

## Bundle Council of Governors (public) 21 July 2025

### Agenda attachments

- 00 A – front cover public
- 00 B – membership
- 00 C – register Jul 2025
- 00 D – Agenda Public CoG 21 July 2025 FINAL

- 24.25 Welcome, apologies, declarations of interest and eligibility, confirmation of quoracy  
*Jackie Smith, Trust Chair*
- 25.25 Draft minutes of the public meeting held on 7 April 2025  
*Jackie Smith, Trust Chair*  
*Approval*  
25–25 Minutes– PUBLIC CoG– 7 April 2025 DRAFT V2
- 26.25 Matters arising and actions pending from previous meetings  
*Jackie Smith, Trust Chair*  
*Review*  
26–25 PUBLIC Matters arising Jul 2025
- 27.25 Update from Trust Chair  
*Jackie Smith, Trust Chair*  
*Information*  
27–25 Chair's report
- 28.25 Update from Chief Executive Officer  
*Abigail Jago, acting Chief Executive Officer*  
*Information*  
28–25 CEO's report
- 29.25 Update from Lead Governor and Deputy Lead Governor (verbal)  
*Janet Hall, Lead governor*  
*John Harold, deputy Lead governor*  
*Information*
- 30.25 Non-executive director assurance  
*All Non-executive directors*  
*Assurance*  
30–25 NED assurance report V3
- 31.25 Questions for Non-executive directors (verbal)  
*All Non-executive directors*  
*Discussion*
- 32.25 Update from Governor Working Group for Public Engagement (verbal)  
*John Harold, Public Governor and working group Chair*  
*Information*
- 33.25 Any other business  
*By application to the Chair*  
*Discussion*
- 34.25 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 Leonora.mayl@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.*  
*Discussion*

# **Council of Governors Meeting in public**

**Monday 21 July 2025**

**14.00-16.00**

**Meridian Hall, East Court, College Lane, East  
Grinstead, West Sussex RH19 3LT**



## Queen Victoria Hospital NHS Foundation Trust Council of Governors Membership July 2025

Members	
<b>Jackie Smith</b>	Trust Chair
<b>Michele Augousti</b>	Public governor
<b>Chris Barham</b>	Public governor
<b>Colin Fry</b>	Public governor
<b>Antony Fulford-Smith</b>	Public governor
<b>Niamh Gavin</b>	Staff governor
<b>Richard Green</b>	Public governor
<b>Janet Hall</b>	Public governor
<b>John Harold</b>	Public governor
<b>Felicity Hatch</b>	Public governor
<b>Denise Holland</b>	Public governor
<b>Liz James</b>	Public governor
<b>Bob Lanzer</b>	Stakeholder governor for WS County Council
<b>Julie Mockford</b>	Stakeholder governor for EG Town Council
<b>Chris Parrish</b>	Staff governor
<b>David Porter</b>	Public governor
<b>Charlie Robinson</b>	Public governor
<b>Rodabe Rudin</b>	Public governor
<b>Ken Sim</b>	Public governor
<b>Linda Skinner</b>	Stakeholder governor for League of Friends
<b>Roger Smith</b>	Public governor
<b>Jonathan Squire</b>	Public governor
<b>Jennifer Tite</b>	Public governor
<b>Graham True</b>	Staff governor
Invited attendees	
<b>Paul Dillon-Robinson</b>	Non-executive director
<b>Peter O'Donnell</b>	Non-executive director
<b>Shaun O'Leary</b>	Non-executive director
<b>Jo Emmanuel</b>	Non-executive director
<b>Russell Hobby</b>	Non-executive director
<b>Aleema Shivji</b>	Associate Non-executive director
<b>Vivek Chaudhri</b>	Associate Non-executive director
<b>Abigail Jago</b>	Acting Chief executive officer and Chief strategy officer
<b>Leonora May</b>	Company secretary (minutes)

## Annual declarations by governors 2025/26

As established by section 22 of the Trust's Constitution, if a governor of the Trust has a relevant and material interest, or a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose the nature and extent of that interest to the members of the Council of Governors as soon as he/she becomes aware of it.

To facilitate this duty, governors are asked on appointment to the Trust and thereafter at the beginning of each financial year, to complete a form to declare any interests or to confirm that the governor has no interests to declare (a 'nil return'). Governors must request to update any declaration if circumstances change materially. By completing and signing the declaration form governors confirm their awareness of any facts or circumstances which conflict or may conflict with the interests of QVH NHS Foundation Trust. All declarations of interest and nil returns are kept on file by the Trust and recorded in the following register of interests which is maintained by the Company Secretary.

	Directorships, including non-executive directorships, held in private companies or public limited companies (with the exception of dormant companies).	Ownership, part ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS or QVH.	Significant or controlling share in organisations likely or possibly seeking to do business with the NHS or QVH.	A position of authority in a charity or voluntary organisation in the field of health or social care.	Any connection with a voluntary or other organisation contracting for NHS or QVH services or commissioning NHS or QVH services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with QVH, including but not limited to lenders of banks.	Any "family interest": an interest of a close family member which, if it were the interest of that director, would be a personal or pecuniary interest.
<b>Public governors</b>							
Augousti, Michele	Director of Reach Business Consultants Ltd  Non-executive director for Sussex Chamber of Commerce	NIL	NIL	NIL	NIL	NIL	NIL
Barham, Chris	Transcend Talent consultancy Limited- Non Executive Director	NIL	NIL	NIL	NIL	NIL	NIL
Fry, Colin	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Hall, Janet	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Holland, Denise	Secretary and director of Temple West Mgmt Ltd  Director of Ashdown Drive Ltd	NIL	NIL	NIL	NIL	NIL	NIL
James, Liz	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Sim, Ken	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Smith, Roger	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Squire, Jonathan	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Fulford-Smith, Antony	Director of Right To Manage Company for block of flats in Maidenhead (NFP)	NIL	NIL	NIL	NIL	NIL	My wife is a bank nurse at QVH
Green, Richard	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Harold, John	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Hatch, Felicity	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Porter, David	Since 2010 I have been a director of DFP Market Services Limited, a management consultancy. The company has no connection with the NHS or QVH  I am a Trustee/ director of Peredur Centre for the Arts. The Charity has no connection with the NHS or QVH	NIL	NIL	NIL	NIL	NIL	NIL

Robinson, Charlie	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Rudin, Rodabe	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Tite, Jennifer	NIL	NIL	NIL	NIL	NIL	NIL	NIL

Directorships, including non-executive directorships, held in private companies or public limited companies (with the exception of dormant companies).	Ownership, part ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS or QVH.	Significant or controlling share in organisations likely or possibly seeking to do business with the NHS or QVH.	A position of authority in a charity or voluntary organisation in the field of health or social care.	Any connection with a voluntary or other organisation contracting for NHS or QVH services or commissioning NHS or QVH services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with QVH, including but not limited to lenders of banks.	Any "family interest": an interest of a close family member which, if it were the interest of that director, would be a personal or pecuniary interest.
--	--	--	---	---	--	---

Staff governors							
Gavin, Niamh	NIL	NIL	NIL	Trustee for Restore Charity	NIL	NIL	NIL
Parrish, Chris	NIL	NIL	NIL	NIL	NIL	NIL	NIL
True, Graham	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Appointed governors							
Lanzer, Bob	Director of Southeast Communities Rail Partnership CIC (Communities Interest Company)	NIL	NIL	NIL	Member of West Sussex County Council and Cabinet Member for Public Health and Wellbeing Member of the Sussex Health and Care Assembly	NIL	NIL
Skinner, Linda	LVS GR consultancy Limited- 100% ownership	NIL	NIL	NIL	NIL	NIL	NIL
Mockford, Julie	NIL	NIL	NIL	NIL	NIL	NIL	NIL

## Fit and proper persons declaration

As established by regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the regulations"), QVH has a duty not to appoint a person or allow a person to continue to be a governor of the trust under given circumstances known as the "fit and proper person test". By completing and signing an annual declaration form, QVH governors confirm their awareness of any facts or circumstances which prevent them from holding office as a governors of QVH NHS Foundation Trust.

