

Meeting of the Council of Governors

Monday 29 July 2019

Session in public at 15:00

Meridian Hall
East Court
East Grinstead
West Sussex
RH19 3LT



Meeting of the public session of the Council of Governors
Monday 29 July 2019 at 15:00
Meridian Hall, East Court, East Grinstead RH19 3LT

Agenda: meeting session held in public				
No.	Item	Purpose	Time	Mode
Standing items				
49-19	Welcome, apologies, declarations of interest and eligibility <i>Beryl Hobson, Chair</i>		15:00	-
50-19	Draft minutes of the meeting held on 08 April 2019 for approval <i>Beryl Hobson, Chair</i>	<i>Approval</i>	15:02	<i>Enc</i>
51-19	Matters arising and actions pending from previous meeting <i>Beryl Hobson, Chair</i>	<i>Review</i>	15:04	<i>Enc</i>
Know your Trust				
52-19	Paediatric burn service <i>Jo Thomas, Director of nursing</i>	<i>update</i>	15:05	<i>presentation</i>
Council business				
53-19	Ratification of appointment of new NED <i>John Belsey, on behalf of Appointments committee</i>	<i>approval</i>	15:25	-
54-19	Chair and non-executive director appraisal process 2018/19 <i>John Belsey, on behalf of Appointments committee</i>	<i>approval</i>	15:30	-
55-19	Chair and non-executive director remuneration <i>John Belsey, on behalf of Appointments committee</i>	<i>approval</i>	15:35	-
56-19	CoG engagement/ committee membership and governor rep roles <i>Clare Pirie, Director of communications and corporate affairs</i>	<i>ratification</i>	15:40	<i>Paper</i>
57-19	Appointment of new SID <i>Beryl Hobson, Chair</i>	<i>information</i>	15:45	-
Holding non-executive directors to account for the performance of the board of directors				
58-19	Executive overview <i>Steve Jenkin, Chief Executive and members of the Executive Management Team</i>	<i>Information</i>	15:50	<i>presentation</i> <i>Enc</i>
59-19	Board of Directors <i>Beryl Hobson, Trust Chair</i>	<i>Information</i>	15:55	-

60-19	Quality and governance committee <i>Feedback provided by Karen Norman committee Chair and Doug Hunt, governor representative</i>	Discussion	16:10	-
61-19	Financial and performance committee <i>Feedback provided by John Thornton, committee member and Mickola Wilson, governor representative</i>	Discussion	16:00	-
62-19	Audit Committee <i>Feedback provided by Kevin Gould, committee Chair and Glynn Roche, governor representative</i>	Discussion	16:15	-
63-19	Charity Committee <i>Update provided by Gary Needle, committee Chair, Chris Halloway governor representative and Carol Lehan, Staff governor representative</i>	Discussion	16:20	-
64-19	Any other questions for non-executive directors <i>All members of Council of Governors</i>	Discussion	16.25	-
Representing the interest of the members and the public				
65-19	FT membership engagement strategy 2019 <i>Clare Pirie, Director of communications and corporate affairs</i>	Information	16:30	Paper
66-19	Quality account indicators 2019/20 (initial discussion) <i>Jo Thomas, Director of nursing</i>	Discussion	16:35	-
67-19	Assessment of the external auditors 2018/19 work and fees <i>Kevin Gould, committee Chair and Glynn Roche, governor representative</i>	Assurance	16:40	paper
Any other business				
68-19	<i>Beryl Hobson, Chair</i>	-	16:50	-
Questions				
69-19	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	16:55	-

