

Meeting of the Council of Governors

Monday 8 April 2019

Session in public at 16:00

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



Meeting of the public session of the Council of Governors
Monday 08 April 2019 at 16:00
The Amazon Room, Jubilee Community Centre, Charlwoods Road, East Grinstead RH19 2HL

Agenda: meeting session held in public				
No.	Item	Purpose	Time	Mode
Standing items				
25-19	Welcome, apologies, declarations of interest and eligibility <i>Beryl Hobson, Chair</i>		16:00	-
26-19	Draft minutes of the meeting held on 14 January 2019 for approval <i>Beryl Hobson, Chair</i>	<i>Approval</i>	16:02	<i>paper</i>
27-19	Matters arising and actions pending from previous meeting <i>Beryl Hobson, Chair</i>	<i>Review</i>	16:04	<i>paper</i>
Know your Trust				
28-19	Operations update: 52-week waits <i>Abigail Jago, Director of operations</i>	<i>update</i>	16:05	<i>presentation</i>
Council business				
29-19	Ratification of appointment of new NED <i>Tony Martin, Chair of appointments committee</i>	<i>approval</i>	16:20	-
30-19	Reminder of annual Declaration of interests <i>Clare Pirie, Director of communications and corporate affairs</i>	<i>approval</i>	16:25	-
Holding non-executive directors to account for the performance of the board of directors				
31-19	Executive overview <i>Steve Jenkin, Chief Executive and members of the Executive Management Team</i>	<i>Information</i>	16:30	<i>presentation (attached)</i>
32-19	Board of Directors <i>John Belsey, Lead Governor and Beryl Hobson, Trust Chair</i>	<i>Information</i>	16:55	-
33-19	Financial and performance committee <i>Feedback provided by John Thornton, committee member and Peter Shore, governor representative</i>	<i>Discussion</i>	17:00	-
34-19	Quality and governance committee <i>Feedback provided by Ginny Colwell, committee Chair and Angela Glynn, governor representative</i>	<i>Discussion</i>	17:10	-

35-19	Audit Committee <i>Feedback provided by Kevin Gould, committee Chair and Glynn Roche, governor representative</i>	Discussion	17:15	-
36-19	Charity Committee <i>Update provided by Gary Needle, committee Chair, Chris Holloway, governor representative and Carol Lehan, Staff governor representative</i>	Discussion	17:20	-
37-19	Any other questions for non-executive directors <i>All members of Council of Governors</i>	Discussion	17:25	-
Representing the interest of the members and the public				
38-19	Review of draft AGM agenda <i>Clare Pirie, Director of communications and corporate affairs</i>	Information	17:30	Attached?
Any other business				
39-19	Farewell to governors stepping down on 30 June 2019 <i>Beryl Hobson, Chair</i>	-	17:50	-
Questions				
40-19	To receive any questions or comments from members of the foundation trust or members of the public <i>We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to Hilary.Saunders1@nhs.net clearly marked "Questions for the Council of Governors". Members of the public may not take part in the Council of Governors discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.</i> <i>Beryl Hobson, Chair</i>	Discussion	17:55	-
Dates of the next meetings				
Business meetings of the council of governors to be held in public				
2019/20 Monday 29 July 2019 Monday 14 October 2019 Monday 13 January 2020				

Document:	Minutes DRAFT & UNCONFIRMED	
Meeting:	Council of Governors session in public 14 January 2019 16:00 Amazon Room Jubilee community centre, East Grinstead RH19 2HL	
Present:	Beryl Hobson (BH)	Chair
	Brian Beesley (BB)	Public governor
	John Belsey (JEB)	Public and Lead governor
	Liz Bennett (LB)	Stakeholder governor
	St John Brown (StJB)	Stakeholder governor
	Wendy Burkhill-Prior (WB-P)	Public governor
	Robert Dudgeon (RD)	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
	Peter Shore (PS)	Public governor [01.19– 12.19]
	Robert Tamplin (RT)	Public governor
	Tony Tappenden (TT)	Public governor
	John Wiggins (JW)	Public governor
Martin Williams (MW)	Public governor	
In attendance:	Clare Pirie (CP)	Director of communications
	Hilary Saunders (HS)	Deputy company secretary
	Steve Jenkin (SJ)	Chief Executive
	Jo Thomas (JMT)	Director of nursing
	Ed Pickles (EP)	Medical Director
	Michelle Miles (MM)	Director of finance
	Geraldine Opreshko (GO)	Director of workforce and OD
	Abigail Jago (AJ)	Director of operations
	Ginny Colwell (GC)	Non-executive director
	Gary Needle (GN)	Non-executive director
Kevin Gould (KG)	Non-executive director	
Apologies:	Antony Fulford-Smith (AF-S)	Public governor
	Glynn Roche (GR)	Public governor
	Norman Webster (NW)	Stakeholder governor
	Mickola Wilson (MW)	Public governor
	John Thornton (JT)	Non-executive director
WELCOME		
01-19	Welcome, apologies and declarations of interest and eligibility The Chair opened the meeting. Apologies were noted as above. JEB and LB declared an interest in item 04-19, estates strategy.	