Categories of person prevented from holding office							
	The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged.	The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.	The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40).	The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.	The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.	The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.	The person has been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.
<b>Public governors</b>							
Augousti, Michele	NA	NA	NA	NA	NA	NA	NA
Barham, Chris	NA	NA	NA	NA	NA	NA	NA
Fry, Colin	NA	NA	NA	NA	NA	NA	NA
Hall, Janet	NA	NA	NA	NA	NA	NA	NA
Holland, Denise	NA	NA	NA	NA	NA	NA	NA
James, Liz	NA	NA	NA	NA	NA	NA	NA
Sim, Ken	NA	NA	NA	NA	NA	NA	NA
Smith, Roger	NA	NA	NA	NA	NA	NA	NA
Squire, Jonathan	NA	NA	NA	NA	NA	NA	NA
Fulford-Smith, Antony	NA	NA	NA	NA	NA	NA	NA
Green, Richard	NA	NA	NA	NA	NA	NA	NA
Harold, John	NA	NA	NA	NA	NA	NA	NA
Hatch, Felicity	NA	NA	NA	NA	NA	NA	NA
Porter, David	NA	NA	NA	NA	NA	NA	NA
Robinson, Charlie	NA	NA	NA	NA	NA	NA	NA
Rudin, Rodabe	NA	NA	NA	NA	NA	NA	NA
Tite, Jennifer	NA	NA	NA	NA	NA	NA	NA
<b>Staff governors</b>							
Gavin, Niamh	NA	NA	NA	NA	NA	NA	NA
Parrish, Chris	NA	NA	NA	NA	NA	NA	NA

Categories of person prevented from holding office							
	The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged.	The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.	The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40).	The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.	The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.	The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.	The person has been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.
True, Graham	NA	NA	NA	NA	NA	NA	NA
<b>Appointed governors</b>							
Lanzer, Bob	NA	NA	NA	NA	NA	NA	NA
Skinner, Linda	NA	NA	NA	NA	NA	NA	NA
Mockford, Julie	NA	NA	NA	NA	NA	NA	NA



**Meeting of the QVH Council of Governors**  
**Monday 21 July 2025**  
**14.00-16.00**

Agenda: meeting session held in public		
<b>Standing items</b>		
Ref	Item	purpose
24-25	<b>Welcome, apologies, declarations of interest and eligibility, confirmation of quoracy</b> <i>Jackie Smith, Trust Chair</i>	-
25-25	<b>Draft minutes of the public meeting held on 7 April 2025</b> <i>Jackie Smith, Trust Chair</i>	<i>Approval</i>
26-25	<b>Matters arising and actions pending from previous meetings</b> <i>Jackie Smith, Trust Chair</i>	<i>Review</i>
27-25	<b>Update from Trust Chair</b> <i>Jackie Smith, Trust Chair</i>	<i>Information</i>
28-25	<b>Update from Chief Executive Officer</b> <i>Abigail Jago, acting Chief Executive Officer</i>	<i>Information</i>
29-25	<b>Update from Lead Governor and Deputy Lead Governor (verbal)</b> <i>Janet Hall, Lead governor</i> <i>John Harold, deputy Lead governor</i>	<i>Information</i>
<b>Holding non-executive directors to account for the performance of the board of directors</b>		
30-25	<b>Non-executive director assurance</b> <i>All Non-executive directors</i>	<i>Assurance</i>
31-25	<b>Questions for Non-executive directors (verbal)</b> <i>All Non-executive directors</i>	<i>Discussion</i>
<b>Representing the interests of the members and members of public</b>		
32-25	<b>Update from Governor Working Group for Public Engagement (verbal)</b> <i>John Harold, Public Governor and working group Chair</i>	<i>Information</i>
<b>Meeting closure</b>		
33-25	<b>Any other business</b> <i>By application to the Chair</i>	<i>Discussion</i>
<b>Questions</b>		

34-25	<p><b>To receive any questions or comments from members of the foundation trust or members of the public</b></p> <p><i>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 <a href="mailto:Leonora.may1@nhs.net">Leonora.may1@nhs.net</a> 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.</i></p>	<i>Discussion</i>
<b>Date of next meeting</b>		
<b>Next meeting of the council of governors to be held in public</b>		
<b>23 September 2025</b>		

#### Quoracy

Any meeting of the Council of Governors requires a quorum of at least half of the total number of Governors to be present, with a majority of those present being Public Governors. No business shall be carried out at a meeting which is not quorate.

Document:	Minutes DRAFT	
<b>Meeting:</b>	<b>Council of Governors session in public</b> <b>14.00-16.00 , 7 April 2025</b> <b>Meridian Hall, East Court, East Grinstead</b>	
<b>Present:</b>	Paul Dillon-Robinson (PDR)	Non-executive director (meeting Chair)
	Michele Augousti (MA)	Public governor
	Chris Barham (CB)	Public governor (lead governor)
	Antony Fulford-Smith (AFS)	Public governor
	Niamh Gavin (NG)	Staff governor
	Richard Green (RG)	Public governor
	Janet Hall (JH)	Public governor (deputy lead governor)
	John Harold (JHa)	Public governor
	Denise Holland (DH)	Public governor
	Liz James (LJ)	Public governor
	Bob Lanzer (BL)	Stakeholder governor for WSCC
	Julie Mockford (JM)	Stakeholder governor for EGTC
	Chris Parrish (CP)	Staff governor
	David Porter (DP)	Public governor
	Charlie Robinson (CR)	Public governor
	Rodabe Rubin (RR)	Public governor
	Ken Sim (KS)	Public governor
	Linda Skinner (LS)	Stakeholder governor for LoF
	Roger Smith (RS)	Public governor
	Jonathan Squire (JSq)	Public governor
	Jennifer Tite (JT)	Public governor
	Graham True (GT)	Staff governor
<b>In attendance:</b>	Leonora May (LM)	Company secretary (minutes)
	Peter O'Donnell (POD)	Non-executive director
	Shaun O'Leary (SOL)	Non-executive director
	Russell Hobby (RH)	Non-executive director
	Karen Norman (KN)	Non-executive director
	Abigail Jago (AJ)	Acting Chief executive officer
	Jon Bell (JB)	Interim Chief finance officer
	Vivek Chaudhri (VC)	Associate Non-executive director
<b>Apologies:</b>	Colin Fry (CF)	Public governor
	Felicity Hatch (FH)	Public governor
	Jackie Smith (JS)	Trust Chair (meeting Chair)
<b>Did not attend:</b>	None	
<b>Members of the public:</b>	One member of staff	
Ref.	Item	
<b>1-25</b>	<b>Welcome, apologies and declarations of interest and eligibility</b> JS sent her apologies to the meeting and PDR took the Chair.  The Chair opened the meeting and welcomed all present, including GT and JT their first public Council of Governors meeting since being elected/appointed as governors.  The Chair reminded all present that the meeting was a meeting in public and not a public meeting, therefore members of the public were invited to observe the meeting but not to participate in discussions.  Apologies were received from JS, CF and FH and the meeting was declared as being quorate.  There were no governor declarations of interest other than those already recorded on the register of interests.	
<b>2-25</b>	<b>Draft minutes of the public meeting held on 27 January 2025</b>	