Dates of the next meetings

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

2019/20

Monday 14 October 2019

Monday 13 January 2020

Document:	Minutes DRAFT & UNCONFIRMED	
Meeting:	Council of Governors session in public 08 April 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
	Robert Dudgeon (RD)	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
	Tony Martin (TM)	Public governor
	Glynn Roche (GR)	Public governor
	Peter Shore (PS)	Public governor
	Robert Tamplin (RT)	Public governor
	Tony Tappenden (TT)	Public governor
	Norman Webster (NW)	Stakeholder governor
	In attendance:	Martin Williams (MW)
Mickola Wilson (MW)		Public governor
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
Abigail Jago (AJ)		Director of operations
Ginny Colwell (GC)		Non-executive director
Gary Needle (GN)		Non-executive director
Apologies:	Kevin Gould (KG)	Non-executive director
	John Thornton (JT)	Non-executive director
	Antony Fulford-Smith (AF-S)	Public governor
	Wendy Burkhill-Prior (WB-P)	Public governor
	Angela Glynn (AG)	Public governor
	Janet Haite (JDH)	Public governor
	Joe McGarry (JMcG)	Public governor
	John Wiggins (JW)	Public governor
Clare Pirie (CP)	Director of communications	
Geraldine Opreshko (GO)	Director of workforce and OD	
WELCOME		
25-19	Welcome, apologies and declarations of interest and eligibility The Chair opened the meeting. Apologies were noted as above. There were no new declarations of interest.	
26-19	Draft minutes of the meeting held on 14 January for approval The minutes were approved as a correct record.	

27-19	<p>Matters arising</p> <p>Council received and approved the current record of matters arising and actions pending. JMT reported to Council that the 2018/19 governor selected indicator would be to review patient cancellations in Outpatients.</p>
28-19	<p>Operations update</p> <p>AJ presented her slides, previously circulated, highlighting the following:</p> <ul style="list-style-type: none"> • The background into the NHS Constitution, which lays down the objectives of the NHS and a description of the constitutional standards to which all NHS bodies are legally required to abide by. • The RTT18 waiting time standard which was introduced in 2012 requiring that waiting time (from point of referral to consultant-led service) is 18 weeks or less for at least 92% of patients. However, in July 2018, the Trust had identified an additional cohort of 3,000 patients, which it had been previously unaware of (as a result of inadequate access to spoke site data). Extensive validation programmes, in collaboration with commissioners and regulators, were undertaken immediately and figures to date have reduced by 15% (2180 patients). Whilst recognising this would be a challenge, the Trust aimed to achieve the 92% target by March 2020. The Trust was also working with commissioners to ensure that future referrals were appropriate for a specialist, tertiary organisation. • Management of the 52-week wait list, which had been reduced from 145 in July to 68. 30 of this cohort were patient choice and AJ explained the reasons why patients may wish to delay treatment. The Trust was aiming to eliminate most 52-week waits by the end of September 2019, although again this was an ambitious target. • A description of actions undertaken by the Trust since July; these included enhanced governance and reporting, identification of additional capacity, and implementation of efficiency improvement programmes in theatres and outpatients. Commissioners and regulators had expressed their confidence in the steps that the Trust was now taking. • The Trust had undertaken clinical harm reviews on all patients affected by the waiting list issue; to date no cases of moderate or severe harm had been identified. • Remaining risks to achieving targets included the rules surrounding patient choice and their impact on treatment times, the volume of patients that ‘tip in’ to 52 week wait, and the restriction on the number patients under the care of the prison service being treated at any one time. AJ also described a specific range of workforce challenges which the Trust had to manage as a result of its specialist nature. <p>Council considered the update and sought clarification in respect of the following:</p> <ul style="list-style-type: none"> • Confirmation that late referrals from spoke sites could impact negatively on the 62-day cancer pathway. • The current average wait at QVH was 20 weeks for the RTT18 pathway. • The Trust was liable for financial penalties for failing to achieve targets; however, negotiations were ongoing with NHS Improvement and commissioners to see how these might best be managed. • Explanation as to why selecting cancellations due to patient choice as a metric for the governor indicator would not be feasible as work had not started until after the beginning of the financial year. JMT advised that discussions with commissioners were ongoing to establish if there was an alternative way in which this cohort could be recorded. <p>There were no further comments and the Chair thanked AJ for her update.</p>
29-18	<p>Ratification of appointment of new NED</p> <p>TM reported that during Council’s closed session immediately preceding this meeting, governors had unanimously approved the appointment of Professor Karen Norman as non-executive director. He thanked PS and JEB for their support in the appointment process.</p>