02-19	<p>Draft minutes of the meeting held on 15 October for approval The minutes were approved as a correct record.</p>
03-19	<p>Matters arising Council received and approved the current record of matters arising and actions pending.</p>
04-19	<p>Estates strategy SJ tabled copies of the document which describes the Trust's 'vision for the development of its estates, including plans to improve surgical wards and critical care facilities, outpatient facilities, staff zones and parking.</p> <p>SJ gave an update on the possible sale of land to the rear of the site explaining that as a result of discussions with Mid Sussex District Council planners, the original scheme had been scaled down from 55 houses to 40 flats with communal gardens. As a result, the land was now valued at £1.5-2m which was a significant reduction on the original £8-10m estimate. Moreover, it was now clear that the Trust would not achieve planning permission in this financial year, due to the requirement for ecological surveys to be undertaken between March and September. In the meantime, the Trust had received two expressions of interest for purchase of the land without planning permission, but no recommendation had been made to the Board at this stage.</p> <p>Council sought and received clarification of the following:</p> <ul style="list-style-type: none"> • The initial aim had been for the Trust to achieve land sale within this financial year, which would have made it eligible for the NHSI match-funding scheme. However, delays in obtaining planning permission before year-end meant this was not attainable. • Public reaction to the land sale proposal had been positive overall, with the 3D model used at the open evening helping to inform the debate. • It was still the Trust's aim to enhance the surgical wards and critical care facilities. However, the land sale would no longer realise the funds required to achieve this, and raising money elsewhere would be a challenge under current circumstances. <p>There were no further comments and Council NOTED the contents of the update.</p>
05-19	<p>CoG/BoD level engagement Council reviewed the current principles of engagement between governor representatives and the Trust's board level structures. It was noted that these were last amended in July 2018 at which time changes were approved to ensure that the function of governor representatives on board committee meetings was appropriate, with clarity of role maintained.</p> <p>No further changes to this document were proposed at this stage and Council NOTED the contents of the agreement.</p>
06-19	<p>Annual review of Governor steering group terms of reference (ToRs) Council carried out its annual review of the governor steering group's terms of reference. The Lead governor reported that the GSG recommended only minor amendments to the current version, including the addition of a representative role for membership and clarification that, should any governor hold more than one role, they would still only be entitled to one vote.</p> <p>There were no questions and the ToRs were APPROVED for the next 12 months.</p>

<p>07-19</p>	<p>Annual review of Appointments committee ToRs Council undertook its annual review of the Appointments committee terms of reference. It was proposed that following the in-depth review last year, no further recommendations (with the exception of one grammatical change) were required.</p> <p>There were no questions and the ToRs were APPROVED for the next 12 months.</p>
<p>08-19</p>	<p>NED recruitment programme 2019 As Chair of the Appointments committee, TM provided Council with an update on the current recruitment process, including a reminder of the timeline and confirmation that the panel would comprise the Appointments committee Chair, lead governor, one additional member of the Appointments committee, the Trust Chair and the Chief executive. The Director of workforce would attend in an advisory capacity only.</p> <p>To date there had been a strong response to the advertising campaign and the committee was hopeful of appointing successfully to the roles.</p>
<p>09-19</p>	<p>Executive overview This session was designed to provide context to help governors to hold NEDs to account. SJ opened with a summary of the NHS long term plan. Focus was on improved cancer diagnosis, parity of esteem for mental health services, investment in community and primary care rapid response teams, new approaches to prevention using digital technology, improved treatment for type-2 diabetes patients and a shift towards personalised care.</p> <p>The Trust had recently received guidance on Brexit and it was clear that ‘No deal’ planning was now moving to operational stage, with required actions locally to manage the risks of a ‘no-deal’ exit. The Trust’s Senior Responsible Officer (SRO) for EU Exit preparation was MM, who was leading a team comprising leads for Emergency planning, Procurement and Pharmacy. The key message was for organisations not to stockpile goods/medicines etc. In addition, the Trust was providing support to those EU citizen staff without settled status in the UK, and had agreed to fund their applications.</p> <p>Other highlights from the leads of the Trust’s five key strategic objectives, included:</p> <ul style="list-style-type: none"> • Outstanding patient experience: Despite workforce challenges, there was evidence to provide assurance that high quality patient experience was being maintained; governors also received an update on the Trust’s readiness for the forthcoming Care Quality Commission (CQC) inspection. • World class clinical services: The Trust had declared a ‘never event’ in November 2018 relating to a retained foreign object; the investigation was now complete and actions implemented. Our partnership development with Brighton and Sussex University Hospitals and Western Sussex continues with paediatric burns and plastics trauma, and lower limb provision business cases nearing completion. • Operational performance: Targets for both 18-week referral to treatment (RTT18) and 52-week waits (52ww) for October and November 2018 had been achieved; planned performance levels for RTT18 and 52ww were agreed with commissioners for 2018/19 and 2019/20; the Trust achieved the 31-day decision to treat to treatment standard for the first time in October; an update that the theatres activity project led by FourEyes, had resulted in better utilisation of sessions. The project had cost £250k, with an anticipated £2.4m full-year effect. • Financial performance: Risks to delivery of the Trust plan (previously reported), relating to capacity, the savings gap (cost improvement plans) and temporary staffing, had now fully materialised and the Trust’s deficit now stood at £3.4m; as reported under item 04-