	Council <b>agreed</b> that the draft minutes of the public meeting held on 27 January 2025 were a true and accurate record of that meeting and <b>approved</b> them on that basis.
<b>3-25</b>	<p><b>Matters arising and actions pending from previous meetings</b>  <u>70-23 (Invite Kent and Surrey ICB representatives to provide update at future CoG meeting)</u>  Options are being explored for an update from Surrey Heartlands ICS. It was noted that ICS's are currently extremely challenged and this may be delayed further.</p> <p>There were no further pending actions and Council <b>noted</b> the update.</p>
<b>4-25</b>	<p><b>Update from Trust Chair</b>  PDR presented the update from the Trust Chair. He highlighted the following:</p> <ul style="list-style-type: none"> <li>- Welcome to Graham True who has joined the Council of Governors as a staff governor</li> <li>- CB will step down as lead governor on 30 June 2025 but will remain in his role as a public governor until his term ends in 2026</li> <li>- Key concern areas for the Board include the Trust's financial position and challenging cost improvement plans for 2025/26, operational challenges, culture and progress against strategic projects</li> <li>- The Trust is currently out to recruitment for a Non-executive director with recent and relevant financial experience in succession of PDR whose term ends in September 2025</li> </ul> <p>LM provided an update on the election process for the Lead governor role. She explained that both the Lead and deputy Lead governor roles are for a term of one year from 1 July each year, and that both terms for current individuals will end on 30 June 2025. LM will share the role description and invite expressions of interest from eligible candidates for the Lead governor role during May 2025. Candidates who wish to self-nominate for the role will be asked to provide a 250 word statement setting out how they meet the requirements of the role, which will be shared with the full Council of Governors, who will be asked to vote if there is more than one eligible candidate. The same process will be followed during June 2025 to fill the deputy Lead governor role. Appointed individuals will take up the roles from 1 July 2025.</p> <p>Council <b>noted</b> the updates.</p>
<b>5-25</b>	<p><b>Update from Chief executive officer</b>  AJ presented the report to Council highlighting that:</p> <ul style="list-style-type: none"> <li>- The whole of the NHS is currently extremely challenged and operating amongst uncertainty. The financial challenge for 2025/26 is common across all providers and ICBs are expected to reduce their running costs by 50%, which is significant; there is uncertainty around the role of ICBs in the future in relation to oversight and commissioning</li> <li>- The Trust is focussed on working through the planning guidance for 2025/26 and keeping the organisation stable during a turbulent period of change and challenge</li> <li>- The Trust ended the financial year 2024/25 with 28 patients waiting longer than 65 weeks which is an improved position in comparison to the forecast</li> <li>- The 2024 national staff survey results have been published. The Trust has compared well to others, however, there are some areas of challenge which must be addressed. These include the experience of our staff who have a disability being less positive and staff feeling safe to speak up</li> </ul> <p>Council considered and discussed the updates as follows.</p> <p>A Governor asked a question about the financial tariffs for this financial year. In response, JB confirmed that the Trust currently knows enough to be able to make a plan. There was a consultation which has closed but the outcome has not yet been published due to a further change to elective recovery funding (ERF).</p> <p>Discussion was had regarding 'speaking up' and PDR confirmed that the Freedom to Speak Up Guardian reports to the Board on a 6 monthly basis. SOL highlighted that he is the Non-executive champion for speaking up and that he receives a report from the Guardian every month. He thought that the external service has embedded well and that the Guardian continues to work to ensure that staff know how to access and engage with them. The speaking up numbers for January and February 2025 were low and the Guardian has confirmed that this is consistent with benchmarks from across the</p>

	<p>region. SOL acknowledged the need for the Board to understand why staff have said that they do not feel comfortable to speak up and if this is a current issue.</p> <p>A governor mentioned that she had become aware of a member of staff with a disability whose physical working environment was not appropriately adjusted. AJ acknowledged the need for the Trust to do better and pay attention to individual needs. She thought that the impact line managers have for individual staff should not be underemphasised and stated that the Chief people officer and team are working on additional support for line managers to ensure that they are equipped to support staff as well as they can.</p> <p>Council <b>noted</b> the updates.</p>
<b>6-25</b>	<p><b>Update from Lead governor and deputy lead governor</b></p> <p>CB and JH provided the following updates:</p> <ul style="list-style-type: none"> <li>- The regular meetings between the Lead and deputy Lead governor and the Trust Chair continue to be helpful</li> <li>- Governors recently attended a Governor development day hosted by NHS providers which governors had found useful for networking and learning, however the financial training was difficult to follow due to the changing landscape</li> <li>- Welcome to GT who replaces Jo Davis as staff governor. Thank you to Jo Davis for her input whilst in the role</li> <li>- There was good attendance by governors at the last Board meeting, however, governors remain of the view that it would be helpful if they could attend and observe Board sub-committee meetings</li> <li>- Governors are concerned about the future and how national changes will impact QVH. QVH maintaining its identity and continuing to provide specialist services are red lines for governors</li> <li>- JH encouraged those attending service visits with the Non-executive directors to feed back to the wider Council of Governors as this has been useful</li> </ul> <p>Discussion was had regarding Non-executive director service visits and a governor suggested that it would be helpful if the post visit reports by Non-executive directors were shared with the governor(s) who accompanied them on the visit. It was agreed that the Non-executive directors would discuss and agree the approach between them and report back to the Council of Governors. It was agreed that the approach should be the same for all.</p> <p>A governor raised a concern about the Trust's additional licence conditions and asked whether there is still a possibility that they may be removed, despite national changes. In response, AJ confirmed that she and LM had met with NHSE to discuss progress made relating to the Trust's five year strategy and relationship between the Board and Council of Governors. Overall, the discussion was positive and the Trust is continuing to connect with NHSE. The decision will be made by the national Quality and performance committee and it was hoped that the decision will be made within the next two months.</p> <p>In response to a question, PDR explained that the Trust's additional licence conditions were imposed in 2021 when the relationship between the Board and Council of Governors was not strong and the purpose of the conditions was to ensure that focus was given to ensuring that the position was improved and that the Trust developed a strategy that supported a sustainable future for services.</p> <p>Council <b>noted</b> the updates.</p>
<b>7-25</b>	<p><b>Non-executive director assurance</b></p> <p>The Non-executive directors presented their assurance report as read and each provided a verbal update of their activities and particular areas of focus.</p> <p>PDR reported that the Audit and risk committee had held a meeting at the end of March to consider the Trust's draft Annual governance statement. The committee have emphasised the need to be transparent about internal control issues during the year. It is likely that the external auditors will recognise the challenges in their value for money assessment. The committee have received an internal audit report on cash flow and payroll which had a partial assurance rating. Contract management has been a concern for the committee, however, good progress has been made since the initial internal audit in 2023/24.</p>

SOL reported that the Quality and safety committee recognise the importance of the organisation being compliant with the Mental Capacity Act requirements. He thought that the primary issues were lack of training and staff shortages and rotations. The committee have taken assurance from clinical leadership establishing a task and finish group to ensure focus on addressing the issue. The committee will remain focussed on the clinical implications for the electronic patient record (EPR) project with oversight of clinical engagement and seeking assurance that patient safety will be, and is, maintained.

SOL reported that he has taken assurance from his visits to the estates department; the team is energised and focussed on improving the Trust's estate and visible improvements are being made.

POD confirmed that the Finance and performance committee's business is focussed on the critical challenges that the NHS is facing. He commended management for improved forecasting of performance data which the committee will benefit from. The committee were pleased to note the Trust's breakeven financial position at year end. POD emphasised that this breakeven position was achieved using non-recurrent benefits.

POD reported that the committee had spent time reviewing the electronic patient record (EPR) business case, including a lessons learned exercise relating to the original business case. The committee supported the consolidated approach proposed. The committee have provided feedback on the East Grinstead Community Diagnostic Centre (CDC) business case and have requested to see further granularity.

RH reported that the People committee has not yet held its first meeting but that it will be heavily focussed on culture.

This was KN's last Council meeting and she reflected that much progress has been made during her six year tenure. She emphasised the importance in particular of the development of the Trust's continuous improvement methodology.

This was JE's first Council meeting. She was pleased to have joined the Quality and safety committee as a member and her focus since joining the Board has been on getting to know the organisation including Board members and governors.

