approval*	16:20	*paper*
07-19	**Annual review of Appointments committee ToRs** *Tony Martin, Appointments committee Chair*	*approval*	16:25	*paper*
08-19	**NED recruitment programme 2019 (interim update)** *Tony Martin, Appointments committee Chair*	*information*	16:30	-
Holding non-executive directors to account for the performance of the board of directors				
09-19	**Executive overview** *Steve Jenkin, Chief Executive and members of the Executive Management Team*	*Information*	16:35	*presentation (attached)*
10-19	**Board of Directors** *John Belsey, Lead Governor and Beryl Hobson, Trust Chair*	*Information*	16:55	-
11-19	**Financial and performance committee** *Feedback provided by Kevin Gould, committee member and Peter Shore, governor representative*	*Discussion*	17:00	-

12-19	**Quality and governance committee** *Feedback provided by Ginny Colwell, committee Chair and Angela Glynn, governor representative*	*Discussion*	17:10	-
13-19	**Audit Committee** *Feedback provided by Kevin Gould, committee Chair and Glynn Roche, governor representative*	*Discussion*	17:15	-
14-19	**Charity Committee** *Update provided by Gary Needle, committee Chair, Chris Halloway, governor representative and Carol Lehan, Staff governor representative*	*Discussion*	17:20	-
15-19	**Any other questions for non-executive directors** *All members of Council of Governors*	*Discussion*	17:25	-
Representing the interest of the members and the public				
16-19	**Annual Planning for 2019/20** *Michelle Miles, Director of Finance*	*Information*	17:30	*presentation*
17-19	**Quality Account priorities 2019/20** Jo Thomas, Director of Nursing	*Information*	17:40	*paper*
18-19	**Confirmation of Quality Indicators 2018/19** *Jo Thomas, Director of Nursing with John Belsey, Lead governor*	*Information*	17:45	-
Any other business				
19-19	*Beryl Hobson, Chair*	*Discussion*	17:50	-
Questions				
20-19	**To receive any questions or comments from members of the foundation trust or members of the public** *We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to Hilary.Saunders1@nhs.net clearly marked "Questions for the Council of Governors". Members of the public may not take part in the Council of Governors discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.* *Beryl Hobson, Chair*	*Discussion*	17:55	-

Dates of the next meetings
Business meetings of the council of governors to be held in public
2019/20 Monday 8 April 2019 Monday 29 July 2019 Monday 14 October 2019 Monday 13 January 2020

Document:	**Minutes DRAFT & UNCONFIRMED**	
Meeting:	**Council of Governors session in public** **15 October 2018, 16:00** **Amazon Room Jubilee community centre, East Grinstead RH19 2HL**	
Present:	Beryl Hobson (BH)	Chair
	Brian Beesley (BB)	Public governor
	John Belsey (JEB)	Public and Lead governor
	Liz Bennett (LB)	Stakeholder governor
	Wendy Burkhill-Prior (WB-P)	Public governor
	Colin Fry (CF)	Public governor
	Antony Fulford-Smith (AF-S)	Public governor
	Angela Glynn (AG)	Public governor
	Janet Haite (JDH)	Public governor
	Chris Halloway (CH)	Public governor
	Douglas Hunt (DH)	Public governor
	Joe McGarry (JMcG)	Public governor
	Tony Martin (TM)	Public governor *[items 74-18 to 80-18]*
	Julie Mockford (JM)	Staff governor
	Glynn Roche (GR)	Public governor
	Peter Shore (PS)	Public governor
	Robert Tamplin (RT)	Public governor
	Tony Tappenden (TT)	Public governor
	John Wiggins (JW)	Public governor
	Martin Williams (MW)	Public governor
In attendance:	Clare Pirie (CP)	Director of communications
	Hilary Saunders (HS)	Deputy company secretary
	Steve Jenkin (SJ)	Chief Executive
	Jo Thomas (JMT)	Director of nursing
	Ed Pickles (EP)	Medical Director
	Michelle Miles (MM)	Director of finance
	Geraldine Opreshko (GO)	Director of workforce and OD
	John Thornton (JT)	Non-executive director
	Kevin Gould (KG)	Non-executive director
Apologies:	Andrew Lane (AL)	Public governor
	Carol Lehan (CL)	Staff governor
	Sandra Lockyer (SL)	Staff governor
	Norman Webster (NW)	Stakeholder governor
	Robert Dudgeon (RD)	Public governor
	Mickola Wilson (MW)	Public governor
	Gary Needle (GN)	Non-executive director
	Ginny Colwell (GC)	Non-executive director
	Abigail Jago (AJ)	Director of operations
Did not attend:	St John Brown (StJB)	Stakeholder governor

WELCOME	
74-18	**Welcome, apologies and declarations of interest and eligibility** BH opened the meeting. Apologies were noted as above. BH advised Council that JM had resigned from the Trust and would therefore be stepping down

	as Staff Governor after today. She thanked JM for her time on Council and wished her well in the future.
75-18	**Draft minutes of the meeting held on 30 July for approval** The minutes of the meeting held in public on 30 July 2018 were **APPROVED** as a correct record.
76-18	**Matters arising** Council received and approved the current record of matters arising and actions pending.
77-18	**Executive overview** The executive team presented their latest report (which was also included in the meeting papers). Highlights included: • That Workforce remained the single biggest challenge to sustaining and improving patient experience at QVH. Despite this, enhanced scrutiny of patient experience, safety metrics and the Friends and family test showed that patients were still receiving excellent care. • A recent Deanery visit to assess training in plastic surgery had resulted in very complimentary feedback. • There was good clinical engagement following the appointment of consultancy 'FourEyes' to work with us to improve efficiency and productivity in theatres. • The Sustainable Transformation Partnership (STP) clinical case for change had been agreed; there was little immediate impact to QVH's role within the STP at this stage. • A reminder that the referral to treatment position had changed significantly in July following the identification, validation and reporting of patients who had not historically been reported in the Trust position. This had resulted in an increase in the overall waiting list size and an increase in patients waiting over 52 weeks on open pathways. 145 patients were waiting 52 weeks or more at the end of July. There was assurance that reviews of patients waiting more than 52 weeks had not revealed clinical harm. Revised trajectories had been agreed with commissioners and the Trust had received strong support from NHSI. • The Minor Injuries Unit had received a very high number of attenders, with 99.8% of patients being seen within 4hrs • An update on the new electronic referral system (ERS): with effect from 1 October the Trust was unable to accept paper referrals from GPs. 96% of referrals were now coming in via ERS and the Trust was applying stringent checks to ensure no patients fell through the new system. • There had been an increase in Pay, due to vacant posts, temporary staffing pressures and the agenda for change pay uplift. Whilst the forecast still showed the plan would be delivered, there were significant risks to full year delivery due to capacity constraints and current savings gap. A revised forecast was being reviewed. • In response to the workforce challenges, the Trust had launched an overseas recruitment campaign. To date, this had resulted in 43 nurses accepting job offers. New recruits would be joining QVH from November onwards. It was noted that there had also been a slight increase in 'local' applications for jobs. The League of Friends had agreed to support the cost of professional registration fees for staff nurses and ODPs for the next 2 years which could positively help with staff retention. • An overview of the national picture which showed that the sector planned to deliver a deficit of £591m (the Q1 deficit of £814m was the worst since Q1 2015/16) • An update on the Trust's Estates strategy with funding from potential land sales being used to build new wards adjacent to theatres and enabling the Outpatients department to be moved across to C-Wing. Funds would also be used to improve car parking. • The Trust had received a Provider Information Request (PIR) from the CQC. It is therefore assumed that a CQC inspection will take place within the next 6 months (the previous one having taken place in November 2015).