	<p>19, the land sale (which was hoped to have offset the main financial risk this year) was now unlikely to happen in 2018/19; the original valuation of the land was now also under review.</p> <ul style="list-style-type: none"> Organisational excellence: The staff survey had closed last month and a summary of results would be provided to Council at a later date; the Trust's overseas recruitment campaign continued, but due to the length of the process, most new employees would not be in post until mid-summer. In the meantime, local recruitment continued and the Trust now had the highest number of staff in post since 2012, with a significant number of appointments made within Theatres. The Trust's People and organisational development strategy had now been published.
<p>10-19</p>	<p>Board of Directors</p> <p>The Trust chair and Lead governor reported that since the last Council meeting the Board had held two meetings in public at which focus had been on waiting list times, financial performance and workforce. A seminar in December included a review of the Trust's draft organisational strategy, assurance on readiness for CQC inspection and a discussion with the Chair and CEO of Western/BSUH on how best to progress current partnership working arrangements.</p> <p>JEB had attended all sessions, at which he had had sought clarification with regard to the current financial position. He felt assured that, although NEDs were supportive of the executive, relationships were appropriate with healthy debate and the right balance of challenge.</p>
<p>11-19</p>	<p>Finance and performance committee (F&PC)</p> <p>KG presented the F&PC update on behalf of the Committee Chair, explaining that the Committee's focus at present was on three areas:</p> <ul style="list-style-type: none"> Operational performance: Much time had been spent at both F&PC and Board discussing the issues highlighted earlier in the year. Agreed actions were now slowly achieving results; it was hoped that as long as momentum could be maintained, the Trust would be in a good position in the future. Workforce: High levels of substantive staff were now in post, compared to recent years. However, this was not reflected by a reduction in bank and agency staff, and the Committee had asked for additional data at its next meeting to provide greater context. Financial performance: The Committee had expressed concern at the Trust's level of understanding of data in previous years, but was now better assured of our real underlying economic activity. <p>As governor representative to the Committee, PS concurred with JEB that NEDs were holding the executive to account in fulfilling their roles, and that rigorous debate always ensued. He reminded Council that the board level engagement agreement, (approved under 05-19) required representatives to engage with fellow governors, noting that this was a two-way process; he invited colleagues to ask for additional assurance or clarification if required.</p> <p>Council sought and received clarification of the following:</p> <ul style="list-style-type: none"> Both F&PC and the Board had spent considerable time discussing the Trust's limited progress on identifying and realising cost improvement plans (CIPs). Challenges had been compounded by the RTT-18 wait list issue, and impact of workforce shortages. Whilst the Trust did not have a good track record of achieving CIPs, it had been recognised at the time that the plan was very ambitious for a trust the size of QVH.

	<p>NEDs conceded they should have provided greater challenge before agreeing to the control total. However, there was now confidence of enhanced understanding of the underlying economic activity.</p> <ul style="list-style-type: none"> The organisation had to be better at both reducing costs and improving efficiencies. Whilst the FourEyes project supported efficiency gains, the Board was conscious of the need also to reduce costs without impacting on quality of care. Costs would not decrease without changes to the way services were delivered QVH. The national initiative 'Get it right first time' (GIRFT) had shown that reducing variations of care could have a significant impact on costs. This initiative was being rolled out across QVH and results would be monitored through the Q&GC. <p>There were no further comments and Council NOTED the contents of the update.</p>
<p>12-19</p>	<p>Quality and governance committee (Q&GC)</p> <p>As Committee chair, GC provided an update on activity over the last few months. She assured Council that much work had been undertaken following the 'Never Event' reported in November, with strong engagement with Joint Hospital Clinical Governance Committee.</p> <p>Two dermatome incidents (wrong depth grafts) had been reported. The Committee had commissioned an investigation into the reasons, and a report would be submitted at its next meeting.</p> <p>The Committee had undertaken its usual examination of the Corporate risk register, reviewing the rationale behind any re-scoring of risks. A new risk had been added relating to recruitment issues within Pharmacy, which was being carefully monitored.</p> <p>Staff engagement, (which had had fallen last year), was key to good patient experience. Whilst the Trust was still maintaining a high quality patient experience, the results of this year's staff survey were keenly awaited.</p> <p>As governor representative to the Committee, AG commented on the volume of metrics and data available to committee members; this was all relevant and very comprehensively presented. There was strong NED analysis at the meeting, and it was clear that both GC and GN were entirely familiar with the reports. AG felt very assured by the process and DH who had also been in attendance at the meeting agreed there was a very open and transparent culture.</p> <p>There were no further comments and Council NOTED the contents of the update.</p>
<p>13-19</p>	<p>Audit committee</p> <p>KG reported on the meeting which had taken place in December, highlighting the following:</p> <ul style="list-style-type: none"> The Committee had received an assurance update on KSO5 from the Director of Workforce and OD. It noted the work being done to address the key risks around recruitment and retention, but was still concerned in respect of the national position. The Committee had received a report on the effectiveness of Whistleblowing arrangements and was assured that appropriate arrangements are in operation. External auditors, KPMG, had presented their plan for the 2018/19 audit. In addition to risks covered in previous years two new significant risks had been identified – expenditure recognition (mandated by the National Audit Office) and the General Ledger migration. <p>Given the Trust's financial position, KPMG would also focus on Going Concern and had</p>

