Queen Victoria Hospital NHS
NHS Foundation Trust

Meeting of the Council of Governors

Monday 10 April 2017

Session in public at 16:00

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

Queen Victoria Hospital NHS
NHS Foundation Trust

Meeting of the public session of the Council of Governors
Monday 10 April 2017 at 16:00
The Amazon Room, Jubilee Community Centre, Charlwoods Road, East Grinstead RH19 2HL

Agenda: meeting session held in public				
No.	**Item**	**Purpose**	**Time**	**Page**
Standing items				
24-17	**Welcome, apologies, declarations of interest and eligibility** *Beryl Hobson, Chair*		16:00	-
25-17	**Draft minutes of the meeting held on 19 January 2017** *Beryl Hobson, Chair*	*Approval*	16:02	1
26-17	**Matters arising and actions pending from previous meeting** *Beryl Hobson, Chair*	*Review*	16:05	9
Know your trust				
27-17	**Staff survey results 2016** *Geraldine Opreshko, Director of HR and OD*	*Information*	16:10	-
28-17	**Inpatient survey results** *Jo Thomas, Director of Nursing*	*Information*	16:25	-
Council business				
29-17	**Appointment of new non-executive Directors** *Clare Pirie, Head of Communications and Corporate Affairs*	*Information*	16:40	-
30-17	**Annual declarations (DoI & FPPT)** *Clare Pirie, Head of Communications and Corporate Affairs*	*Information*	16:50	-
Holding non-executive directors to account for the performance of the board of directors				
31-17	**Executive overview** Steve Jenkin, Chief Executive and members of the Executive Management Team	*Information*	16:55	10
32-17	**Financial and performance committee** *Feedback provided by John Thornton, Non-Executive Director and committee Chair; Clare Stafford, Director of Finance and John Harold, committee governor representative*	*Discussion*	17:20	-
33-17	**Quality and governance committee** *Feedback provided by Ginny Colwell, committee Chair, Jo Thomas Director of Nursing and Tony Martin, governor representative*	*Discussion*	17:30	-
34-17	**Audit Committee** *Feedback provided by Ginny Colwell, committee member, Clare Stafford, Director of Finance and Glynn Roche, governor representative*	*Discussion*	17:40	-
35-17	**Charity Committee** *Feedback provided by Beryl Hobson, committee member, Clare Pirie Head of Communications and Corporate Affairs and John Harold, governor representative*	*Discussion*	17:45	-

36-17	**Any other questions for non-executive directors** *All members of Council of Governors*	*Discussion*	17:50	-
Representing the interests of members and the public				
37-17	**Review of draft AGM agenda** *Clare Pirie, Head of Communications and Corporate Affairs*	*Discussion*	17:55	23
Any other business				
38-17	**Farewell to governors leaving in June 2017** *Beryl Hobson, Chair*	-	17:57	-
Questions				
39-17	**To receive any questions or comments from members of the foundation trust or members of the public** *We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to Hilary.Saunders@qvh.nhs.uk clearly marked "Questions for the Council of Governors". Members of the public may not take part in the Council of Governors discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.* *Beryl Hobson, Chair*	*Discussion*	18:00	-

