

Meeting of the Council of Governors

Monday 15 October 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				
74-18	Welcome, apologies, declarations of interest and eligibility <i>Beryl Hobson, Chair</i>		16:00	-
75-18	Draft minutes of the meeting held on 30 July for approval <i>Beryl Hobson, Chair</i>	<i>Approval</i>	16:02	<i>paper</i>
76-18	Matters arising and actions pending from previous meeting <i>Beryl Hobson, Chair</i>	<i>Review</i>	16:05	<i>paper</i>
Holding non-executive directors to account for the performance of the board of directors				
77-18	Executive overview <i>Steve Jenkin, Chief Executive and members of the Executive Management Team</i>	<i>Information</i>	16:10	<i>Presentation (attached)</i>
78-18	Board of Directors <i>John Belsey, Lead Governor and Beryl Hobson, Trust Chair</i>	<i>Information</i>	16:50	-
79-18	Financial and performance committee <i>Feedback provided by John Thornton, committee Chair (and SID), Kevin Gould, non-executive director and Peter Shore, governor representative</i>	<i>Discussion</i>	17:00	-
80-18	Quality and governance committee <i>Feedback provided by Ginny Colwell, committee Chair and Angela Glynn, governor representative</i>	<i>Discussion</i>	17:20	-
81-18	Audit Committee <i>Feedback provided by Kevin Gould, committee Chair and Glynn Roche, governor representative</i>	<i>Discussion</i>	17:35	-
82-18	Charity Committee <i>Feedback provided by Beryl Hobson on behalf of committee Chair, and Chris Halloway, governor representative</i>	<i>Discussion</i>	17:40	-
83-18	Any other questions for non-executive directors <i>All members of Council of Governors</i>	<i>Discussion</i>	17:45	-

Any other business				
84-18	Beryl Hobson, Chair	Discussion	17:50	-
Questions				
85-18	<p>To receive any questions or comments from members of the foundation trust or members of the public</p> <p><i>We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to 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></p> <p>Beryl Hobson, Chair</p>	Discussion	17:55	-
Dates of the next meetings				
Business meetings of the council of governors to be held in public				
2018/19		2019/20		
Monday 14 January 2019		Monday 8 April 2018		
		Monday 29 July 2019		
		Monday 14 October 2019		
		Monday 13 January 2020		

Document:	Minutes (draft & unconfirmed)	
Meeting:	Council of Governors session in public 30 July 2018, 16:00 – 18:00 The Meridian Hall, East Court, College Lane, East Grinstead RH19 3LT	
Present:	Beryl Hobson (BH)	Chair
	Brian Beesley (BB)	Public governor
	John Belsey (JEB)	Public and Lead governor
	St John Brown (StJB)	Stakeholder governor
	Wendy Burkhill-Prior (WB-P)	Public governor
	Robert Dudgeon (RD)	Public governor
	Colin Fry (CF)	Public governor
	Antony Fulford-Smith (AF-S)	Public governor
	Angela Glynn (AG)	Public governor
	Janet Haite (JDH)	Public governor
	Chris Halloway (CH)	Public governor
	Douglas Hunt (DH)	Public governor
	Andrew Lane (AL)	Public governor
	Carol Lehan (CL)	Staff governor
	Sandra Lockyer (SL)	Staff governor
	Joe McGarry (JMcG)	Public governor
	Tony Martin (TM)	Public governor
	Glynn Roche (GR)	Public governor
	Peter Shore (PS)	Public governor
	Tony Tappenden (TT)	Public governor [items 49-18 to 59-18]
	Norman Webster (NW)	Stakeholder governor
	John Wiggins (JW)	Public governor
	Martin Williams (MW)	Public governor
Mickola Wilson (MW)	Public governor	
In attendance:	Steve Jenkin (SJ)	Chief Executive
	Jo Thomas (JMT)	Director of Nursing
	Michelle Miles (MM)	Director of Finance
	Geraldine Opreshko (GO)	Director of Workforce
	John Thornton (JT)	Senior Independent Director
	Ginny Colwell (GC)	Non-executive director
	Gary Needle (GN)	Non-executive director
	Clare Pirie (CP)	Director of communications
	Hilary Saunders (HS)	Deputy company secretary
	Camilla Slattery (CS)	Head of fundraising [item 52-18]
Apologies:	Liz Bennett (LB)	Stakeholder governor
	Robert Tamplin (RT)	Public governor
	Julie Mockford (JM)	Staff governor
	Ed Pickles (EP)	Medical Director
	Abigail Jago (AJ)	Director of Operations
	Kevin Gould (KG)	Non-executive director