	<p>indicated increased risk over the Sustainable resource deployment element of the Value for Money criteria. This may not be a clean report and the organisation should to be prepared for this.</p> <p>The Trust's internal auditors, Mazars, had issued two internal audit reports for the year 2018/19 both rated Satisfactory with no high priority findings. The Committee had expressed concern about the amount of work outstanding, but had been assured the plan should be achieved by year end. The Trust's internal audit contract was due for renewal and a tender exercise would be launched within the next few weeks.</p> <p>There were no questions and Council NOTED the contents of the update.</p>
14-19	<p>Charity committee</p> <p>As Committee Chair, GN provided Council with an update of the Charity's recent activity, highlights of which included:</p> <ul style="list-style-type: none"> • That the Head of Fundraising, Camilla Slattery was continuing to progress the fundraising strategy with lots of initiatives underway. • The national Twitter initiative 'you made it happen' had raised the Charity's profile considerably. • Plans for a 'make a will' promotion were underway. • Crowne Plaza, Felbridge and Lingfield College had both named QVH as its 'Charity of the Year'. • Since the last update, the Charity's financial balance had increased by £52k to £911k, with £273k of commitments accrued. • In 2017, the Charity had agreed to fund the appointment of a head and neck oncology post to lead on research. EP noted that since the appointment in April 2018 there had been a significant increase in research activity. <p>As public governor representative to the Charity, CH reported on the successful Sainsbury fundraising event which had taken place in November. Further collection dates were planned for 2019 and CH encouraged governors to volunteer.</p> <p>There were no questions and Council NOTED the contents of the update.</p>
15-19	<p>Any other questions for non-executive directors</p> <p>There were none.</p>
16-19	<p>Annual planning for 2019/20</p> <p>MM reported to Council on the Trust's business planning approach for 2019/20. Workforce, activity and finance were all linked to the process. The Trust was yet to receive its control total - or to agree whether it would sign up to it. In the meantime, a rigorous process, including all members of the Hospital Management Team, was underway to review cost pressures for next year.</p> <p>There were no questions and Council NOTED the contents of the update.</p>
17-19	<p>Quality account priorities 2019/20</p> <p>A report was presented by JMT which provided described the process whereby staff and governors were invited to select three quality priorities for 2019/20 to bring tangible improvements to patients and staff. The QA priority process was a national requirement. JMT reminded governors that suggestions should be measurable and would be monitored by the Quality and Governance Committee (Q&GC) on a quarterly basis.</p>

	<p>The report included initial ideas for this year's QAs, JMT also invited governors to email her directly (copying in JEB) with any suggestions.</p> <p>Council sought and received clarification of the following:</p> <ul style="list-style-type: none"> • That the 2017/18 Q4 target for 'elective lists starting within 15 minutes of the booked start time' was being carried forward to cover a 2-year period. The target was likely to be re-profiled following completion of the theatres productivity work. • Governance pertaining to QA priorities was the NHS Quality Accounts Regulations 2010; this was in addition to current 'commissioning for quality and innovation' (CQUINs). • Trusts are required to seek external assurance on their quality reports, through independent scrutiny. In previous years the Trust's local clinical commissioning group (CCG) has always provided feedback. However, the Health and Adult Social Care Select Committee (HASC) will only respond if it has undertaken formal scrutiny within the financial year; Healthwatch is unhappy with current government policy and has stated that it will not contribute further until changes are made to the format to ensure this document is also meaningful to the public. <p>There were no further comments and Council NOTED the contents of the update.</p>
18-19	<p>Confirmation of Quality indicators 2018/19</p> <p>JMT reminded Council that quality account priorities are separate to the governor selected indicator (which our external auditors review as part of the annual quality report audit). Both JEB and JMT commended the support which staff governors had provided to this year's process. To date, indicators for 2018/19 proposed by the governors were:</p> <ul style="list-style-type: none"> • Rejected referrals from GPs (via eRS) • Rejected referrals from GDPS (via DeRS). <p>Proposals were currently under review by our business unit managers and external auditors to ensure these could be meaningfully assessed. JEB would update governors on the final outcome.</p> <p>There were no further comments and Council NOTED the contents of the update.</p>
19-19	<p>Any other business</p> <p>There was none.</p>
20-19	<p>Any 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
30 July 2018						
	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 Jan 2019 April 2019	<ul style="list-style-type: none"> Interim verbal update provided Oct 2018 and January 2019 Final results to be reported by JEB as soon as available 	Pending

