

Meeting of the Council of Governors

Monday 09 April 2018

Session in public at 16:00

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



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Agenda: meeting session held in public				
No.	Item	Purpose	Time	Mode
Standing items				
25-18	Welcome, apologies, declarations of interest and eligibility <i>Beryl Hobson, Chair</i>		16:00	-
26-18	Draft minutes of the meeting held on 15 January for approval <i>Beryl Hobson, Chair</i>	<i>Approval</i>	16:02	<i>paper</i>
27-18	Matters arising and actions pending from previous meeting <i>Beryl Hobson, Chair</i>	<i>Review</i>	16:05	<i>paper</i>
Know your Trust				
28-18	Well led review 2017/18 <i>Beryl Hobson, Chair</i>	<i>Information</i>	16:10	-
29-18	Staff survey results 2017 <i>Geraldine Opreshko, Director of Workforce and organisational development</i>	<i>information</i>	16:10	<i>paper</i>
30-18	STP Engagement and Equalities Reference Group <i>Peter Shore, QVH governor representative</i>	<i>Information</i>	16:25	-
Council business				
31-18	Annual declarations 2018/19 <i>Clare Pirie, Director of Communications and Corporate Affairs</i>	<i>Information</i>	16:30	-
32-18	QVH self-certification 2018 <i>Clare Pirie, Director of Communications and Corporate Affairs</i>	<i>Information</i>	16:35	-
Holding non-executive directors to account for the performance of the board of directors				
33-18	Executive overview <i>Steve Jenkin, Chief Executive and members of the Executive Management Team</i>	<i>Information</i>	16:40	<i>paper</i>
34-18	Board of Directors <i>John Belsey, Lead Governor and Beryl Hobson, Trust Chair</i>	<i>Information</i>	17:00	-
35-18	Financial and performance committee <i>Feedback provided by John Thornton, Non-Executive Director and Peter Shore, committee governor representative</i>	<i>Discussion</i>	17:05	-
36-18	Quality and governance committee <i>Feedback provided by Ginny Colwell, committee Chair and Tony Martin, governor representative</i>	<i>Discussion</i>	17:10	-

37-18	Audit Committee <i>Feedback provided by Kevin Gould, committee Chair and Glynn Roche, governor representative</i>	Discussion	17:15	-
38-18	Charity Committee <i>Feedback provided by Gary Needle, Committee Chair, and John Harold, governor representative</i>	Discussion	17:20	-
39-18	Any other questions for non-executive directors <i>All members of Council of Governors</i>	Discussion	17:25	-
Representing the interests of members and the public				
40-18	Review of draft AGM for 2018/19 <i>Clare Pirie, Director of Communications and Corporate Affairs</i>	Information	17:30	-
41-18	Farewell to governors stepping down in 2018 <i>Beryl Hobson, Chair</i>	Information	17:40	-
Any other business				
42-18	<i>Beryl Hobson, Chair</i>	Discussion	17:50	-
Questions				
43-18	To receive any questions or comments from members of the foundation trust or members of the public <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 Hilary.Saunders1@nhs.net clearly marked "Questions for the Council of Governors". Members of the public may not take part in the Council of Governors discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.</i> <i>Beryl Hobson, Chair</i>	Discussion	17:55	-
Dates of the next meetings				
Business meetings of the council of governors to be held in public				
2018/19 Monday 30 July 2018 Monday 15 Oct 2018 Monday 14 Jan 2019				