	Council considered the update and sought additional clarification in respect of the following: • Sites providing additional capacity to support the Trust address the RTT18 issues included the Horder Centre, Uckfield Hospital and Queen Mary's, Sidcup. There were no concerns regarding governance processes and there were no financial implications. • Whilst the Trust did not hold Compliance in Practice sessions on its spoke sites, the Director of Nursing described governance arrangements which were administered through host sites' policies and procedures. • The STP clinical case for change was not currently focused on acute care configuration. The Board would be reviewing details of the case in the New Year. • Following a review of the RTT18 data, Council suggested it might be more helpful to provide a figure showing the average waiting times. SJ explained the reasons why this was not viable due to the current increase in referrals, overhaul of systems and processes and constraints in theatre capacity. Improvements in cancer performance were anticipated with the appointment of a new business manager who had a good understanding of the operational issues. • The new overseas nursing staff would make a huge difference in areas such as critical care and theatres. Many were coming over to the UK to settle and were bringing family with them and were unlikely to leave to work elsewhere after a short period of time. Council were reminded of the strong community links already in existence locally which would support new recruits to settle more easily. • Local residents would be informed later this week of the hospital's estates strategy. An engagement event was scheduled for Thursday 25 October and directors would be available to respond to questions. The Trust had appointed an architect and would go to market once planning consent was obtained. A steering group had been established to manage governance of the process; this reported into the Finance and performance committee and was also overseen by the Board. • A small staff group had been set up to lead on a project to refurbish the Surgeons' Mess in order that it could be used as a staff recreational space. Council was assured that the building would be enhanced by the changes. • There had been a delay to starting the new hospital signage project but it was hoped this would begin before Christmas. There were no further comments and Council **NOTED** the contents of the update.
78-18	**Board of Directors** BH explained that board agendas were structured in in alignment with the Trust's key strategic objectives, and the flexibility of the agenda allowed sufficient emphasis to be given to important issues. Recently focus had been on income and the need to reduce costs. BH noted that many governors already attended board meetings as members of the public, and urged everyone to attend at least one meeting to gain a greater understanding of how the Board addressed the issues in hand. With reference to the STP, BH reported that she was currently Chair of the STP oversight group, and there had been little activity to date as progress had been slow. However, all members of the executive team were very involved in local STP arrangements which demonstrated QVH's commitment to the process. JEB reported that the September board meeting had focused on the worsening financial position and the current challenges with RTT18, and discussions had continued at the October seminar. He went on to warn governors of the implications of the Trust failing to achieve its control total this year. Whilst the executive team was working as hard as it could and NEDs were continuing to hold the executives to account, this was the most difficult period he could recall during his time as a governor at QVH.

79-18	**Finance and performance committee (F&PC)** As Committee Chair, JT summarised the issues which the Trust had been managing in recent months, noting that the performance concerns within finance, operations and workforce were all interrelated. He highlighted in particular the following: • That demand had increased dramatically in the last 18 months, including dental referrals (which ideally should not be treated at a tertiary specialist site such as QVH). Productivity had fallen due to ineffective internal processes, list cancellations and staff shortages, although he noted that patient feedback continued to be excellent. JT had sought and received additional clarification at the October seminar and was now assured that the Trust had a clear understanding of the issues and the actions required to address them. The Trust had received strong support from our regulators and, whilst it may not hit target this year, it was on track to make significant improvements. JT commended in particular the efforts of AJ, the recently appointed Director of operations for the progress made in recent months. • In terms of financial performance, the balance sheet was strong, and capital was good (and would be improved by the proposed land sale). However, the P&L (profit and loss) was more challenging as it was driven by productivity issues and lack of nursing staff. Although revenue had increased since last year it was still not sufficient. Costs remained a challenge and the major emphasis at F&PC remained a focus on what could be done to reduce costs further. Cost savings in the budget had still to be identified, and on the current trajectory the Trust would not make a surplus this year. As governor representative to the Committee, PS assured Council that he had no concerns with regard to NED scrutiny; he also noted that the Trust's current circumstances were a reflection of the national position. Council considered the update and sought additional clarification in respect of the following: • Funding from the land sale would not be used to finance the deficit; it will be capital and cannot be used for revenue. • The Trust spent very little on external consultancies, but with such small teams there was sometimes no option but to buy in additional resources. The FourEyes fee was £250k but would result in better scheduling and a decrease in non-attenders, it would also address some workforce challenges. MM estimated that there would be cost benefits in this financial year, but in order to realise these the Trust would need to adopt new processes. • The Board had spent time considering the £1m cost improvement programme, • In response to concerns raised by Council at the deteriorating situation, SJ explained that the Board's previous strategy had been to grow in order to be sustainable in the long term, and the decision to take on maxillofacial and dental work had been a deliberate part of this strategy at the time. However, the Trust was now experiencing an increase in referrals, issues with current systems and processes, challenges with workforce and inefficiencies in theatres. The first step to address this was to focus on operational efficiencies and the work with FourEyes was already reaping benefits. Around 80% of improvements could happen before the patient got to theatre, eg phoning patients prior to operation to reduce the number of DNAs. There were no further comments and Council **NOTED** the contents of the update.
80-18	**Quality and governance committee** BH provided an update on behalf of GC, (the Committee chair) who had been unable to attend today's meeting. The highlights included: • A review of the Corporate Risk Register with the RTT18 position and recruitment and retention shown as major risks at present. • The CQC quarterly provider visit had gone well with the report showing good progress in critical care issues and actions around staffing issues and RTT.