<p>30-19</p>	<p>Reminder of annual declaration of interests</p> <p>BH expressed disappointment that there were still a large number of declarations outstanding from governors. She reminded Council that it was a requirement of both the Trust's constitution and the Governors' code of conduct that they complete a signed declaration upon appointment and annually thereafter. BH noted that the Trust's Corporate Affairs team was small and that chasing up outstanding declarations was not a good use of resource.</p> <p>Additional copies of the declaration form were circulated to those governors for completion at the meeting.</p>
<p>31-19</p>	<p>Executive overview</p> <p>The executive team gave a presentation (previously circulated) which included the following:</p> <ul style="list-style-type: none"> • An update on our local Sustainability and transformation partnership (STP), including details of the recent publication of the case for change entitled '<i>Our population health check</i>'. A public engagement called '<i>Our health and care... Our future</i>' public was underway which focused on prevention and long term needs. SJ explained how five behaviours (smoking, physical inactivity, unhealthy diet, excess alcohol and social isolation) were directly responsible for five diseases (cancer, circulation and respiratory disease, diabetes, bone and joint conditions and mental Health conditions) which in turn were the cause of 75% of deaths and disabilities. • Reminder of the Trust's three priorities for 2019/20, partnership, productivity, people • The Trust was still awaiting the CQC draft report following inspection in January/February, but verbal feedback from inspectors had been generally positive. • Workforce remained the biggest challenge. However, the Trust was continuing to provide safe care evidenced by a range of metrics including the Friends and Family Test, key indicators in board reports, and assurance that no patient safety incidents or harm could be linked to nursing vacancies. • The Trust's clinical strategy had been approved at Board recently, and was aligned to the 'three priorities described above. The clinical strategy for the STP was currently in development following publication of '<i>Our population health check</i>' • Whilst the electronic document management system (EDMS) had undergone a difficult transition, significant improvements had been made in recent months. • As reported under [28-19], our overall performance of cancer standards was improving, with breaches primarily impacted by late referrals and patient choice. • The e-referrals system (eRS) continued to perform above 95%. Clinical vetting was ongoing for the dental e-referrals system (DeRS). • The Trust had submitted a reforecast in January for a deficit of £5.9m, and was likely to be achieved by the end of the financial year. • Slippage in the capital programme had been caused by delays in some of the estates programmes, but it was likely forecast would be achieved by year end. • 52% of staff had completed the 2018 staff survey; results of which showed a slight improvement in overall scores. There had also been an improvement in staff friends and family test (FFT) scores, with 96% of staff indicating they would recommend QVH as a place to receive care/treatment and 74% recommending the organisation as a place to work. <p>Council sought assurance that QVH had a compassionate leave policy in place, citing press reports of difficulties faced by some medical staff when applying for leave to attend a funeral, or their own wedding. SJ confirmed that the Trust's special leave policy included provision for all staff, regardless of length of employment, to be granted time off to attend a funeral. He was less clear as to why a junior doctor would not have been granted leave to attend his/her own wedding. Most hospitals, including QVH, have a policy requiring a minimum of 8 weeks' notice of leave which, in the case of a wedding, should have been sufficient time to process leave. EP</p>