	Minutes (draft & unconfirmed)	
Meeting:	Council of Governors (session in public) 15 January 2018, 15:00 The Amazon Room, East Court, Jubilee Community Centre, Charlwoods Road, East Grinstead, West Sussex RH19 2HL	
Present:	Beryl Hobson (BH)	Chair
	St John Brown (StJB)	Stakeholder governor
	Wendy Burkhill-Prior (WB-P)	Public governor
	Robert Dudgeon (RD)	Public governor
	Antony Fulford-Smith (AF-S)	Public governor
	Janet Haite (JH)	Public governor
	Chris Halloway (CH)	Public governor
	John Harold (JH)	Public governor
	Douglas Hunt (DH)	Public governor
	Carol Lehan (CL)	Staff governor
	Sandra Lockyer (SL)	Staff governor
	Joe McGarry (JMcG)	Public governor
	Tony Martin (TM)	Public governor
	Julie Mockford (JM)	Staff governor
	Glynn Roche (GR)	Public governor
	Peter Shore (PS)	Public governor
	Robert Tamplin (RT)	Public governor
	Tony Tappenden (TT)	Public governor (items 06-18 to 12-18)
	John Wiggins (JW)	Public governor
	In attendance:	Clare Pirie (CP)
Hilary Saunders (HS)		Deputy Company Secretary
Steve Jenkin (SJ)		Chief Executive
Jo Thomas (JMT)		Director of Nursing
Ed Pickles (EP)		Medical Director
Sharon Jones (SLJ)		Director of Operations
Jason McIntyre (JMc)		Acting Director of Finance
Geraldine Opreshko (GO)		Director of Workforce and OD
Ginny Colwell (GC)		Non-executive Director
Gary Needle (GN)		Non-executive Director
Kevin Gould (KG)		Non-executive Director
Apologies:		Angela Glynn (AG)
	John Belsey (JEB)	Public and Lead governor
	Mickola Wilson (MW)	Public governor
	Norman Webster (NW)	Stakeholder governor
	Liz Bennett (LB)	Stakeholder governor
	John Thornton (JT)	Senior Independent Director
WELCOME		
06-18	Welcome, apologies and declarations of interest and eligibility BH opened the meeting and welcomed two representatives from Frontline, the Well Led review team who would be observing today's meeting. Apologies were noted as above. BH noted her own conflict of interest for item 10-18. There were no new declarations of interest.	
07-18	Draft minutes of the meeting held on 16 October 2017 The minutes of the meeting held in private on 16 October 2017 were APPROVED as a	

	<p>correct record subject to including John Wiggins' attendance at the meeting.</p> <p>The Chair reminded Council that this item was to approve accuracy of the content of the minutes. (Any typos etc. should be emailed separately to the meeting secretary).</p>
08-18	<p>Matters arising and actions pending from previous meeting Council NOTED the record of matters arising and actions pending.</p>
09-18	<p>Healthy food at QVH JMc reminded Council that the Commissioning for Quality and Innovation (CQUINs) payments framework had been put in place to encourage overall improvement in healthcare.</p> <p>As a result of recent national statistics indicating that almost half of NHS staff were overweight or obese, commissioners had decided that measures to improve staff health and wellbeing, which included the provision of healthier food and drink options within the hospital, should form a CQUIN.</p> <p>Although the Trust was required to reach only 60% compliance for the three criteria, JMc reported that QVH had achieved 100% compliance across the board.</p> <p>Council debated the national criteria, recommending that the Trust should be more ambitious in its aims. However, members of the executive explained that any change had to be introduced in a measured way and also take into account the needs of patients, and their friends and families.</p> <p>Council asked about the level of nutritional data provided for patient meals. JMT assured governors that patient meals were carefully monitored by our dieticians, but would seek additional information and feed this back via the Governor Monthly Update. [Action: JMT]</p> <p>The Chair commended improvements made within a short timescale. JMc assured Council that the Trust would continue to introduce healthier food options. A further feedback questionnaire would be circulated to staff and visitors in the next couple of months, the results of which would be reported back to Council. [Action: JMc]</p>
10-18	<p>Re-appointment of Trust Chair PS reported that during the earlier closed session of the meeting, Council had unanimously approved the Appointments committee's recommendation for the reappointment of the Trust Chair.</p> <p>BH thanked Council for approving her appointment. Despite the difficulties which the health economy was currently facing, she felt assured that the organisation was well prepared to meet any challenges. She also went onto thank the Board and staff for their support.</p>
11-18	<p>Review of effectiveness of Council of Governors CP reminded Council that one of the provisions of the FT Code of Governance was for governors to periodically assess their collective performance.</p> <p>In response to this, and with reference to the Monitor publication 'Your statutory duties', a report had been prepared for Council which provided evidence of its effectiveness and impact. Highlights of this year's review included:</p> <ul style="list-style-type: none"> • Continuation of governor representative roles;

