

Meeting of the Council of Governors

Monday 30 July 2018

Session in public at 16.00

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



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Agenda: meeting session held in public				
No.	Item	Purpose	Time	Mode
Standing items				
49-18	Welcome, apologies, declarations of interest and eligibility <i>Beryl Hobson, Chair</i>		16:00	-
50-18	Draft minutes of the meeting held on 15 April for approval <i>Beryl Hobson, Chair</i>	<i>Approval</i>	16:02	<i>paper</i>
51-18	Matters arising	<i>Information</i>	16:04	<i>paper</i>
Know your Trust				
52-18	QVH Charity <i>Camilla Slattery, Head of Fundraising</i>	<i>Information</i>	16:05	<i>presentation</i>
53-18	Healthy food options update <i>Michelle Miles, Director of Finance</i>	<i>Information</i>	16:20	<i>presentation</i>
Council business				
54-18	Non-executive director appraisals <i>Angela Glynn, outgoing Chair of appointments committee</i>	<i>Assurance</i>	16:30	-
55-18	Non-executive director remuneration <i>Angela Glynn, outgoing Chair of appointments committee</i>	<i>Assurance</i>	16:32	-
56-18	NED Recruitment 2018/19 <i>Angela Glynn, outgoing Chair of appointments committee</i>	<i>Approval</i>	16:35	-
57-18	CoG engagement/ committee membership and governor rep roles <i>Clare Pirie, Director of communications and corporate affairs</i>	<i>Approval</i>	16:40	-
58-18	Review of Board -level governance: engagement with governors <i>Clare Pirie, Director of communications and corporate affairs</i>	<i>Approval</i>	16:45	<i>paper</i>
Holding non-executive directors to account for the performance of the board of directors				
59-18	Executive overview <i>Steve Jenkin, Chief Executive and members of the Executive Management Team</i> <i>(to include inpatient survey results)</i>	<i>Information</i>	16:50	<i>paper</i>
60-18	Board of Directors <i>John Belsey, Lead Governor and Beryl Hobson, Trust Chair</i>	<i>Information</i>	17:10	-
61-18	Financial and performance committee <i>Assurance provided by John Thornton, Non-Executive Director and Peter Shore, governor representative</i>	<i>Discussion</i>	17:05	-

62-18	Quality and governance committee <i>Assurance provided by Ginny Colwell, committee Chair</i>	<i>Discussion</i>	17:10	-
63-18	Audit Committee <i>Assurance provided by John Thornton on behalf of committee Chair</i>	<i>Discussion</i>	17:15	-
64-18	Charity Committee <i>Feedback provided by Gary Needle, Committee Chair</i>	<i>Discussion</i>	17:20	-
65-18	Any other questions for non-executive directors <i>All members of Council of Governors</i>	<i>Discussion</i>	17:25	-
Representing the interests of members and the public				
66-18	Re-appointment of external auditor <i>John Thornton on behalf of Chair of audit committee</i>	<i>Approval</i>	17:30	<i>paper</i>
67-18	Membership strategy <i>Clare Pirie, Director of communications</i>	<i>Discussion</i>	17:35	<i>paper</i>
68-18	Quality Account indicators 2018/19 (initial discussion) <i>Jo Thomas, Director of Nursing</i>	<i>Discussion</i>	17:40	<i>paper</i>
Any other business				
69-18	<i>Beryl Hobson, Chair</i>	<i>Discussion</i>	17:50	-
Questions				
70-18	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>	<i>Discussion</i>	17:55	-
Dates of the next meetings				
Business meetings of the council of governors to be held in public				
2018/19 Monday 15 Oct 2018 Monday 14 Jan 2019				

	Minutes (draft & unconfirmed)	
Meeting:	Council of Governors (session in public) 10 April 2018, 16:00 The Amazon Room, East Court, Jubilee Community Centre, Charlwoods Road, East Grinstead, West Sussex RH19 2HL	
Present:	Beryl Hobson (BH)	Chair
	John Belsey (JEB)	Public and Lead governor
	Liz Bennett (LB)	Stakeholder governor
	Wendy Burkhill-Prior (WB-P)	Public governor
	Robert Dudgeon (RD)	Public governor
	Antony Fulford-Smith (AF-S)	Public governor
	Angela Glynn (AG)	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
	Peter Shore (PS)	Public governor
	John Wiggins (JW)	Public governor
	Mickola Wilson (MW)	Public governor
	Norman Webster (NW)	Stakeholder governor
	In attendance:	Clare Pirie (CP)
Hilary Saunders (HS)		Deputy Company Secretary
Steve Jenkin (SJ)		Chief Executive
Jo Thomas (JMT)		Director of Nursing
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
John Thornton (JT)		Senior Independent Director
Apologies:		St John Brown (StJB)
	Janet Haite (JH)	Public governor
	Glynn Roche (GR)	Public governor
	Robert Tamplin (RT)	Public governor
	Tony Tappenden (TT)	Public governor
	Ed Pickles (EP)	Medical Director
	Sharon Jones (SLJ)	Director of Operations
	WELCOME	
25-18	<p>Welcome, apologies and declarations of interest and eligibility</p> <p>BH welcomed MM to her first meeting as Director of Finance. Although SJ had been unable to attend today's meeting, BH noted this was her last day at the Trust before retiring after 35 years in the NHS, and paid tribute to her hard work and dedication.</p> <p>Apologies were noted as above. There were no new declarations of interest.</p> <p>BH went on to remind Council of the following:</p> <ul style="list-style-type: none"> Representing the interests of the public and FT membership was one of the three primary duties of the Council of Governors, and supporting the membership 	