	• The majority of CQUIN milestones had been achieved for the quarter. As governor representative to the Committee, AG commended the quality of the work of the Director of Nursing and Medical Director. There was strong NED challenge in the committee and it was clear that the executive were very knowledgeable and provided clear responses to any queries.
81-18	**Audit committee** As Chair of Audit, KG provided a summary of work undertaken by the committee in recent months. He reminded Council that Audit had a different remit to that of the other board committees, with its focus on gaining assurance for the Board. At the September meeting the Committee had received an update from the executive leads of KSO3 (operational performance) and KSO4 (financial sustainability). AJ presented an overview of the current RTT18 position and the corresponding action plan in place to address the issues. The Committee considered the update and due to gaps in assurance at the present time, invited AJ to return to the committee in March 2019 for a further report. Following a presentation by MM, the Committee had been assured by the core financial systems and processes, and by the additional assurance provided by internal and external audit, but noted there were still challenges around underlying activity. The Committee had also received a report on the status of Trust policies, which advised that of a total of 232 policies, 44 had now passed their expiry date. A significant number of policies had been published three years ago, at the time of the last CQC inspection, and were therefore expiring/due for expiry at the same time. Clinical policies were being prioritised. KPMG had provided assurance that QVH was not an outlier in respect of the number of policies outstanding. The Committee had also reviewed and recommended for approval the QVH Charity's annual report and accounts for 2017/18. The Committee had expressed concern regarding delays to internal audit reporting and had sought assurance that these would be delivered in a timelier manner in the future. KG noted that the Trust would be going out to tender for internal audit services in March 2019. Following a question raised by Council previously, KG reported that the internal audit report on the Trust's readiness for GDPR had received a satisfactory assurance level. As governor representative to the Committee, GR noted that he had been unable to attend the recent meeting but was assured that a high level of scrutiny was applied by the Committee.
82-18	**Charity committee** In GN's absence, BH presented an update on the work of the Corporate Trustee and the QVH Charity committee. She reminded Council that it was the Corporate trustee to which the QVH Charity was accountable, and went on to explain the relationship between the Corporate trustee and the Charity Committee. The Corporate trustee comprised individual directors of the QVH Trust Board who delegated authority for expenditure below £20k. Any bids above this level required approval of the Corporate trustee. The Charity Committee comprised GN as Chair, BH, MM, EP, CP and GO with CH as governor representative and SJB as League of Friends representative. It had responsibility for managing the routine affairs of the Charity on behalf of the Corporate trustee and advised the Corporate trustee on larger grant applications.

	Highlights of the previous quarter included: • Charity collections which had taken place in Sainsburys in August and October, following the Charity's successful application to become its 'charity of the year'. BH thanked CH for volunteering to support the events. • A successful 'influencers' dinner which had taken place at Ashdown Park at the end of September, at which Jack Ashton had been announced as our first charity ambassador. • A review of applications which had been approved by the Committee and which totalled £50k. CH endorsed the work of the Committee and LB commended the way in which the profile of the Charity had been raised in recent months, noting it was now very active on social media.
83-18	**Any other questions for non-executive directors** There were none.
84-18	**Any other business** JM asked when the Hurricane Café might return to normal opening hours; she was advised by MM that current difficulties were as a result of staff shortages. In response to a question about outsourcing, BH noted that when the Trust had made previous approaches to outside caterers, it had been advised that there was insufficient footfall to make this a viable option. BH reminded governors of the forum which was scheduled for Monday 5 November. JEB was organising a social to follow on after the event.
85-18	**Questions from members of the public** There were none.

Chair:…… Date:……

Matters arising and actions pending from previous meetings of the Council of Governors						
No.	**Reference**	**Action**	**Owner**	**Action due**	**Latest update**	**Status**
30 July 2018						
	57-18	Governors noted that that representing the interests of the public and FT membership is one of the three primary duties of the Council. Trust to email out to CoG requesting nominations for a governor representative for membership.	**HS**	July 2018	Action completed July 2018. To date, no nominations have been received and position remains vacant.	**Closed**
	68-18	All governors to consider options for Quality account indicators for 2018/19. Lead governor to co-ordinate responses. Interim update to be provided at next meeting and confirmation of results reported at January CoG.	**JEB**	~~Oct 2018~~ Jan 2019	• Interim verbal update provided Oct 2018 • Final results to be reported at January COG in January 2019	**Pending**

Report to:	Council of Governors
Meeting date:	14 January 2019
Reference no:	05-19
Report from:	Clare Pirie, Director of Corporate Affairs
Report author:	Hilary Saunders, Deputy Company Secretary
Report date:	7 January 2019

Annual review of Board-level governance: engagement with governors

1. Purpose

This item provides the regular annual review of the principles of engagement between governor representatives and the Trust's board-level structures, to ensure they remain appropriate and functional.

2. Background

The attached document sets out the principles of engagement between governor representatives and the Trust's board-level structures and mechanisms which were originally agreed by both the Council of Governors and Board of Directors in 2016.

In July 2018 the Board of Directors and Council of Governors approved changes to this document to ensure that the function of governor representatives on board committee meetings was appropriate and that clarity of role was maintained.

3. Proposal

No further changes to this agreement are proposed at this stage.

4. Recommendation

The Council of Governors is asked to:

- **NOTE** the contents of the document.
- **AGREE** that no further amendments are required at this stage.
- **NOTE** that this agreement will be reviewed again in January 2020.

Board-level governance: engagement with governors

1. Status

1.1. The principles of engagement between governor representatives and the Trust's board-level structures and mechanisms were agreed by both the Council of Governors and Board of Directors in 2016, and are now due for their review.

2. Background

2.1. QVH has a long-standing practice of appointing a nominated representative of the Council of Governors, to join the Board as an ex officio, non-voting member. This practice was subsequently extended to establish governor representatives to the main committees of the Board, who are elected to the role by the Council of Governors.

2.2. The role of governor representatives, pioneered by QVH, is appreciated by the Trust as an established and effective means of open and honest engagement between governors and the Board.

2.3. Since the Health and Social Care Act 2012, the governor representative roles have become particularly significant as they play an important part in governors' duty to hold non-executive directors (NEDs) to account for the performance of the Board.

2.4. The roles foster closer working relationships between governors and NEDs and provide more opportunities for governors to see NEDs at work on a regular basis. As a result, governors are better able to appraise the performance of the NEDs and hold them to account.

3. Guiding principles of engagement

3.1. All governor representative positions are available by invitation of the Board of Directors and are not defined or protected by statute. Neither are they defined in the NHS FT *Code of Governance* nor the Trust's constitution, (with the exception of the Lead Governor role).

3.2. The Trust is committed to its governor representative model but will continue to review its effectiveness in the context of routine annual effectiveness reviews, periodic independent reviews as required by the NHS improvement *Well-Led Framework for Governance Reviews* or any other circumstances that make it necessary to do so.