	<ul style="list-style-type: none"> • Appointment of two new non-executive directors; • Executive and non-executive attendance and engagement at all Council business meetings; • Dissemination of information via the Governor Monthly Update, with governors regularly making use of the Governor Log to raise questions; • The seminar held in the Autumn explaining ways in which governors could hold NEDs to account; • Council's continued contribution towards the forward plans, including regular updates regarding Sustainable Transformation Partnerships, and • Availability of a membership presentation (presented earlier by JH) which was accessible to all governors who wished to go out into the wider community as part of their duty to engage with FT members. <p>Council noted the contents of the report, and went on to seek assurance from the NEDs that they too felt they were being suitably held to account for the performance of the Board. The Chair and NEDs concurred that the formal processes in place were appropriate but suggested it would be helpful to get to know governors better at a more informal level. BH agreed it should be possible to reintroduce the morning coffee/afternoon tea sessions with governors and NEDs, which had proved successful in the past. [Action: BH]</p> <p>There were no further questions and Council NOTED the contents of the review and agreed to continue to work with the Trust to further enhance its impact and effectiveness.</p>
<p>12-18</p>	<p>Annual review of terms of reference</p> <p>CP reported that members of the Governor Steering Group and Appointments committee had undertaken the annual review of their respective Terms of Reference (ToRs).</p> <p>The GSG had made slight amendments to their ToRs in respect of job titles, but otherwise these remained the same. The Appointments committee had updated its ToRs to remove duplication, aid clarity and reflect current practice. There were no further questions and Council:</p> <ul style="list-style-type: none"> • APPROVED the revised Terms of Reference of the Governor steering group which would remain in place for the next twelve months. • APPROVED the revised Terms of Reference of the Appointments committee which would remain in place for the next twelve months.
<p>13-18</p>	<p>Executive overview</p> <p>BH reminded governors that whilst their statutory requirement was to hold NEDs to account, (rather than the executive), the purpose of this overview was to provide context and assist Council in identifying any areas of concern.</p> <p>The Chief Executive, opened by highlighting the following:</p> <ul style="list-style-type: none"> • The results of the 2016 Children and young people's inpatient and day case survey, had been published recently by the Care Quality Commission (CQC). Across the board, QVH had maintained or done better in all categories during a challenging 12 months. SJ noted this was a tremendous achievement, particularly in view of the challenges in the last year; • After prolonged discussions, a Memorandum of Understanding had been signed by the Boards of both QVH and Brighton and Sussex University Hospitals which would

- develop collaborate working practices between the organisations, increase productivity and efficiency, improve clinical outcomes and enhance the overall patient experience;
- All four GP practices in East Grinstead were now working with the Trust to provide a town-wide urgent 'on the day' service, offering additional appointments within the Minor Injuries Unit (MIU).
 - Finally SJ thanked the League of Friends who had recently agreed to fund the purchase of a CT scanner, which would significantly improve patients' experience.

JMT reiterated that focus remained on nursing retention and recruitment in theatres, critical care and paediatrics; however, she was pleased to report there had been some recent improvements in critical care and peanut ward. She was also assured by the sustained Friends and Family Test (FFT) monthly recommendations by patients.