Dates of the next meetings

Business meetings of the council of governors to be held in public

2017/18
Monday 31 July 2017
Monday 16 October 2017
Monday 15 January 2018

Document:	**Minutes (draft & unconfirmed)**	
Meeting:	**Council of Governors (session in public)** **19 January 2017, 15:00 – 18:00, The Dove Suite, The Ark, Turners Hill, West Sussex RH10 4RA** *(NB: Item 08-17 was taken ahead of 04-17 in the running order)*	
Present:	Beryl Hobson (BH)	Chair
	Brian Beesley (BB)	Public governor
	John Belsey (JEB)	Public governor
	Liz Bennett (LB)	Stakeholder governor
	Wendy Burkhill-Prior (WB-P)	Public governor
	Jenny Cunnington (JC)	Public governor
	John Dabell (JD)	Public governor
	Robert Dudgeon (RD)	Public governor
	Angela Glynn (AG)	Public governor
	Chris Halloway (CH)	Public governor
	John Harold (JH)	Public governor
	Tony Martin (TM)	Public governor
	Chris Orman (CO)	Vice Chair and public governor
	Gillian Santi (GS)	Public governor
	Michael Shaw (MS)	Public governor
	Peter Shore (PS)	Public governor
	Peter Wickenden (PW)	Public governor
	Norman Webster (NW)	Stakeholder governor
	Julie Mockford (JM)	Staff governor
In attendance:	Lester Porter (LP)	Senior Independent director
	John Thornton (JT)	Non-executive director
	Sharon Jones (SLJ)	Operations director [09-17 onwards]
	Jo Thomas (JMT)	Director of Nursing [09-17 onwards]
	Steve Jenkin (SJ)	Chief Executive
	Ed Pickles (EP)	Medical Director [09-17 onwards]
	Clare Stafford (CS)	Director of Finance [09-17 onwards[
	Clare Pirie (CP)	Head of Communications
	Hilary Saunders (HS)	Deputy Company Secretary
	Natalie Jones (NJ)	Adult Safeguarding Lead [item 04-17]
Apologies:	Anne Higgins (AH)	Public governor
	Andrew Robertson (AR)	Stakeholder governor
	Glynn Roche (GR)	Public governor
	Geraldine Opreshko (GO)	Director of HR and OD
	Ginny Colwell (GC)	Non-executive director
Did not attend:	Mansoor Rashid (MR)	Staff governor

WELCOME	
01-17	**Welcome, apologies and declarations of interest and eligibility** The Chair opened the meeting and welcomed SJ to his first meeting since being appointed Chief Executive. She went on to report that Andrew Robertson would be stepping down shortly as League of Friends stakeholder governor to the Council. Andrew would be replaced by St John Brown who would also be taking over as Chair of the LoF shortly. Apologies were noted as above. There were no new declarations of interest.
02-17	**Draft minutes of the meeting held on 20 October 2016** • It was agreed the minutes would be changed to make explicit that TM had prepared an update as part of the Q&GC assurance report which was presented on his behalf by

	GC. • Corrections were made in respect to the list of attendees Noting these changes, the minutes of the meeting held on 20 October 2016 were **APPROVED** as a correct record.
03-17	**Matters arising and actions pending from previous meetings** Council reviewed and noted the record of matters arising and actions pending from previous meetings.
04-17	**Clinical presentation: Safeguarding** The chair welcomed Natalie Jones, Lead nurse for safeguarding adults who was attending today to provide information on safeguarding responsibilities. NJ began by summarising safeguarding legislation which the NHS and other public bodies were required to comply with; she then went on to describe the safeguarding leadership arrangements at QVH which included the Board's statutory responsibilities, culture, systems and processes, and governance arrangements. NJ explained the extent of the Safeguarding agenda, noting that it would continue to evolve over time as new learning and challenges were presented. Council went on to seek clarification in respect of the following: • That the Trust's safeguarding and equality and diversity policies were aligned. NJ confirmed that there was alignment between such legislation as Equality and Diversity, Deprivation of Liberties and Human Rights Act and Safeguarding. During discussions, PW asked if the Trust was maintaining its focus on the Equality and Diversity agenda, because as governor representative to the E&D group, he had not been invited to any meetings lately. He was assured that the latest E&D strategy had been approved very recently by the Board. However, enquiries would be made as to the configuration of the E&D working group to ascertain if membership still included governor representation. **[Action: GO]** • The criteria for governor safeguarding training at present remained at level 1. A copy of today's presentation and safeguarding level-1 leaflet would be circulated to Council via email and would in effect constitute level 1 training. **[Action: HS]** Governors questioned whether they should also receive level 2 training. CP explained that the enhanced training was designed for patient-facing staff but agreed to review and report back at the next meeting. **[Action: CP]** There were no further questions and on behalf of Council, the Chair thanked NJ for her presentation.
05-17	**Annual review of effectiveness of Council of Governors** CP explained it was best practice for Council to periodically assess its collective performance, and the report was developed to support this. Today's report set out evidence for the impact and effectiveness of the Council of Governors under the three main headings of its key responsibilities, ie. • Holding the non-executive directors individually and collectively to account for the performance of the Board of Directors; • Communicating with their member constituencies and the public and transmitting their views to the Board of Directors; • Contributing to the development of the Trust's forward plans.