3.3. Governor representatives to the Board of Directors and its committees may be invited to give their views at a committee meeting, and are welcome to ask questions of clarification. However, they should not be considered as partners in debate and challenge, and are reminded that they do not share the duties, powers and liabilities of directors.

3.4. Governor representatives must observe and maintain confidentiality as directed by the Board of Directors. This will include information that may not be disclosed to other

governors and/or to trust staff, foundation trust members and members of the public and press. Advice and support regarding confidentiality can be sought at any time from the Trust Chair/ committee chair(s) and corporate affairs team.

3.5. Governor representative roles are a significant commitment for individual governors who volunteer their time and expertise. Therefore:

3.5.1. The Chair should consider, when requested, opportunities for governors to share roles, establish deputies and shadow one-another as a means to share responsibilities and plan for succession.

3.5.2. The Council of Governors should support individual governors to fulfil their duties as representatives and encourage all governors to understand and engage with the representative roles and consider themselves for nomination.

3.5.3. Governors who nominate themselves for governor representative roles should be able to commit to prepare for and attend routine meetings and to engage with fellow governors to represent them and provide feedback.

3.5.4. When requesting additional support from governor representatives, the Trust Chair, committee chairs and the executive and corporate affairs teams should be mindful of the significant commitments inherent in the role and keep additional requests clear and focused.

3.5.5. Methods to help representatives to feedback to governor colleagues will be facilitated by the corporate affairs team and include less formal methods such as the 'Governor Monthly Update' bulletin and formal methods such as reports to Council meetings.

4. Engagement with the Board: principles for governor representatives

4.1. Governor representatives are expected to engage with the Board according to the following principles:

- By committing to the role for the appointed term and attending as many routine meetings of the Board/sub-committee as possible.
- Giving their views when invited to do so and to ask questions of clarification as appropriate.
- Acting professionally, collaboratively and in a way which is consistent with the Trust's values and the Council of Governors' code of conduct.

5. Engagement with the Council: principles for governor representatives

5.1. Governor representatives are expected to engage with the Council according to the following principles:

- By representing the interests of the Council of Governors and members of the Trust faithfully and proportionately
- Feeding back to governor colleagues openly, honestly and regularly to:
  - Inform them of important decisions and developments.
  - Complete the loop of information on matters governors have raised with them as their representatives.
  - Share observations about the effectiveness of the Board and its sub-committees and the performance of the non-executive directors and the Board in order to inform the Council's statutory duties.

6. Engagement with governor representatives: principles for the Board

6.1. The Board of Directors, particularly the Chair and non-executive directors, is expected to engage with governor representatives according to the following principles:

- By engaging openly and honestly.
- Chairing meetings and / or participating in them in ways which are inclusive of and respectful to lay representatives.
- Including governor representatives in all aspects of Board/committee work including Board/committee development and informal or seminar meetings. Exclusion of the governor representative should be by exception.
- Encouraging and supporting governor representatives to share feedback with the Council on the effectiveness of the Board and its sub-committees and the performance of non-executive directors.

7. Review

7.1. This document shall be reviewed by the Council of Governors and Board of Directors annually or more frequently if necessary.

Report to:	Council of Governors
Meeting date:	14 January 2019
Reference no:	06-19
Report from:	John Belsey, Chair of Governor steering group
Report author:	Hilary Saunders, Deputy Company Secretary
Report date:	07 January 2019

Annual review of Governor Steering Group Terms of Reference

1. Background

Terms of reference of Council sub-committees are reviewed on an annual basis to ensure they remain fit for purpose.

At its meeting on 10 December, members of the Governor Steering Group undertook a review of its existing Terms of Reference.

Only minor amendments are proposed to the current version, including clarification that should any governor hold more than one representative role they would still only be entitled to one vote. Otherwise the ToRs remain the same.

2. Recommendation

The Council of Governors is asked to:

APPROVE the recommendation of the Governor steering group that the attached Terms of Reference remain in place for the next twelve months**.**

Terms of reference

Name of governance body

Governor Steering Group (GSG)

Constitution

The Governor Steering Group ("the group") is a standing and permanent committee of the Council of Governors established in accordance with paragraph 25 of the Trust's constitution.

Accountability

The group is accountable to the Council of Governors for its performance and effectiveness in accordance with these terms of reference.

Authority

The group is authorised by the Council of Governors to form working groups to facilitate the work of the group, and to support any recommendations they may make to the Council of Governors.

Purpose

The purpose of the group is to:

- Support and facilitate the work of the Council of Governors and make recommendations to it on any aspects of its work
- Facilitate communication between the Council of Governors and the Board of Directors
- Provide advice and support to the Trust Chair, Chief Executive and the company secretarial team
- Initiate appropriate reviews and reports on matters within the remit of the Council of Governors
- Actively engage governors in adding value to the Trust.

Responsibilities and duties

Responsibilities

On behalf of the Council of Governors, the group shall be responsible for:

- Supporting the work of the Council of Governors in order that it might better fulfil its statutory duties, particularly:
    - Holding the Trust's Non-Executive Directors to account for the performance of the Board of Directors
    - Representing the interests of members and the public
- Developing and maintaining close and effective working relationships with the Trust Chair, company secretarial team and Senior Independent Director.

Duties

The group has a duty to consult with and represent the interests of governors and members to:

- Set the agenda for Council of Governors meetings held in public
- Influence the agenda and planning of the annual general meeting and annual members' meeting
- Identity themes and objectives for governor forum meetings.

Reviewed by GSG at meeting on 10 December 2018
For approval by Council of Governors at meeting on 14 January 2019

Meetings

Meetings of the group shall be formal, compliant with the relevant codes of conduct and action notes will be recorded.

The group will meet quarterly in advance of each ordinary meeting of the council of governors. The group Chair may cancel, postpone or convene additional meetings as necessary for the group to fulfil its purpose and discharge its duties.

Chairmanship

The group shall be chaired by the Lead governor

If the Chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the group shall be chaired by the Trust Chair.

Secretariat

The Deputy Company Secretary shall be the secretary to the group and shall provide administrative support and advice to the Chair and membership. The duties of the secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the Chair.
- Organisation of meeting arrangements, facilities and attendance
- Collation and distribution of meeting papers
- Taking action notes and keeping a record of matters arising and issues to be carried forward
- Maintaining the group's work programme.