WELCOME	
49-18	<p>Welcome, apologies and declarations of interest and eligibility BH opened the meeting and welcomed new governors. There were no new declarations of interest. Apologies were noted as above.</p>
50-18	<p>Draft minutes of the meeting held on 9 April for approval The minutes of the meeting held in public on 9 April were APPROVED as a correct record.</p>
51-18	<p>Matters arising Council received and approved the current record of matters arising and actions pending</p>
52-18	<p>QVH Charity BH reminded Council that the Board (as Corporate Trustee), delegated a level of authority to enable the QVH Charity committee to undertake day to day business. A staff governor and a public governor have representation on this committee. BH then introduced Camilla Slattery, Head of fundraising, who had joined the meeting to present an update on the QVH Charity.</p> <p>CS explained how the Charity worked in partnership with the NHS, funding items normally outside of core funding. Focus in her first year had been on improving awareness and visibility of the Charity and building key relationships.</p> <p>She asked governors for support in helping to identify good partnerships and when possible to promote the QVH Charity and the work it does. She also sought volunteers to make presentations or help out at local events. As volunteer lead, CS asked governors to contact her directly if they thought they could help.</p> <p>Council sought and received clarification in respect of the following:</p> <ul style="list-style-type: none"> • This year the specific objective is to increase community awareness and fundraising with a target of generating an additional £30,000, recognising that community fundraising will also have longer term benefits in areas such as legacies. CP advised that charity income in 2016/17 had been c.£66k, but figures for 2017/18 wouldn't be available until later in the year due to the timing of the external audit process; • The Charity has a legacy leaflet and intended to increase promotion of legacies in due course by developing relationships with legal firms, noting that legacies may take years to come to fruition. • Whilst there are some restricted funds, in line with Charity Committee guidance the Charity has moved away from separate funding for different areas and had undertaken a rationalisation programme to this effect in recent years; • The Charity's aim is to fund items which are normally outside of NHS core spending. CS concurred that specific fundraising appeals promoted onsite, through the website and other communications are known to be an effective way of raising funds. <p>There were no further questions and the Chair thanked CS for her update, the contents of which were NOTED by Council.</p>
53-18	<p>Healthy food options update MM gave a presentation to Council on developments regarding the Trust's healthy eating</p>

	<p>strategy since its last update in January.</p> <p>Council noted the importance of ensuring that both patients and staff were happy with what was on offer. MM assured governors that the team would be undertaking a catering options appraisal to ensure the best solution.</p> <p>There were no further questions and Council NOTED the contents of the update.</p>
54-18	<p>Non-executive director appraisals</p> <p>For the record, AG reported that Council had received a full update on the non-executive director appraisal process, including the chair, for 2017/18 during its private business session and were assured about the process.</p>
55-18	<p>Non-executive director remuneration</p> <p>For the record, AG reported that Council had received a full update on non-executive director remuneration, including the chair, during its private business session and were assured about the process and outcome.</p>
56-18	<p>Non-executive director recruitment 2018/19</p> <p>AG reminded Council that two non-executive directors were due to step down during 2019. In preparation for this, the Appointments committee had agreed a recruitment programme similar to one organised in 2017. To ensure best use of resources, the Trust would aim to run one campaign to recruit two new NEDs, but stagger the start times as necessary. The proposed timeline was designed to enable Council to approve any new appointment at its meeting in April 2019.</p> <p>BH thanked AG for chairing the Appointments Committee over the last couple of years, stating that she was looking forward working with TM who had now taken over as committee Chair.</p> <p>There were no further comments and Council NOTED the contents of the update.</p>
57-18	<p>CoG engagement/committee membership and governor representative roles</p> <p>As this was the first Council meeting since this year's governor representatives had taken up their roles on 01 July, CP reminded governors of their new representatives for 2018/19.</p> <p>CP reported that at the last Governor Steering Group (GSG) meeting, it was proposed that Council should appoint an additional governor representative for membership to ensure effective engagement with the members. This role would be responsible for maintaining a log of governors who had expressed a willingness to make a presentation, keep a note of any local groups who might be interested in learning more about our hospital, and act as the link between the groups and governors, coordinating the programme of events.</p> <p>JEB reminded Council that representing the interests of the public and FT membership was one of the three primary duties of the Council of Governors. It was agreed that the Trust would email later this week with details of the nomination process; if more than one governor expressed an interest, Council would be invited to vote for their preferred candidate. [Action: HS]</p>
58-19	<p>Review of board-level governance: engagement with governors</p> <p>CP presented a report prepared in response to a recommendation of the Well Led review</p>