	Proposed actions to improve the effectiveness of the Council in holding NEDs to account included: • To ensure that all governors felt confident that they understood their role in holding NEDs to account, a further workshop/training session would be planned in 2017. This is in addition to the induction training provided for new governors, recognising that governors may benefit from revisiting this element of their role after some time in post; **[Action: CP]** • Governor Representative Elections: Whilst the election process for Governor Representative roles works well in itself, it was proposed that the timetable for elections should be moved to ensure the most experienced governors could still stand as Governor Representatives during their final term, (subject to a separate paper at today's meeting); • Governor Representatives would be reminded that their responsibilities include regularly providing a written summary for the *Governors' Monthly Update* of the meetings they have attended, which was an important part of supporting and enabling fellow governors in their role**. [Action: HS]** Proposed actions to improve the effectiveness of Council in communicating to members the public and the Board included: • A re-launch of the AGM/AMM to improve engagement with members of the local community; governors would be invited to participate this as an opportunity to engage with members and the public; **[Action: CP]** • Members events, such as clinical lectures **[Action: CP]** Proposed actions to contribute to the development of forward plans of NHS Foundation Trusts related to the Sustainability and Transformation plan. This was an important part of our current environment and Council would be kept fully apprised of the implications for QVH. Council agreed this had been a very helpful review and commended the report for the way in which it had set out clearly the ways in which governors were meeting their legal requirements at QVH. There were no further questions and Council **AGREED** the proposed actions for 2017.
06-17	**Process for appointment of lead governors and representative roles** A paper was presented to support Council in agreeing a recommended option to refine the appointment of lead governor and representative roles. This had been developed following difficulties exposed in the timing of the 2016 process which had impacted detrimentally on the number of experienced governors eligible to stand. It was suggested that governors interested in standing for a particular role could join a meeting to gain better insight into what this might entail. This would be at the discretion of the committee chair. After due consideration Council **AGREED** to move the timetable of elections from September to July with effect from 2017. This will implemented prior to the next round of governor representative elections. Notwithstanding these changes, should a vacancy arise mid-year, any governor could stand.
07-17	**Review of Lead governor and vice chair roles** CP presented a proposal that the separate roles of lead governor and vice chair be

	formally merged. This included a brief summary of the background of the roles and their aims. Over the years, however, it had become common practice for both roles to be carried out by the same governor. The new role would be 'Lead Governor' and a job description was appended to the report. After due consideration the Council of Governors agreed to: • **APPROVE** the proposal to merge the current roles of Lead governor/representative and Vice-Chair to better facilitate governor time and resources and • **APPROVE** the attached job description. It was also noted that the Constitution would be amended to reflect this change. **[Action: CP]**
08-17	**Annual review of Governor Steering Group Terms of Reference** The Terms of Reference had been recommended by the **Governor Steering Group** for approval today. Minor amendments included the addition of the role of Chair of the Appointments' Committee to its membership and the removal of the Senior Independent Director from the group. After due discussion, Council **APPROVED** the Terms of Reference which would be reviewed again in 12-months time, or sooner if necessary.
09-17	**Quality performance indicators for 2016/17** Since the last meeting in October, the Lead Governor (JEB) had requested from Council suggestions for the 2016/17 quality performance indicators. JEB reported that he had received 15 responses in total. He had in turn reported these back to JMT who would use these to inform the final decision. At this stage it was likely that this year's indicators would include outpatient waiting times and theatre operations. In the meantime, JMT advised that she was about to launch the consultation process for 2017/18 Quality Account priorities and would be asking for governors to feed into this process. Options would include patient safety, clinical effectiveness and patient experience, and would need to be measurable. Once again JEB would be supporting JMT in helping to co-ordinate this exercise. There were no further questions and Council **NOTED** the contents of the update.
10-17	**Executive overview, including Sustainability and Transformation Plan** The Chair welcomed the Executive Management Team to the meeting and invited the CEO to present to Council an overview of the current Sustainability and Transformation Plan, (STP). SJ noted that the start of the STP process had been characterised by a high level of intervention from NHS England and NHS Improvement in defining geographical boundaries for the plans and in identifying STP leaders. Pressures facing local services were significant and growing, and timescales available to develop plans had been extremely tight. Although the original purpose of STPs had been to support local areas to improve care quality and efficiency of services, the emphasis from national NHS bodies had now shifted over time to focus more heavily on how STPs could bring the NHS into financial balance quickly. There were genuine concerns that there had been little or no real clinical engagement to date. It was recognised that services should in future be delivered differently in order to remain

viable. Three key aims of the STP were: to improve the health and wellbeing of the local population, improve the quality of local health and care services, and to deliver financial stability in the local health and care system.

