

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS

**Thursday 13 March 2014
4pm**

**Dove Suite
The Ark
Mount Lane
Turners Hill
West Sussex
RH10 4RA**

Public Meeting of the Council of Governors
Thursday 13 March 2014, 16:00 – 18:00
Dove Suite, The Ark, Turners Hill, West Sussex, RH10 4RA

AGENDA

No.	Agenda item	Time	Papers
STANDING ITEMS			
01-14	Welcome, apologies and declarations of interest and eligibility Peter Griffiths, Chairman	16:00	-
02-14	Draft minutes of the meetings held on 12 December 2013 (for approval) Peter Griffiths, Chairman		Enc.
03-14	Matters arising and actions pending from the previous meeting Peter Griffiths, Chairman		-
REPORTS FROM THE BOARD OF DIRECTORS AND GOVERNOR REPRESENTATIVE			
04-14	Report from the Board of Directors <ul style="list-style-type: none"> • Shena Winning, Non-Executive Director & Chair, Audit Committee • Jeremy Beech, Non-Executive Director & Chair, Quality and Risk Committee • Lester Porter, Non-Executive Director & Chair, Charitable Funds Advisory Committee • Richard Tyler, Chief Executive 	16:10	Enc.
05-14	Report from the Governor Representative Brian Goode, Governor Representative	16:45	Verbal
GOVERNANCE			
06-14	Sub-Committee memberships, portfolios & nominated persons Lois Howell, Interim Head of Corporate Affairs & Company Secretary	16:50	Enc.
REPORTS FROM SUB-COMMITTEES & TASKFORCES			
07-14	Appointments Committee Valerie King, Public Governor and Chair, Appointments Committee	17:05	Verbal
08-14	Membership Taskforce Michael Shaw, Lead Governor for Membership Taskforce	17:15	Verbal
REPORTS FROM LEAD GOVERNORS			
09-14	Report from the Vice-Chairman of the Council of Governors Ian Stewart, Vice-Chair of the Council of Governors	17:20	Verbal.
10-14	Quality and Risk Committee Moira McMillan, Lead Governor for Quality & Risk Committee	17:30	Verbal

11-14	Patient Experience Group Gillian Santi, Lead Governor for the Patient Experience Group	17:35	Verbal
12-14	QVH Charitable Fund Brian Beasley, Lead Governor for the Charitable Funds Advisory Committee	17:40	Verbal
13-14	Audit Chris Orman, Lead Governor for Audit	17:45	Verbal

ANY OTHER BUSINESS

14-14	By application to the Chairman Peter Griffiths, Chairman	17:50	-
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QUESTIONS FROM THE PUBLIC

15-14	To receive any questions or comments from members of the public Peter Griffiths, Chairman	17:55	-
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DATE OF THE NEXT MEETINGS

Public meetings of the Council of Governors:

- Thursday 12th June 2014 at The Dove Suite, The Ark, Turners Hill: 16:00
- Thursday 11th September 2014 at The Dove Suite, The Ark, Turners Hill: 16:00
(including AGM/Annual Members' Meeting).

Members of the Council of Governors

Brian Beesley	Public Governor
Liz Bennett	Stakeholder Governor
John Bowers	Public Governor
Milton Chimonas	Public Governor
Mabel Cunningham	Staff Governor
Jenny Cunnington	Public Governor
John Dabell	Public Governor
Robert Dudgeon	Public Governor
Brian Goode	Public Governor
Robin Graham	Public Governor
Peter Griffiths	Chairman
Michael Hannah	Public Governor
John Harold	Public Governor
Anne Higgins	Public Governor
Valerie King	Public Governor and Chair, Appointments Committee
Carol Lehan	Staff Governor

Moira McMillan	Public Governor
Christopher Orman	Public Governor
Louise Reader	Public Governor
Andrew Robertson	Stakeholder Governor, League of Friends
Gillian Santi	Public Governor
Michael Shaw	Public Governor
Ian Stewart	Vice Chairman and Chair, Governor Steering Group
Alan Thomas	Public Governor
Norman Webster	Stakeholder Governor, East Grinstead Town Council
Peter Wickenden	Public Governor
Invited attendees	
Graeme Armitage	Head of Human Resources
Jeremy Beech	Senior Independent Director
Heather Bunce	Programme Director
Ginny Colwell	Non-Executive Director
Stephen Fenlon	Medical Director
Richard Hathaway	Director of Finance and Commerce
Lois Howell	Interim Company Secretary and Head of CA
Amanda Parker	Director of Nursing and Quality
Lester Porter	Non-Executive Director
Hilary Saunders	Deputy Company Secretary
John Thornton	Non-Executive Director
Richard Tyler	Chief Executive
Shena Winning	Non-Executive Director