	<p>for the Trust to review the function of the governor representative on board committees. The current engagement agreement contained several anomalies which could lead to a confusion of the role, creating conflicts of interest. In order to address these the following was proposed:</p> <ul style="list-style-type: none"> • Terms of reference would be updated to reflect a consistent approach and remove any uncertainty. • Minutes would show governors as being ‘in attendance’ and not ‘present’ at each meeting; • The existing agreement would be revised to remove any ambiguity. <p>Whilst this had clarified the role, Council asked that committee chairs remember to invite governor views where appropriate.</p> <p>There were no further comments and Council APPROVED the revised engagement agreement.</p>
<p>59-18</p>	<p>Executive overview</p> <p>SJ and members of the executive team gave a presentation (included in the meeting papers) which provided an overview of national and local challenges which the Trust was currently facing. BH reminded Council that the rationale for this item was to support them in their role to hold non-executives to account.</p> <p>Workforce remained the single biggest challenge to sustaining and improving patient experience at QVH, although a recent overseas recruitment campaign had been positive. Other issues included access standards and theatre productivity. SJ noted that systems and processes had not been as robust as they should be. He also advised that there had been issues with data quality from spoke sites and warned that whilst this was being addressed, performance figures would appear worse in coming months. However, the current trajectory indicated we should achieve 92% target within the next eighteen months.</p> <p>Council sought and received clarification in respect of:</p> <ul style="list-style-type: none"> • The difference between pay and non-pay, with pay relating to staff, and non-pay all other costs; • How we would implement advanced theatre planning and lock down using a 6-4-2 protocol which sets out specific actions at each number of weeks (6, 4 and 2 weeks) before the theatre session; • The difference between elective and non-elective activity, with elective relating to planned surgery and non-elective relating to unplanned trauma; • The effect of the eRS paper switch off from GP referrals. QVH was liaising with commissioners to ensure a clear way forward after the ‘hard paper switch off’ on 31 August. <p>There were no further questions and Council NOTED the contents of the update.</p>
<p>60-18</p>	<p>Board of Directors</p> <p>JEB reported that as Lead governor, he had attended two board business meetings and one seminar since the last Council meeting. He reminded governors of the issues which the Trust was tackling regarding operational performance, recruitment and retention.</p> <p>At the seminar in June, led by an external facilitator, board members had been asked to</p>

	<p>consider ways in which they could enhance scrutiny and challenge at meetings; JEB noted that the learning taken from this session was apparent at the July meeting and had resulted in positive discussion and challenge.</p> <p>BH reminded Council that all members had a standing invitation to attend the public board meetings, which were an effective way of seeing non-executive directors in action.</p> <p>There were no further comments and Council NOTED the contents of the update.</p>
<p>61-18</p>	<p>Finance and performance committee</p> <p>For the benefit of new governors, JT described the role and function of the Finance and performance committee (F&PC). He reiterated the challenges across all areas including workforce, access targets and finance. Due to workforce issues, the cost of agency staff was significantly higher than budget.</p> <p>As reference under item 59-18, JT reported that, in acknowledgement of the situation after the first two months of the financial year, the Board had agreed in June to a revised annual plan.</p> <p>In response to questions raised, Council was assured that:</p> <ul style="list-style-type: none"> • The rescheduled plan was designed to provide time to achieve required operational efficiencies; however, it increased the required level of delivery in the latter part of the year in order to achieve the control total. • Given the trajectory, there was no reason why the Trust shouldn't be able to meet its access targets within the next 18 months. • Full visibility of data also included clinical coding. • With regard to the 18 week referral to treatment protocols, rules were always to treat patients in date order. <p>As governor representative to the F&PC, PS confirmed that NEDs provided a high level of challenge at meetings. There were no further questions and Council NOTED the contents of the update.</p>
<p>62-18</p>	<p>Quality and governance committee</p> <p>GC opened by thanking TM as outgoing governor representative to the committee and welcomed AG to her new role.</p> <p>GC reiterated earlier reports that recruitment and retention were a significant issue and the Trust would need to carefully monitor the impact on quality against financial and workforce restrictions, noting that this related to all staff, not just those in nursing.</p> <p>GC reported that the Trust had secured 99% of its CQUIN target, noting that this was a significant achievement, particularly in view of current challenges.</p> <p>The Chair concurred that quality was as important as finance and workforce, and the Trust's aim was to always get the balance right at all times.</p> <p>There were no further questions and Council NOTED the contents of the update.</p>