The Surrey and East Sussex STP comprised 23 organisations, of which QVH was one. The plan had been submitted in October and the report published on 25 November. There was still much work in progress and there remained huge financial challenges especially at Brighton and Sussex University Hospital (BSUH), East Sussex Hospital Trust (ESHT) and South East Coast Ambulance services (SECAMb).

20 care hubs were to be created around GP clusters each serving a 50k population; these would become the delivery units for a new organisational entity known as a Multi-Specialty Community Provider (MCP) and which should be in place by 2020.

New models of care were being designed to integrate community health, mental health, social care and third sector support in order to improve the care provided to the local population and drive a greater level of efficiency across the whole system. The four clinical priorities for hubs to re-design were prevention, urgent care, long-term condition management and frail and complex patients.

SJ went on to describe the initial feedback following publication of the plan and it was clear that there still remained significant challenges including quality, the financial gap, capital investment and the timelines for delivery of footprint wide workstreams. There were also significant workforce risks with currently 1,500 nursing vacancies across Surrey, Sussex and Kent; with the withdrawal of nursing bursaries, student nurses paying for their own training may not choose a Trust which was in special measures.

As part of the acute workstream the STP was to review the BSUH 3Ts project. This could have implications for future services delivered by a number of providers including QVH. SJ emphasised the need for QVH to be at the table shaping the way services would be delivered and described some of the opportunities that engagement with Kent and Medway could bring. The Trust would be re-visiting its strategy from January 2017 and outline each year to 2020/25 what it was looking to provide. In the meantime, members of the senior team were already involved in developing nursing, finance and clinical engagement groups.

Council went on to debate at length the implications of the STP. Highlights included

- The improved engagement with the CCGs which development of the 20 core hubs could bring;
- Reservations in respect of the current 3Ts model and its focus on a single room configuration which hadn't taken into account the rising population and could exacerbate current bed shortages and workforce issues.
- The high number of theatres on the QVH site and how this would support the new day surgery model;
- A discussion of car parking and hospitality/hotel services. CS assured governors of work done to date on car parking and also of the recent catering review. However, any changes would need extra investment and so require innovative ways of funding.
- Frustration at lack of public and staff engagement to date. SJ explained that the broader comms role lay with the CCG but that QVH would be keen to participate. Although governors were keen to contribute, CP noted that with the limited number of FTs in the area, this would not be a priority for CCGs at present, but we would ensure this aspect would be fed into the Comms plan;
- The most sensible option to resolve the Burns issue remained developing a joint partnership with BSUH. In the meantime, QVH Burns services are still being commissioned by the CCG and QVH continues to provide a safe service.

	There were no further questions and the Chair invited the Executive team to provide an update on the Trust's key strategic objectives. Patient experience (JMT) The Trust continued to score well on the Friends and Family Test. However, the biggest risk at present related to workforce. The vacancy rate currently stood at 17% (although it was best practice not to recruit to full establishment figures as this allowed greater flexibility around staffing). The Trust was acutely aware of vacancies in ITU and Theatres, and monitored the situation closely but there was no indication that substantive staff shortages were impacting detrimentally on quality. Targeted recruitment had been ineffective to date but the Trust was working on other marketing strategies. World class clinical services (EP) • There was now a greater push for multidisciplinary education and simulation programmes to improve outcomes through effective team working with leadership and management development; • Following the departure of the Blond McIndoe Research Foundation building from the QVH site, research projects from joint BMRF and QVH ventures would continue, primed by QVH Charity investment. EP commended CS in leading on the negotiations. • The Trust continued to ensure the effective use of its consultant workforce by team job planning, using the new IT provision. Operational excellence (SJ) The Trust had performed well in November, whilst data for December was still being validated. A change in national policy meant that the Trust could no longer apply for a 'pause' should a patient request a different appointment, a change which disproportionately affected QVH. The Trust was also performing well on cancer targets with most breaches now evenly shared. To provide an example of the complexity of managing such cases, SJ described how treatment of a recent basal cell carcinoma case had caused an unavoidable breach to the Trust. Financial sustainability (CS) The Trust was £600k behind plan at Month 8 due to income performance; although underlying income had increased, critical care income had fallen behind. However, the plan was still forecasting to meet target at the end of the year, and CS assured Council that the Trust would be applying the usual scrutiny and controls. CS also confirmed that the Trust was still on course to receive the Sustainability and Transformation Fund. Organisational excellence (CS – on behalf of GO) The new leadership and management development programme, called Leading the Way would be launched on 23 January. Response to date had been extremely positive.
11-17	**Finance and performance committee** JT presented an update on the recent work of the Finance and performance committee. He highlighted in particular: • Themes remained consistent with Operations keeping abreast of waiting lists and managing ever increasing work flows. • Concerns continued in respect of workforce, with a higher than average turnover rate and difficulty in recruiting to specialist areas. There was no risk to patient safety but there was concern that the Trust might not be able to recruit the right people in all areas, resulting in an increased use in agency staff. • Revenue was not coming in from where it had been expected, but the recovery