Document:	Minutes (draft and unconfirmed)	
Meeting:	Council of Governors (session in private) Thursday 12 September 2013, 1500 - 1600 The Dove Suite, The Ark, Mount Lane, Turners Hill, West Sussex	
Present:	Peter Griffiths (PAG)	Chairman
	Ian Stewart (IS)	Public Governor & Vice-Chairman
	Brian Goode (BG)	Public Governor & Governor Representative
	Mabel Cunningham (MC)	Staff Governor
	Carol Lehan (CL)	Staff Governor
	John Bowers (JB)	Public Governor
	Brian Beesley (BB)	Public Governor
	John Dabell (JD)	Public Governor
	John Harold (JH)	Public Governor
	Valerie King (VK)	Public Governor
	Gill Santi (GS)	Public Governor
	Michael Shaw (MS)	Public Governor
	Moira McMillan (MM)	Public Governor
	Christopher Orman (CO)	Public Governor
	Peter Wickenden (PW)	Public Governor
	Milton Chimonas (MC)	Public Governor
	Robert Dudgeon (RD)	Public Governor
	Anne Higgins (AH)	Public Governor
Alan Thomas (AT)	Public Governor	
Andrew Robertson (AR)	Stakeholder Governor (League of Friends)	
In attendance:	Hilary Saunders (HS)	Deputy Company Secretary (secretariat)
Apologies:	Norman Webster (NW)	Stakeholder Governor (EGTC)
	Michael Hannah (MH)	Public Governor
	Liz Bennett (LB)	Stakeholder Governor (West Sussex CC)
	Louise Reader (LR)	Public Governor
	Jenny Cunnington (JC)	Public Governor
	Robin Graham (RG)	Public Governor
STANDING ITEMS		
35-13	<p>WELCOME, APOLOGIES AND DECLARATIONS OF INTEREST AND ELIGIBILITY</p> <p>The Chairman opened the private session of the meeting and welcomed KD back after a period of prolonged absence; he advised governors that RT would be joining towards the end of the private meeting to update them on various issues under item 34-13, (Any Other Business).</p> <p>Apologies for absence had been received from NW, LB, LR, JC and RG.</p> <p>The Chairman then advised that due to conflicting diary commitments MH had tendered his resignation as a public governor and would be stepping down with immediate effect.</p> <p>There were no declarations of interest and no issues of eligibility.</p>	

36-13	<p>DRAFT MINUTES OF THE MEETING HELD ON 12 SEPTEMBER 2013</p> <p>The Council of Governors APPROVED the minutes of the meeting held on 12 September 2013 as a correct record.</p>
37-13	<p>MATTERS ARISING AND ACTIONS PENDING FROM THE PREVIOUS MEETING</p> <p>The Chairman informed governors that regrettably, Neil Hathaway had tendered his resignation as NED, having been in post for only two months. After discussing various options, the Chairman advised he would be liaising with members of the board and the Appointments Committee to decide how best to progress this matter. In the meantime, KD assured the meeting that this resignation would not affect the constitutional structure of the board.</p> <p>KD also assured governors that SW's recent appointment as NED at Medway would not affect the board's constitution but would be monitored to ensure no conflict of interest arose.</p> <p>KD confirmed that the vacancy for a staff governor had not been overlooked and would hope to follow this up in the New Year.</p>
STATUTORY DUTIES	
38-13	<p>Engagement with members and the public: proposed presentation pack for governors</p> <p>MS presented highlights of the proposed presentation pack which had been developed for use by governors wishing to encourage membership of the trust within the local community.</p> <p>Whilst concern was raised by some at the length of the presentation, it was agreed this could be adapted according to the circumstances of the individual.</p> <p>MS requested feedback be emailed to him as soon as possible to ensure this could be incorporated into the final version. He also urged governors to consider any groups or affiliations they knew of at which the presentation could be made. Finally, he asked for expressions of interest from those willing to give the presentation in person. [Action: ALL]</p> <p>The Chairman thanked MS for his presentation and governors NOTED the contents of the verbal update.</p>
REPORTS FROM THE APPOINTMENTS COMMITTEE	
39-13	<p>DRAFT MINUTES OF THE MEETING HELD ON 14 NOVEMBER 2013</p> <p>Notwithstanding an amendment highlighted by VK, the Council of Governors NOTED the content of the draft minutes of the Appointments Committee.</p>
ANY OTHER BUSINESS	
34-13	<p>The Chairman welcomed RT to the meeting who had joined to provide the following updates.</p> <ul style="list-style-type: none"> • The trust was undertaking an internal enquiry in respect of the investigation into Jimmy Savile which related to QVH, and would report back to the DoH in February 2014. The results of the enquiry should be published around June/July 2014. • A small working group comprising BG, LP, GC and RT had been established to draw lessons learned from the C-Wing incident. The group had completed its

immediate review and would now evaluate broader issues, whilst providing updates to the board on a regular basis.

- The formal launch of QVH 2020 launch had taken place in November; the first phase would focus on generating ideas and main findings would be reported back to the board in March 2014.
- The DoH would be publishing details of organisations which had reported 'never events' (serious, largely preventable patient safety incidents that should not occur had preventative measures been implemented). During the first quarter of this year, QVH had reported a 'never-event' whereby surgery had been undertaken on the wrong site. More detail would be provided in the public session of the meeting.

The Chairman thanked RT and Council **NOTED** the contents of his verbal update. There being no further business, the Chairman closed the private session of the meeting at 16:05

Chairman:..... Date:.....