	<p>presentation (presented at the last meeting by JH) was an effective way for governors to fulfil this requirement. The Trust was awaiting responses in respect of:</p> <ul style="list-style-type: none"> • Communities and groups who might be interested in learning more about our hospital; • Volunteers to manage the programme of events; • Volunteers to take the presentation into the community <ul style="list-style-type: none"> • The Trust was still awaiting ideas for future governor seminars; • Whilst most governor representatives had been diligent in providing feedback to Council through the GMU, there had been a fall off in some areas. To enable Council hold the NEDs to account, it was important that all current governor representatives maintained this communication channel.
<p>26-18</p>	<p>Draft minutes of the meeting held on 15 January 2018 The minutes of the meeting held in public on 15 January were APPROVED as a correct record. The Chair reminded Council that this item was to approve accuracy of the recorded discussion. (Any typos etc. should be emailed separately to the meeting secretary).</p>
<p>27-18</p>	<p>Matters arising and actions pending from previous meeting Council NOTED the record of matters arising and actions pending.</p>
<p>28-18</p>	<p>Well led review 2017/18 BH reported that the Trust's recent well-led governance review, (operated in accordance with the framework set out by NHS Improvement) was now complete. Whilst there had been no material governance concerns, the Trust was keen to build on the findings of the review and will be discussing this at the May Board meeting. Copies of this report would be made available to governors at this time. [Action: HS]</p>
<p>29-18</p>	<p>Staff survey results 2017 GO presented a brief overview of the results of the 2017 staff survey, advising that a full report would go to the Board of Directors meeting in May. In the meantime governors were informed that overall engagement scores were down on the previous year, partly as a result of the drop in levels of pay. GO reminded Council that national pay negotiations were underway; these included an overhaul of the Agenda for Change (AfC) framework (for all staff excluding medical and dental) over a three year period. The outcome would be reported in June.</p> <p>Compared to 2016, there had been no significant difference in responses for 82 of the 88 questions asked. The Trust had performed significantly better on the following:</p> <ul style="list-style-type: none"> • Immediate manager gives clear feedback on my work • Immediate manager supportive in personal crisis • Immediate manager takes positive interest in my well being • Senior managers try to involve staff in important decisions • Had appraisal/KSF review in last 12 months <p>The Trust was pleased by these results as they reflected a positive response to the leadership development programme, implemented in 2017. (GO clarified that this training was aimed at developing the skills of existing managers, and not designed to create additional leaders).</p> <p>In contrast, the Trust had performed significantly worse in the area of staff being to provide</p>

the care they aspired to. This response suggested that staff were feeling under pressure and not able to spend as much time as they used to with individual patients, reflecting local and national difficulties in recruitment and retention which remained the single biggest challenge to sustaining and improving patient experience at QVH

However, GO also noted that back office (non patient facing) staff had also responded to this and that on the whole, patient feedback remained very positive

GO went on to describe some of the key themes emerging. In particular the findings that whilst staff knew how to report unsafe clinical practice, there had been a decline in staff feeling secure about doing so - or that the Trust would take action. The executive team would look in greater detail at the breakdown by occupational group and by department. In addition, GO would work with the freedom to speak up guardian to consider the feedback in relation to staff feeling safe to raise concerns. She will look at how this feedback triangulates with feedback from the manager training provided in the Leading the Way initiative..

Council sought clarification with regard to the following:

- The reason behind deterioration in staff recommending QVH as a place to work. GO advised that the figures remained the same as last year, and the Trust had invested much time and effort in staff engagement. Feedback had shown that areas of dissatisfaction related to leadership (which was being addressed), and pay (which was not within the Trust's ability to improve). GO also noted the incongruity between staff recommending QVH as a place to work, (which had deteriorated) compared to staff who would recommend friends and family to receive treatment, (which remained high).
- Why one in eight staff had not received an appraisal within the last year. GO explained why it was not always possible to achieve full compliance within a twelve month period, but assured Council that appraisal rates were discussed at each Performance review and Finance and performance monthly meetings with a focus on improving rates. As lead governor, JEB confirmed that the Board took this matter very seriously. GO assured Council that in addition to the annual appraisal, staff met with line managers on a 1:1 basis throughout the year usually monthly,, but sometimes more frequently. She was optimistic that the Trust should be able to directly link staff pay increases with appraisals next year, which would achieve a higher compliance rate.
- Concerns about staff morale, given recent national media reports. JMT advised that difficulties in recruitment and retention had impacted on staff, particularly within theatres but anecdotal evidence, triangulated with data from the Datix risk reporting system, Friends and Family Test (FFT) and incidents reported through the FTSU guardian showed that staff were more becoming more confident in knowing how to report unsafe clinical practice. Her comments were endorsed by the three staff governors present at the meeting.
- In the interests of brevity, today's report focused on composite scores; however, key themes highlighted today would be investigated in more detail at the May board. A request for additional data on incidents of bullying would be included in the Governor Monthly Update **[Action: GO]**

There were no further questions, and the Chair thanked GO for her update.

30-18	<p>STP Engagement and Equalities Reference Group</p> <p>BH advised Council that, due to his interest in the work of the Sustainable Transformation Programme (STP), PS had been asked if he would be willing to provide governor representation on the Sussex and East Surrey STP Engagement and Equality Reference Group. This group had been established to enable oversight, assurance, advice and positive challenge in relation to the Engagement, Equality and Diversity work of the Surrey and Sussex STP.</p> <p>PS provided an update of the first meeting which had taken place recently, noting: that:</p> <ul style="list-style-type: none"> • Meetings would be held quarterly, in rotating locations • Current membership included CCG Lay members, FT governor representatives, Healthwatch and the STP Communications and Engagement Lead. PS had been the only governor representative at the meeting, and the only one to be able to offer provider perspective. • The Sussex and East Surrey STP was further behind other STPs; however, the communication and engagement work plan had now been approved; • There had been a presentation on clinical effectiveness commissioning; further updates would be provided in due course. <p>BH thanked PS for his report and suggested it would be helpful if he could provide future reports for the GMU.</p>
31-18	<p>Annual declarations 2018/19</p> <p>CP reminded Council that annual declarations for the 2018/19 register were now due and asked those governors who had not already done to complete and return their declarations as soon as possible.</p>
32-18	<p>QVH self certification 2018</p> <p>CP informed Council that, taking account of the views of the governors, the Board was required to self certify the following:</p> <ul style="list-style-type: none"> • <i>That it is assured that it has complied with the NHS Provider Licence and NHS Acts, and has had regard to the NHS Constitution:</i> CP reported that despite current difficulties with the 18-week referral to treatment (RTT18) target, the Trust had effective systems in place and had identified risks and taken reasonable mitigating actions; it therefore intended to make a declaration of compliance. • <i>That it has complied with required governance arrangements:</i> The Trust had been assured of its governance systems following the recent well-led review and would make a declaration of compliance. • <i>That it has reviewed whether their governors have received enough training and guidance to carry out their roles:</i> CP reminded Council of the training sessions which had taken place over the last year including new governor induction, seminars on holding NEDs to account, training sessions included as part of regular business meetings, and updates in the monthly newsletter, GMU. The Board would therefore make a declaration of compliance. • <i>That it has a reasonable expectation that required resources will be available to deliver the designated Commissioner Requested Services over the next financial year.</i> CP described the five specialist services provided by the Trust. The Board intended to declare that the required resources will be available over the next financial year, but that specific factors may cast doubt on this due to the fact that our burns service