63-18	<p>Audit committee</p> <p>On behalf of the Chair of the committee, JT provided an update on audit activity since the last Council meeting. He reminded governors that the committee met four times a year, with an additional meeting to review the annual report and accounts (which had taken place in May).</p> <p>At the June meeting, the committee received assurance from the Medical director and Director of Nursing with regard to its key strategic objectives (KSOs) 1 and 2, (patient experience and world class clinical services). As governor representative to the Committee, GR noted a greater focus on the Trust's KSOs since KG took over as Chair.</p> <p>In response to a question, JT confirmed that the Trust maintained a corporate risk register which was reviewed by both the Board, and the Quality and governance committee. The Trust's Head of risk attended Audit meetings, and the committee's focus was to ensure a robust risk management process.</p> <p>There were no further comments and Council NOTED the contents of the update.</p>
64-18	<p>Charity committee</p> <p>Chair of the Charity committee, GN, advised that he had no further update following the Charity presentation made earlier in the meeting.</p>
65-18	<p>Any other questions for non-executive directors</p> <p>There were none.</p>
66-18	<p>Re-appointment of external auditor</p> <p>Council noted the contents of a report prepared by the Chair of the audit committee with a recommendation that the contract for external auditors KPMG be extended for a further two years from October 2019.</p> <p>In response to a question, Council was advised that KPMG did not undertake any additional private work for the Trust.</p> <p>There were no further questions and Council APPROVED the extension of the external audit contract for years 2019/2020 and 2020/2021.</p>
67-18	<p>Membership strategy</p> <p>Council received a report on the Trust's membership strategy.</p> <p>There were no further questions and Council NOTED the contents of the update.</p>
68-18	<p>Quality account indicators 2018/19</p> <p>JMT presented a report, reminding Council that the process had been brought forward this year to allow governors more time to consider the options. She asked governors to contact her directly should they require additional information. As in previous years, the lead governor (JEB) would be responsible for co-ordinating the final response.</p> <p>There were no further questions and Council NOTED the contents of the update.</p>

69-18	Any other business There was none.
70-18	Questions from members of the public There were none.

Chair:..... Date:.....

Matters arising and actions pending from previous meetings of the Council of Governors						
No.	Reference	Action	Owner	Action due	Latest update	Status
30 July 2018						
1.	57-18	Governors noted that that representing the interests of the public and FT membership is one of the three primary duties of the Council. Trust to email out to CoG requesting nominations for a governor representative for membership.	HS	July 2018	Action completed July 2018. To date, no nominations have been received and position remains vacant.	Pending
2.	68-18	All governors to consider options for Quality account indicators for 2018/19. Lead governor to co-ordinate responses. Interim update to be provided at next meeting and confirmation of results reported at January CoG.	JEB	Oct 2018	<ul style="list-style-type: none"> • Interim verbal update due Oct 2018 (JEB) • Final results to be reported at January COG in January 2019 	Pending
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	Closed