Document:	Minutes (draft and unconfirmed)	
Meeting:	Council of Governors (session in public) Thursday 12 December 2013, 1600 - 1745 The Dove Suite, The Ark, Mount Lane, Turners Hill, West Sussex	
Present:	Peter Griffiths (PAG)	Chairman
	Ian Stewart (IS)	Public Governor & Vice-Chairman
	Brian Goode (BG)	Public Governor & Governor Representative
	Norman Webster (NW)	Stakeholder Governor (EGTC)
	Andrew Robertson (AR)	Stakeholder Governor (League of Friends)
	Mabel Cunningham (MC)	Staff Governor
	Carol Lehan (CL)	Staff Governor
	John Bowers (JB)	Public Governor
	Brian Beesley (BB)	Public Governor
	John Harold (JH)	Public Governor
	Valerie King (VK)	Public Governor
	Gill Santi (GS)	Public Governor
	Michael Shaw (MS)	Public Governor
	Moira McMillan (MM)	Public Governor
	Christopher Orman (CO)	Public Governor
	Peter Wickenden (PW)	Public Governor
	Alan Thomas (AT)	Public Governor
	Milton Chimonas (MC)	Public Governor
	Robert Dudgeon (RD)	Public Governor
Anne Higgins (AH)	Public Governor	
In attendance:	Hilary Saunders (HS)	Deputy Company Secretary (secretariat)
	Richard Tyler (RT)	Chief Executive
	Richard Hathaway (RH)	Director of Finance & Commerce
	Stephen Fenlon (SF)	Medical Director
	Shena Winning (SW)	Non-Executive Director
	Lester Porter (LP)	Non-Executive Director
	Amanda Parker (AP)	Director of Nursing & Quality
	Graeme Armitage (GA)	Head of Human Resources
	Kathleen Dalby (KD)	Company Secretary & Head of Corporate Affairs
Apologies:	Robin Graham (RG)	Public Governor
	Michael Hannah (MH)	Public Governor
	Jeremy Beech (JB)	Non-Executive Director
	Heather Bunce (HB)	Programme Director
	John Dabell (JD)	Public Governor
	Jenny Cunnington (JC)	Public Governor
	Louise Reader (LR)	Public Governor
	Liz Bennett (LB)	Stakeholder Governor for WSCC
Observing:	One member of the public	
STANDING ITEMS		
69-13	<p>WELCOME, APOLOGIES AND DECLARATIONS OF INTEREST AND ELIGIBILITY The Chairman opened the public session of the council of governors and welcomed GC and JT to their first meeting since being appointed non-executive directors in October.</p> <p>Apologies for absence had been received from John Dabell, Heather Bunce, Jeremy Beech, Robin Graham, Jenny Cunnington, Louise Reader and Liz Bennett. The Chairman</p>	

	<p>also reminded the meeting that Michael Hannah had recently resigned as a governor.</p> <p>There were no declarations of interest and no issues of eligibility.</p>
70-13	<p>DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 12 DECEMBER 2013</p> <p>The minutes of the meeting held on 12 December 2013 were APPROVED as a correct record.</p>
71-13	<p>MATTERS ARISING AND ACTIONS PENDING FROM THE PREVIOUS MEETING</p> <p>RH advised that CQUINS funding for the trust for Q1 had now been formally confirmed by commissioners.</p> <p>The Chairman reported that one of our recently appointed NEDs, NH, had been offered a new substantive executive role. Regrettably however, his new employers would not concede to his NED role and he had therefore been obliged to tender his resignation to the trust. The Chairman would be meeting with members of the board and the Appointments Committee to consider how best to address this matter.</p>
REPORTS FROM THE BOARD OF DIRECTORS & GOVERNOR REPRESENTATIVE	
72-13	<p>REPORT FROM THE BOARD OF DIRECTORS</p> <p>A report by the Board of Directors had been circulated. The Chairman reminded governors that NEDs would provide updates in respect of any areas of particular interest or concern contained within the report.</p> <p>Finance</p> <p>SW presented highlights of the financial report:</p> <ul style="list-style-type: none"> • The trust had achieved its budget figure by MO7, however, this included £162k of CQUIN funding which had been earmarked for investment. Nevertheless, the trust appeared to be back on track to achieve budget and was expecting be able to release £162k back into the investment fund. • The cash balance of £6.851m was lower than the plan as additional costs had been incurred due to higher levels of activity although additional income from this activity had yet to be received from commissioners. • A higher than usual number of referrals have been made to Local Counter Fraud Service over the last quarter as staff appear more willing to report incidents following the outcome of the recent C-Wing investigation. • KPMG are currently undergoing a major review of the processes surrounding capital spend. • Much of the internal audit work is focusing on Human Resource disciplines, which SW observed was a positive step forward. <p>Quality & Risk</p> <p>GC provided an overview on this quarter's Q & R report; highlights included:</p> <ul style="list-style-type: none"> • The NHS Litigation Authority would no longer be undertaking risk management; QVH would therefore be developing its own governance structure. Ashley Parrot, Patient Safety Governance Manager and Head of Risk would be leaving the trust next month – it was noted that he had been a great asset to the trust and would be missed; • Winter action plans were now in place, with flu vaccination of staff underway; • A table-top exercise in October had tested the trust's evacuation plan; • The CQC returned in September to review progress on the issues raised by them in respect of documentation. The CQC had now deemed QVH to be compliant and their

Minutes: Public session of the Council of Governors meeting held on 12 December 2013

DRAFT & UNCONFIRMED

- final inspection report was now published to the QVH website.
- Ali Strowman, deputy Director of Nursing, had developed the internal monitoring Compliance in Practice format to ensure achievement of CQC standards. Governors had been invited to participate in these reviews.
- Amanda Parker would be combining recommendations taken from the Francis, Berwick and Keogh reports to create an action plan for QVH.
- The Q & R Committee had recognised that a number of trust policies were currently out of date. It had therefore requested these be prioritised and an action plan developed to address the issue.