	<p>does not meet the national specification and therefore is in derogation.</p> <p>This declaration would be published to the QVH website at the end of May, but if anything changed between now and then, Council would be notified.</p> <p>There were no further questions, and Council NOTED the contents of the proposal.</p>
<p>33-18</p>	<p>Executive overview</p> <p>To provide context with which Council could hold the NEDs to account, the executive team gave an overview of activity in the last three months. Highlights included:</p> <ul style="list-style-type: none"> • An update on the Sussex and East Surrey Sustainable Transformation Partnership (STP). This included details of the recently established Central Sussex & East Surrey Commissioning Alliance, and the areas in which QVH was keen to engage; • A reminder that workforce remained the single biggest challenge to sustaining and improving patient experience at QVH, and a description of measures in place to sustain this; • The appointment of a new deputy theatre manager with specific responsibilities for improving World Health Organisation (WHO) compliance, and safety in general; • The appointment of a one-year ‘Darzi fellowship’ clinical leadership post, (funded by the Kent, Surrey, Sussex deanery), whose role will develop the clinical pathways for paediatric burns care with the Royal Alexandra Children’s Hospital in Brighton; • Following Sharon Jones’ retirement, Abigail Jago would join QVH as Director of Operations in early May. • The Trust was currently achieving only 80% of the Referral to Treatment Target (RTT18). SJ informed Council that QVH had invited the NHS Improvement intensive support team to work with the Trust on systems and processes supporting waiting times. The team is working with the Trust for eight weeks (from early April) and will provide a Board session on effective board processes to seek assurance on this issue. • A financial update which noted that the Trust’s control total had not been achieved at Month 10. Although the forecast was to deliver plan, MM warned of risks to full year delivery due to RTT18 and capacity constraints; • A description of the measures implemented to address the challenges of recruitment and retention of staff, including the social media campaign which had been launched to specifically target nursing staff. <p>The Chair thanked the executive team for their overview, the contents of which were NOTED by Council.</p>
<p>34-18</p>	<p>Board of Directors</p> <p>As lead governor, JEB briefly reported on the activity of the recent board seminar which had focused on risk, and in particular risk appetite.</p> <p>JEB went on to reiterate that this was a challenging time for both NEDs and the executive, but he was confident that NEDs were fully on top of their brief, with focus on strategy and a willingness to challenge the status quo.</p>
<p>35-18</p>	<p>Finance and performance committee (F&PC)</p> <p>JT summarised the challenges currently facing the organisation, and emphasised the</p>

	<p>importance of maintaining the right balance between finance/performance and patient safety.</p> <p>He advised that staff were working very hard to maintain patient safety despite the 25% vacancy rate, and noted this could go some way to explaining the incongruity of the recent Friends and Family Test results.</p> <p>He assured Council that the NEDs would continue to strive for improvements whilst remaining mindful of the challenges which the executives were facing.</p> <p>As governor representative to the Committee, PS commended the level of NED challenge, noting that the role of the NED would become more crucial given current difficulties.</p> <p>Council sought and received assurance in respect of the following:</p> <ul style="list-style-type: none"> • There was no cost associated with the support provided by NHSI. The team reported that staff have been very receptive to the review and were keen to improve systems and process to benefit patients; • Figures shown in today's financial update related to MO10 (ie January 2018). Activity in February had been impacted by the snow, but it was too early at this stage to provide a definitive outcome of the 2017/18 year-end results; • Clarification of governance pertaining to delivery of plan. SJ explained that providers reported to NHS Improvement. QVH had a very open and transparent relationship with its regulator and held regular meetings to ensure NHSI was fully apprised of performance; • Whilst local housing could be a barrier to attracting staff to QVH, this was not a determining factor. It would be necessary to train more nursing staff before the problem could be resolved; moreover, the number of nurses applying for training had declined nationally since the introduction of bursaries; • EP was involved in clinical effectiveness commissioning work, however, more engagement with the public was required. <p>There were no further questions, and the Chair thanked JT and PS for their update, the contents of which were NOTED by Council.</p>
<p>36-18</p>	<p>Quality and governance committee (Q&GC)</p> <p>GC summarised areas on which the committee had focused recently; these included:</p> <ul style="list-style-type: none"> • The Trust's report into one of last year's never events had been recommended by the Clinical Commissioning Group (CCG), who had now closed the investigation; • The launch of a staff consultation on the World Health Organisation (WHO) guidelines for Safer Surgery. This was designed to improve staff understanding of the purpose of the checklist which ensured consistency in patient safety, whilst developing a culture that values achieving it. This was not just a tick-box exercise; • .The highest risk on the current corporate risk register related to recruitment and retention of staff; GC commended staff in how they continued to maintain patient safety despite high vacancy rates.. • Assurance that risks on both corporate and local registers were continuously reviewed and managed appropriately with re-scoring or closing of the risk; • One action following last year's Prevention of Future Deaths report was a review of PEG procedure. None of these procedures had been carried out in the last six months.