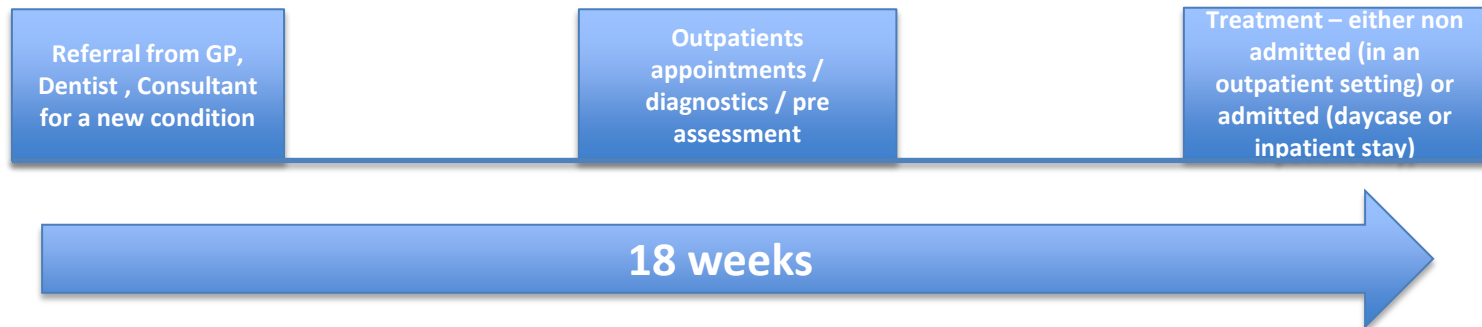
COUNCIL OF GOVERNORS

RTT18 (Referral to treat) waiting time standards

The RTT18 standard

The RTT18 waiting time standard:

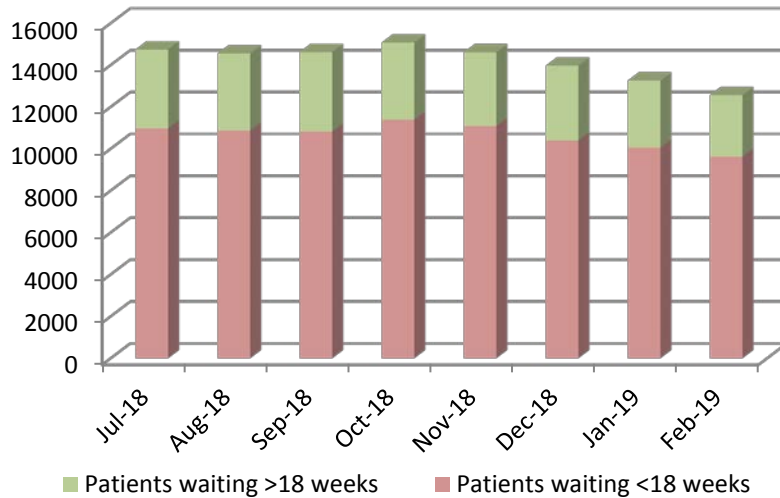
The **incomplete** waiting time **standard** was introduced in 2012 and states that the time waited (from point of referral to Consultant led services) must be 18 weeks or less for at least 92% of patients on **incomplete** pathways



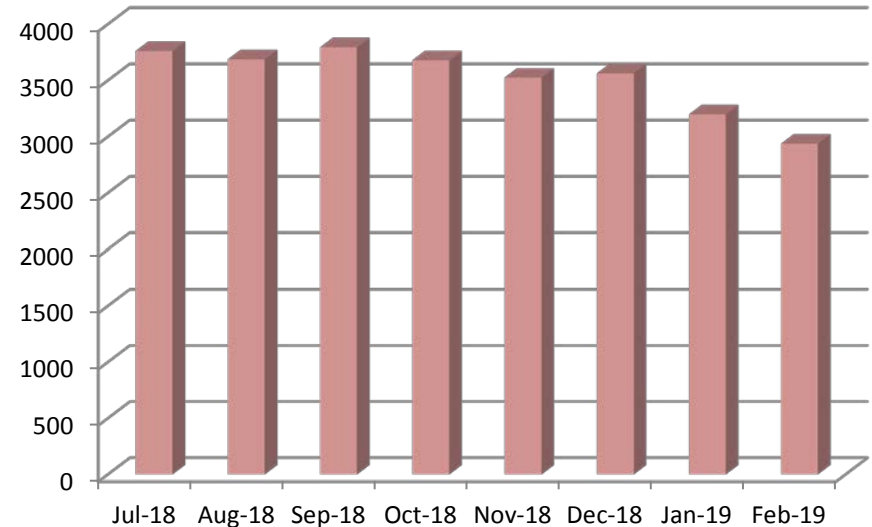
The volume of **incomplete RTT** pathways is often referred to as the size of the **RTT** waiting list.