Council considered and discussed the updates as follows:

- In response to a question from a governor, POD confirmed that the consolidated EPR approach means that the systems will go live at the same time in October 2025
- A governor sought clarity regarding what is meant by financial non-recurrent benefits. In response, JB confirmed that non-recurrent benefits usually means money set aside for risks which don't materialise so it becomes a benefit. These are one off and if they were not available the Trust would not have broken even, as it has an underlying deficit position
- Discussion was had regarding the Trust's financial position and POD reiterated that there are no remaining non-recurrent benefits. Council noted that there has been a significant change in the financial regime and that the Trust is no longer able to gain income from doing more as it has previously. The Trust will now need to reduce its costs as opposed to doing more and every provider is in the same position
- Discussion was had regarding the East Grinstead CDC. POD confirmed that the revised business case will be a detailed project implementation plan setting out the risks and resource required, and that the team are building the activity plan. JB confirmed that the CDC activity growth is within the budgets for this financial year and that the new build will not be operational until the following financial year
- In response to a question, RH confirmed that there will be a governor working group for the People committee
- A governor asked what the Trust's oldest risks are. POD responded, stating that the Trust's oldest risks are in relation to finance and estates. Currently the Trust's biggest risk is the delivery of the cost improvement plan (CIP) for 2025/26
- A governor asked how the QVH strategy 2025-2030 is being rolled out at a departmental level. AJ explained that it is a five year strategy and the team are in the process of identifying year one priorities whilst considering the impact of the planning guidance for 2025/26. Clinical leadership is key and the operational plan will outline key strategic objectives for year one which will be rolled out at departmental level



	<ul style="list-style-type: none"> <li>- In response to a question, POD confirmed that the Finance and performance committee continues to receive updates on the Trust's estate and progress made with addressing critical infrastructure challenges. There is a temporary boiler in place and capital is being utilised to fund estates priority. JB confirmed that c.£4.9m has been spent on critical estates work</li> </ul> <p>Council <b>noted</b> the updates.</p>
<b>8-25</b>	<b>Questions for Non-executive directors</b> [this item was taken with item 7-25 above]
<b>9-25</b>	<b>Update from governor working group for public engagement (verbal)</b> JHa provided Council with a verbal update regarding the work of the Governor working group for public engagement. He reported that: <ul style="list-style-type: none"> <li>- The next issue of QVH news is imminent and includes a governor led page with a profile of JHa and information about how to become a member or a governor</li> <li>- A membership poster has been developed for distribution around the hospital and other venues</li> <li>- Governors have been invited to participate in Charity events and bucket collections. This is in support of the QVH Charity but is also an opportunity for governors to engage with members of the public. LM agreed to email the dates to governors</li> <li>- Governor elections will likely be held in 2026 and the group are keen to support engagement around the election</li> </ul> <p>Council extended thanks to JHa and others for their work related to public engagement. Council <b>noted</b> the update.</p>
<b>10-25</b>	<b>Council of Governors effectiveness review</b> LM presented the report to Council. She explained that the report summarises the outcome of the recent survey that governors were asked to complete. She reported a good response to the survey with 20 governors having completed it. <p>LM highlighted that:</p> <ul style="list-style-type: none"> <li>- Since the last effectiveness review, governors are now joining the Non-executive directors on service visits, there have been two development days with NHS Providers and informal Council meetings have been established. These were actions arising from the last review</li> <li>- The results show that governors agree that meetings are effectively chaired, that there is good engagement between governors and Non-executive directors, governors feel supported in the role and governors behave in line with Trust values</li> <li>- Areas of mixed feedback include governors not feeling that they have ample opportunities to hold the Non-executive directors to account with comments suggesting governors would like to observe sub-committees. Comments also suggested governors would welcome more opportunities to meet with Non-executive directors without the executive team present</li> </ul> <p>Discussion was had regarding governors attending Board sub-committee meetings and CB stated that a number of other Trust's allow it. Council noted that they have been told that this is not best practice but governors stated that they did not understand why it is not and requested that this be explained. PDR confirmed that the Board will consider this once the Trust's additional licence conditions have been removed. <b>ACTION JS, LM</b></p> <p>Council <b>noted</b> the contents of the report and <b>agreed</b> the action plan as set out within the report.</p>
<b>11-25</b>	<b>Council of Governors sub-committee and working group membership</b> LM presented the report to Council which was for information. She highlighted that there remains one vacancy on the Governor steering committee and that the membership of the Governor working group for public engagement is open and that all governors are invited to participate if they wish to. There is one vacancy on the Governor working group for the Finance and performance committee and three vacancies on the Governor working group for the Audit and risk committee. <p>Council <b>noted</b> the contents of the report.</p>

<b>12-25</b>	<p><b>Appointments committee terms of reference</b> Council <b>approved</b> the revised terms of reference for the Appointments committee.</p>
<b>13-25</b>	<p><b>Trust Chair second term and salary</b> [RG left the meeting] KS confirmed that the Appointments committee had met to consider this proposal. The committee had agreed that JS fulfils the criteria for being appointed for a second term and agreed to recommend the proposal to the Council of Governors, recognising that JS is unlikely to complete a full second term. The committee were in agreement that a 5% uplift to the Trust Chair's salary was appropriate given the absence of updated guidance on Trust Chair pay since 2019 and the considerable time commitment to the role.</p> <p>As the Trust's Senior independent director, KN confirmed that she supports the proposal. She explained that the salary uplift recognises the complexity of the role and challenges faced by the organisation. She confirmed that feedback on the Trust Chair's performance has been unanimously positive.</p> <p>Council <b>approved</b> the reappointment of the Trust Chair for a second term with a 5% salary uplift from £52,500 to £55,125 from 1 April 2025, recognising the considerable time commitment to the role and the challenges faced by the organisation.</p>
<b>14-25</b>	<p><b>Any other business</b> PDR acknowledged that this was CB's last Council meeting as Lead governor and KN's last Council meeting as Senior independent director.</p> <p>PDR extended thanks to CB on behalf of the Board and Council for all that he had done during his tenure as Lead governor. He thanked CB in particular for his contribution to improving the relationship between the Board and Council.</p> <p>PDR extended thanks to KN on behalf of the Board and CoG for all that she had done for QVH during her six year tenure as a Non-executive director.</p> <p>There was no further business and the Chair closed the meeting.</p>
<b>15-25</b>	<p><b>Questions or comments from members of the foundation trust of members of the public</b> There were none.</p>



Matters arising and actions pending from previous meetings of the Council of Governors - <b>PUBLIC</b>								
ITEM	MEETING Month	REF.	TOPIC	AGREED ACTION	OWNER	DUE	UPDATE	STATUS
1	October 2023	70-23	ICS update	Invite Kent and Surrey ICB representatives to provide a strategy update at future CoG meetings	CEO	22 April 2024	January 2024: Kent ICB invited to April CoG meeting to provide Kent ICB update. Surrey ICB date to be confirmed April 2024: Surrey ICB date to be confirmed. Verbal update at meeting September 2024: Surrey unable to attend future scheduled CoG meetings- other options to be considered July 2025: Surrey Heartlands and Sussex ICB's plan to join together and work is underway to formalise this arrangement which has been agreed with NHSE. It is therefore proposed that this action is closed.	Closed
2	April 2025	10-25*	Council of Governors effectiveness review	Board consideration of whether governors can attend and observe Board sub-committee meetings once the Trust's additional licence conditions have been removed	JS, LM	TBC- dependent on additional licence conditions	July 2025: completion dependent on confirmation of removal of additional licence conditions	Pending

**Report to:** Council of governors  
**Agenda item:** 27-25  
**Date of meeting:** 21 July 2025  
**Report from:** Jackie Smith, Trust Chair  
**Report author:** Jackie Smith, Trust Chair  
**Date of report:** 11 July 2025  
**Appendices:** None

## **Chair's report**

### **Council of Governors**

At the beginning of July 2025, Chris Barham stepped down as our lead governor. I would like to extend my enormous thanks and thanks on behalf of the Board and the Council of Governors to Chris for all that he has done during his time in the role. Janet Hall (public governor) has taken up the role of lead governor and John Harold (public governor) has taken up the role of deputy lead governor. I am looking forward to working with Janet and John in their new roles.

I am pleased to say that Bob Lanzer has been appointed for a further term of three years as our stakeholder governor for West Sussex County Council.

During June, governor working groups were held with the Finance and Performance, Quality and safety committee and Audit and risk committee Chairs, executive leads and governors.

I have met with our new lead governor and deputy lead governor and will meet with them regularly to discuss key issues.

### **Government policy for the NHS**

The NHS ten year plan was published on 3 July 2025. It states that 'By 2035, our ambition is that every NHS provider should be an FT with freedoms including the ability to retain surpluses and reinvest them, and borrowing for capital investment. FTs will use these freedoms and flexibilities to improve population health, not just increase activity...We will remove the requirement for FTs to have governors. While governors have provided helpful advice and oversight for some FTs, we expect the next generation of NHS FTs to put in place more dynamic arrangements to take account of patient, staff and stakeholder insight. This should include systematic measures of patient reported experiences and outcomes'.