	<p>A decision as to whether they would be reinstated would follow the final review.</p> <p>Council asked if the Trust had plans for expanding current Human Factors training to wider staff groups, and were advised that the long term intention was to bring this in-house.</p> <p>There were no further questions and the Chair thanked GC for her update, the contents of which were NOTED by Council.</p>
37-18	<p>Audit committee</p> <p>As Chair of the Audit committee, KG provided a brief update on the business conducted at the last meeting. This included:</p> <ul style="list-style-type: none"> • A focus on internal and external audit in preparation for delivery of the 2017/18 annual report and accounts. As anticipated, (and reflecting challenges over the last couple of years) KPMG had highlighted issues with data quality; • The draft Head of Internal Audit Opinion gave significant assurance that there was a generally sound system of internal control designed to meet the Trust's objectives • Focus on the 2018/19 internal audit plan, which was aligned to the board's priorities. <p>There were no questions and the Chair thanked KG for his update.</p>
38-18	<p>Charity committee</p> <p>GN presented an update on the work of the Corporate Trustee and the QVH Charity committee. He commended the achievements of the director of communications and corporate affairs and the head of fundraising, highlighting in particular a new fundraising strategy, (recently approved by the Corporate Trustee) which was designed to improve the Charity's profile in the community and raise more money, and the launch of the new Charity website. There were also several fundraising initiatives in the pipeline.</p> <p>As governor representative to the Charity, JH endorsed the recognition given to the fundraising team. Council was advised that due to some of the large value bids which had been approved in recent months, the balance now stood at £350k; however, this was a reflection of the Committee's deliberate strategy to spend, and not conserve, charitable funds.</p> <p>Council sought clarification regarding the current fundraising target. CP advised that the aim in the first year of the five-year strategy was to double funds from £35k to £70k.</p> <p>Assurance was sought by Council that there was clarity around what could be funded by the Charity and what should be funded by the Trust; the Chair noted that given financial challenges within the NHS, this could become increasingly difficult in future.</p> <p>There were no further questions, and the Chair thanked GN for his update.</p>
39-18	<p>Any other questions for non-executive directors</p> <p>There were none.</p>
40-18	<p>Proposed agenda for 2018/19 AGM</p> <p>CP reported that following the success of last year's AGM, the agenda for the meeting on 30 July would follow a similar format, and include presentations from clinicians.</p>

41-18	<p>Farewell to governors stepping down in 2018</p> <p>BH paid tribute to JH who was attending his last public meeting before stepping down in June 2018. She commended his enthusiasm and noted his commitment to the Trust over the last six years, which had included standing as governor representative on both the Finance and performance and QVH Charity committees, supporting the FT membership (in particular promoting the membership presentation), and regular participation in the compliance in practice inspections. In response, JH commended the staff and patients at the Trust and wished everyone well for the future.</p>
42-18	<p>Any other business</p> <p>BH paid tribute to the work of the executive team who continued to demonstrate excellent leadership despite the current challenges.</p>
43-18	<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
09 April 2018						
1.	28-18	Well-Led report to be circulated to governors.	HS	May	Circulated with May BoD agenda and CEO report on 26 April 2018	Closed
2.	29-18	Additional data on incidents of bullying to be provided via Governor Monthly Update	GO	April	Included in April edition of GMU	Closed
15 January 2018						
3.	09-18	Council to be updated on outcome of staff/visitors questionnaire on healthy food options	JMc MM	July 2018	On July CoG agenda	Pending

Report to: Council of Governors
Agenda item: 58-18
Date of meeting: 05 July 2018
Report from: Clare Pirie, Director of communications and corporate affairs
Report author: Hilary Saunders, Deputy company secretary
Date of report: 5 July 2018
Appendix: A: Updated board-level governance agreement with governors
B: Lead governor job description

Review of board level governance arrangements

Introduction

This report is a review the function of governor representatives on board committee meetings to ensure they remain appropriate and that clarity of role is maintained.

Executive summary

This report describes how governor representative roles came into effect and explains the benefits this particular function brings both Council and the Board in enabling governors to carry out their statutory duties.

Whilst setting out the parameters within which the role operates, the report also notes areas of ambiguity and recommends steps to remove these and avoid any potential conflicts of interest.

Lead governors gave their support to this proposal at the Governor Steering Group meeting on 28 June. At its meeting on 5 July, the Board of Directors considered and approved the revised agreement.

Context

One recommendation of the recent Well Led review is that the Trust should undertake a review of the function of the governor representative on board committees. The Board was reminded that governors have a joint, not singular, responsibility and should not be able to influence the decision making process of a board committee. It was felt by the reviewers that current arrangements could lead to a confusion of the role, and create conflicts of interest.

Governors are clearly expected to challenge NEDs at Council meetings but to do so at a Board committee could be seen to influence the decision-making process and would not be appropriate given their joint, not singular responsibility.

Review of current arrangements

The *'Board-level governance: engagement with governors'* agreement between governor representatives and the Board of Directors at QVH were established by the Council and the Board in 2015 and was last reviewed by Council at its meeting in October 2016.

These roles are established as an effective means of open and honest engagement between governors and the Board and play an important part in enabling governors to carry out their duty to hold non-executive directors (NEDs) to account for the performance of the Board. They provide opportunities for governors to see NEDs at work on a regular basis, and as a result better equip governors to appraise the performance of the NEDs and hold them to account.

All governor representative positions are available by invitation of the Board of Directors and are not defined or protected by statute. Neither are they defined in the NHS FT Code of Governance nor the Trust's constitution (with the exception of the Lead Governor role). It is made clear under the terms of engagement that governors do not share the duties, powers and liabilities of directors.

A job description for the role of Lead Governor is attached (Appendix B). Whilst there are no job descriptions for the remaining governor representative roles, the principles set out within '*Board-level governance: engagement with governors*' document stipulate that Governor Representatives must:

- observe and maintain confidentiality as directed by the Board of Directors;
- Act professionally, collaboratively and in a way which is consistent with the Trust's values and the Council of Governors' code of conduct.
- Feed back to governor colleagues openly, honestly and share observations about the effectiveness of the Board and its committees and the performance of the non-executive directors and the Board in order to inform the Council's statutory duties.

It should also be noted, however, that the following statements were also included in the 2016 agreement.

- Section 3.3 stated that 'governor representatives to the Board of Directors and its sub-committees are invited to act as partners in debate and challenge.....', and
- Section 4.1 stated that 'governor representatives are expected to engage with the Board according the following principles: actively engaging in debate and challenge'.

The Governor Representative roles are established as an effective means of engagement between governors and the Board and play an important part in supporting governors in their statutory duty to hold non-executive directors (NEDs) to account for the performance of the Board. They provide more opportunities for governors to see NEDs at work on a regular basis, and as a result better prepare governors to appraise the performance of NEDs and hold them to account.

These roles are a significant commitment for individual governors who volunteer their time and expertise, and if downgraded there is a real risk that levels of engagement could fall. This in turn could impact on governors' ability to carry out their statutory duties.

Terms of reference

A description of governor representative membership is included in the Terms of Reference for each individual committee.