QVH RTT waiting list (open pathways)

Total waiting list size (open RTT)



Patients waiting >18 weeks



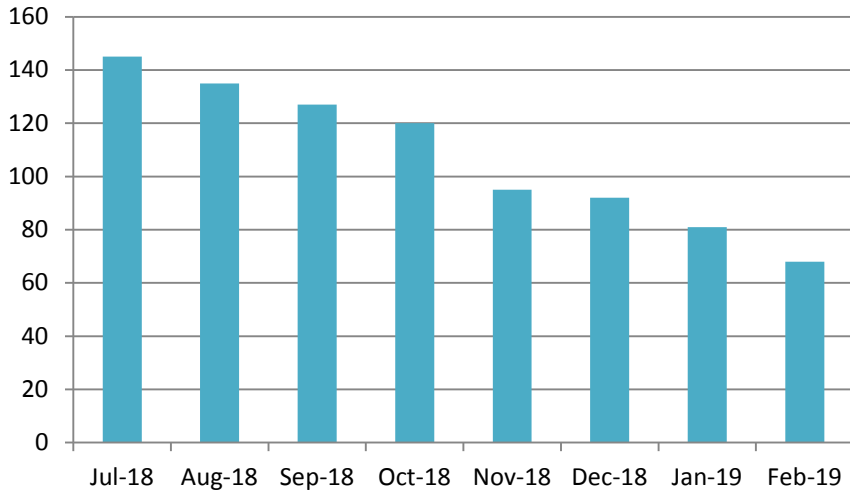
- Waiting list increased in July by c. 3000 patients
- Between July and February 19 this has reduced by 15% (2180 patients)



- Patients waiting greater than 18 weeks have reduced by 20% (824 patients)

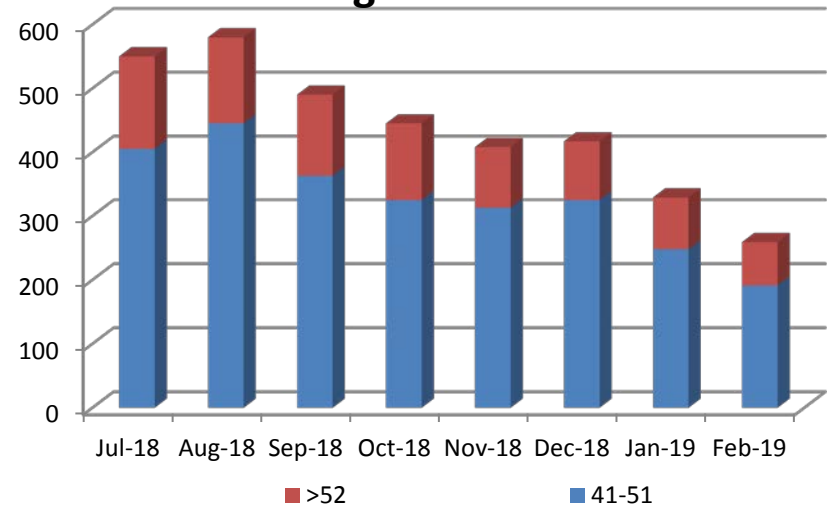
Managing 52 week waits

Patients waiting >52 weeks



- Patients waiting >52 weeks has reduced from 145 in July to 68. 30 of the delays are patient choice.

Patients waiting > 40 weeks



- Patients waiting >40 weeks have halved since July

What are we doing?

Reporting, governance and grip

- Executive led weekly patient level waiting list review meeting
- System task and finish and assurance calls and task and finish groups with commissioners and NHSI
- Improved reporting and performance management

Capacity and clinical pathways

- Additional capacity on and offsite (weekend capacity, offsite theatres, independent sector, additional surgeon capacity)
- Capacity and demand analysis to understand requirements to eliminate 52 week waits by no later than September 2019 and delivery of 92% standard by 2020. This has been agreed with commissioners
- Programme of work to reduce inappropriate referrals in dental

Clinical harm reviews

- All patients waiting greater than 52 weeks have a clinical harm review. > 400 undertaken to date and no cases of moderate or severe harm

Improvement Programme

- Theatre efficiency programme in place and ongoing
- Outpatient improvement programme launched April 1st



Risks and challenges

- Rules regarding patient choice and impact on treatment times
- The volume of patients that 'tip in' to 52 week wait
- Patients under the care of HMP
- Specialist nature of QVH services
- Workforce capacity – including theatre staff, non consultant medical workforce gaps, anaesthetic capacity

Questions?