**QVH Council of Governors
15 October 2018**

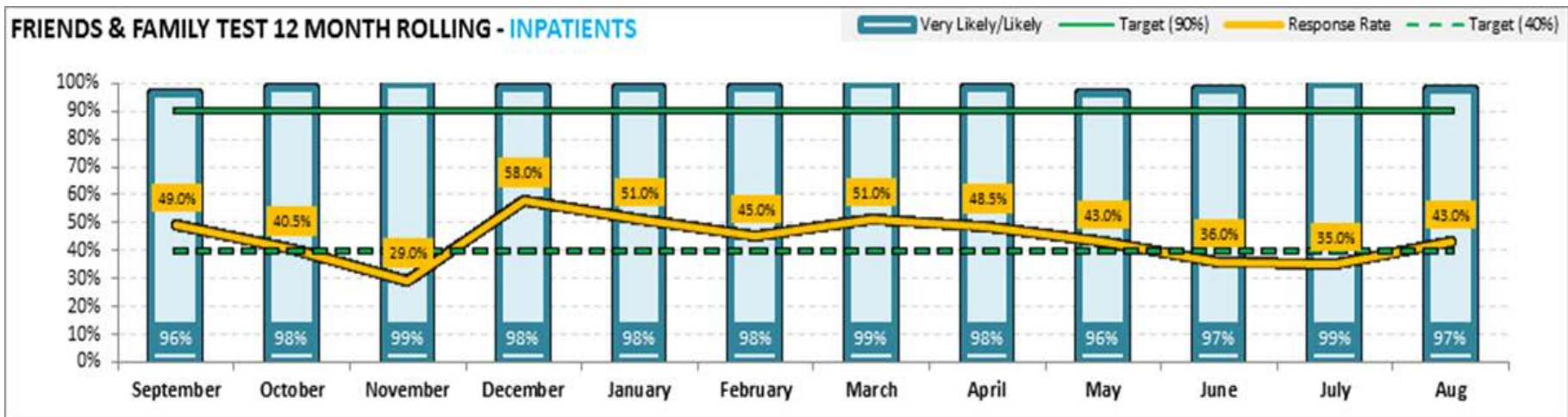
Executive overview



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. 43 posts accepted; first candidate commences in November
- Enhanced scrutiny of patient experience, safety metrics, Friends & Family Test (FFT) continues

Ward	August FFT return rate	% score of very likely/likely	% score of unlikely/extremely unlikely	Total numbers of patients eligible to respond	Total responses
Inpatients	43%	98%	0%	540	249
MD ward	57%	97%	0%	131	75
RT ward	43%	100%	0%	194	83
Peanut	38%	95%	0%	199	75
Burns	100%	100%	0%	16	16



World class clinical services

Safety

- No never events since October 2017
- Clinical harm reviews of patients waiting more than 52 weeks have not revealed clinical harm.
- Increasing capacity to address Referral to Treatment 18 weeks through partner sites.

Clinical Effectiveness

- STP clinical case for change agreed. Little immediate impact to QVH role within the STP.
- Partnership discussions with BSUH / WSHT continue. New programme manager appointed. Work streams in burns, plastics, maxillofacial and back office commencing. Paediatric service specification nearing completion.
- E-observations procurement and planning underway.

Performance

- Deanery Visit to assess training in plastic surgery very complimentary with areas for improvement identified.
- Good clinical engagement in 'FourEyes' theatre productivity.



Access standards

- The referral to treatment position changed materially in July following the identification, validation and reporting of patients who have not historically been reported in the Trust position, resulting in:
 - an increase in the overall waiting list size to 14738
 - an increase of patients waiting over 52 weeks on open pathways
 - 145 patients waiting 52 weeks or more at the end of July
 - RTT performance of 74.48% against the 92% standard in July; 74.66% in August
- Revised trajectories have been agreed with commissioners.

Cancer

- 2 week wait performance 95.4% against a target of 93% in July
- 62 day performance 85%, target of 85% (met for 3rd consecutive month)
- 31 day not met at 88.1%

Minor Injuries Unit - high number of attenders – 99.8% seen within 4hrs

Electronic referral system – paper switch off 31 August



Financial Sustainability: M5 2018/19 YTD

Financial Performance	£'000		
	Income and Expenditure	Budget	Actual
Patient Activity Income	26,434	27,023	588
Other Income	1,736	2,122	386
Total Income	28,170	29,144	974
Pay	(20,148)	(20,509)	(361)
Non Pay	(8,233)	(9,237)	(1,004)
Financing	(1,964)	(1,816)	148
Total Expenditure	(30,345)	(31,562)	(1,217)
Surplus / (Deficit)	(2,175)	(2,418)	(242)
Adjust for Donated Depn.	(102)	(98)	4
NHSI Control Total Excluding STF	(2,073)	(2,320)	(246)