Membership

Members with voting rights

The following governor roles are entitled to membership of the group and shall have full voting rights:

- The Trust Chair, as Chair of the Council of Governors
- The Lead governor
- Governor representative to the ~~sub-~~committees of the Board of Directors, as elected by the Council of Governors, including:
    - Audit
    - Finance and Performance
    - Quality and Governance
    - Charity Committee
    - Appointments' Committee, and
    - Membership representative
- Nominated staff governor, as elected by the Council of Governors
- Nominated stakeholder governor, as elected by the Council of Governors

It should be noted that in the event a governor holds more than one role, they are still only entitled to one vote.

In attendance with no voting rights

The following posts are invited to attend meetings of the group but shall not be members or have voting rights:

- The secretary to the committee (for the purposes described above)
- Director of Communications and Corporate Affairs
- Any other individuals as it considers appropriate and as the need arises.

Reviewed by GSG at meeting on 10 December 2018
For approval by Council of Governors at meeting on 14 January 2019

Quorum
For any meeting of the group to proceed the Chair or Lead governor must be present along with two other governor representatives.
Attendance
Members and attendees are expected to attend all meetings or to send apologies to the Chair and committee secretary at least one clear day* prior to each meeting.
Papers
Meeting papers shall be distributed to members and individuals invited to attend at least five clear days prior to the meeting.
Reporting
Action notes shall be approved formally by the group at its next meeting. The group shall report to the Council of Governors as required.
Review
These terms of reference shall be reviewed by the group annually or more frequently if necessary. The review process should include the company secretarial team. The Council of Governors shall be required to approve all changes. The next scheduled review of these terms of reference will take place in December ~~2018~~ 2019
*** Definitions**
• In accordance with the trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.

Reviewed by GSG at meeting on 10 December 2018
For approval by Council of Governors at meeting on 14 January 2019

Report to:	Council of Governors
Meeting date:	14 January 2019
Reference no:	07-19
Report from:	Tony Martin, Chair of Appointments committee
Report author:	Hilary Saunders, Deputy Company Secretary
Report date:	07 January 2019

Annual review of Appointments committee terms of reference

1. Background

Terms of reference of Council sub-committees are reviewed on an annual basis to ensure they remain fit for purpose.

At its meeting on 10 December, members of the Appointments committee undertook a review of its existing Terms of Reference.

It was agreed that following the in-depth review in 2017/18, no further amendments are proposed at this stage.

2. Recommendation

The Council of Governors is asked to:

APPROVE the recommendation of the Appointments committee that the attached Terms of Reference remain in place for the next twelve months**.**

Terms of reference

Name of governance body

Appointments committee of the Council of Governors

Constitution

The Appointments committee is assigned by the Council of Governors to assist it in carrying out its functions. However, Council may not delegate any of its powers or functions to them. The Appointments committee may appoint its own working groups as appropriate.

Accountability

The Appointments committee is accountable to the Council of Governors for its performance and effectiveness.

Authority

The Appointments committee of the Council of Governors will operate within the requirements of the Constitution, the Standing Orders adopted by the Council of Governors and these terms of reference.

Purpose

The role of the Committee is to:

1. Conduct the appointment processes for the Foundation Trust (FT) Chair and non-executive directors, making recommendations in this regard to the Council of Governors.
2. Consider the composition and skills mix of the non-executive element of the Board of Directors and, in so doing, receive information regarding non-executive director appraisals (including that of the FT Chair) and take a view on succession planning.
3. Review at least once a year the remuneration and terms and conditions of the FT Chair and non-executive directors, making recommendations in this regard to the Council of Governors.

Duties and responsibilities

1. General

The Committee will:

a. ensure a regular review of the skills, knowledge and experience required of non-executive directors and make recommendations to the Council of Governors with regard to any changes considered necessary;

b. give full consideration to succession planning for all non-executive directors in the course of the Board's work, taking into account the challenges and opportunities facing the trust, and the skills and expertise likely to be required on the Board of Directors in the future.

c. review annually the performance of the non-executive directors, including the FT Chair, by taking the lead in agreeing a process for determining the performance evaluations. The Council of Governors will, through its Appointments Committee, receive a report from the FT Chair regarding performance reviews of the non-executive directors, (the FT Chair having carried out these performance reviews).

In consultation with the Senior Independent Director, the Chair of the Appointments Committee will carry out the performance review of the FT Chair. The outcomes of the evaluations and any recommendations will be reported to the Council of Governors in this regard. [**NB** In accordance with legislation (NHS Act 2006) and as described under S.35 of the Trust's Constitution, any recommendation to the Council of Governors pertaining to the removal of any non-executive director, including the Chair of the Board of Directors, shall be subject to a vote in favour by three quarters of the Council of Governors].

2. Selection and Appointment

The Committee will:

a. be responsible for selecting and nominating candidates to fill non-executive director vacancies, (including the FT Chair), as and when they arise for appointment by the Council of Governors;

b. before any appointment is made by the Council of Governors, evaluate the balance of skills, knowledge and experience of the non-executive directors and, in light of this evaluation, prepare a description of the role and capabilities required for a particular appointment.

c. In identifying suitable candidates, the Committee will:
   - use open advertising or the services of external advisers to facilitate the search;
   - create selection panels to carry out individual appointment processes, including the review of applications and interviewing of candidates. The panels will, for the appointment of non-executive directors, include the FT Chair, and for the appointment of the FT Chair, will include an independent assessor. In line with the NHSI guidance *'Your statutory duties'* there should be a majority of governors on the interview panel.
   - consider candidates on merit and against objective criteria, taking care that appointees have enough time available to devote to the position, and take into account the views of the Board of Directors as to the skills, experience and attributes required for each position,

d. consider recommending for re-appointment by the Council of Governors any non-executive director nearing the end of their initial term in office and do so in accordance with the provisions of the Constitution in that regard.

e. ensure that on appointment to the Board of Directors, non-executive directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside Board meetings, and that all non-executive directors have confirmed that they have the time to serve. Terms and conditions of appointment should be made available for public inspection.

f. ensure the full range of eligibility checks have been performed and satisfactory references provided before any offer of appointment is finalised;

3. Terms and Conditions

The Committee will

a. make recommendations to the Council of Governors about the terms and conditions of appointment and terms of office for the FT Chair and non-executive directors;

b. make recommendations to the Council of Governors about the remuneration and allowances of the FT Chair and non-executive directors, bearing in mind appropriate external benchmarking, the economic and financial climate, trust performance and any proposals for executive pay reviews. External professional advisers should be consulted to market-test the remuneration levels of the Chair and other non-executive directors at least once every three years and when any material change to the remuneration of a non-executive is proposed;

4. Other Duties

The Committee will:

a. ensure the FT's annual report provides sufficient information about the Committee's role and duties, and the process by which it fulfils those duties;

b. have access to sufficient resources in order to carry out its duties, including access to the trust secretariat for assistance as required;

c. give due consideration to laws and regulations, and the provisions of *the NHS Foundation Trust Code of Governance;*

d. oversee any investigation of activities which are within its Terms of Reference, and

e. at least once a year, review its Terms of Reference, to ensure it is operating at maximum effectiveness, and recommend any changes it considers necessary to the Council of Governors for approval.