	plans in place were having a real impact on closing the gap. • Pay and non-pay were ahead of budget and the Trust was working hard to regain control; costs needed to be matched to activity and revenue. • The Board had signed off plans for 2017/18 and 2018/19, although these would continue to be very challenging • The Finance and performance committee had completed an annual review of its performance and changes would be implemented to improve the balance of content. As Governor representative to the F&PC, JH reported that he was very impressed by the level of challenge provided by the Committee Chair and of the quality of reports. The meeting had been very thorough in highlighting areas for improvement. NW queried whether improved salary levels might have a positive impact on nursing recruitment; he was advised that exit interviews indicated salary was not a priority but that staff tended to move in order to further career development. As the Trust was small there was limited scope for staff in this respect, although much work was being done at present around leadership and development. Whilst the government was looking at apprenticeship schemes, recruits were still leaving after only 2-3 years. Sickness absence was also monitored so the Trust could be alerted to any significant shift, but there was little evidence to date. There were no further questions and Council **NOTED** the latest update.
12-17	**Quality and governance committee** In GC's absence, LP presented Council with an update on the recent work of the Quality and Governance Committee and highlighted in particular: • In January, the Board had approved a proposal on changes to the current Quality and Governance Committee meeting governance structure. These were designed to improve assurance to the Committee and Board whilst continuing to promote effective quality and governance engagement throughout the organisation. From April 2017, the Committee would move formal meetings to alternate months, scheduled in the month when there was no Board meeting. The other months would be used to engage local clinical teams during their routine quality and governance activity. It was anticipated this change would strengthen and raise awareness of the governance processes across the Trust, whilst improving levels of engagement between committee members and front line staff. Q&GC data would still be available every months and a review of the new format would be undertaken in May 2018 to monitor any impact these changes might have on quality. JMT was keen to stress that at no time under the current scheduling arrangements had there been any risk to quality, but this change would enhance assurance on process at a micro level • The Committee had also reviewed the mandatory 6-monthly nursing workforce review, prior to its submission to the Board. LP went on to explain that the Trust was required to undertake six-monthly reviews of inpatient areas to demonstrate safe care; this report did not however extend to theatres' staff at present. • In addition, the Risk Management Strategy and Management of Incident and Risk policy were reviewed by the committee and submitted to the Board for approval. There were no further questions and Council **NOTED** the contents of the update.
13-17	**Any other questions for non-executive directors** JEB explained that the Governor Steering Group had added this item to the agenda to enable governors to ask questions of any other NEDs who weren't presenting updates at a Council meeting.

	Whilst there were no questions on this occasion, Council **NOTED** that this would remain a standing item.
14-17	**Annual planning for 2017/18** CS provided a brief summary of this year's annual planning process, describing how the decision to move the timescales forward by three months had put considerable pressure on the teams. In spite of this, the Trust had been successful in achieving sign-off of all contracts by 23 December, although there was still much work to do. Key points of the summary included: • The Trust had agreed to the control total and to savings of 5% • Accelerated timescales meant that there was still work to be done through January and February, including a process of 'executive star chamber' and sign-off by budget managers. • The single biggest focus was around the Cost Improvement and Productivity Programme. Business Units and directorates were working hard, but there still remained a gap. The Trust was not eligible to benefit from some of the elements of the Carter review, but its recommendations had helped to focus attention on the right areas. CS assured Council that there was little risk that cutting costs at this stage would have a negative impact on efficiencies. There were no further comments and Council **NOTED** the contents of the update.
15-17	**Any other business** • BH advised that interviews for the non-executive appointment were scheduled for Tuesday 24 January. Assuming that the Appointments' Committee successfully identified a candidate to meet the criteria, Council would be asked to meet on Thursday 2nd February at 16:30 to approve the appointment. • Council was asked to note that the next public meeting would take place at the Jubilee Community Centre in East Grinstead.
16-17	**Questions from the public** There were none.