Charitable Funds, R & D, Clinical Outcomes

LP reminded Council that in addition to Charitable Funds his current remit included Quality & Risk, Research & Development and Clinical Outcomes. Highlights of his portfolio this quarter included:

- R & D: The trust was close to reaching agreement with BSUH for a one-year secondment to be underwritten by Charitable Funds.
- C-Wing Investigation: The group established to undertake the investigation had completed its immediate review; however, it would now be evaluating broader issues, and would provide updates to the board on a regular basis.
- Consultant Outcomes: The board had signalled that Consultant Outcomes was a key priority for the trust. SF was leading on this initiative; however LP noted this was a particularly complex piece of work.

CEO update

Further to his earlier report during the private session, RT expanded on the government's commitment to publish on a quarterly basis 'Never Events' (serious, largely preventable patient safety incidents that should not occur preventative measures been in place). He advised that the trust had reported a 'never event' which related to wrong site surgery. SF assured Council that the matter had been fully investigated and the report shared with the patient and submitted as required. Actions had been identified to prevent a reoccurrence which included surgeons leading on the WHO checklist and completion of all stages of the checklist. SF was assured the situation had now improved.

Following the board update, the Chairman invited questions from the floor.

- IS raised concerns that the delivery of the new theatres to time and on budget had been to the detriment of the capital programme; however, RH assured him that there had been no intention to curtail normal capital programme operations and that the Jubilee Heating work had been halted due to lack of transparency during the tender process stage. SW noted that the KPMG review currently underway within Estates was a broad evaluation of process, contracts and procurement specifications.
- AT requested assurance regarding cash flow and debt legacy; RH concurred this was a slow and laborious process but believed it would be resolved eventually.

The Council of Governors **NOTED** the content of the report and the verbal updates. (The Chairman welcomed NW to the meeting at 17:00).

73-13

REPORT FROM THE GOVERNOR REPRESENTATIVE

- BG reminded Council that non-pay costs currently running at 7-8% should be carefully monitored.
- BG raised the issue of weekend working for senior doctors following publication of research suggesting that death rates were higher for patients admitted at weekends. SF reminded Council that, as an acute trust, QVH did not face the same issues as a

	<p>standard DGH; moreover, having investigated trust morbidity rates, he had concluded that our patients were at no greater risk at weekends than they would be during the week.</p> <p>The Council NOTED the contents of the verbal report.</p>
GOVERNANCE	
74-13	<p>NATIONAL CANCER SURVEY 2012/13: QVH RESULTS</p> <p>AP advised that results of this year's survey had been reviewed at the Patient Experience Group and subsequent actions embedded into patient action plans; she asked the Council to note that the survey reflects the patient cancer journey from start to finish but felt such a survey would be more helpful if it were targeted at an individual organisation rather than the patient experience programme.</p> <p>The Council NOTED the contents of the report and verbal update.</p>
75-13	<p>MID-STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC ENQUIRY: QVH ACTION PLAN</p> <p>AP reported that recommendations from the Cavendish, Keogh & Berwick reports had all been taken into consideration when developing this action plan; however, she emphasised that all reports had been reviewed independently before being incorporated into the main plan. AP assured Council that the trust would take care to capture the essence of the reports rather than focusing purely on recommendations. The action plan would form part of the overall QVH 2020 strategy.</p> <p>The Council NOTED the contents of the report and verbal update.</p>
76-13	<p>OPPORTUNITIES FOR PATIENT ENGAGEMENT & ASSURANCE</p> <p>Following recent concerns raised by governors at the lack of patient engagement, AP had developed a range of opportunities for governors, non-executive directors and others to work alongside trust staff in assessing the quality of care provided to patients.</p> <p>The Council NOTED the contents of the report and verbal update.</p>
STATUTORY DUTIES	
77-13	<p>APPOINTMENTS COMMITTEE</p> <p>Following her report to governors during the earlier session, VK advised she had nothing further to add.</p>
78-13	<p>AUDIT</p> <p>CO provided a brief update into his recent finance and performance meeting held with SW and RH, and outlined the forthcoming business planning process which would include a review on service line margins.</p> <p>The Council NOTED the contents of this verbal update.</p>
REPORTS FROM LEAD GOVERNORS	
79-13	<p>REPORT FROM THE VICE-CHAIRMAN OF THE COUNCIL OF GOVERNORS</p> <p>IS had circulated a report asking that governors contribute ideas and suggestions for both</p>