EP reported that since the last meeting, a new Never Event had been reported. This had been as a result of a local anaesthetic eye block being inserted on the wrong eye. He noted that in total, three Never Events had been recorded in 2017, (with an average of two per year over the last six years). The theme of all events related to the inadequate use of the WHO checklist. Further work was underway to strengthen the use of the WHO checklist and improve overall culture and accountability This included the appointment of a deputy theatre manager, whose remit was to include a focus on safety, and the embedding of new systems, processes and learning. Council sought clarification in respect of the following:

- The WHO checklist process; whilst all members of the team were responsible for compliance and any qualified practitioner could sign the form, the leading surgeon has overall responsibility.
- Sanctions against individuals: whilst the Trust had taken appropriate action with individuals concerned, it had transpired that in each case, the reasons for errors were not straightforward. EP was clear that whilst this process might increase the burden of administrative duties, the checklist was fundamental, and sanctions would be taken against individuals if policies and procedures were found to have been disregarded.

In addition, EP went on to update Council of the following:

- Good progress regarding Information Management and Technology (IM&T); EP thanked JMc and the IMT group for their support
- New consultant appointments had been made in plastic surgery and anaesthetics;
- Job planning had been facilitated by the introduction of new software, and it was anticipated that all consultant job plans would have been reviewed by the end of March 2018

SLJ reported that the Trust was currently achieving just over 83% against the target of 92% for 18-week refer to treatment (RTT). Performance issues were due to the high level of nursing and operating department practitioner (ODP) vacancies, compounded by an increased demand in both elective and non-elective procedures. The Trust had made successful appointments to senior operational roles, and it was hoped this would alleviate some pressure but the high level of nursing vacancies meant that the current situation was likely to continue. The outsourcing of some routine hand surgery and the operation of 'See and Treat' and 'Super Saturday' clinics had yielded some improvements. SLJ concluded by reporting that in November the Trust had achieved its 62-day cancer targets, but reminded Council that shared breaches and late referrals would continue to impact on our performance.

	<p>JMc presented the latest report based on November figures. Key points included:</p> <ul style="list-style-type: none"> • The Trust had delivered a deficit of £47k (£313k below plan). The control total had not been achieved for Month 8, the key reason being underperformance, although this had been partially offset by a reduction in expenditure. The Trust was still forecasting to achieve plan by the end of the year, although there were risks to full year delivery, particularly in view of current vacancy rates; • The cost improvement programme had delivered savings of £2,132k to date and it was anticipated that the full cost savings would be achieved by the year end. • Capital expenditure to date was behind, but the plan should be achieved by year end. <p>Reflecting the earlier updates, GO reiterated that attraction and retention of the workforce was our single biggest challenge. She went on to highlight some of the initiatives which the Trust was using in an attempt to tackle the issues, which included work with a social media marketing agency to support recruitment specifically targeted at nursing and clinical staff. This was an innovative project, not commonly used across the NHS. Finally, GO reported that the staff survey had now closed. There had been a 55% response rate, which was comparable to last year. Results would be embargoed until 6 March.</p>
<p>14-18</p>	<p>Board of Directors</p> <p>As John Belsey (lead governor) was absent for today's meeting, he had prepared in advance a report providing an update on Board activity in November and December. This was presented by BH, with additional information provided by JH who had attended the public board meeting on 4 January. Highlights included:</p> <ul style="list-style-type: none"> • The November meeting had focused particularly on the current workforce issues; • Whilst the January meeting had covered both workforce and financial challenges, there had also been a rigorous debate surrounding the recent spate of never events, with a review of protocols and actions to mitigate against a recurrence. BH noted that these matters had also been scrutinised by the Finance and performance committee. <p>Council sought clarification regarding referral rates of routine dental work from the West Kent area. SLJ explained that whilst it was clearly appropriate for QVH to treat complex orthodontic work, routine extractions should be undertaken by general dentist practitioners. Whilst commissioners were concerned about the level of referrals to the Trust, it had acknowledged there was nowhere else at present for these patients to be treated. There were no further questions and Council NOTED the contents of the update.</p>
<p>15-18</p>	<p>Finance and performance committee (F&PC)</p> <p>In JT's absence, KG provided Council with an update on the Committee's recent activity, highlighting in particular:</p> <ul style="list-style-type: none"> • The Committee had recently undertaken a 'light touch' self-assessment. Whilst overall effectiveness was satisfactory, it was agreed that the Committee should be more forward looking; the work programme and terms of reference had been revised to reflect this. • The areas on which the Committee focused were financial performance, operational performance and workforce; there were major challenges in all areas nationally, not just at QVH, and were all interlinked. <p>Council sought clarification regarding the implications of the Trust not receiving its</p>