	<p>suggested there could be potential for a request to ‘slip through the net’ as junior doctors rotated between hospitals, although he was confident that QVH would take a sensitive and pragmatic approach in such circumstances.</p> <p>There were no further comments and Council NOTED the contents of the update.</p>
<p>32-19</p>	<p>Board of Directors</p> <p>BH reported that since the last Council meeting the Board had held one meeting in public and three board seminars. Meetings had covered topics such as CQC inspection, Finances, the waiting list issue, recent staff survey results and an update from the new Freedom to Speak up Guardian. Seminars were more informal and recent content included a presentation by the Chief Delivery and Strategy Officer from Western on the Patient First quality improvement initiative, a presentation from Capsticks on collaboration and partnership working and a review of the events which led up to the waiting list issue.</p> <p>JEB confirmed he had attended all sessions. He asked Council to note that whilst the Trust had a good handle on current challenges, the financial position would deteriorate further before it would improve. However, he was generally assured of the Trust’s operational grip, noting that Board meetings were robust, with an appropriate level of challenge.</p> <p>BH thanked governor representatives for their feedback through GMU. She also suggested that any governor not attending site regularly could join one of the compliance in practice inspections to get a better feel of the organisation.</p> <p>There were no further comments and Council NOTED the contents of the latest update.</p>
<p>33-19</p>	<p>Finance and performance committee (F&PC)</p> <p>JT reviewed of some of the challenges which the Trust was facing, which included:</p> <ul style="list-style-type: none"> • Circumstances leading to the waiting list issue and an account of the subsequent lessons learned. JT was satisfied that data quality had improved significantly in the last year, and processes were now in place to better manage future challenges. • Whilst recruitment of substantive staff had improved, there had been no corresponding drop in the use of bank and agency staff. Work continued to identify how pay costs might be reduced. • A predicted fall in activity for March was partly due to workforce shortages, with staff taking outstanding annual leave prior to financial year end; measures were in place to better manage leave allocation in future years. • The business plan for 2019/20 had been submitted, with the Trust forecasting to make a deficit this year. JT assured Council that the plan had been subject to great scrutiny by the Board. The cost improvement plan target was lower than last year, (£0.8m) but JT noted that work would continue throughout 2019/20 to identify additional savings. • Long term structural changes would be required to enable QVH to remain a sustainable organisation, some of which would involve the wider STP network and our partners. <p>Council considered the update seeking clarification as follows:</p> <ul style="list-style-type: none"> • The Trust had been overstretched last year, and so had not been prepared to accept this year’s control total. • Whilst the 2019/20 budget was still very challenging it was felt to be more realistic. The Trust had worked hard with commissioners and NHS Improvement, and it was felt that the open, transparent approach had been instrumental in avoiding special measures. • Whilst QVH always aimed to be as flexible as possible, it was not possible to permit staff to carry over leave beyond the end of the financial year due to the accounting challenges this would create. • The focus on reducing waiting lists demanded huge management resource; whilst