On behalf of its members, NHS Providers are urgently seeking more detail around announcements relating to foundation trust governance, the likely timescale for changes to Council of Governors arrangements and whether these will apply to new foundation trusts or all existing foundation trusts. The Council of Governors will still have powers which are a statutory part of our corporate governance arrangements, until the government passes new legislation to change this. We expect new health legislation later this year but this will need to pass through parliament.

In the absence of more information, we will continue to work together for the benefit of QVH and the population that we serve, maximising our public engagement activities. We will collectively consider how to manage governor elections in 2026 at the end of this year.

## **Board of Directors**

Work has commenced to develop an option appraisal to consider strategic partnership options to enable the longer term sustainability of the Trust's services in the new NHS environment. This is the Board's key priority. The Board remains focussed on the Trust's challenging financial position and cost improvement plans for 2025/26.

The Board agreed the establishment of a Strategy and culture committee at its meeting in July 2025. Key elements of the People committee and Strategic development committee will be combined into one committee focussed on current challenges and priorities. Its key functions will be:

- To provide oversight and direction of the development of the Trust's strategic and sustainable future model and the delivery of the QVH Strategy 2025-2030 in the national context
- Assist the Board in its oversight of the delivery of people, culture and organisational development strategies

This committee will have a governor working group.

At its extraordinary meeting on 24 June 2025, the Board approved the Annual report and accounts 2024/25 and our [Quality Account for 2024/25](#). These documents are testament to the hard work of all of our staff during the year, clinical and non-clinical, for the benefit of patients and service users. The Annual report and accounts 2024/25 will be shared with governors and our members at our Annual members meeting which is being held at 6pm on 23 September 2025.

## **Other activities**

I continue to meet regularly with the Chair of NHS Sussex and engage with NHSE as well as Chair's and Chief executive officers from other providers within and outside of the system to explore collaborative working opportunities. Stephen Lightfoot will step down as Chair of NHS Sussex from September 2025.

Since the last Board meeting, non-executive colleagues have visited the histopathology, burns and breast departments. I am pleased to say that governors are increasingly taking up the offer to join Non-executive directors on service visits.

## **Recommendation**

Council is asked to **note** the contents of the report.

**Report to:** Council of Governors  
**Agenda item:** 28-25  
**Date of meeting:** 21 July 2025  
**Report from:** Abigail Jago, Acting Chief Executive Officer  
**Report author:** Abigail Jago, Acting Chief Executive Officer  
**Date of report:** 11 July 2025  
**Appendices:** None

## **Chief executive officer (CEO) report**

### **Key updates**

- The Trust continues to have a challenging financial outlook for the year ahead with the need to deliver significant savings in order to achieve the breakeven plan in 2025/26.
- The 2024/2025 year end position has been confirmed as a £16k surplus following audit completion.
- Work has commenced to develop an option appraisal to consider strategic partnership opportunities to enable the longer term sustainability of services in the new NHS environment.
- Key risks for the organisation relate to the financial position, ongoing estates challenges and ongoing delivery of our performance standards.
- There continues to be significant change at a national level in terms of organisational structure with the announcement of the abolishment of further bodies including commissioning support units (CSUs), Healthwatch (national patient voice body and c.150 local branches) and the National Guardian's Office. Some functions will move into the Department of Health and Social Care.
- The NHS 10 year plan, Fit for the Future, has been published. The plan aims to bring the NHS closer to home with Neighbourhood Health Services. The plan progresses three shifts, hospital to community, analogue to digital and sickness to prevention. The plan has been built on extensive consultation.
- NHSE have approved the proposal for NHS Sussex and NHS Surrey Heartlands Integrated Care Boards (ICBs) to collaborate.

### **National and Local Updates**

#### NHS Oversight Framework

The NHS Oversight Framework 2025/6 has now been published. The 1 year framework sets out how the NHS will assess providers and ICBs alongside a framework of promoting improvement whilst helping the identification of organisations requiring support. NHS England will use the performance assessment process to measure delivery against an agreed set of metrics.

#### NHS Operating Model

In line with the national intention to move from 42 ICBs to 26 NHS have approved the proposal for NHS Sussex to work collaboratively with NHS Surrey Heartlands. This includes the Surrey Heath and Farnham areas coming back into the Surrey health system (from the Frimley system). Preparation work is now underway to formally develop the change programme across both organisations.

### System Collaboration

We recognise collaborative working is more important than ever, QVH continues to be an active Committee in Common member, supporting the delivery of the Sussex wide Improving Lives together strategy. The Trust is also an active member of the Provider Collaborative which is now multi sector. Key priorities have been agreed for the collaborative and these include integrated neighbourhood teams and exploring corporate opportunities.

### NHS 10 year plan

The 10 Year Health Plan for England – Fit for the Future was published on 3<sup>rd</sup> July. It sets out a bold and ambitious course for the NHS that aims to ensure sustainability for generations to come.

It has been built upon an extensive engagement exercise including members of the public and the health and care workforce. One of the key themes of the plan is to 'take the best of the NHS to the rest of the NHS'. The key themes include: getting the care you need, when you need it; making healthcare seamless, fixing the basics and making the NHS a great place to work. This plan is to be delivered through 3 shifts:

- **From hospital to community;** transforming healthcare with easier GP appointments, extended neighbourhood health centres, better dental care, quicker specialist referrals, convenient prescriptions, and round-the-clock mental health support - all designed to bring quality care closer to home.
- **From analogue to digital;** creating a seamless healthcare experience through digital innovation, with a unified patient record eliminating repetition, AI-enhanced doctor services and specialist self-referrals via the NHS app, a digital red book for children's health information, and online booking that ensures equitable NHS access nationwide.
- **From sickness to prevention;** shifting to preventative healthcare by making healthy choices easier—banning energy drinks for under-16s, offering new weight loss services, introducing home screening kits, and providing financial support to low-income families

It is a clear aim of this plan is to make the NHS the very best place to work – setting new standards for flexible, modern NHS employment, expanding training opportunities and reducing the administrative burden. The plan includes:

- A new set of Staff Standards for employment in the NHS.
- The time staff need to spend on statutory mandatory training will be substantially reduced by April 2026.
- Single sign-on for NHS software will be introduced to reduce the administrative burden.
- From 2027, the roll out of validated AI diagnostic tools and AI administrative tools.
- New advanced practice models will be developed for nurses, midwives and allied health professionals.
- Streamlined NHS operating model through the reduction in organisations and simplified decision-making.
- Support to a quality focus through the clinical development of 'Modern Service Frameworks' to accelerate progress in conditions where there is potential for rapid and significant improvements in quality of care and productivity.

The plan also sets out a system of value based healthcare where spending and incentives are aligned to what delivers the best outcomes. This includes improving productivity and reducing waste and a transparent financial regime.

### **Finance and Performance**

The financial outlook continues to be very challenging with the need to deliver significant savings in order to achieve the breakeven plan in 2025/26. Whilst the position is positive for M1 and M2, there will need to be a significant acceleration of delivery to assure the planned break even position for 2025/26, with the main risk area being delivery of best value schemes of £7.5m (6%) for the year.

The level of recurrent cost reduction is the highest the Trust has delivered to date. Delivery of the full £7.5 million remains exceptionally challenging and given our relative economies of scale, collaboration will be key in order to realise the ongoing savings required.

It is key to note that our focus is on the current arrangements and moving forward there are even greater future financial pressures in terms of the withdrawal of top up arrangements and moving back to a tariff only system. Planning work for that will be undertaken over the summer.

The Trust met its planned Month 1 performance against the 2025/26 operational targets for Urgent and Emergency Care, Referral to Treatment and Cancer. For month 2 there were challenges in regard to MIU due to staffing challenges and the Faster Diagnosis standard due to consultant vacancy in Head and Neck. There is also an increase in skin cancer referrals which may impact cancer performance moving forwards. In month 2, 44 patients waited greater than 65 weeks against a forecast of 50. Work continues to reduce long waits further including recruitment and insourcing.