	<p>the Quality Account priorities and the business plan for 2014/15. He asked for feedback from governors by the first week in January and also urged governors to follow up on the opportunities provided by the trust in respect of patient engagement.</p> <p>The Chairman thanked IS for his report; the Council of Governors NOTED the content of the report and verbal update.</p>
80-13	<p>QUALITY & RISK COMMITTEE</p> <p>MM raised concerns that consent information for Q2 had not met the expected standard. SF assured her he had been working with clinical leads and actions were being taken with specific directorates to increase performance. He was hopeful that the trust would be back on track by year end.</p> <p>MM queried how the trust intended to meet CQC Hospital Intelligent Monitoring standards; AP advised that the trust would be using essential standard methodology. She also noted that she was due to attend such an inspection in the near future, after which she would have a clearer picture.</p> <p>AP was confident that the trust would meet the Q2 CQUINS criteria and was currently collecting data for Q3.</p> <p>The Chairman thanked MM for her input and the Council of Governors NOTED the verbal update.</p>
81-13	<p>PATIENT EXPERIENCE GROUP</p> <p>GS apprised the Council of recent developments in respect of the Patient Experience Group and reiterated that communications issues highlighted in the national cancer survey were being fed into the Patient Experience Strategy.</p> <p>GS reminded Council of the availability of NICE guidance on quality standards. In addition, she reported that QVH Friends & Family results were still in the top 10 in the country.</p> <p>The Chairman thanked GS for her comments and the Council of Governors NOTED the verbal update.</p>
82-13	<p>FOUNDATION TRUST MEMBERSHIP</p> <p>MS reminded Council of the draft membership strategy which had been approved earlier in the year and expressed concern that despite this, membership numbers appeared to be in decline. However KD assured him that there was no global target which QVH, as an FT, was required to achieve; in fact, it was her understanding that QVH membership was higher than at the average specialist trust.</p> <p>Whilst concerns were raised as to the validity of the membership database; NW reminded the meeting that most databases experienced 5-12% of householders moving away every year and in this regard, the QVH database was probably no better or worse than any other.</p> <p>MS expressed frustration that despite previous appeals, few governors had shown an interest in supporting the membership strategy. He urged governors to take the presentation package out into the local community to encourage recruitment; in addition he advised a further volunteer was required to join the Membership Taskforce in order for</p>

	<p>it to meet its terms of reference.</p> <p>After protracted debate, the Chairman suggested a definitive response to the direction of current tactics was required; he expressed concern that increasing exhortation by MS had resulted in little positive reaction from governors to date. In order to bring this to a swift conclusion, therefore, he proposed to meet with KD and IS to discuss the options. He would then respond to MS in due course.</p> <p>In the meantime, the Chairman thanked MS for his contribution and the Council of Governors NOTED the verbal update.</p>
83-13	<p>QVH CHARITABLE FUND</p> <p>BB noted that the Charitable Funds Advisory Committee had not met recently; only one application had been processed and approved via email.</p> <p>The Council of Governors NOTED the verbal update.</p>
ANY OTHER BUSINESS	
84-13	There was no further business
QUESTIONS FROM THE PUBLIC	
85-13	There being no questions from the member of the public, the Chairman closed the meeting by wishing everyone a very happy Christmas and prosperous new year.

Chairman:..... Date:.....

Report to: Council of Governors
 Meeting date: 13 March 2014
 Agenda item reference no: 04-14
 Author: Richard Tyler, Chief Executive
 Date of report: March 2014

REPORT FROM THE BOARD OF DIRECTORS

QUALITY, SAFETY AND RISK

1. Infection Control

2013/14 Dec - Feb	New	YTD	Target
MRSA bacteraemia	0	0	0
MSSA bacteraemia	0	0	0
<i>C.diff</i>	0	1	0

- 1.1. During the last three months the infection control team has maintained a presence in clinical areas supporting the undertaking of audit related to infection prevention and control. Activities included:
- Routine audit activity;
 - Investigation into patients with infections;
 - Updating policies following recent new guidance.
- 1.2. During July a performance notice was issued to our microbiology provider in regard to the physical on site presence of a microbiologist. We now have a regular on site presence on days a week.
- 1.3. Following the declaration of a serious incident in the last report a full investigation has been undertaken. The report has been provided to the Quality and risk committee and board of directors, in addition a presentation was made to staff at the joint hospital audit meeting. A number of recommendations were made and the relevant actions are being monitored by the infection control committee.

2. Emergency Planning/Business Continuity

- 2.1. Winter plan actions have been carried though with flu vaccination of staff achieving a 55% uptake.
- 2.2. Our emergency plans have been tested and reports written following a power failure that identified a faulty switching system, and our lockdown plan was also tested. Full reports on these incidents have been provided to the quality and risk committee and recommendation of actions will be monitored by the clinical cabinet.
- 2.3. The review of emergency preparedness, resilience and response to national core standards was completed and the local area team for NHS England provided with an assurance letter of our compliance. We have since undergone an assurance assessment by them and the outcomes of this will be fed back to the chief executive. The assessment tool and letter have been provided to the quality and risk committee and the board of directors.