Committee	Membership
Audit	<i>Ex-officio attendees without voting rights: Representative of the QVH Council of Governors</i>

Committee	Membership
Finance and performance	<p><i>In attendance with no voting rights: The following bodies shall be invited to nominate an ex-officio member of the F&PC to represent their interests:</i></p> <ul style="list-style-type: none"> • <i>Council of Governors</i>
Quality & governance	<p><i>Ex-officio members: The following bodies shall be invited to nominate an ex-officio member of the committee to represent their interests:</i></p> <p><i>Without voting rights</i></p> <ul style="list-style-type: none"> • <i>Council of Governors of Queen Victoria Hospital NHS Foundation Trust: The chairperson, members of the committee and the governor representative shall commit to work together according to the principles established by the trust's policy for engagement between the board of directors and council of governors.</i>
QVH Charity	<p><i>Ex-officio attendees without voting rights;</i></p> <ul style="list-style-type: none"> • <i>Chairperson of the QVH League of Friends</i> • <i>1 x public governor</i> • <i>1 X staff governor</i>

Proposals

- To ensure membership status is clear, all board and charity committees' terms of reference should be updated in line with the individual committee's work programmes, (not exceptionally) to reflect a consistent approach and remove any uncertainty.
- Minutes should clearly show governors as being 'in attendance' and not 'present' at each meeting, and committee secretaries will be notified of this change.
- To remove ambiguity the current agreement (attached) has been revised as follows:
 - Section 3.3 of the agreement has been amended to read:
Governors may be invited to give their views at a committee meeting, and are welcome to ask questions of clarification. However, they should not be considered as partners in debate and challenge, and are reminded that they do not share the duties, powers and liabilities of directors'.
 - Section 4.1: Reference to 'actively engaging in debate and challenge' has been removed and amended to read ; *Giving their views when invited to do so and to ask questions of clarification as appropriate*

Recommendation

The Council of Governors is asked to **APPROVE** the revised agreement and associated proposals contained within this report.

Board-level governance: engagement with governors

1. Status

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

2. Background

- 2.1. QVH has a long-standing practice of appointing a nominated representative of the Council of Governors, to join the Board as an ex officio, non-voting member. This practice was subsequently extended to establish governor representatives to the main committees of the Board, who are elected to the role by the Council of Governors.
- 2.2. The role of governor representatives, pioneered by QVH, is appreciated by the Trust as an established and effective means of open and honest engagement between governors and the Board.
- 2.3. Since the Health and Social Care Act 2012, the governor representative roles have become particularly significant as they play an important part in governors' duty to hold non-executive directors (NEDs) to account for the performance of the Board.
- 2.4. The roles foster closer working relationships between governors and NEDs and provide more opportunities for governors to see NEDs at work on a regular basis. As a result, governors are better able to appraise the performance of the NEDs and hold them to account.

3. Guiding principles of engagement

- 3.1. All governor representative positions are available by invitation of the Board of Directors and are not defined or protected by statute. Neither are they defined in the NHS FT *Code of Governance* nor the Trust's constitution, (with the exception of the Lead Governor role).
- 3.2. The Trust is committed to its governor representative model but will continue to review its effectiveness in the context of routine annual effectiveness reviews, periodic independent reviews as required by the NHS improvement *Well-Led Framework for Governance Reviews* or any other circumstances that make it necessary to do so.
- 3.3. Governor representatives to the Board of Directors and its committees may be invited to give their views at a committee meeting, and are welcome to ask questions of clarification. However, they should not be considered as partners in debate and challenge, and are reminded that they do not share the duties, powers and liabilities of directors.
- 3.4. Governor representatives must observe and maintain confidentiality as directed by the Board of Directors. This will include information that may not be disclosed to other governors and/or to trust staff, foundation trust members and members of the public

and press. Advice and support regarding confidentiality can be sought at any time from the Trust Chair/ committee chair(s) and corporate affairs team.

- 3.5. Governor representative roles are a significant commitment for individual governors who volunteer their time and expertise. Therefore:
- 3.5.1. The Chair should consider, when requested, opportunities for governors to share roles, establish deputies and shadow one-another as a means to share responsibilities and plan for succession.
 - 3.5.2. The Council of Governors should support individual governors to fulfil their duties as representatives and encourage all governors to understand and engage with the representative roles and consider themselves for nomination.
 - 3.5.3. Governors who nominate themselves for governor representative roles should be able to commit to prepare for and attend routine meetings and to engage with fellow governors to represent them and provide feedback.
 - 3.5.4. When requesting additional support from governor representatives, the Trust Chair, committee chairs and the executive and corporate affairs teams should be mindful of the significant commitments inherent in the role and keep additional requests clear and focused.
 - 3.5.5. Methods to help representatives to feedback to governor colleagues will be facilitated by the corporate affairs team and include less formal methods such as the 'Governor Monthly Update' bulletin and formal methods such as reports to Council meetings.

4. Engagement with the Board: principles for governor representatives

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

5. Engagement with the Council: principles for governor representatives

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

6. Engagement with governor representatives: principles for the Board

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

7. Review

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

ROLE PROFILE AND PERSON SPECIFICATION

TITLE: Lead governor		
ACCOUNTABLE TO: The Council of Governors		
PURPOSE		
To facilitate communication and decision making at a strategic level ensuring integrated and effective governance. Key elements of the role involve:		
<ul style="list-style-type: none"> • Point of contact for the regulator (Monitor, working as NHS Improvement) in the event that it would be inappropriate for the regulator to contact the Chair; point of contact for any governor wishing to raise concerns about the Chair to the regulator; • Attending all Board of Director meetings as Council of Governor's representative on the Board; • Acting as the link between the Board of Directors and the Council of Governors; • Promoting effective communication and decision making; • Providing advice to individual governors and to the Chair as required; • Chairing Council meetings in the event that neither Chair nor Deputy Chair (SID) are available; • Chairing Governors' Steering Group meetings; • Working with the Chair, director of corporate affairs and the deputy company secretary to develop Council governance arrangements, including development of any QVH constitutional amendments; • Providing a statement on the annual report and accounts, and • Actively protecting and enhancing QVH's reputation. 		
NB:		
<ul style="list-style-type: none"> • This is an ex-officio non-voting member on the Board of Directors. • Attendance by a governor at the Board of Directors, or any of its sub-committees is not an entitlement but at the Board's discretion. 		
	Essential	Desirable
Qualifications and knowledge		<ul style="list-style-type: none"> • Good knowledge and understanding of the principles of corporate governance • Understanding of the principles of the NHS
Skills, special aptitudes	Good presentation and communication skills	<ul style="list-style-type: none"> • Ability to chair meetings in public as appropriate
Experience	Experience of fostering strong working relationships	<ul style="list-style-type: none"> • Board level/Trustee

		<p>experience</p> <ul style="list-style-type: none"> • Leadership of a team
Interpersonal skills	<p>Commitment to the role Tactful and diplomatic Team player</p>	<ul style="list-style-type: none"> • Good listener • Confident • Flexible • Self sufficient • Computer literate

TERMS OF APPOINTMENT

This position is reviewed annually. Each year when governor elections to Committees are held, governors are also invited to nominate themselves to be considered for this role. Nominations are reviewed in consultation with the Chair and Board of Directors and a recommendation is made to the Council of Governors.