	<p>Sustainable Transformation Fund (STF) allocation. This would put us at a disadvantage at the beginning of the new financial year, and result in more rigorous scrutiny from regulators.</p> <p>As governor representative, PS was assured by the effective performance of both JT (as Chair) and his colleagues, with effective and probing questioning.</p> <p>There were no further comments and Council NOTED the contents of the update.</p>
<p>16-18</p>	<p>Quality and governance committee (Q&GC)</p> <p>Following on from EP's earlier update, GC reported that at the last Q&GC in December, the Committee had spent a considerable time discussing Never Events and Serious Incidents. An action plan (including a detailed work programme) was being developed to strengthen the use of the WHO checklist. This included appointing a deputy theatre manager, whose remit was to include a focus on safety. All never events were subject to a root cause analysis (RCA) including a review of Human Factors and culture. GC assured Council that the Board took the situation very seriously and the organisation was working collectively to introduce improvements.</p> <p>In addition, the Committee had</p> <ul style="list-style-type: none"> • Considered a report following the first Care Quality Commission (CQC) quarterly assurance visit. This visit had not raised any new concerns; • Considered the Quality and Safety strategy, which continued to be developed. Once complete, it was hoped this would support the Trust in raising its current CQC rating from 'good' to 'excellent'. <p>TM noted that the reports presented to Q&GC on Never Events had been comprehensive and commended GC for the actions she was taking to address the current situation.</p> <p>There were no further questions and Council NOTED the contents of the update.</p>
<p>17-18</p>	<p>Audit committee</p> <p>KG provided a summary of the Committee's activity since the last Council meeting. Highlights included:</p> <ul style="list-style-type: none"> • The Committee had undertaken a rigorous self-assessment on its own effectiveness. As a result, changes had been agreed to enhance assurance with regard to the Board Assurance Framework (BAF), and its key strategic objectives (KSOs). The new reporting format had been introduced at the December meeting, with the Acting Director of Finance and Chair of the Finance and performance committee providing assurance relating to KSO4 (financial sustainability). • External auditors KPMG presented their plan for the 2017/18 audit. This was approved by the Committee. • Internal auditors Mazars confirmed it was on track to achieve its 2017/18 plan. Two internal audit reports had been issued since the last meeting, both rated as 'satisfactory'. <p>There were no further questions and Council NOTED the contents of the update.</p>
<p>18-18</p>	<p>Charity committee</p> <p>BH reminded Council that it was the Corporate trustee (which it the QVH Board) to which the QVH Charity was accountable. She went on to explain the interrelationship between the Corporate trustee and the Charity Committee as follows:</p>