### **Quality and Safety**

#### Children and Young People's Patient Experience Survey

In May the Care Quality Commission's 2024 Children and Young People's Patient Experience survey results were published with QVH the only hospital categorised as achieving 'much better than expected' results. The national survey asked children and young people across England about their hospital treatment.

QVH achieved high scores from children aged 8-15 years old relating to being able to ask questions, feeling staff explained operations or procedures, and being given privacy when receiving care and treatment. For parents responding to the survey on behalf of their children aged 0 to 7 years they rated the helpfulness of staff; felt their child was looked after in hospital; the ward was suitable for the child's age group; felt they could be with their child as much as they wanted; were listened to by staff; had confidence in staff; and knew who to contact if they had worries when they went home. Overall, 95% of parents would give their child's experience of QVH a 7 out of 10 or above.

These results are testament to the hard work of our colleagues.

#### Environmental Health Inspection

Following a visit from environmental health, the Trust has been issued with two hygiene improvement notices. An action plan which is monitored daily is in place. A

continuous improvement approach has been taken to ensure that the root causes are addressed and robust processes are developed and embedded.

## **Trust Strategy and Strategic Projects**

### Strategic collaboration

Given the significant change in national context (including the clear directive of the NHS to live within its means, changes to the elective funding regime and specific requirement to reduce corporate costs), the future funding challenges for the local health systems and the related QVH financial outlook work is underway to identify strategic partnerships. This is key in order to ensure the sustainability of the QVH services and delivery of the key ambitions within the QVH Strategy 2025-30.

The models of specialist hospitals set out in the Federation of Specialist Hospitals *Power of Specialism in the Future (2025)* have been reviewed and the linked model approach is being considered. An engagement plan has been developed and option appraisal is in progress.

### Community Diagnostic Centre (CDC) / QVH and Bognor

A building contractor has been selected for the QVH CDC following a tender process. Governance arrangements have been updated with a new framework, work-streams and terms of reference. We are hosting 2 events on 22<sup>nd</sup> July for local residents and other interested parties to talk about the practicalities of the build.

The Bognor CDC programme is continuing connecting with the University of Chichester and NHS Sussex.

### Electronic Patient Record (EPR)

The Electronic Patient Record business case has been approved taking into account key changes to the programme.

Preparations for a consolidated go live (including theatre & MIU modules) and EPMA (digital pharmacy) is on track. Further work will be required following this to optimise and enhance core functionalities, and planning to support this is being progressed.

The clinical safety case and cutover plans are in draft and consultation will follow to minimise identified risks in transition.

## **Recommendation**

The Council of Governors is asked to NOTE the contents of the report.

**Report to:** Council of governors  
**Agenda item:** 30-25  
**Date of meeting:** 21 July 2025  
**Report from:** All Non-executive directors  
**Report author:** Leonora May, Company Secretary  
Ellie Simpkin, Governance Manager  
**Date of report:** 8 July 2025  
**Appendices:** None

### **Non-executive director assurance**

#### **Purpose and introduction**

The purpose of this report is to assist the Council of Governors in seeking assurance and holding the Non-executive directors to account for the performance of the Board. This paper contains high level updates from Board sub-committee meetings held during the period April to July 2025.

The Non-executive directors will each provide a verbal update regarding other activities at the meeting, especially where their particular focus and any areas of concern are.



## Audit and risk committee assurance

**Dates of meetings:** 26 March 2025, 24 June 2025

**Chair:** Paul Dillon-Robinson

**Members:** Russell Hobby, Peter O'Donnell

### **ALERT (matters that the committee brought to the Board's attention)**

- The Trust's Annual Governance Statement (AGS) concludes that significant internal control issues arose during the year. Where significant controls issues have been identified, appropriate plans are in place to deliver the required improvement.
- The external auditors, Azets, have identified one significant weakness in their draft Value for Money assessment which relates to the Trust's arrangements for the effective operation of internal controls due to instances of non-compliance with Trust policies during the 2024/25 financial year. These matters have been discussed by the committee at previous meetings and are reflected in the Annual Governance Statement.
- The Head of Internal Audit Opinion 2024-25 has concluded that: *'there are weaknesses in the framework of governance, risk management and internal controls such that it could become inadequate and ineffective.'* This is a lower level than last year, which the committee asked about, and the reasons for this opinion include five partial assurance opinions being issued during the year and limited progress in implementing actions agreed from the audit of contract management in the previous year. The committee is assured that progress is now being made with improvements to contract management, and that there is a focus on implementing agreed actions from all audits on a timely basis.
- An internal audit of cash management and payroll has received a 'partial assurance' outcome. One 'high', five 'medium' and two 'low' priority management actions to have been agreed to address the key themes identified, primarily in cash management. The committee has stressed the importance of actions agreed from internal audit reviews being completed within the agreed timeframes.
- An internal audit of risk management has received a partial assurance opinion. Further work is required to standardise the framework in place for identifying, managing and monitoring local risks within corporate functions. Varying levels of engagement with the audit, from specific areas of Trust, was raised by the internal auditor and the process for escalation through the executive leadership team and the committee, where necessary, has been clarified and encouraged.
- The committee has received an update on the effectiveness of the mechanisms in place for raising staff concerns. The decline in the number of staff who responded to the staff survey, to say that they feel safe to speak up about anything that concerns them (67.5% in 2024 compared to 74.5% in 2023), was highlighted. The committee was reassured that this is being taken seriously by the executive team and the importance of demonstrating that staff are being heard, and action taken, is acknowledged. All available routes for raising concerns continue to be promoted to staff.

### **ASSURE (matters that the committee brought to the Board's attention)**

- Azets presented their draft annual audit findings for the year ending 31 March 2025. They anticipate issuing an unmodified audit opinion on the accounts. The committee was pleased to note that the audit process has been positive on all sides.
- The Counter Fraud Functional Standard Return (CFFSR) resulted in an overall rating of green, indicating full compliance. Access to, and completion of, training is a requirement that remains at 'amber'. An e-learning package is being

implemented and targeted face-to-face fraud awareness sessions for recruitment and procurement teams are planned.

- There has been some reduction in the use of Single Tender Waivers. The committee continues to stress the importance of being able to demonstrate the value for money considerations being made in any waivers. Contracts awarded since 1 January 2025 have been reviewed to ensure that they have followed the proper process.
- The committee has received annual assurance reports from the Finance & performance committee and Quality & safety committee in order to support the committee in its function to have oversight of an effective system of governance, risk management and internal control. A theme raised by both committee's is that reports have generally been factually accurate but have lacked forecasts and there is further scope to include narrative insight and evidence-based opinion and analysis.
- The committee has received annual compliance reports on requirements of the Fit & Proper Persons Test framework (annual checks for Board members have been undertaken, all of which have been satisfactory), the Trust's Standing financial instructions, Standing orders and the Scheme of delegations (all known breaches have been reported to the Audit and risk committee and are referenced in the AGS).
- There is evidence to support the Trust's compliance with the standard NHS licence conditions and the Trust's compliance with the Code of governance for NHS provider trusts has improved from last year with the only area of non-compliance being in relation to Chair and Non-executive directors' pay. An explanation of where the Trust has departed from the code is included in the Annual report and accounts.
- Progress continues to be made with actions to establish a robust contract management process across the organisation. Regular contract review meetings are now being held for large contracts and a digital contracts register is owned by the Head of procurement to facilitate the management and monitoring of contracts. A revised Contract Management Policy has now been approved by the Executive Leadership Team.

#### **ADVISE (matters that the committee presented to the Board for information)**

- The Internal Audit Plan for 2025/26, which has been developed with the input from the Executive Leadership Team, and the associated Internal Audit Charter has been approved by the committee. The plan will be kept under review throughout 2025/26 and adjusted should any priority areas be identified.
- The committee has reviewed and approved the Trust's Counter Fraud Work Plan for 2025/26.
- The committee has undertaken its annual self-assessment of committee effectiveness. The results were overall positive. The implementation of actions within agreed timescales was identified as an area for further development, noting that there have been delays in the delivery of actions to address internal control issues.
- The committee has reviewed changes which have been made to the Trust's Standing orders, Scheme of delegation and reservation of powers and Standing financial instructions. Given the matters of non-compliance which were identified by the Trust in 2024-25, communication of these governing documents to staff, and compliance with them, is key. The committee has asked for an update on the effectiveness of the revisions in six months' time and how compliance is being assured.