This role description was last reviewed and approved by Council of Governors at its meeting on 19 January 2017.

QVH Council of Governors 30 July 2018

Executive overview



National picture

- The Prime Minister recently announced the NHS in England is to get an extra £20bn a year by 2023.
- Long-term plan to be developed by NHSE, likely to be published in November 2018
- Meeting core performance targets, such as those for waiting in emergency departments and for planned operations, will be an “early milestone” for the NHS.
- Embrace the opportunity - technology and Artificial Intelligence
- New SoS Dept of Health & Social Care

QVH

- NHS 70th birthday
- Revised annual operating plan 2018-19 submitted. The plan, was approved by a Board teleconference on 19 June.
- Staff engagement sessions – collaboration and health & wellbeing hubs
- 10p coin - The Royal Mint’s Great British Coin Hunt.



Outstanding Patient Experience

- Workforce remains the single biggest challenge to sustaining and improving patient experience at QVH
 - Currently undertaking international recruitment for critical care and theatre nurses and operating department practitioners
 - Enhanced scrutiny and triangulation of patient experience and safety metrics
- 2017 CQC national inpatient survey results published 13 June 2018
 - QVH was one of only 8 trusts who were classed as ‘much better than expected’ in 2017 and one of only 5 acute specialist trusts which has consistently maintained a ‘much better than expected’ rating over the last 4 years
 - Trust scored ‘significantly better’ than others in 45 of the 61 questions
 - Patient Experience Group will monitor the action plan generated from this survey
 - The full report can be viewed at <http://www.cqc.org.uk/surveys/inpatient>



World class clinical services

Safety

- Changes to WHO theatre checklist and responsibilities working well, with continued development
- No never events since October 2017

Clinical Effectiveness

- STP Clinical Case for Change in draft form. Little immediate impact to QVH role within the STP.
- Partnership discussions with BSUH / WSHT continue, with clinical pathway for shared paediatric inpatient burns pathway the priority.
- 5 year IM&T strategy continues with procurement of 'order comms', clinical portal and e-observations.

Performance

- GMC National Training Survey demonstrates improved results. Recruitment levels in junior doctors currently good.
- Job planning process for consultants completed.
- New substantive consultant appointment in Sleep Medicine, but staffing in Sleep Disorder Centre remains challenging.



Operational Excellence

Access standards

- Ongoing challenges in the delivery of 18 week RTT performance – May was 78.8%
- Work underway to address this includes improved patient tracking; a review of all off site activity; understanding capacity and demand for pressured services (maxfac and plastics) and to support theatres given the staff shortages
- Changes to support delivery of cancer standards include patient pathway management; improved links with referring providers; improved systems and processes; creation of an oncology appointment hub. May performance was 2 week waits 98.4%, 62 day 84.5%, 31 day 88.9%

eRS – paper switch off from GP referrals

- National programme led by NHS England & NHS Digital
- ‘Soft’ paper switch off began on 2 July in line with the NHS England timescales
- Hard paper switch off will take place on 31 August, after this date paper referrals will not be accepted by the trust.

Theatres – programme of work to improve productivity

- Implementing advance theatre planning and lock down (6-4-2)
- Looking at staffing models to utilise existing staffing resource
- 12 week forward plan to minimise last minute cancellations



Financial Sustainability: M3 2018/19 YTD

Financial Performance	£'000		
Income and Expenditure	Budget	Actual	Variance - Favourable / (Adverse)
Patient Activity Income	15,786	15,955	169
Other Income	1,062	1,221	159
Total Income	16,848	17,176	328
Pay	(12,278)	(12,234)	44
Non Pay	(5,059)	(5,480)	(421)
Financing	(1,179)	(1,129)	50
Total Expenditure	(18,516)	(18,843)	(327)
Surplus / (Deficit)	(1,668)	(1,667)	2
Adjust for Donated Depn.	(61)	(61)	(0)
NHSI Control Total Excluding STF	(1,607)	(1,605)	2

- Underlying performance** – Income – volume & casemix; Pay – vacant posts & temporary staffing pressures; Non-pay – Clinical supplies partially activity related and outsourcing costs.
- Cost Improvement and Productivity Programme (CIPP)** – YTD £0.18m ; £0.09m less than plan .
- Capital** – YTD expenditure is £0.4m in line with plan; forecast to achieve plan.
- Of note** – Control total has been achieved YTD M3. Single Oversight Framework ‘use of resources’ score of 3 in line with plan. Forecast plan delivery, however, risks to full year delivery due to capacity constraints and current savings gap.

Organisational Excellence

Attraction and engagement of the workforce remains our single biggest challenge

‘Retention is a symptom of not getting things right’

- We are partnering with another trust in an overseas nursing recruitment campaign – successful trip to Dubai
- Launched Phase 2 of Leading the Way
- Preparation for the implementation of ‘Terms & Conditions 2018’
- Collaboration on workforce challenges across the STP, transactional and organisational development
- Focus on improving facilities for our teams on site
- Improving the profile of staff rewards and wellbeing schemes
- Roll out of ESR (electronic staff record) self-service



Report to: Council of Governors
Meeting date: 30 July 2018
Agenda item: 66-18
Report from: John Thornton, senior independent director
Report authors: Kevin Gould, committee chair and
Hilary Saunders, deputy company secretary
Report date: 17 July 2018

Re-appointment of external auditors

Executive Summary

One of the statutory duties of the Council of governors is to approve the appointment of the external auditor. This report recommends to members of the Council a two-year extension for the Trust's contract with its external auditors KPMG.

This report also provides some context around the key issues covered in 2017/18 and composition of the Committee.

QVH external audit contract with KPMG

KPMG were originally appointed as external auditors in 2011. A full procurement exercise was subsequently undertaken in September 2016, and of the three bidders, KPMG was reappointed for a further three year term with effect from 20 October 2016, with the option of extending for a further two years.