QVH Council of Governors
8 April 2019

Executive overview



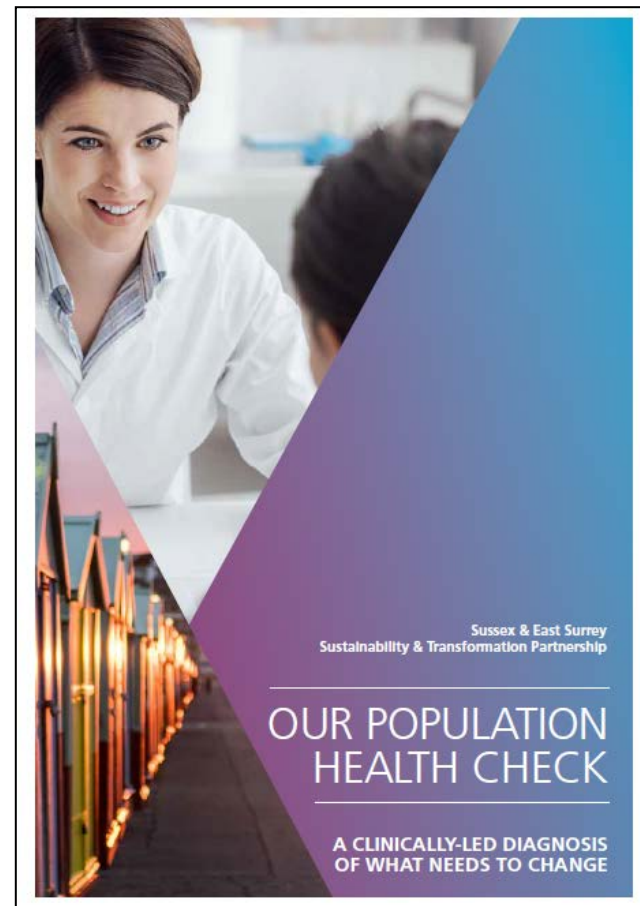
Sussex & E Surrey STP

Represents a diagnostic for our local health system and highlights the priority areas that need focus to allow health and care services to better meet the needs of our populations.

Priorities are:

- Workforce and capacity strategy
- Shared decision-making and patient activation
- Re-framing our cultural norms to make the right lifestyle choices easy to make.
- Addressing unwarranted clinical variation.
- Mental and physical health services and social services closer to home with good communication and co-ordination.

Public engagement - 'Our health and care...Our future'



Our focus 2019/20

Partnership

We will continue to work with Brighton and Sussex University Hospitals Trust (BSUH) and Western Sussex Hospitals Foundation Trust to align further both clinical and support services. Our approach to partnership will be focussed on delivering safe, effective and efficient services, and a secure future for the outstanding care provided by staff at QVH.

Productivity

We will work to make sure we have full theatre lists and processes that ensure there are no unnecessary delays for patients. Improve our outpatients productivity. We will continue to seek efficiencies in how we work both clinically and in support services, making sure our data is accurate and our staffing and systems support us in providing the best patient care.

People

The knowledge, expertise, hard work and professionalism of our staff is at the heart of QVH. We will ensure staff are well led, well managed and motivated by meaningful work. We will continue to invest in professional and personal development, and to look after our staff health and well-being. We will work innovatively, through recruitment and new ways of working, to address the staff shortages which exist in some professions.

Outstanding Patient Experience

The CQC undertook an unannounced inspection in January 2019 and a well led inspection in February 2019 the initial feedback regarding staff and patient expertise was;

- Openness of staff sharing their and the patients experiences acknowledged
- FFT for Specialist Burns and Plastics was extremely positive
- The trust had taken extensive steps to provide patients with a range of psychological support services to accompany their physical care, including mindfulness sessions.
- Strong leadership team in Critical Care with leaders taking positive steps to improve the Critical Care service across the board.
- Commendation of the innovations in Outpatients service and in the corneo clinic and responsiveness to address each patient's needs.

Workforce remains the biggest challenge to patient experience. Local and International recruitment continues; improvements since the last update include 7 RN and 2 HCAs appointed to theatres , critical care and C-Wing and 3 international recruits at the certificate of sponsorship stage for theatres. Key quality indicators for patient experience have been sustained;

- FFT, 100% of inpatients completing the survey in February 2019 would recommend the Trust
- predominantly green for key indicators re patient experience an world class clinical services KSOs IN March Board report,
- No patient safety incidents or harm relating to nursing vacancies noted from triangulation of patient safety incidents, falls, pressure ulcers or medication incidents



Operational performance

Access standards

- Planned performance levels for RTT18 and 52ww have been agreed with commissioners for 18/19 and 19/20
- Achieved both 18RTT and 52ww for December, January and February
- Trust overall performance of cancer standards is improving. Breaches to the position are currently primarily impacted by late referrals and patient choice

eReferrals

- Utilisation of the eRS (e referrals system) continues to perform at >95%
- Clinician E-vetting is ongoing for the DeRS (Dental e referrals system)

Theatre performance

- Programme to improve the use of theatres is ongoing.