- **Underlying performance –**
 - Income – volume & case mix, plan flexed over the summer months for leave
 - Pay – vacant posts, temporary staffing pressures, agenda for change pay increase not fully funded & non achievement of CIP
 - Non-pay – Clinical supplies partially activity related, outsourcing costs & non achievement of CIP
- **Cost Improvement Programme (CIP)**
 - YTD £0.35m; £0.08m less than plan delivered
- **Capital**
 - YTD expenditure is £0.5m, £0.5m behind plan; forecast to achieve plan.
 - Significant number of POAP (plans on a page) are progressing through
- **Of note**
 - Significant work underway to achieve STF for Q2 .
 - 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, revised forecast is being reviewed.

Organisational Excellence

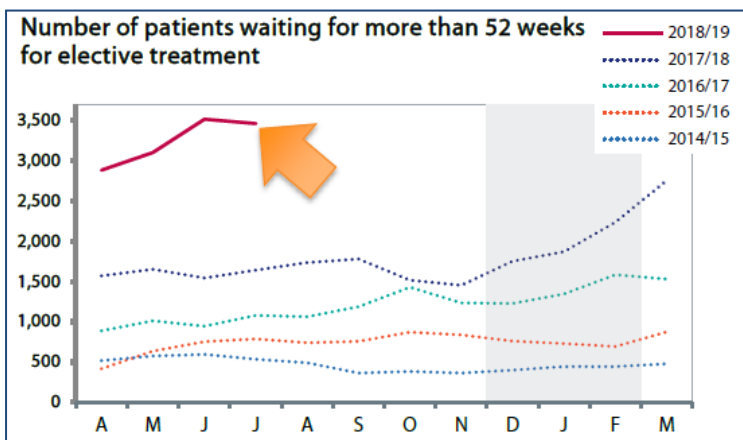
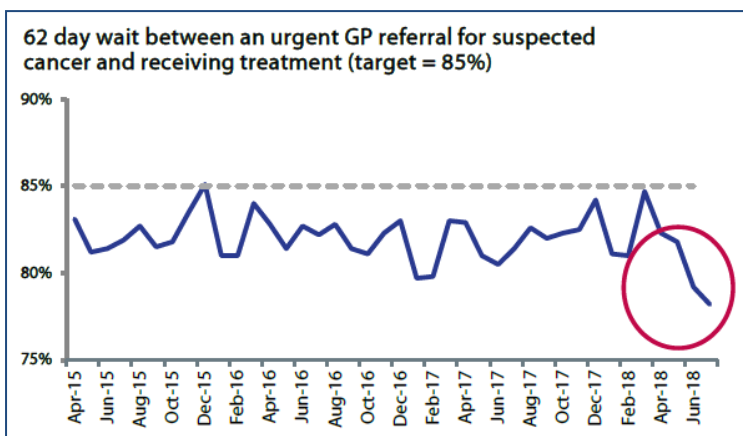
Workforce Update:

- So far 43 nurses from overseas have accepted job offers with QVH. Arrival from November onwards.
- Slight increase in 'local' applications for jobs
- Ongoing promotion of QVH 'Join Our Team' – banners and buses
- Collaboration on workforce challenges across the STP, including talent management and leadership
- Over 230 nominations for staff awards this year
- Selected to be part of 'best place to work' pilot
- 2018 NHS Staff Survey launches 8 October
- Flu vaccination campaign underway



National picture

- Sector plan to deliver **£591m deficit**
- Q1 deficit of **£814m** is the worst since Q1 2015/16



QVH

- Challenging summer period – workforce, activity, income
- Rectified long-term problem with waiting list
- 18RTT position & 52ww
- Scrutiny from NHSI & commissioners
- Capital spend – staff hubs, and new entrance to CCU/Burns ward
- Theatre productivity/efficiency programme underway
- Staff awards
- Estates strategy – potential land sale, new wards