The Audit committee can assure the Council of governors of the quality of output and general competence demonstrated by our KPMG as our external audit provider.

In order to mitigate against the threat of over-familiarity with a particular client, the Audit committee can also assure the Council of governors that KPMG complies with regulatory guidance for rotation requirements regarding senior audit staff.

Following consideration of KPMG's performance, and consultation with executive directors and governor representatives to the Audit committee and the Board, the Committee recommends to the Council of Governors that the contract be extended for two years.

Summary of key issues covered by the Audit committee in 2017/18

The Committee met quarterly during 2017/18 to conduct its regular business, and for one further meeting in May 2017 to approve the 2016/17 annual accounts.

The lead governor attending Audit committee meetings is Glynn Roche. The Audit committee currently comprises three non-executive directors; Kevin Gould (Chair), John Thornton, Ginny Colwell, with the Chief Executive, Director of finance, Director of nursing, Head of risk management in attendance.

- The internal auditors, Mazars, undertook a total of 14 audits during the year covering a wide variety of topics including key financial controls; facilities management; doctors' revalidation; safeguarding; infection control; information governance toolkit.

- The external auditors, KPMG, undertook their annual audit of the financial accounts which will be reported in full at the AGM.
- The Committee reviewed and received assurance at each meeting that the Board Assurance Framework and the Corporate Risk Register were 'fit for purpose'. It also reviewed Key Strategic Objectives (KSOs) on a rolling basis to provide assurance in greater depth to the Committee that the appropriate risks and their mitigations are reflected in the Board Assurance Framework and the Corporate Risk Register.
- The Committee received assurance on the progress being made in keeping the Trust's policies up to date and relevant and received regular updates on actions relating to whistleblowing policies.

The Committee can assure the Council of governors that it is satisfied with the overall management of risk and the system of controls within the Trust during the 2017/18 financial year.

Recommendation

The Council of governors is asked to **APPROVE** the Audit committee's recommendation to extend the external audit contract with KPMG for financial years 2019/2020 and 2020/2021.

Report to: Council of governors
Meeting Date: 30 July 2018
Report from: Clare Pirie, Director of communications
Author: Hilary Saunders, Deputy company secretary
Date of report: 20 June 2018

A review of QVH FT Membership Engagement

1. Introduction

The purpose of this report is to provide assurance that our membership engagement is relevant and appropriate for the size of the Trust, and to show that we continue to monitor options to enhance current practice.

2. Executive summary

The Trust currently communicates with members through its bi-annual publication QVH News and ad-hoc emails on newsworthy items for those members who have provided an email address (c.12 emails p.a.).

We have good evidence to demonstrate that QVH has successfully sustained and engaged with a public membership which is proportionate to its size, whilst remaining compliant with statutory requirements.

We continue to review and improve our approaches to encourage new members to join, whilst enhancing engagement with existing members. This paper includes a cost/benefit review of work to obtain more members' email addresses.

No significant changes are proposed in the current financial context and with the current status of FTs.

3. Context

QVH became a foundation trust in 2004. One of the principles of the NHS foundation trust model was to strengthen local ownership of, and responsibility for, hospital services. It was hoped that decisions would be taken by a trust with local communities, for local communities and residents. Patients in areas served by an FT who had an interest in their local hospital were invited to register as members of the organisation.

FT members do not receive any special treatment as NHS patients; they continue to have the same access to NHS services as anyone who chose not to become a member. The main benefits of membership were (and remain) to:

- receive regular information about their local trust and be consulted on plans for future development;
- have the opportunity to vote in elections to the Council of Governors. (In addition, all eligible members can stand for election as governors, and would also be eligible to be appointed as non-executive directors on the trust board).

In terms of treatment, NHS Improvement and NHS England no longer make a distinction between foundation trusts and non-foundation trusts, and the future status of foundation trusts is not clear.

4. QVH membership approach

QVH's approach to membership has been to ensure that we operate in compliance with relevant legislative, regulatory and constitutional provisions whilst maintaining a public membership which is proportionate to our size (at present we have circa **7,400** public members).

Our current strategy is to:

- Engage with existing members in ways which are meaningful and interactive;
- Promote the benefits of membership to all QVH patients so as to maintain membership numbers;
- Encourage as many existing and prospective members as possible to provide their email address
- Use the membership to support our work to ensure that people who use our services are actively engaged and involved in decision-making; to date this has not included specific communication around the STP but this may become relevant as STP work progresses.

Promotion of membership is not specifically resourced and is done in a relatively low key way, which feels in keeping with the benefits for members, the national position on FTs and QVH's other priority messages. We do not attempt to create a membership that reflects the communities that we serve, for example by targeting specific geographical or other communities.

46% of public members are currently on email, which means we can communicate with almost half of our membership in 'in real time' improving engagement and reducing costs of printing and postage. We are careful not to overuse email communication as this may lead to people asking to be removed from the list.

Between April 2016 and March 2017, we emailed our members 12 times (on average, once a month). Updates included: *CQC inspection results; QVH News; Departure of CEO; AGM; Scar Biobank; Use of antibiotics; National burns awareness day; QVH national memorial; BBC SE tonight; BBC Inside out, plus eye bank; Governor elections plus QVH News.*

During 2017/18, updates increased to around two per month on average and included: *BBC South East Today; Rebuilding Lives/AGM; Staff Awards; results of Children's and young people's survey* and general BBC media coverage (plus QVH News).

Members who do not have (or do not wish to provide) an email address continue to be valued and we aim to engage with them as much as possible using other media and events. However, the engagement budget is very limited and so to manage costs, engagement options tend to focus predominately on those members with email. We believe that we are in line with other FTs in this approach.

5 Potential additional activity on membership

We continue to review the ways in which we promote benefits of membership to current and potential members, and plan to implement the following improvements within the current resource available.

5.1 Current members

5.1.1 Improved intelligence: We engage with our members in ways which are consistent with relevant best practice, but we could still learn more about our members and their needs in ways such as:

- Better use of the demographic information contained within our membership database to improve methods of engagement.
- Better interrogation of the membership database to gather information on how bulletins are accessed and whether hyperlinks to online content are pursued. We could then monitor and analyse data to identify any trends or modify our methods;

5.1.2 Governor elections

- Continue to encourage members to engage in the annual governor election process.
- Instead of targeting only those who have previously expressed interest in standing as governor, extend pre-election event invitations to all full public members. Supplement this with social media activity to increase awareness.
- Develop online profiles for QVH governors which will enable both current and potential members to recognise their representatives and understand more about their individual roles.