3. Risk Management

- 3.1. During the period December to February one significant incident has reported, this was in February following the death of a patient in the burns unit and an investigation is currently underway.
- 3.2. The CQC visited in February to assess the trusts compliance against IRMER (ionising radiation medical exposure regulations) standards in radiology, we are currently awaiting their final report, though no major issues were highlighted to QVH during the visit.
- 3.3. During January our new Head of Risk Alison Vizulis took up her new post and is a welcome member to our team.

4. Quality Account

- 4.1. A quarter three report has been provided to the quality and risk committee on progress against the priorities identified for 2013/14. Progress has occurred against all measures and information continues to be provided on an on-going basis within the monthly board report to the board of directors.
- 4.2. Consent information for quarter three is not meeting the target set. The medical director has been working with clinical lead for plastic surgery, and actions are being taken with specific directorates to increase their performance. Corneo plastic and maxilla facial services are achieving improved scores.

5. CQUINs

- 5.1. A summary of activity against the quarter three CQUINs was presented to the quality and risk committee; we believe we have met all requirements but await confirmation from the Clinical Commissioning Group who will visit in March to assure themselves.

6. FINANCIAL AND OPERATIONAL PERFORMANCE

- 6.1. The Trust has experienced a difficult few months with financial performance particularly disappointing in months 8 and 9. The position recovered slightly in January and the year to date surplus at Month 10 is £1.516m against a plan of £2.123m. Achievement of the annual plan surplus of £2.5m is looking extremely challenging though every effort will be made to get as close as possible whilst maintaining standards and ensuring patient safety. The current forecast is £2.2m based on latest trends.
- 6.2. Income continues to be above plan but significant overspends on pay and non-pay remain. The main factors continue to be those identified in earlier reports such as increased levels of sickness and absence, agency costs and additional non pay spend in some service areas related to activity levels. Additional controls over expenditure have been imposed in January which will continue for the foreseeable future. Additional activity is also being scheduled for the final quarter of the year as the Trust needs to reduce waiting lists further in order to meet waiting time targets.
- 6.3. The Trust ended Q3 with a Continuity of Services risk rating of 4 (lowest risk). Monitor no longer uses the Financial Risk Rating measure previously reported.

6.4. The Trust also failed the 18 week admitted pathway waiting time target in November (achieving 88.8% against the target of 90%), which cause the Monitor Governance risk rating to fall to amber-green at the end of Q3. A further failure of the target in January (achievement of 89.05% against the target of 90%) means that the Q4 rating is likely to be amber-red. An action plan has been agreed to reduce the waiting lists overall and this will be implemented over the coming months. However there is a risk of further failures as long waiters are treated and also financial penalties can be imposed by commissioners.

7. ESTATES & CAPITAL PROGRAMME

Site redevelopment update

- 7.1. Phase II of the theatre development was handed over to the Trust for client commissioning on 17th February, one month early. The Facility will be open to patients in early April.
- 7.2. The final account for the whole Programme of work including the 17 enabling projects and the theatre build will be available for the May Board. The final account is projected to be under budget.
- 7.3. KPMG have completed their audit of Phase I of the Theatre project. We have seen a draft of this report and there were no recommendations for this area of their audit.

Capital programme

- 7.4. The 2013/14 capital programme as at March 3rd 2014 is currently running significantly behind programme.
- 7.5. I am pleased to report we have appointed a temporary Project Manager who will join our team shortly.

2013/14 Capital Programme January – February 2014

CAPITAL PROGRAMME				
Project:	Status	Programmed	Revised Budget	RAG
Jubilee Centre Heating	Project re-tendered. 3 tenders received. Tender evaluation report prepared by Procurement department. Contract awarded Site visits facilitated Project manager appointment approved 11/02/14 Work on site will start as soon as a Project Manager is in post.	Originally Programmed for Quarters 1 & 2 Likely over run to 1 st quarter 2014 / 2015	£310k	
Alterations to Burns Heating	See above.	Originally Programmed	£100 K	

		for Quarters 1 & 2 Likely over run to 1 st quarter 2014 / 2015		
Prosthetics Labs Hot Water System Alterations (split from Jubilee scheme.)	See above	Originally Programmed for Quarters 1 & 2 Likely over run to 1 st quarter 2014 / 2015	£40k	
Resurfacing of Visitor Car Park	Work completed	Originally Programmed for Quarters 1 & 2 completion will slip into quarter 3	£150k	
Replacement of Catering Equipment	Quotations obtained for new oven.	Quarters 3 & 4	£50k	
External Corridor Refurbishment.	Completed.	Quarters 1 & 2	£50k	
Medical Gas Pipeline Replacement	No work commenced Project management support required.	Quarters 3 & 4	£30k	
Replacement Radiator Covers	No work commenced Project management support required	Quarters 3 & 4	£25k	
Refurbishment of Public Toilet (A-Wing)	No work commenced Project management support required	Quarters 3 & 4	£30k	
Fire Compartmentation works (carried over from 2012 2013)	On hold	Rolled over 2014/ 2015	Nil	
Water Treatment Works	Cancelled.	Not required.	Nil	
Estates contingency			£100k	
		TOTAL	£885k	

Storm Damage

- 7.6. The Trust has suffered the effects of considerable storm damage as a result of the severe weather which has now continued since December 2013.
- 7.7. Damage continues to be caused predominantly by water ingress through porous bricks and via flat roofs.
- 7.8. Severe flooding to Jubilee basement, due to water ingress from a mixture of defective tanking and rainwater pouring into the area, has caused further operational demands on the Estates team.