	<ul style="list-style-type: none"> • The Corporate trustee comprises individual directors of the QVH Trust Board who delegate authority for spend below a specified level to the committee. • The Committee itself manages the routine affairs of the charity on behalf of the corporate trustee and advises the corporate trustee on larger grant applications. • Any bids over £20k must have the approval of the Corporate trustee. <p>In view of recent publicity surrounding a recent donation made by the Church of Scientology, BH asked Council to note that it had been the Charity (not the Hospital) which had accepted this donation. She also went on to explain:</p> <ul style="list-style-type: none"> • That the decision to accept this donation was made in the context of Institute of Fundraising guidance, and Charity Commission guidelines; • In making this decision, members of the Corporate Trustee were aware that there would be people who did not agree with the action. However, the corporate trustee had to act in the best interests of the charity and not allow personal views on political or ethical issues, which were not directly related to the interests of the charity, affect their judgement. • That the hospital serves all local residents, regardless of their beliefs; • That this was an unrestricted donation to the charity <p>As Chair of the committee, GN continued the update by reporting on the financial status of the Charity as at November 2017. The Charity had a balance of £565k, £183k of which being unrestricted funds.</p> <p>The Committee had recommended an application for £86,450 to improve the hospital signage. The overall benefit of receiving funding through the Charity was that this project would be undertaken as a single coherent update, with clear benefits for patients, rather than having to manage this gradually over several years. The Corporate Trustee had met on 4 January and subsequently approved this recommendation.</p> <p>The Committee had also approved an application for funding to support the 2018 Staff Awards event, noting the importance of rewarding and motivating exceptional staff performance.</p> <p>Camilla Slattery, the new Head of fundraising and volunteers, had joined the Trust at the end of November and was currently working on developing our fundraising strategy. As governor representative to the Charity, JH commended the impact Camilla had made in her first few weeks.</p> <p>BH thanked GN for his update, the contents of which were NOTED by Council.</p>
<p>19-18</p>	<p>Any other questions for non-executive directors</p> <p>Council sought clarification regarding Trust's current waste and recycling strategy. JMc explained that the Trust had become aware of some issues regarding our current provider. QVH are part of Sustainable Transformation Partnership approach to procurement of waste management which will address these concerns and support the Trust in improving its existing waste reduction and recycling agenda.</p>
<p>20-18</p>	<p>Annual planning process for 2018/19</p> <p>As part of supporting Council in meeting its statutory duties to contribute towards the forward plan, JMc briefed Council on the annual process for 2018/19, highlights of which included:</p> <ul style="list-style-type: none"> • National Context – tariff assumptions, Sustainability Transformation Funding (STF) and

	<p>Control Total;</p> <ul style="list-style-type: none"> • Local Context, and the Trust’s commitment to our second year plan; • Progress to date; • Risks, • Next steps <p>Copies of the briefing would be circulated to Council following today’s meeting. JMc invited governors to raise any additional queries through HS, who would arrange responses through the Governors Monthly Update.</p>
21-18	<p>Confirmation of Quality Indicators for 2017/18</p> <p>JMT reminded Council that NHS Improvement required all foundation trusts to produce reports on the quality of care (as part of their annual reports), in order to improve public accountability for the quality of care they provide. As part of this, governors are required to select a local performance indicator to be audited; this is retrospective in nature (either reported internally or externally during 2017/18).</p> <p>Following on from discussions at the October meeting and a subsequent consultation led by John Belsey, JMT confirmed that governors had selected ‘the number of patient safety incidents reported by ward on a monthly basis’. Assuming KPMG confirmed that this was a clearly auditable indicator, the results would be fed back through the 2017/18 annual account and reports process.</p> <p>StJB stated that he had not voted for this indicator but instead selected theatre start times as he believed there should be more focus on improving efficiencies. SLJ and EP went on to describe the complexities around theatre start times, and explained why there wasn’t a straightforward solution to the delays.</p> <p>It was also suggested that the consultation process should start earlier in the next financial year, in preparation for the 2018/19 quality account.</p> <p>There were no further questions and Council NOTED the contents of the update.</p>
22-18	<p>Quality Account priorities for 2018/19</p> <p>JMT agreed to arrange for details of the QA priorities for 2018/19 to be circulated to governors. [Action: JMT] Governors agreed to respond directly to JMT with any relevant feedback.</p>
23-18	<p>Any other business</p> <p>Council sought assurance that QVH would be compliant with the requirements of the General Data Protection Regulation by the deadline. KG confirmed that the organisation was on target; an internal audit to gain additional assurance was planned for May 2018.</p>
24-18	<p>Questions from members of the public</p> <p>There were none.</p>