5.1.3 Enhanced engagement opportunities: 'Silent' membership is a common characteristic of membership organisations, and these members may still remain positive and engaged. We will continue to enhance the benefits of membership through:

- Early notification of clinical seminars, where members will learn more about our services and have a chance to meet with governors;
- Advance notification of forthcoming media coverage.

5.1.4 We could also investigate opportunities to work collaboratively with local CCGs to fulfil engagement obligations in respect of the Trust's members and the CCG's patients and public.

5.2 Potential members

5.2.1 Use opportunities to promote membership to patients and members of the public who contact the Trust with positive feedback or who make charitable donations.

5.2.2 Active promotion of membership information through, for example, the QVH Charity and also within areas such as outpatients, the Hurricane Café and Spitfire restaurant (including use of information screens), to encourage patients to consider membership and understand its benefits.

5.2.3 Promotion of membership benefits through Twitter, Facebook and QVH and QVH Charity websites;

- 5.2.4 Continue to encourage governors to visit local clubs and societies to inform communities about services offered at QVH (through use of the membership presentation);

It is our intention to build on the opportunities described above as resource allows.

6 Cost and benefit of increasing email membership

6.1 We have recently reviewed the possibility of commissioning work to increase the level of members where we hold an email address and therefore can stop sending hard copy updates. The benefits do not justify the costs – as set out below.

- We spend c£5,500 p.a. on printing and posting to members not on email hard copies of two editions of QVH News. Members on email receive this electronically at no additional cost to the Trust.
- Our database service provider proposed phone calls as the most cost effective mechanism for increasing our percentage of e-members. Success rate is difficult to guarantee as it depends on a number of variables, but is estimated to be around 30%.
- The cost of phoning those members without email would be £5,685. However, at a 30% success rate this would save only £825 per mailing, requiring 7 mailings to recover the cost. We will not therefore be taking this approach.

6.2 We will continue to attempt to gain email addresses through a specific request via the next edition of QVH News, reminding members of the significant benefits to QVH in terms of reduction in costs.

6.3 Discontinuing the practice of distributing hard copies of QVH News to those members without email, and instead publishing only to our website would make a cost saving but would discriminate against members without access to a computer and it is not proposed to take this approach at this stage.

Recommendation:

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

Report to: Council of Governors
Agenda item: 68-18
Date of meeting: 05 July 2018
Report from: Jo Thomas, Director of nursing
Date of report: 17 July 2018
Appendix: NA

Annual Quality Report Priorities 2019/20 - Governor Selection Requirements

Introduction:

Patients want to know they are receiving the very best quality of care. All NHS foundation trusts are required to produce annual *Quality Reports* on the quality of care (as part of their annual reports), which helps them to improve public accountability for the quality of care they provide.

Foundation trusts must also publish quality accounts each year, as required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended ('the quality accounts regulations').

Trusts are required to obtain external audit assurance (Provided by KPMG) on their quality reports, through independent scrutiny of the quality of data on which performance reporting depends. This is based on the substantive sampling on two mandated indicators and one local Governor selected indicator.

Foundation trusts must also identify priorities for improvement and Governors will be asked to review and comment on the suggested Quality Priorities for 2019/20.

This report outlines the responsibility of the QVH Council of Governors in agreeing the Quality Report governor selected independent indicator and contributing to the Quality Priorities for 2019/20.

Local indicators

NHS foundation trusts must seek assurance from external auditors on two mandated indicators and one local indicator as selected by the governors of the Trust. External auditors undertake testing of the indicators and are subject to a limited assurance report which published in the Quality Report. This independent scrutiny contributes to improved quality of data and evidence.

Mandated indicators:

1. The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
2. Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

Governors are required to:

1. Identify and confirm the independent indicator to be tested (QVH asks Governors to formulate two indicators for auditing – ensures that at least one is auditable)

Previous indicators include:

2015/16: increased theatres productivity

2016/17: Patients leaving MIU without treatment within 4 hours

2017/18: drug prescribing errors

The Governors selected indicator must be agreed and ready for auditing by December 2018.

Trust priorities for improvement - Quality Priorities for 2019/20

In addition to the Governors selected indicator, there will also be another opportunity to contribute to priority setting during quarter 4 of this financial year. QVH must identify at least three Trust priorities for improvement (agreed by Trust Board which would bring tangible improvements our patients and staff. Governors will also be asked to comment on the quality report for 2018/19 via the lead governor.

The three priorities chosen for 2019/20 will cover the definition of quality for the NHS which first set out by Lord Darzi,¹ who stated that the following three dimensions must be present to provide a high quality service, namely:

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

All priorities chosen must be measurable and ongoing metrics will be monitored by the Quality and Governance Committee (Q&GC) on a quarterly basis.

Improving links between the QVH Quality and Safety Strategy and the annual Quality Report

The Trust's Quality and Safety Strategy sets out our ambitions for improving safety and quality over the three year period from 2017- 2020.

Work into 2018/19 seeks to align the Trust's Quality and Safety Strategy with the annual Quality Report publication. This will ensure the priorities for improvement are given the necessary importance over the reporting period. The aim for the Strategy is to enhance the process of improving clinical services and demonstrates QVH's commitment to developing and embedding culture which harnesses the delivery safe, high quality care. It also helps to achieve our ambitions and a positive outcome in subsequent Care Quality Commission (CQC) and Commissioner Inspections – enabling continuous quality improvement to become 'business as usual'.

How priorities will be chosen

A consultation letter will be sent out to all Staff and the Governors in December 2018 asking for them to pick and propose quality priorities for 2019/20. The Trust's quality priorities (and ultimately the Quality and Safety Strategy) should mean something to all and success will depend on everyone recognising their own contribution to quality.

¹ Department of Health, (2008) *High Quality Care for All. NHS Next Stage Review Final Report*, London: Department of Health.

In addition, we will invite staff to have their say about what quality means to them and share these comments. The quality and safety of services we provide is our overriding priority and the common purpose that brings all of staff together regardless of their role and where they work – this is central to our vision and objectives as an organisation.

Following the consultation, all quality priorities will be presented to the Trust's Quality and Governance Committee who will make recommendations to the Executive Management Team (EMT), for which priorities be taken forward in the new financial year.