#### **RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

- The committee received an update on System collaboration and risk. QVH and other providers are expected to play a key role in managing the shared risks to the delivery of the Sussex Health and Care System Strategy, Improving Lives Together. The committee were reassured that these risks are reflected in the Trust's own organisational risk register. The committee has highlighted the importance of the Board having assurance that these System risks, where relevant, are being managed effectively by the Trust.

## **Quality and safety committee assurance**

**Date of meeting:** 29 April 2025, 3 June 2025 (annual reports meeting), 1 July 2025

**Chair:** Shaun O'Leary

**Members:** Jo Emmanuel, Paul Dillon-Robinson

### **ALERT (matters that the committee brought to the Board's attention)**

- The task and finish group which has been established to improve compliance with the Mental Capacity Act (MCA) is now gaining traction identifying and addressing the barriers. The Trust's consent policy has been updated and changes have been made to the appointment letters and the booking process. There is further work to do and the committee has stressed the importance of ensuring that changes are embedded and having a positive impact for patients. It is important that both qualitative and quantitative aspects of assessments are monitored. The committee will receive updates at every meeting until the task and finish group has concluded its work.
- A replacement Cone Beam CT (CBCT) scanner is now place following the failure of equipment in April 2025. A recovery plan to address the patient backlog is being worked through with urgent and long waiting patients being prioritised. The committee received assurance that an investigation has concluded that there was no significant patient harm caused as a result of the equipment performance issues.
- Following a visit from Environmental Health, the Trust has been issued with two Hygiene Improvement Notices. One of the improvement notices is in relation to taking action on staff training. This was raised following a previous inspection which demonstrates that sufficient action had not been taken to improve the position. An action plan, which is being monitored daily, is in place to ensure improvement. Staff training is being undertaken and a review of processes carried out. The committee requested the use of spot checks in the short-term, to ensure the changes are systemised. A fuller discussion on this will be had at the next Quality & safety committee to ensure that the committee is assured that lessons have been learned and improvements embedded.
- A Never Event regarding a wrong site block occurred in Month two 2025/26. There was no patient harm and the committee has been reassured that action has been taken to reinforce policy and training in this area.
- Complaints increased by 12% in 2024/25 compared to 2023/24 yet the Trust achieved its target of 90% of all complaints being acknowledged within three working days and closing 90% of complaints within 40 working days. Quarterly meetings are held with the directorate triumvirates to discuss themes and outcomes from patient experience data.

### **ASSURE (matters that the committee brought to the Board's attention)**

- Changes are being made to the Trust's clinical harm review process for long waiting patients which will see patients grouped by procedure and assessed for risk of harm by cohort. The committee has been updated on the current process for reviewing harm for patients on a cancer pathway, acknowledging the need for balance between the time spent in clinical review and time spent treating patients and thus reducing wait times. Controls are in place to monitor the long waiting patients including weekly patient tracking meetings - with escalation to the Chief operating officer and Chief medical officer for patients over 78 weeks.
- The Trust has been ranked first in the national league table of overall positive scores in the Children and Young People Survey 2024, evidencing the outstanding inpatient paediatric care delivered at QVH.
- The latest Bi Annual Safe Staffing and Nursing Workforce Review has provided assurance that there is safe deployment of nursing staff at QVH. The committee

acknowledges the complexities involved in staff deployment, given ward mix and case complexity mix.

- There is no evidence that theatre productivity improvements have had a negative impact on quality and safety. The focus on theatre productivity has brought about improvements in teamwork, scheduling and workflow, standardisation of processes. Monitoring of staff, safety and patient experience metrics to ensure there is no adverse impact of the productivity work will continue. Work will need to be undertaken to assess the ultimate impact on patients.
- The committee received a report which outlined the patient safety and quality implications associated with the EPR 'Archie' implementation. The Trust will be working with an external clinical safety partner to ensure that clinical safety processes are well established with the right documentation being produced. The committee will receive further updates on the clinical quality and risk considerations as the project progresses and acknowledges that this work will increase as the 'go live' date approaches.
- The 'The QVH Way' Continuous Improvement (CI) programme is being embedded across the organisation and the Trust is well-positioned to drive meaningful, sustainable improvements to enhance patient care and organisational performance.
- The latest Patient Led Assessments of the Care Environment (PLACE) results demonstrates that the Trust has made improvement in all eight inspection domains. However, areas related to dementia and disability friendly environments continue to score below the national average and action is being taken to address required improvements.
- Feedback from a visit by Healthwatch as part of its mandate to assess NHS services from a patient-centre viewpoint has noted that patients consistently praised the staff for their compassionate care and professionalism. Actions are being taken to address the recommendations from the visit which include increasing the monitoring of cleanliness in outpatient and the minor injury unit and enhancing signage.

The committee has received assurance from the following annual reports:

- **Clinical audit annual report 2024-25:** shows breadth in the audits undertaken. Opportunities to use digital systems to support streamlining processes and coordinate data and reporting are being explored.
- **Medication safety annual report 2024-25:** reports that medicines incident reporting numbers are higher than previous, but with low or no harm, taken to indicate that the reporting culture is improving. Processes are in place to address and communicate themes in medication incidents and national safety communications are recognised and acted on in a timely fashion. There is further work to do on improving the process of reporting on shortages of medications.
- **Antimicrobial stewardship annual report 2024-25:** provides assurance that appropriate oversight arrangements are in place to support antimicrobial stewardship across the Trust. Antimicrobial related ward rounds have been initiated to improve prescribing compliance, optimise treatment and support clinical practice, education and learning. Work has started on the configuration of electronic prescribing to maximise monitoring of antibiotic use and prescribing standards.
- **Health & Safety annual report 2024-25:** demonstrates encouraging levels of assurance evident through proactive incident reporting. Face fit testing compliance was low, and was highlighted as an area for improvement, which has been evidenced over recent months. The committee continues to monitor the action plan

to address the gaps in policy implementation and compliance monitoring which were identified in the scoping exercise carried out in February 2025.

- **Patient safety annual report 2024-25:** key achievements include the embedding of the Patient Safety Investigation Response Framework (PSIRF) and the implementation of the 'Learn from Patient Safety Events' system (LFPSE). There were five investigations and no external Patient Safety Investigations reported in 2024/25. One Never Event relating to the wrong site block was declared. All investigations generated learning and some immediate changes to policy and practice have been made. A Clinical Learning Forum has been established and will be developed throughout 2025-26.
- **Learning from Deaths 2024-25:** provides assurance that there is embedded evaluation and learning around deaths associated with care at QVH which is consistent with best practice. There is work to do on developing processes which provide assurance in 'real time', demonstrated by the fact that analysis of the 2024/25 deaths is only partially (67%) complete. Structured Judgement Reviews undertaken have been done well and thoughtfully.
- **Safeguarding (adults & children) annual report 2024-25:** Improvements have been made to the Adult Safeguarding and Mental Capacity Act training, however, compliance has been challenging and remains on the risk register. The safeguarding team recognises that there is need to carry out further audit activity, which has not been possible to undertake to date. The committee was pleased to note the embedding of the 'think family' culture across the Trust.
- **Infection Prevention & Control annual report 2024-25:** the report which clearly shows the cycle of audit, action and consequence. Although improvements have been made to the estate, the committee expressed concerns that it appears that there are still issues from an infection control point of view to be resolved. The issues, or risk, if any, need to be put in context for the Board. The committee asked that assurance on estates matters relevant to quality and safety is provided at a future meeting.
- **Complaints annual report 2024-25:** provides good assurance that the Trust actively listens to and acts upon the voice of patients. Feedback is systematically reviewed and triangulated across multiple sources allowing for a broader and more reliable understanding of themes. The introduction of 'Learning From' meetings which support a collaborative, methodical, and inclusive organisational learning approach is welcomed. For 2025/26 the Trust is reducing the timeframe for complaints resolution from 40 to 30 working days.
- **Research & Innovation annual report 2024-25:** there have been significant changes in the past year as the Trust implements its Research & Innovation Strategy. Work is ongoing to stabilise reporting and governance structures and partnership and collaborative opportunities are being explored. The committee was pleased to note that links with primary care are being developed and the impact of research on addressing health inequalities (HI) is being considered.