Chair: …… Date: ……

Matters arising and actions pending from previous meetings of the Council of Governors						
No.	**Reference**	**Action**	**Owner**	**Action due**	**Latest update**	**Status**
19 January 2017						
1.	**04-17**	Safeguarding leaflet and presentation to be circulated to Council of Governors	**HS**	January 2017	**January 2017**	**Complete**
2.	**04-17**	Trust to consider if governors require enhanced level of safeguarding training in order to carry out their current role	**CP**	April 2017	**January 2017** NJ to review and advise accordingly **March 2017** As governors are supervised when in the clinical areas undertaking CiP audits, and they are not clinical staff, JMT has advised that safeguarding training for governors can remain at level 1.	**Complete**
3.	**04-17**	Trust to clarify level of governor engagement in current Equality and Diversity workstream	**GO**	April 2017	**January 2017** GO to investigate and report back	**Pending**
4.	**05-17**	Council of Governor effectiveness review: recommendations (as approved at January CoG) to be progressed, with updates reported at next annual review.	**CP**	January 2018	**January 2017** Next Council of Governor effectiveness review scheduled for January 2018	**Pending**
5.	**06-17**	Process for appointment of governor representatives to be launched in June 2017 to enable governors to take up new roles from 1st July	**HS**	July 2017	**January 2017** Launch scheduled for June 2017	**Pending**
6.	**07-17**	Constitution to be updated and presented at July AGM to reflect changes made to Lead Governor and Vice Chair roles	**CP**	July 2017	**January 2017** Recommendations for changes to Constitution scheduled for approval at respective meetings of the Board of Directors and the Council of Governors in July 2017	**Pending**
7.	**08-17**	GSG ToRs to be updated to reflect changes in membership to Lead governor role and to specify role of Chair of Appointments' Committee	**HS**	ASAP	**January 2017** Terms of Reference updated	**Complete**

Queen Victoria Hospital NHS
NHS Foundation Trust

NHS England – Five Year Forward View Next Steps

Council of Governors

10 April 2017

Headlines

- Reiterated the vision of the FYFV (published Oct 2014) of closing the health, care and financial gaps, as well as the move to new care models

- Plan recognises the scale of the challenges facing the NHS – rapidly rising demand, financial deficits and growing staff shortages

- Outline priorities for the next two years, for 17/18:

  - Deliver financial balance across the NHS
  - Improve A & E performance
  - Strengthen access to GP & primary care services
  - Improve cancer outcomes
  - Improve mental health services

Urgent & Emergency Care

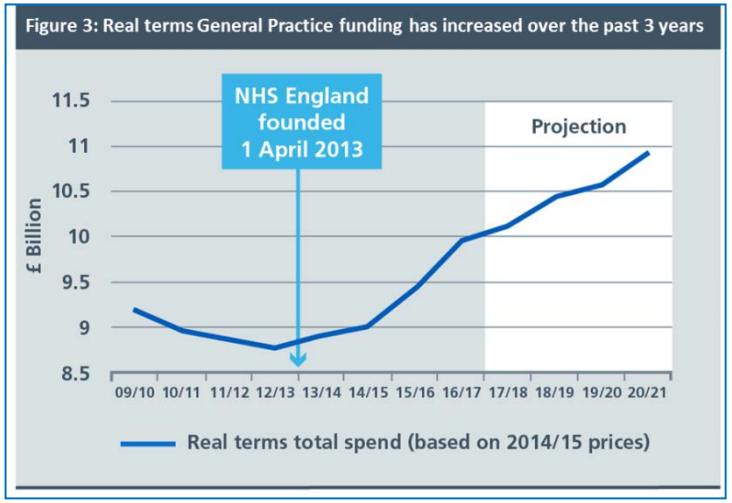
Queen Victoria Hospital NHS
NHS Foundation Trust

- Unprecedented demand on A & E – 23m patients last year, 1.2m rise in three years
- NHS 111 taking 15m calls a year (doubled in three years)
- Roll-out of standardised new **'Urgent Treatment Centres'** which will open 12 hours a day, seven days a week, integrated with local urgent care services
- Front door **clinical streaming**
- Evening and weekend **GP appointments**
- Strengthen support to **care** homes
- Enhance **NHS 111**
- Specialist **mental health** in A & E
- Work with partners to **help to free up 2000-3000 acute hospital beds – improved patient flow**
- *Implications for QVH – discussion with CCG re MIU*