Chairing

The Appointments Committee will be chaired by a member of the Council of Governors, appointed by Council for this purpose.

In the event that the Chair is absent or has a conflict of interest which precludes his or her attendance for all or part of the meeting, a member of the Committee will be nominated by the Chair to deputise on his/her behalf.

Secretariat

The Deputy Company Secretary will be the secretary to the Appointments Committee. The duties of the secretary will include but not be limited to:

- providing administrative support and advice to the Chair and membership;

- preparation of the draft agenda for agreement with the Chair;
- organisation of meeting arrangements, facilities and attendance;
- collation and distribution of meeting papers;
- taking the minutes of meetings, including recording the names of those present and in attendance, and keeping a record of matters arising and issues to be carried forward;
- ascertaining at the beginning of each meeting, the existence of any conflicts of interest and minute them accordingly, and
- maintaining the Appointments' Committee's work programme.

Membership

Members with voting rights

Membership of the Committee will be elected from the members of the Council of Governors. Officers and directors of the Trust may, on invitation by the Committee, attend any of its meetings as advisers, but will not be eligible to vote on any matters which the Committee will be responsible for deciding on.

The Committee will comprise between five and eight governors, including the Chair of the Committee and the Lead Governor.

The Council of Governors will appoint the Chair of the Committee. The terms of office for the Chair of the Committee will be for one year, with the option for the incumbent to stand again. Any Committee member dissatisfied with the performance of the Committee Chair will follow the procedure as laid down in the Constitution with this regard.

The Director of Communications and Corporate Affairs and/or Deputy Company Secretary will attend all meetings of the Committee, and other executive directors or advisers may be invited to attend in an advisory capacity. Such officers attending may, at the discretion of the Committee Chair be required to leave any part of the Committee's meetings.

Members conflicted on any aspect of an agenda presented to the Committee, such as succession planning for a non-executive director vacancy or the Chair's position will declare their conflict and withdraw from discussions.

In attendance with no voting rights

The following posts are invited to attend meetings of the Appointments' Committee but will not be members or have voting rights:

- The Trust Chair
- The Senior Independent Director
- The Director of Communications and Corporate Affairs
- The Deputy Company Secretary

Quorum

Three members present will form a quorum for any of the Committee's meetings

Attendance

Members are expected to attend all meetings or to send apologies at least 24 hours prior to each meeting.

Frequency of meetings

The Committee will meet at least four times each year, and at other times as the Committee Chair and members may agree.

Papers

Papers to be distributed to members and those in attendance at least three working days in advance of the meeting.

Reporting

The Committee will report to the Council of Governors

The Committee Chair will report formally to the Council of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.

The Committee will make whatever recommendations to the Council of Governors it deems appropriate on any area within its remit where action or improvement is needed.

The Committee will ensure that a statement is made in the annual report about its activities, including the process used to make appointments and explain if external advice or open advertising has not been used.

The Committee will make available upon request, in a format they deem appropriate, information regarding the attendance of all members at Committee meetings.

The Committee Chair will attend the annual members' meeting and be prepared to respond to any members' questions on the Committee's activities.

Review

These terms of reference will be reviewed annually or more frequently if necessary. The review process should include the company secretarial team for best practice advice and consistency.

The Committee's next scheduled review of these terms of reference will take place in December ~~2018~~ 2019 for approval by the Council in January 2020~~2019~~.

QVH Council of Governors
14 January 2019

Executive overview

NHS 10 year long term plan & Brexit

Queen Victoria Hospital
NHS Foundation Trust

Published Jan '19 –policies include:

- Cancer – a renewed effort to diagnose more cancers early
- Mental health – up to £250m a year by 2023/24 for new crisis care services
- Community & primary care investment in rapid response teams supported by networks of practices
- Prevention – new approaches using digital technology
- Diabetes – patients with Type 2 have access to low calorie liquid only diets
- Personalised care – social prescribing

Brexit guidance:

- Government shift from planning to delivery if 'no deal'
- NHS need to ramp up preparations
- Actions locally to manage the risks
- Operational response centre in NHSE
- Local & regional support to trusts
- QVH – SRO Michelle Miles
- Team working on preparation & implementation
- Local risk assessments and plan for wider impacts – such as medicines.

Outstanding Patient Experience

Workforce remains the single biggest challenge to sustaining and improving patient experience at QVH. Domestic and International recruitment continues; improvements in critical care substantive appointments. One overseas recruit commenced in November further recruits planned for this quarter with all 20 recruits planned to be in post by June 2019. Evidence to provide assurance that high quality patient experience is being maintained includes;

- sustained FFT scores, 99.5% of inpatients completing the survey in December 2018 would recommend the Trust
- predominantly green for key indicators re patient experience an world class clinical services KSOs,
- very low levels of complaints reopened or referred to Ombudsman
- harm free care audits at 100% (national average 94.1%)
- no themes relating to temporary staffing noted from triangulation of patient safety incidents, falls, pressure ulcers or medication incidents

Patient experience manager took a proposal to the trust board in January to enhance different ways of seeking patients views, which was accepted.

World class clinical services

Safety

- One never event in 2018 – retained foreign object. Investigation complete and actions being implemented.
- Clinical harm reviews of patients waiting more than 52 weeks continue (no harm). Total number reducing, with increased productivity at QVH and increased capacity at partner organisations

Clinical Effectiveness

- Partnership development with Brighton and Sussex University Hospitals and Western Susssex continue apace with paediatric burns and plastics Trauma and Lower Limb provision business cases nearing completion.
- Regional discussions regarding the collaborative provision and commissioning of head and neck cancer care occurring with NHS England and both Kent and Sussex Cancer Alliances.
- CQC preparation continues

Performance

- New round of job planning commenced.
- Medical appraisal rates increasing, with new focus on appraisal quality.

Operational performance

Access standards

- Planned performance levels for RTT18 and 52ww have been agreed with commissioners for 18/19 and 19/20
- Achieved both 18RTT and 52ww for October and November 2018
- Trust overall performance of cancer standards is improving with the steady delivery of a maximum 2 week wait for urgent cancer referrals and in October we achieved the 31 day decision to treat to treatment standard.
- Work is ongoing to enable consistency of delivery of the 62 day (referral to treatment standard) which we have achieved 4 out of the last 6 months

eReferrals

- Utilisation of the eRS (e referrals system) is performing at >95%
- Clinician E-vetting has been implemented for the DeRS (Dental e referrals system) to enable improved triaging of appropriate referrals

Theatre performance

- Programme to improve the use of theatres is ongoing.