#### **ADVISE (matters that the committee presented to the Board for information)**

- The Trust's Quality Account 2024-25 which highlights the significant achievements of the Trust, whilst acknowledging the areas requiring improvement.
- The committee has reviewed the clinical audit plan for 2025-26, recognising that the plan will continue to be developed in conjunction with directorate teams to inform strategy, policy and planning for subsequent years.
- The South East Burns Review report has now been received. The committee will be receiving an update on the outcome and the Trust's response to the report at its next meeting.

#### **RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

- The committee queried whether the score for risk 16 (mental capacity act) has been reduced from a 16 to a 12 prematurely given that the impact of the actions implemented to date has not yet been proved, but accepted the reasoning for this as the revised letters had improved mitigation.
- Any patient safety or quality risks identified as part of the Quality Impact Assessments (QIAs) carried out in relation to the Trust's efficiency programme will need to be brought to the committee's attention.

## Finance and performance committee assurance

**Date of meeting:** 25 April 2025, 30 June 2025

**Chair:** Peter O'Donnell

**Members:** Russell Hobby, Jackie Smith

### **ALERT (matters that the committee brought to the Board's attention)**

- The delivery of the Trust's efficiency programme is a significant area of focus and challenge for the Trust throughout 2025/26. Some good progress is being made to deliver the programme, however, there is still a material challenge to meet the overall Cost Improvement Plan (CIP) target. Contingency plans are also being considered. Quality impact assessments will be undertaken to ensure that patient safety and access have been considered. The committee has stressed the importance of developing agile governance and communication processes in order to assess the level of cost reduction achievable and that there is appropriate oversight of the associated risks. The committee has asked for more information on the CIP activity to date and the developing plans and contingencies.
- Action is being taken to improve the robustness of the monitoring and controls on non-pay spend, however, this is an area with residual risk which may cause variance across 2025/26. The committee will continue to receive updates on the action being taken to improve the control of non-pay.
- There continues to be challenges in achieving the target for the number of patients waiting over 62 days for cancer treatment. This is due to an increase in the number of referrals, patient choice, complexity of pathways and staffing capacity constraints. Options for insourcing solutions are being considered and pathway improvement analysis is being carried out. Cancer performance is highlighted as an area of challenge for the Trust going forward due to the increase in the number of skin cancer referrals. Consideration is being given to how the increase in demand can be managed.
- Although the Trust's Community Diagnostic Centre (CDC) activity increased in month one, the outlook is that it remains behind plan. Action is being taken to address the underperformance in some modalities.
- There are several risks to the delivery of the Bognor CDC programme, including capital spend and external stakeholder factors, meaning that the project is currently red/amber. The project is unlikely to complete in this financial year and capital allocated will need rephasing.
- Work continues at pace to deliver the Trust's Electronic Patient Record (EPR) programme. Training modules have been established and progress is being made on developing core system functionality, however, due to the complexity of the programme and some delays in process mapping the programme is currently rated as amber. The committee has asked for further detail on the critical path for delivery of the EPR.
- Discussion has been had over the work being carried out to develop and improve the culture of the organisation. The committee noted that learning from employee relation cases is being undertaken, however, there is still work to identify the key areas for focus and embedded leadership practices across the organisation. This is an area for assurance that will need to be taken forward by the People committee.
- Action is being taken to improve the Trust's response to Freedom of Information Act requests within 20 working days. Compliance will be monitored through the Trust's monthly IQPR going forward.
- The committee has reviewed the Trust's 2024 NHS staff survey results. The experiences of staff who declare a disability and staff feeling able to speak up have been identified for improvement and are areas of focus for the Executive team.



- The Trust's Workforce Race Equality Standards (WRES) Report 2024/25 shows that black and minority ethnic (BME) staff are over four times as likely to experience discrimination compared to white staff. The committee notes the ongoing work to improve the experiences of BME staff including the Trust's culture transformation steering group, Equality, Diversity and Inclusion champions and workshops to hear the lived experience of staff.
- The Workforce Disability Equality Standards (WDES) Report 2024/25 has reported an increase of 9.1% in disabled staff who felt pressure to come to work (22.7% in 2023/24 to 31.8% in 2024/25). The committee has suggested that further analysis is needed to understand the reasons for this and the proportionality of the results.
- The Trust's gender pay gap has grown for 2025, driven by a greater number of men in more senior admin roles among our Agenda for Change (AfC) workforce and Board, alongside senior male clinicians earning top of grade and bonus payments relative to our total workforce. The committee has highlighted the importance of ensuring that recruitment processes are attracting diverse candidates. The Trust's mean ethnicity pay gap has increased from -20.79% in 2024 to -22.95% in 2025 in favour of BME staff. The WDES, WRES and gender pay gap and ethnicity pay reports will be presented to the Board in September 2025 for oversight and discussion.

#### **ASSURE (matters that the committee brought to the Board's attention)**

- The Trust concluded 2024/25 in a strong position both operationally and financially and the committee recognises the efforts of all staff. The year end capital position plan ended with an underspend of c£0.5m. The committee has highlighted the importance of ensuring that there is a phased capital plan for 2025/26 commencing early to avoid underspend towards the end of the financial year.
- The committee supports the capital plan allocation for 2025/26 which includes spend on key estates infrastructure, IT and medical devices. It should be noted given the capital funding requirements for both the CDC and EPR programmes there is a relatively low allocation available for estates works in 2025/26. The estates team are working through the highest priority items but unless additional funding can be secured, this may slow progress in addressing key estates infrastructure items.
- There is sustained progress on the delivery of the Trust's estates critical infrastructure improvements. An asbestos management plan is now in place and there are mitigations to address the risk to electrical infrastructure. The Trust has been awarded £1.4m of additional funding to replace a boiler system. Demolition of the old medical photography unit to remove the Reinforced Aerated Autoclaved Concrete (RAAC) is underway and expected to be complete by the end of July 2025.
- The Trust met its planned month one performance against the 2025/26 operational targets for urgent and emergency care, referral to treatment and cancer and financial targets and month two is also tracking to plan.
- Although agency spend at year end was above the target of 3.2%, the target was achieved in month for the last six months of the year. Sustained performance in this area will be important for the Trust as more challenging targets have been set for 2025/26. Temporary staffing use has decreased in month one, with substantive roles being filled and turnover decreasing which has resulted in a lower vacancy rate.
- The East Grinstead CDC programme continues to be rated green/amber. There is now focus on the clinical aspects of the project and CDC activity and pathways are being reviewed and developed. Planning permission for the site has now been granted. A contractor has been appointed to deliver the new build following

approval of the business case. Information sessions for local residents will be taking place in July 2025.

**ADVISE (matters that the committee presented to the Board for information)**

- The results of the committee's self-assessment of effectiveness for 2024/25 were largely positive. An area for development, which is already being addressed, is ensuring that reports include forecasts, effective analysis and key insights to provide the appropriate level of assurance.
- The latest milestone and resourcing plan for the Trust's major projects shows the breadth and depth of projects running across the Trust and illustrates that several projects require significant input from functional areas such as finance and clinical and nursing teams.
- The committee received an update on the Trust's NHS England Data Security and Protection Toolkit self-assessment submission, noting that requirements have changed significantly for 2024/25. A remedial action plan is in place for some elements which will be monitored by the Executive Leadership Team.

**RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

- The committee has reviewed the organisational risks relevant to its remit. The highest scoring risk is related to the Trust not being able to deliver the full value of the cost improvement plan for 2025/26 (current score of 20).
- The committee suggested the risk relating to the management of Trust's cash flow is considered further.
- The committee also discussed potential changes in guidance for how income will be earned across the NHS which could remove some of the top-ups that benefit QVH. Further clarity will be available shortly as Trusts are required to submit three year financial plans

**Recommendation**

Council is asked to **note** the contents of the report and is invited to ask questions to the Non-executive directors regarding Non-executive director activities since the last meeting.