QVH

GPs

- GPs – high satisfaction ratings of any public service, at over 85%
- GPs provide over 300m patient consultations each year, compared to 23m A&E visits.
- **Boost GP numbers**
- **More convenient patient access to GP services**
- **By March 2018, 40% will benefit from extended access to GP appointments at evenings & weekends. By March 2019 extend to 100%**
- **Expand multidisciplinary primary care** – mental health therapists, clinical pharmacists, physician associates & general practice nursing
- **Modernise primary care premises**



Cancer

- The NHS FYFV identified cancer as a top priority because more than one in three will get cancer in our lifetime.
- Better prevention, earlier diagnosis and innovative new treatments mean 7000+ more people surviving cancer than 3 years ago
- But large increases in the number of people being referred for cancer check-ups is placing strain on services, with 1 of the 8 cancer waiting times standards not been met for several years.
- **Better cancer survival**.
- **Expanded screening to improve prevention and early detection of cancer**
- **Faster tests, results and treatment for people with worrying symptoms**
- **Access to the most modern cancer treatment in all parts of the country**

Mental health

Queen Victoria Hospital NHS
NHS Foundation Trust

- NHS FYFV - 1 in 4 of us will experience mental health problems, and mental illness is the single largest cause of disability.
- Parity of esteem
- Big increase **in psychological ('talking') therapies**
- Better mental health care **for new and expectant mothers**
- Improved care **for children and young people**
- Care **closer** to home
- Specialist **mental health** care **in A&Es**
- Better **physical health** for people with mental illness

Other areas of interest for QVH

Queen Victoria Hospital NHS
NHS Foundation Trust

1. Funding & efficiency – 10 point plan to increase efficiency – temp staff costs, procurement, best value for pharmacy, GIRFT (theatre productivity), estates, corporate service
2. Workforce – consultation on Nurse First route to nursing, nurse retention
3. Technology – NHS e-referrals, booking GP appointments and outpatients
4. Integrating care – outlining role of STPs and accountable care system and accountable care organisation integration models.

Executive overview

Patient experience

Queen Victoria Hospital NHS
NHS Foundation Trust

Regulators

- No concerns about quality or patient experience raised by CQC or NHSI at review meetings in January and February.

Patient Experience

- 2016 national inpatient survey showed QVH as one of the top performers nationally and best in South of England.
- Healthwatch attended February Patient Experience Group to give feedback on last years visit to MIU and Main Outpatients action plan to address the recommendations will be monitored at PEG

Friends and Family Test

- 98% of inpatient would recommend QVH in the Feb 2017 FFT survey (48% response rate); 94% of outpatients would recommend us (19% response rate); 95% of MIU patients would recommend us (25% response rate) 965 of day surgery patients would recommend us (42% response rate)

Quality Account

- Milestones achieved in Q4 for 2016/17 priorities
- Currently compiling annual quality account
- Governor indicator has changed to OPD efficiency - late start of clinics

World class clinical services

Queen Victoria Hospital NHS
NHS Foundation Trust

Safety

- New Head of Risk in Post. Will be supporting Safer Interventional Procedure Initiatives.
- Quality and Governance Committee to assess Local Governance structure and performance.
- Multidisciplinary education and simulation programmes to improve outcomes through effective team working, with leadership and management development.
- Electronic patient document management continues to be rolled out.

Clinical Effectiveness

- East Sussex Maxillofacial inpatient surgery commenced at QVH. BSUH maxillofacial trauma planned to move to QVH 1st May 2017.
- 2 new Consultant Plastic Surgery appointments, extending BSUH plastics cover.
- Continuing assessment of practice against NICE guidelines. Quality Account in progress.
- Successful upload to National Head and Neck Audit. Contribution to National Cataract Audit to commence shortly.
- ITU and step down services – models of delivery under review.

Performance

- Ensure effective use of our consultant workforce by team job planning, using new IT provision
- Core trainees in plastic surgery on new contract, without difficulty.
- Recruitment of sufficient middle grade surgical staff challenging in some areas.