Outpatient performance

- Programme to improve outpatient services is being launched and will be focused upon productivity, implementing alternative outpatient appointment approaches, further developing the use of the eRS system and standardising communication.



Financial Sustainability: M11(Feb) 2018/19 YTD

Financial Performance		Year to Date £'000			
Income and Expenditure		Annual Budget	Budget	Actual	Favourable / (Adverse)
Income	Patient Activity Income	67,086	61,035	58,520	(2,514)
	Other Income	8,816	4,452	5,020	569
Total Income		75,902	65,486	63,541	(1,946)
Pay	Substantive	(45,468)	(41,847)	(39,519)	2,328
	Bank	(483)	(442)	(2,022)	(1,580)
	Agency	(273)	(250)	(2,788)	(2,539)
Total Pay		(46,223)	(42,539)	(44,330)	(1,790)
Non Pay	Clinical Services & Supplies	(12,870)	(11,536)	(12,070)	(534)
	Drugs	(1,553)	(1,423)	(1,436)	(13)
	Consultancy	(79)	(73)	(138)	(65)
	Other non pay	(5,562)	(5,163)	(6,769)	(1,606)
Total Non Pay		(20,064)	(18,195)	(20,412)	(2,217)
Financing		(4,714)	(4,322)	(4,047)	274
Total Expenditure		(71,002)	(65,056)	(68,789)	(3,733)
Surplus / (Deficit)		4,900	430	(5,249)	(5,679)
Adjust for Donated Income		500	500	400	(100)
Adjust for Donated Depn.		(245)	(225)	(201)	24
Adjust for Land Sale		4,000	-	-	-
NHSI Control Total Excluding STF and sale of land		645	155	(5,448)	(5,603)

- Underlying performance** – Income – volume & casemix; Pay – vacant posts & temporary staffing pressures, AFC, CIPP under delivery; Non-pay – clinical supplies, outsourcing costs and CIPP under delivery.
- Cost Improvement and Productivity Programme (CIPP)** – YTD £0.92m; £1.8m less than target.
- Capital** – YTD expenditure is £2.9m; £1.4m less than plan. Capital forecast £4.3m; £0.5m slippage due to extended timeframe for elements of the Estates programme. Forecast is anticipated to be achieved.
- Of note** – The risk to full year plan delivery previously highlighted in relation to capacity, savings gap and temporary staffing have fully materialised and Trust submitted a forecast deficit of £5.9m (January). The land sale which was offsetting the main financial risk has been delayed. Trust is expecting to achieve the forecast however there are some significant risks in relation to volume and casemix activity in March.

Organisational Excellence

2018 NHS Staff Survey Headlines

- **501** responded making a **52%** return, a small decrease from 55% in 2017
- This year QVH has seen an improvement particularly in relation to recommending the organisation as a place to work (63% in 2018 vs 57.7% in 2017)
- 90.8% of those responded would recommend QVH as a place to receive care/treatment, from 87.2% in 2017

Overall, whilst we are generally 'average' an improvement is demonstrated in nine out of the 10 staff survey themes

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	9.2	505	9.3	486	Not significant
Health & wellbeing	6.0	506	6.2	493	Not significant
Immediate managers	6.9	507	7.0	496	Not significant
Morale		0	6.2	485	N/A
Quality of appraisals	5.3	419	5.7	409	↑
Quality of care	7.5	445	7.7	441	Not significant
Safe environment - Bullying & harassment	8.3	499	8.2	485	Not significant
Safe environment - Violence	9.6	493	9.7	490	Not significant
Safety culture	6.6	505	6.8	488	Not significant
Staff engagement	7.1	511	7.3	496	Not significant



Annual General Meeting and Annual Members' Meeting 2019
Monday 29 July 2019, 18:30 – 20:30
 Meridian Hall, East Court, College Lane, East Grinstead RH19 3LT

Agenda		
Item	Time	Mode
Welcome and introductions		
Welcome, apologies, declarations of interest and introductory comments <i>Beryl Hobson, Chair</i>	18:30	-
Standing items		
Draft minutes of the meeting held on 30 July 2018 (for approval) <i>Beryl Hobson, Chair</i>	18:35	paper
Annual report and accounts		
QVH achievements in 2018/19 and plans for the year ahead <i>Steve Jenkin, Chief Executive</i>	18:40	presentation
Summary of the 2018/19 audit findings <i>(The Trust's 2018/19 annual report, quality accounts and financial accounts is published to our website)</i> <i>Charlotte Goodrich, Manager KPMG</i>	18:55	presentation
Clinical presentations		
Talk on Afghanistan (actual title TBC) <i>Tania Cubison, Consultant plastic surgeon</i>	19:10	presentation
Questions from the public		
<i>Beryl Hobson, Chair</i>	20:25	-