7.9. The following buildings are still affected:

- American Wing - X Ray, the Library
- Rowntree - Theatre 9
- Canadian Wing - Medical Secretaries' Offices and the Basement
- Jubilee Building, - Sleep Studies, Archive room and Board room
- Max Facs Building - a number of areas across the building
- Old Max Facs building, - Reception area and doctors' room
- Old DSU - Reception area
- Rehabilitation Department - covered walkway
- Trust Board Room
- Estates main entrance
- Basement flooding:
 - Jubilee
 - Peanut
- Intermittent continued mains power failures
- Electricity Substation on site - high winds over the week-end 15/16 February caused a tree to fall threatening the Electricity substation and a second threatening the main Holtye Road. Both are being dealt with by the appropriate agencies.

7.10. Emergency roof repairs continue to be carried out as the weather permits. This has resulted in a decrease in the number of leaks being experienced. We have been able to undertake only very limited remedial repairs against the 10-12 week programme of work we have drawn up, due to continued staff shortages in the Estates team together with the necessity to prioritise essential works. From the beginning of March we have been able to strengthen our workforce using temporary staff. This has allowed us to commit dedicated manpower hours to rectifying the issues caused by the storm damage.

8. **OPERATIONAL DEVELOPMENTS**

8.1. QVH 2020 operational excellence has now absorbed the main streamlining/service transformation projects into its work focused on Elective and Trauma pathways. Two drop in sessions has been held with staff to refine pathways further and gauge priorities of work for the next 5 years including incorporating the latest IT systems. In the meantime progress in several areas continues.

Health Records

8.2. The procurement of a longer term Electronic Document Management system is now underway and clinical selection process with demonstration events from prospective companies are planned during April and May.

Outpatients

8.3. The merger of the appointment staff is now completed alongside the standardisation of the booking processes. New forms have been introduced to reduce paperwork to record outcomes at the end of clinics with a electronic pilot underway. Whilst the Trust secured national funding for a dedicated OPD appointment smart booking and scheduling system, unfortunately we have had to delay this project due to soaring implementation costs.

Pre-screening and Pre-assessment

- 8.4. The implementation of the electronic pre-assessment system to support process redesign is now underway following confirmation of funding via the national technology fund. This system will be essential in moving towards the development of electronic waiting list cards and pre-operative assessments to improve communication with secretaries for scheduling.

Theatre Scheduling

- 8.5. Standardised waiting list forms have now been introduced and it is hoped that during 2014 we will be able to move towards an electronic version once the pre-assessment system is embedded. Plans for further integration with Patient Centre, to help reduce duplication and increase efficiency of scheduling for secretaries, is being developed as well as introducing paperless theatre lists. Easy reference guides and workshops for medical secretaries have been rolled out relating to 18 weeks and waiting list management with a new staff newsletter being launched in March.

Service improvement training

- 8.6. The team is continuing to develop a training programme to promote continuous improvement to support the vision, including how we will harness the skills of the staff to support pathway redesign and speed up delivery by using in-house resources.

9. PEOPLE ISSUES

Key Performance Indicators – overview

- 9.1. Sickness absence has shown an increasing trend and therefore work has been taking place to address this. January shows a decrease for the first time however, stress and anxiety still show an upward trend. Additional training and support to managers and staff is being provided to help improve this position.
- 9.2. Statutory and mandatory training remains one of the key areas to be addressed; however there has been an overall improvement with compliance which, including those staff who are booked onto courses, now stands at 77%. There have been some changes made to the reporting arrangements which have also had an impact on this.
- 9.3. The measures put in place to address the Trust's financial position are now taking effect with significant reductions in pay, bank and agency costs. The measures are to remain in place for the foreseeable future and therefore performance in these areas is expected to remain on track for the remainder of the financial year.

Bank and Agency usage

- 9.4. Expenditure decreased in January for both bank work and agency cover by 39.5% and 46% respectively. Along with the decrease in overall pay the reduction in staff related expenditure is a strong indication that the measures to control pay costs (including bank and agency) are having the impact required to support the Trust's improving financial position.

- 9.5. The Bank/agency fill rate for December is at 88.2%. In total 1064 bookings were received, 806 were filled by bank and 113 were filled by agency. Based on bank duties filled for January, it is predicted that bank expenditure will rise slightly, where as agency expenditure is predicted to fall again. This is a result of ward occupancy figure being lower and the review of agency staff being used. Despite this, the levels of bank and agency are to remain low in comparison to the first 3 quarters of the year.

Sickness

- 9.6. Stress and Anxiety is one of highest reasons for staff taking time off due to sickness within the Trust. Responding to this, the HR team is pursuing a number of initiatives to help improve upon this situation and to drive down sickness absence. These initiatives include:
- HR Best Practice Sessions scheduled through the final quarter of the year; additionally further support is being given to managers to guide them through effective use of the Sickness Absence Policy.
 - A new HR session has been also been added entitled 'Managing Work Related Stress' which is designed to support managers more specifically in understanding and recognising the signs of stress in the workplace and how to make improvements e.g. ensuring staff have their breaks on time.
- 9.7. More generally the HR team is also continuing to focus on areas above 3% sickness absence rates and meetings are being held regularly with ward managers/matrons/line managers to discuss cases and develop action plans. Additionally there is also further monitor the short term absence providing monthly reports to managers on staff who have high trigger points that require intervention.