QVH

Operational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

18 week RTT Performance

- The STP trajectory for QVH is the same as the national standard for QVH – 92%;
- Year to date (at the time of writing) we are at 91.8%

Cancer Performance

- Below is the Trusts performance for January 2017;
- One of the issues in January was that clinic dates fell on bank holidays. It was difficult to gain additional dates to compensate for this at the spoke sites as they were utilising any spare capacity to manage this issue for their activity;
- This along with a low denominator and shared breaches impacted upon the trusts performance;
- All patients are tracked and offered appointments as soon as possible

Month	Target	Standard	Total	Breaches	Performance
January	2WW GP referral to first seen (urg. susp. cancer)	93%	165	18	89.1%
January	31 day Decision to first treatment	96%	62	8	87.1%
January	31 day Decision to subsq treatment (surgery)	94%	28	2	92.9%
January	62 day GP referral to first treatment	85%	22	3	86.4%
January	62 day Consultant upgrade to first treatment	85% (local)	0	0	0

Financial sustainability – M11 YTD position

Queen Victoria Hospital NHS Foundation Trust

Income and Expenditure	2016/17 Annual Plan £k	2016/17 YTD Actual £k	2016/17 YTD Budget £k	2016/17 YTD Variance (Favourable/ (Adverse)) £k
Patient Activity Income	63,082	56,807	57,673	(865)
Other Income	4,407	4,588	4,083	504
Total Income	**67,488**	**61,395**	**61,756**	**(361)**
Pay	(42,565)	(39,031)	(39,010)	(21)
Non Pay	(18,721)	(17,164)	(17,160)	(4)
Financing	(4,275)	(3,812)	(3,919)	107
Total Expenditure	**(65,561)**	**(60,006)**	**(60,088)**	**82**
Surplus / (Deficit)	**1,927**	**1,389**	**1,667**	**(279)**
Adj. Donated Depn.	(288)	(225)	(264)	39
NHSI Contol Total	**2,215**	**1,613**	**1,931**	**(318)**

1. **Underlying performance** – Income – volume & casemix & sustainability and transformation funding ; Non-pay –Clinical supplies; Pay – agency/ locum.
2. **Cost Improvement and Productivity Programme (CIPP)** – 107% achievement.
3. **Capital** – 16% behind plan, 2% improvement since last month. Major Backlog maintenance programme including roofs/ jubilee refurbishment due to be completed in March.
4. **Of note –** Forecast Plan deliver, Single Oversight Framework use of resources score 2.

Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

Corporate and operational best practice

- The new leadership and management development programme, **Leading the Way** is now underway with high levels of engagement across the whole workforce.
- Statutory and Mandatory training compliance improved in February to 88.9%. Compliance requirement increases to 95% from April
- Appraisal rates improved to 82.3% in February
- Freedom to Speak Up Principal Guardian appointed
- Impact of the Apprentice Levy from April 2017
- New Occupational Health provider will improve wellbeing offer to workforce
- Addressing the impact of agency rules and changes to IR35
- Surrey and Sussex executive led for STP temporary staffing project

Annual General Meeting and Annual Members Meeting

Context

- Each year the trust holds an AGM which is usually held following a meeting of the Council of Governors. As a foundation trust there is a duty to hold an annual members meeting which can be combined with an AGM.
- As part of its duty to engage, the trust should ensure that the meeting is meaningful and engaging. There are some key components which include the presentation of the annual report and accounts, a report from the auditors and a summary of the year.
- In recent years there has been very little attendance from the trust's membership.

Proposal

- Provide an engaging presentation of some of the key clinical specialisms of QVH. Promote the event to local members and the local community through email and social media.

Venue/date

- The venue and date for the AGM and AMM is set to follow the next meeting of the council of governors:

6.30pm for 6.45pm Monday 31 July - Meridian Hall

- Meridian Hall has easy parking; a lovely terrace, if it is a warm and dry evening; serving hatch for refreshments; ample crockery; a PA system; plenty of seating and good caretaker support. Holding the meeting after a council of governors' meeting is also an effective use of governors and directors' time.

Plan for day/evening

- CoG to be carried out as usual, followed by a light sandwich break while the room is rearranged into theatre style.
- Members to arrive and have chance to have some refreshments and mingle with members of the CoG and BoD.
- Business presentations providing a summary of 2016/17 and an outline of plans for the coming year. Speakers: Clare Stafford, KPMG rep and Steve Jenkin. [c45mins]
- Clinical presentations from Brian Bisase, head and neck reconstruction and Mark Cutler, prosthetics - showcasing the life changing head and neck reconstruction. [c60mins]
- The AGM/AMM will close at 8.30pm.