	<p>addressing this issue remained the priority management capacity for other work would be restricted.</p> <ul style="list-style-type: none"> • Pay premiums for specialist staff created particular challenges for this Trust. <p>There were no further comments and Council NOTED the contents of the update.</p>
<p>34-19</p>	<p>Quality and governance committee (Q&GC)</p> <p>GC presented a report on the last Q&GC meeting, noting that the next meeting was scheduled to take place shortly. Key highlights of her report included:</p> <ul style="list-style-type: none"> • The risk exception report had included details of a formal investigation following a report of a nasal pressure ulcer. A series of similar incidents was reported in 2017 when practices were changed, but this investigation will determine if further changes are needed. • The Committee reviews the patient experience report at each meeting. In response to a recent complaint a service was introduced to provide patients with volunteer support during eye procedures, evidencing the Trust’s readiness to learn from complaints. <p>With reference to the earlier discussions on finance and performance, GC stressed the need to monitor the impact of financial measures on quality and patient experience.</p> <p>As this was GC’s final meeting before stepping down, she thanked both AG and TM for their support in recent years to the Committee. In turn, BH thanked GC for ensuring that the patient had always remained at the heart of everything we do.</p> <p>There were no further comments and Council NOTED the contents of the Q&GC update.</p>
<p>35-19</p>	<p>Audit committee</p> <p>KG reminded Council that the Committee’s purpose was risk management and assurance rather than operations. He described how in September 2018, Audit had received a report on KSO3, but having received insufficient assurance, had invited AJ to return in last month to provide a further update. Whilst there was still work in progress, the Committee was assured by the high level of data now available and satisfied by the general level of assurance provided.</p> <p>KG reported that our current financial position would impact on this year’s audit process, noting that the Trust would be required to make an additional disclosure in this year’s annual report and accounts. Moreover, new financial standards had also been introduced this year, which would add to the workload of those responsible for delivering the annual report and accounts.</p> <p>Internal auditors, Mazars, were still working to complete the backlog, but this was progressing well. KG congratulated the Trust on achieving a substantial assurance rating for its audit on <i>Assurance Framework and Risk Management</i>.</p> <p>KG provided a brief update on the appointment process for a new internal audit team. Four applicants had been shortlisted and interviews would take place on 17 April.</p> <p>As governor representative for Audit, GR assured Council that both meetings and processes worked well, and there was good challenge by the NEDs.</p> <p>There were no further comments and Council NOTED the contents of the update.</p>
<p>36-19</p>	<p>Charity committee</p> <p>Whilst recognising that there was no governance requirement for the Charity to report to Council, GN suggested it was helpful nonetheless to provide an update on activity. He began by asking CH and CL (governor representative members) for their observations following the recent meeting.</p>

	<p>CH reminded Council that she already provided a detailed report in GMU, but took the opportunity to remind governors that volunteers were still needed for the final Sainsbury charity collection in early May. CL commented that it had been gratifying to see the Committee's response when presented with an application for a single intensive care and trauma chair. After a short discussion, funding for a second chair was offered and accepted, and CL commended this pragmatic approach.</p> <p>GN reported that the Committee had agreed to a £2k scoping study to support a young person's volunteering programme. As the largest employer in the area, he believed it was right for QVH to support this initiative, noting it had potential for significant impact in the future.</p> <p>There were no further comments and Council NOTED the contents of the update.</p>
37-19	<p>Any other questions for non-executive directors There were none.</p>
38-19	<p>Review of AGM agenda for 2019 Council NOTED the contents of the draft agenda for the AGM on 29 July.</p>
39-19	<p>Any other business BH paid tribute to NW and RD who would be stepping down from Council on 30 June and thanked them for their help, enthusiasm and wisdom over the years.</p> <p>BH advised that WB-P had decided not to stand for a further term, so this would have been her final meeting. However, as she had been unable to attend, BH would write to her on behalf of Council to thank her for her support during her tenure.</p>
40-19	<p>Any questions from members of the public 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	Update 8 April 2019 Governor indicator will be cancelled appointments in outpatients	Closed

Report to: Council of Governors
Agenda item: 56-19
Date of meeting: 29 July 2019
Report from: Clare Pirie, Director of communications and corporate affairs
Report author: Clare Pirie, Director of communications and corporate affairs
Date of report: 26 June 2019
Appendix: A: Lead governor job description

Confirmation of governor committee roles and lead governor

Governors have been informed by email and through the Governors' Monthly Update about the outcome of the elections for specific roles. The Trust is very grateful for the active support of so many governors.

Governor representatives – committees

These committee 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.

Governor representatives are asked to:

- 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.
- 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'.