Financial Sustainability: M8 2018/19 YTD

Queen Victoria Hospital NHS Foundation Trust

Income and Expenditure		Annual Budget	Budget	Actual	Favourable /(Adverse)
Income	Patient Activity Income	67,086	44,193	42,577	(1,616)
	Other Income	8,816	3,360	4,063	702
Total Income		**75,902**	**47,553**	**46,639**	**(913)**
Pay	Substantive	(45,468)	(30,985)	(28,602)	2,383
	Bank	(483)	(322)	(1,585)	(1,263)
	Agency	(273)	(182)	(2,209)	(2,028)
Total Pay		**(46,223)**	**(31,488)**	**(32,396)**	**(907)**
Non Pay	Clinical Services & Supplies	(12,870)	(7,835)	(8,387)	(552)
	Drugs	(1,553)	(1,035)	(1,076)	(40)
	Consultancy	(79)	(53)	(122)	(69)
	Other non pay	(5,562)	(3,963)	(4,884)	(921)
Total Non Pay		**(20,064)**	**(12,886)**	**(14,469)**	**(1,582)**
Financing		(4,714)	(3,143)	(2,928)	215
Total Expenditure		**(71,002)**	**(47,518)**	**(49,792)**	**(2,274)**
Surplus / (Deficit)		**4,900**	**35**	**(3,152)**	**(3,187)**
Adjust for Donated Income		500	500	420	(80)
Adjust for Donated Depn.		(226)	(152)	(152)	1
Adjust for Land Sale		4,000	-	-	-
NHSI Control Total Excluding STF and sale of land		**626**	**(313)**	**(3,420)**	**(3,108)**

1. **Underlying performance** – Income – volume & casemix; Pay – vacant posts & temporary staffing pressures, AFC, CIPP under delivery; Non-pay –clinical supplies, outsourcing costs and CIPP under delivery.
2. **Cost Improvement and Productivity Programme (CIPP)** – YTD £0.593m; £1.01m less than target.
3. **Capital** – YTD expenditure is 1.6m; £1.3m less than plan; forecast to achieve plan.
4. **Of note** – The risk to full year plan delivery previously highlighted in relation to capacity, savings gap and temporary staffing have fully materialised and are unable to be mitigated over the remainder of the financial year. The land sale which was offsetting the main financial risk this year is unlikely to happen in this financial year, also the valuation is being reviewed post guidance from planners re the configuration and number of the dwellings.

Organisational Excellence

Workforce Update:

- Staff survey closed in December
- Overseas recruitment on going
- Most permanent staff in post since 2012
- People and Organisational Development Strategy signed off by Board

  Key goals:
  - Attraction and Retention
  - Communication and Engagement
  - Health and Well-being
  - Learning and Education
  - Leadership and Talent

The NHS Long Term Plan – a summary

Find out more: www.longtermplan.nhs.uk | Join the conversation: #NHSLongTermPlan

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

5. **Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.

To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

Find out more

More information is available at www.longtermplan.nhs.uk, and your local NHS teams will soon be sharing details of what it may mean in your area, and how you can help shape their plans.

Report to:	Council of Governors
Meeting date:	14 January 2019
Reference no:	17-19
Report from:	Jo Thomas, Director of Nursing
Report author:	Jo Thomas, Director of Nursing
Report date:	07 January 2019

Quality Report Priorities for 2019/20 – Council of Governors

Introduction:

Patients want to know they are receiving the very best quality of care. Providers of NHS healthcare are required to publish a quality Report each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended[1] ('the quality accounts regulations'). Information on quality accounts can be found on the NHS Choices website at http://www.nhs.uk/quality-accounts .

The quality report incorporates all the requirements of the quality accounts regulations as well as our additional reporting requirements. Trusts are also required to obtain external assurance on their quality reports, through independent scrutiny of the quality of data on which performance reporting depends. These requirements are part of our requirements to foundation trusts as to the information to be included in their annual reports.

Consultation:

In January 2019, all staff and Trust Governors will be asked to pick or proposal three quality priorities for 2019/20 which would bring tangible improvements our patients and staff. All suggestions are required to be measurable, as ongoing baseline metrics will be monitored by the Quality and Governance Committee (Q&GC) on a quarterly basis.

Achievement of these priorities is published in the Trust's Annual Quality Report.

The three priorities chosen for 2018/19 will cover the definition of quality for the NHS which first set out by Lord Darzi,[2] who stated that the following three dimensions must be present to provide a high quality service, namely:

1. **Patient safety** – having the right systems and staff in place to minimise the risk of harm to our patients and, if things do go wrong, to be open and learn from our mistakes.
2. **Clinical effectiveness** – providing high quality care, with world-class outcomes, whilst being efficient and cost effective.
3. **Patient experience** – meeting our patients' emotional as well as physical needs.

[1] SI 2010/279; as amended by the NHS (Quality Accounts) Amendments Regulations 2011 (SI 2011/269, the NHS (Quality Accounts) Amendments Regulations 2012 (SI 2012/3081) and the NHS (Quality Accounts) Amendment Regulations 2017 (SI 2017/744).

[2] Department of Health, (2008) *High Quality Care for All. NHS Next Stage Review Final Report,* London: Department of Health.

Some initial ideas for this year's Quality Report are listed below; however these are only ideas of what we could do. Please give this some serious thought as to the quality improvements you and our patients would want to see during 2019/20.

1. Introduce HCA care certificate to improve quality of care and retention of staff;
2. Adherence to MCA policy around documented assessments of capacity appropriate to the decision and consultations with those that support decision making;
3. Delivery of simulation training for recognised medical emergencies at QVH.
4. Time from referral to specialist review (standard should be less than 48 hours) (Burns)
5. Burns consultant review at 2 weeks post injury and decision to treat surgically in non-healing wounds
6. Time to operation from point need for Burns surgery is recognised
7. Effective communication during patient waits for elective surgery
8. Effective communication during outpatient clinics

Selection of these priorities is separate to the governor selected indicator which the external auditors review as part of the annual quality report audit. The 2018/19 indicators proposed by the Governors are; Rejected referrals from GPs (via eRS) and Rejected referrals from GDPS (via DeRS). These proposals are currently with the Business Unit Managers and the External Auditors to check the ability to audit these proposed indicators (and will be discussed under item 18-19).