Chair: Date:

Matters arising and actions pending from previous meetings of the Council of Governors						
No.	Reference	Action	Owner	Action due	Latest update	Status
15 January 2018						
1.	09-18	Additional information sought in respect of nutritional data provided for patient meals,	JMT	April 2018	31 01 18 Governors notified via GMU (January) that menus are clearly coded to show which are healthy choices, diabetic, vegetarian, soft, high protein and gluten free	Complete
2.	09-18	Council to be updated on outcome of staff/visitors questionnaire on healthy food options	JMc MM	July 2018		Pending
3.	11-18	Informal meetings between governors and NEDs to be reintroduced	BH	ASAP	23 03 18 Now arranged prior to main April CoG meeting	Complete
4.	22-18	Details of the QA priorities for 2018/19 to be circulated	JMT	ASAP	16 01 18 Letter from JMT circulated via email to Council	Complete
16 October 2017						
5.	76-17	JEB to liaise between JMT and governors to identify a suitable indicator and contact governors with further details shortly. All governors urged to engage in the process	JEB	December 2017	On agenda for January 2018	Complete
19 January 2017						
6.	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	On agenda for January 2018	Complete

Staff Survey Results -2017

Brief overview

Geraldine Opreshko, Director of HR & OD



2017 NHS Staff survey – QVH headlines

- Response rate of 55% - 513 staff (56% in 2016)
- Overall staff engagement score:
 - 3.85 for 2017 down from 3.87 in 2016
 - overall score for NHS acute was 3.78 (3.79 in 2016)

88 questions were used and compared to the QVH 2016 survey in 2017 we were:

- Significantly better on 5 questions
- Significantly worse on 1 question
- No significant difference on 82 questions



Significant improvements

	2016	2017
Immediate manager gives clear feedback on my work	54%	65%
Immediate manager supportive in personal crisis	68%	74%
Immediate manager takes positive interest in my well being	60%	69%
Senior managers try to involve staff in important decisions	25%	31%
Had appraisal/KSF review in last 12 months	83%	87%

Significantly worse

	2016	2017
Able to provide the care I aspire to	74%	68%

Key themes emerging

- There is an improvement in some of the ‘management related areas, possible links to Leading the Way
- There is no deterioration in staff experiencing bullying and harassment from managers or colleagues. Year on year this is an improvement at QVH
- Whilst staff know how to report unsafe clinical practice there is a decline in staff feeling secure about doing so or that the Trust would take action.
- There is an improvement in staff having had mandatory training and appraisals but the impact/quality of appraisals remains low
- Staff recommend as a place to work/receive treatment has deteriorated in year



QVH Council of Governors
9 April 2018

Executive overview





Central Sussex & E Surrey Commissioning Alliance

- 4 Sussex CCGs (Brighton & Hove, Crawley, High Weald Lewes Havens and Horsham & Mid Sussex) established an alliance from Oct 2017
- From 1 April, E Surrey CCG joined the Alliance
- Lead AO Adam Doyle
- Board to Board planned

Wider STP

- New STP lead
- Winter pressures
- Financial deficit
- Need for control 2018/19
- 4 Places to drive forward new models of care
- QVH keen to play its part



Outstanding Patient Experience

- Workforce remains the single biggest challenge to sustaining and improving patient experience at QVH
 - Participating in the NHSI nursing retention initiative
 - Improved recruitment and retention in paediatrics, risk removed from corporate risk register
 - Local induction for agency staff working in theatres
 - Recent appointment of critical care practice educator to support staff education and development
 - Review of appointment processes and access to services
- Enhanced scrutiny of patient experience and safety measures in place
evidence of sustained patient experience shown by:
 - Monthly triangulation of patient safety incidents for any potential links with staffing levels and complaints data
 - Sustained FFT monthly recommendation by inpatients at 98%
 - Patient Experience Group undertakes patient focussed projects and monitors action plan from national inpatients survey
 - QVH receives high numbers of plaudits about patient care and experience



World class clinical services

Safety

- WHO surgical checklist has been relaunched through Connect, theatres and the JHCG meeting.
- A new Deputy Theatre Manager is now in post with specific responsibilities for improvement of WHO compliance.
- The trust simulation lead continues to develop and deliver training around human factors, clinical incidents and WHO compliance.