Role	Elected representative
Governor Representative to the BoD Finance and performance committee (F&PC)	Mickola Wilson
Governor Representative to the BoD Quality and governance committee (Q&GC)	Doug Hunt
Governor Representative to the QVH Charity committee	Chris Halloway
Governor Representative to the BoD statutory Audit committee	Glynn Roche
Chair of the Council of Governors' Appointments committee	Tony Martin

Role	Elected representative
Members of the Council of Governors' Appointments committee	1. Tony Martin 2. Chris Halloway 3. Sandra Lockyer 4. Peter Shore
Public governor representative to the STP Engagement and Equalities Reference Group	-
Staff Governor member of the Governor Steering Group	Carol Lehan
Staff governor representative to the QVH Charity committee	Carol Lehan
Stakeholder Governor member of the Governor Steering Group	-
Role	Chair's recommendation
Lead Governor	Peter Shore

Lead governor

This role has been created to facilitate communication and decision making at a strategic level ensuring integrated and effective governance. The post holder will attend Board of Directors' meetings. A role description is attached (Appendix A).

As set out in the constitution, the post holder is recommended by the Chair for approval by the Council of Governors.

Recommendation

The council of governors is asked to approve the appointment of Peter Shore as lead governor for 2019/20.

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 Senior Independent Director are available; • Chairing Governors' Steering Group meetings; • Working with the Chair, Director of Communications and corporate affairs and the deputy company secretary develop Council governance arrangements, including development of any QVH constitutional amendments; • Providing an annual statement on the Quality report on behalf of Council, 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 • Board level/Trustee experience • Leadership of a team
Experience	Experience of fostering strong working relationships	
Interpersonal skills	Commitment to the role Tactful and diplomatic Team player	<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 approved by Council of Governors at its meeting on 19 January 2017.

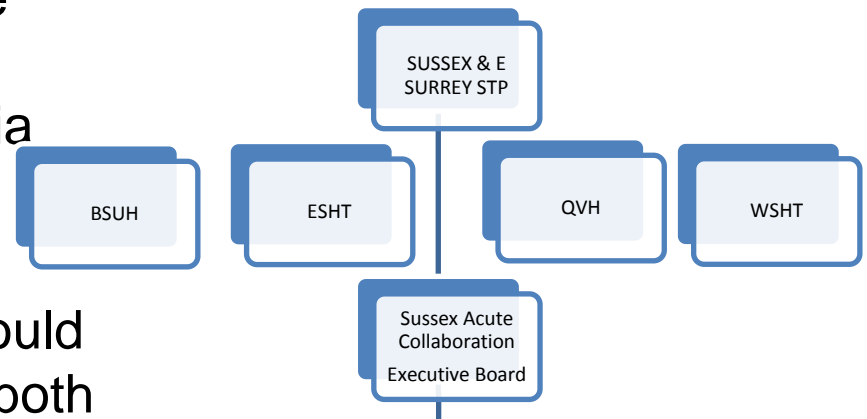
QVH Council of Governors 29 July 2019

Executive overview



Sussex acute providers

- The four acute providers across Sussex have agreed to establish a Sussex Acute Collaborative Network (SACN) reporting to their respective Boards and to the Sussex Sustainability and Transformation Partnership (STP) via the STP Executive Group.
- Separately, QVH Programme Board established to consider where we could benefit from further collaboration in both clinical and support services.
- We are building on our current partnership working with Brighton (BSUH) and Western Sussex Hospitals (WSHFT) but also taking into account Kent patients.



Outstanding Patient Experience

CQC 2018 National Inpatient Survey report can be found at, <http://www.cqc.org.uk/surveys/inpatient>

Trusts achieving 'much better than expected' results

Eight acute trusts were classed as 'much better than expected' in 2018. Seven of these had the same banding in 2017 and six had the same banding in 2016, demonstrating consistently high levels of positive patient experience. All of these trusts are classed as specialist trusts.