Previous Quality Report priorities taken forward by the Trust are detailed below:

2018/19:

Our quality priorities and why we chose them	**What success will look like**
Patient safety	
Measurement of compliance with the WHO Surgical Safety checklist Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. During 2017/18 QVH had three Never Events. The Trust continues to report and investigate all Never Events which have occurred on site. June 2008: World Health Organisation (WHO) launched a global patient safety challenge and safety checklist. The National Patient Safety Agency adapted the WHO Surgical Safety Checklist in January 2009 and QVH was required to implement the checklist by February 2010. QVH relaunched the WHO checklist in 2018 including bringing into QVH practice learning from a London teaching hospital. A revised baseline qualitative audit was undertaken in March 2018 which identified a number of potential barriers to full compliance, including:	QVH will have no Never Events in 2018/19. To support this, QVH will target a quarterly improvement or sustained compliance in observational audits within theatres. The Trust will identify and train faculty members and roll out multidisciplinary safer surgery simulation training. The audits detailed above will be measured against reviewed and updated surgical safety policies including Five Steps to Surgical Safety and the perioperative marking policies.

• lack of engagement with the process; • distractions (such as staff performing other tasks whilst WHO checklist being completed); • inconsistent leadership between theatres in terms of who was responsible for sign in, time out and sign out. This baseline audit was supported by consultation events held within the theatres department to further identify the factors that have an impact on the successful implementation of this safety checklist and formulate actions to ensure the checklist can be embedded.	
Clinical effectiveness	
Increased theatre productivity (continuation of 2017/18 priority over a two year period - previously the 2017/18 patient safety priority) QVH is a surgical hospital and our operating theatres are critical for treating and caring for our elective and trauma cases. Using our theatres efficiently and effectively is key to reducing waits for treatment, reducing cancellations and making best use of NHS money. It is also important for patient experience and staff morale.	While there will always be some operating lists where start time is delayed, for example if a clinician urgently needs to attend to a seriously unwell patient on the ward, the QVH target for elective lists starting within 15 minutes of the booked start time is: Q1 2018/19 60% Q2 2018/19 70% Q3 2018/19 75% Q4 2018/19 80% The start of an operation is defined as the moment when the anaesthetic is administered or needle to skin time. Data will be produced daily in relation to late start times and reasons, and we plan to show a quarterly decrease in late theatre starts on the theatre dashboard.
Patient experience	
Improved clinician communication and customer care expectations This indicator was selected as although the Trust receives only a small number of complaints a consistent theme in these over the last three years has been around clinician communication and customer care expectations.	As part of our organisational development strategy we will develop a toolkit of resources to support and enable our workforce (clinical and non-clinical) to deliver the values and behaviours of QVH. We will design a number of interventions and measure the effectiveness of these by undertaking pre and post intervention surveys of complaints and PALS contacts, specifically looking for a reduction in the number of negative references to communication. We will review the verbatim comments from the

	quarterly staff friends and family test.

2017/18:

Our quality priorities and why we chose them	Targeted outcome
Patient safety	
Increased theatre productivity QVH is a surgical hospital and our operating theatres are critical for treating and caring for our elective and trauma cases. Using our theatres efficiently and effectively is key to reducing waits for treatment, reducing cancellations and making best use of NHS money. It is also important for patient experience and staff morale.	The QVH target for elective lists starting within 15 minutes of the booked start time was: • Q1 70% • Q2 75% • Q3 80% • Q4 85% The start of an operation is defined as the moment when the anaesthetic is administered, or 'needle to skin' time.
Clinical effectiveness	
Mouth Care Matters This is an initiative to improve the oral health of all of our inpatients. It was designed to raise awareness of the links between oral health and general health, and ensure that patients' mouth care is being looked after and recorded in the notes for all inpatients. The programme involved four audits. Audit 1 assessed whether mouth care is being recorded in patient notes. Audit 2 measured patient feedback on the current level of mouth care on our wards, to see if anything could be improved. Audit 3 was a written questionnaire undertaken every six months to seek the views of nursing staff on mouth care, including suggestions for improvements. Audit 4 was carried out quarterly to assess whether the newly implemented mouth care recording pack was being used and whether any improvements could be made.	Auditing will show mouth care being recorded in patient notes and improvements being made to our current oral health practice to the benefit of patients. There will be an increase in staff confidence in providing mouth care to our patients and understanding of the importance of good oral health in relation to the patient's general health. This will be measured through the nursing feedback questionnaire and training course evaluations.
Patient experience	
Improving patient experience in outpatients Last year patients attended 173,500 outpatient appointments at QVH and it is important to us that this should be a positive experience. We are continuing to work on initiatives that will make	By the end of 2017/18 there will be designated paediatric waiting areas within outpatients, improved vending facilities and an improved waiting environment. We also aim to reduce waiting times in clinics,

the waiting time shorter and each waiting area is being reviewed to ensure that when waits are unavoidable, patients are made as comfortable as possible and kept informed.	improve clinic utilisation and reduce the amount of rebooking of appointments due to hospital and patient cancellations.

2016/17:

Our clinical priorities and why we chose them	What success will look like
Patient safety	
Reduce the investigation time for incidents from the current average of 60 days to 30 days, in line with national targets to improve safety and learning from incidents We want to improve the time taken to report all incidents to the National Reporting and Learning Service (NRLS) by decreasing the number of days it takes us to do this.	QVH has set local targets to exceed the national recommendation of investigating incidents within 30 days. Incidents categorised as 'no harm', 'near miss' and 'minor harm' will be reported consistently within 10 working days in 90% of cases. Those incidents causing 'moderate', 'major' and 'catastrophic harm' will be reported within 20 working days in 80% of cases.
Clinical effectiveness	
Proactive audit of compliance with 20% of applicable NICE clinical guidelines and quality standards QVH is committed to ensuring that services take into account national guidance and embed the latest evidence-based practice into the care and treatment of our patients. We have chosen to review and audit compliance with 20% of our key National Institute of Health and Care Excellence (NICE) guidelines to measure compliance with their recommendations and identify any areas that require focussed attention or improvement. Guidance for auditing has been prioritised following a review by the medical director, director of nursing and quality and the head of quality and compliance.	From 2001 until March 2016, NICE has published 21 quality standards and 44 clinical guidelines relevant to services provided by QVH. Clinical audit projects will be completed for a minimum of 20% of these quality standards and clinical guidelines
Improve signage and walkways While patients tell us that the standard of care they receive across our services is very high, and they praise staff for the kindness and	By the end of quarter 2, improvements to the covered walkway surfaces will have been completed. In addition to resurfacing, we will ensure that the walkways meet dementia

compassion they receive, some patients comment that they have difficulty finding departments and navigating the site. We have chosen to make it a priority to improve wayfinding for patients and visitors.	standards. We will remove obsolete signs and re-post as appropriate. In addition, a wayfinding strategy will be included within the estates improvement plan and any future estates developments will include wayfinding options.