Clinical Effectiveness

- STP clinical board continues to develop the clinical case for change
- Regular Memorandum of Understanding discussions between QVH, BSUH and WSHT in progress, particularly around networked OMFS services.
- 1 year 'Darzi fellowship' clinical leadership post appointed, with funding from KSS deanery, who will develop the clinical pathways for paediatric burns care with RACH.
- 5 year IM&T strategy continues with procurement of 'order comms', clinical portal and e-observations
- Clinical research secures greater funding from KSS CRN in recognition of achievements

Performance

- Improved appraisal and revalidation compliance
- New methods of job planning and implementation continues
- Junior doctor training improvements in plastic surgery continue.



Operational Excellence

18 week RTT Performance

The Trust is currently achieving circa 80% for 18RTT. The issues in performance are due to the high level of nursing and Operating Department Practitioner (ODP) vacancies alongside increased demand – both elective and non-elective

Cancer Performance

- Below is the Trust's performance for December 2017
- The main issues remain our low denominator and shared breaches impacted upon the Trust's performance & late referrals
- All patients are tracked and offered appointments as soon as possible

Month	Target	Standard	Total	Breaches	Performance
December	2WW GP referral to first seen (urg. susp. cancer)	93%	223	4	98.2%
December	31 day Decision to first treatment	96%	57	3	94.7%
December	31 day Decision to subseq treatment (surgery)	94%	36	2	94.4%
December	62 day GP referral to first treatment	85%	18.5	6.5	64.9%



Financial Sustainability: M10 2017/18 YTD

Income & Expenditure	2017-18	Year to Date 2017-18		
	Annual Plan (£k)	Budget (£k)	Actual (£k)	Variance (Favourable/Adverse) (£)
Patient Activity Income	66,173	55,140	53,825	(1,315)
Other Income	3,589	3,233	3,337	105
Total Income	69,762	58,372	57,162	(1,210)
Pay	(44,437)	(37,114)	(36,513)	602
Non Pay	(19,372)	(16,021)	(15,886)	135
Financing	(4,489)	(3,741)	(3,503)	238
Total Expenditure	(68,297)	(56,876)	(55,901)	975
Surplus / (Deficit)	1,465	1,496	1,261	(235)
Surplus (Deficit) %	2.1%	2.6%	2.2%	-0.4%
Adjust for Donated Depn.	(252)	(210)	(192)	(18)
NHSI Control Total	1,717	1,706	1,452	(254)

- Underlying performance** – Income – volume & casemix; Pay – vacant posts; Non-pay – Clinical supplies pressures offset by non recurrent benefits .
- Cost Improvement and Productivity Programme (CIPP)** – YTD £2.7m ; in line with plan.
- Capital** – YTD expenditure is £1.7m; £1.1 behind plan. Forecast to materially achieve plan.
- Of note** – Control total not achieved at M10. Single Oversight Framework ‘use of resources’ score of 2. Forecast plan delivery, however, risks to full year delivery due to RTT and capacity constraints.

Organisational Excellence

Attraction and retention of the workforce remains our single biggest challenge

- Challenges remain, particularly in theatres & critical care
- Facebook social media campaign launched
- Careers fairs scheduled with University of Brighton and South Bank, London
- Supported 3 HCAs on the registered Band 4 Nurse Associate role (April)
- Enhanced bank pay rates will continue, weekly pay for bank only staff
- Reviewing overseas recruitment
- Next phase of Leading the Way being commissioned