Workforce Planning

- 9.8. All departments have been asked to submit 3 year workforce plans for the first time. This is dovetailing with the business planning process being led by the Finance team. The workforce plans help to identify services changes over the 3 year period from which we can better plan the changes needed in staffing to maintain high quality patient care. Additionally, the plans also help design the learning and development opportunities needed for our staff to continuously improve their practice and support the work being taken forward to increase efficiency and quality. The first analysis of the data will be taking place in March and April 2014.

RECOMMENDATION

10. The Council of Governors is requested to **NOTE** the content of this report.

Report to:	Council of Governors
Meeting date:	13 March 2014
Agenda item reference no:	06-14
Author:	Lois Howell, Interim Company Secretary/ Head of Corporate Affairs
Date of report:	24 February 2014

**Proposal re: Committees of the Council of Governors and
individual Governor appointments**

1. The Council of Governors currently appoints members to its committees in March each year. A key rationale for this timetable is that it gives new governors a few months to get to know the organisation before they commit to sub-committee membership.
2. However, it also means that it is likely that at least a third of the existing committee members will be due for re-election a couple of months later in June. Now that there are several long-standing governors on the Council it is not unlikely that more than one of the committee members will be coming to the end of their term of office and unable to stand again. This means that the Council is likely to have to re-populate the committees again, at the next meeting after the election in any event, and the new committee members appointed in March will be joined by further new members in June, meaning that a large proportion of the committee members are of only short-standing.
3. It is proposed that a more robust approach would be to appoint members to the committees in September each year. This allows new governors to be appointed to the committees if they choose to do so, and to get the benefit of working with established committee members for several months (September to June) before it is necessary to re-populate the Committee with new members post-election.
4. Appointing to the committees in September may mean that there are one or two committee vacancies in the period between the election in June and the September meeting, but it is submitted that those vacancies could be carried comfortably for the summer months because all other members of the committees would by then have had experience as committee members. The Council and the Secretariat would need to keep an eye on terms of office and quorum when making appointments to the committees to ensure that no committee is likely to be left with fewer members than the quorum requires, but this is manageable. It is recommended newly elected governors should be required to meet with committee chairs in the period between their election and the September, meeting (as currently happens in most cases), and if possible to observe a committee meeting, so that when they are asked if they wish to seek appointment to a particular committee they are in an informed position. Committees, their work and terms of reference etc. will also be explained in more detail at the governor induction.
5. Consideration has been given to the question of whether appointing in September on the same day as the Annual Members' Meeting is likely to cause any problems, but there are none as far as can be anticipated.

6. In making this recommendation concerns about this process resulting in inexperienced governors of only recent election ending up as committee chairs have been taken into account, but the Constitution provides that the Governor Steering Group (GSG) is chaired by the Council's Vice Chair and this is an appointed, rather than elected role. The Constitution is silent on the election / appointment of the Appointments Committee Chair, and in practice this is also an appointment too.
7. In order to guide these appointments, and the making of appointments to other key roles, it is recommended that the Council adopts a set of principles applicable to the appointment of Lead Governors, the Vice Chair, the board representative Governor and the Audit Committee Chair – these principles can be used to ensure that only governors with the relevant experience and skills are appointed into these important posts, but will be drafted so as to allow for flexibility if it is required. Such principles would also make the appointment process more transparent and robust.
8. It is recommended that principles adopted are brief, and are limited to the following:

“The Constitution provides for the Chairman of the Trust to recommend the appointment of a Vice-Chairman of the Council of Governors. The Constitution also provides for the governors to appoint from amongst themselves a board representative (subject to the approval of the Trust Chairman and the Board of Directors). Through the Chairman, the Council additionally makes a number of other appointments to key roles, notably the “Lead Governor” roles in respect of the Board Quality & Risk and Audit sub-committees and Patient Experience; the Governor representative on the Charitable Fund Advisory Committee and the Staff Representative. Collectively these roles are hereafter referred to as “the Key Roles”

The following principles will be applied to such appointments:

1. Governors will not normally be appointed to a Key Role in the first year of their term of office – this will help to ensure that these important Key Roles are held by individuals with relevant experience.
 2. Appointments to the Key Roles will be reviewed annually in September when appointments to the Council's sub-committees and taskforces are made – this will help to ensure that opportunities to refresh Key Roles are considered regularly
 3. Governors will not normally hold a Key Role for more than three years consecutively - this will help to ensure that there is effective succession planning within the Council of Governors.”
9. The Council of Governors is asked to **APPROVE** the recommendations of the Interim Company Secretary / Head of Corporate Affairs, summarised below:
 - 9.1 That the membership of the Council's committees and appointments into key roles (as defined in paragraph 8 above) are reviewed annually in September
 - 9.2 That the principles set out in paragraph 8 above are adopted by the Council and applied to all appointments to committee membership and the key roles described therein.