	Historic results	Overall results			Core service		Overall CQC rating	
	2017	2018	Most Negative (%)	Middle (%) ^c	Most Positive (%)	Medical care		Surgery
Trust average			16	18	66			
The Christie NHS Foundation Trust	MB	MB	9	12	79	MB	MB	O
The Clatterbridge Cancer Centre NHS Foundation Trust	MB	MB	11	13	76	MB	N/A	G
Liverpool Heart and Chest Hospital NHS Foundation Trust	MB	MB	10	12	78	MB	MB	O
Queen Victoria Hospital NHS Foundation Trust	MB	MB	9	11	81	MB	MB	G
Royal Brompton & Harefield NHS Foundation Trust	B	MB	11	14	75	MB	B	G
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	MB	MB	8	11	81	MB	MB	G
The Royal Marsden NHS Foundation Trust	MB	MB	8	12	80	MB	MB	O
The Royal Orthopaedic Hospital NHS Foundation Trust	MB	MB	10	15	75	N/A	B	G

Key:

Trust performance	About the same (S)	Better (B)	Much better (MB)	
CQC rating	Inadequate (I)	Requires Improvement (RI)	Good (G)	Outstanding (O)

^c Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. For example, 'yes, sometimes' is the middle option (scored as 5/10) for the question 'When you had important questions to ask a doctor, did you get answers that you could understand?'.

World class clinical services

Safety

- Proposed temporary diversion of paediatric in-patient burns to other network providers from 1st August 2019. Paediatric burns assessment, triage and out patient therapy to continue.
- No recent serious incidents or never events
- CQC reported 'Good' across all domains for Critical Care (previously 'Required Improvement')
- Encouraging report from South East Critical Care Network
- External visit from NHS Digital broadly supported trust IM&T strategy and continued introduction of Electronic Document Management system.

Clinical Effectiveness

- Formation of Sussex Acute Care Network, superseding programme board set up with BSUH around the Memorandum of Understanding.
- Real progress on network approach to OMFS and lower limb orthoplastics

Other

- Significantly improved 2019 GMC National Training Survey results, with excellent results in Core Surgical Training (previously an area of concern)
- Mr Keith Altman, Consultant in Oral and Maxillofacial Surgery becomes Medical Director on 1st October 2019.



KS03 – Operational excellence

RTT (Referral to treat) waiting time standard

- QVH is on track with the agreed trajectory to deliver the national 92% RTT waiting time standard. All services are delivering against the plan with the exception of eyes where there are considerable challenges with non consultant grade medical cover
- QVH is behind the agreed plan to eliminate patient waiting over 52 weeks for their first treatment – performance of 39 against a plan of 30 in June. This is impacted by the level of patient initiated delays.

Cancer waiting times standards

- Performance against cancer standards continues to improve with delivery in June of the 2 week wait standard (suspected cancer referral to first appointment), 62 day standard (suspected cancer referral to first treatment) and ongoing improvement for the 31 day standard (decision to treat to treatment).

Service improvement – outpatients

- Programme of outpatient transformation has been underway to improve the experience and productivity of outpatients. The programme is delivering improved utilisation and implementing new ways of providing services. This includes skype clinics that have gone live in therapies.



Financial Performance		Annual	Year to Date £'000		
Income and Expenditure		Plan	Plan	Actual	Favourable / (Adverse)
Income	Patient Activity Income	67,624	16,343	15,620	(723)
	Other Income	4,654	1,163	1,163	(0)
Total Income		72,278	17,506	16,783	(724)
Pay	Substantive	(51,548)	(12,750)	(11,532)	1,218
	Bank	(491)	(123)	(636)	(513)
	Agency	(193)	(48)	(588)	(540)
Total Pay		(52,232)	(12,922)	(12,756)	166
Non Pay	Clinical Services & Supplies	(13,301)	(3,325)	(3,246)	80
	Drugs	(1,532)	(383)	(354)	29
	Consultancy	(79)	(20)	(4)	16
	Other non pay	(7,572)	(2,043)	(1,983)	60
Total Non Pay		(22,484)	(5,771)	(5,586)	185
Financing		(5,018)	(1,255)	(1,320)	(66)
Total Expenditure		(79,734)	(19,947)	(19,662)	285
Surplus / (Deficit)		(7,456)	(2,441)	(2,879)	(439)

- Underlying performance** – Income – volume & casemix; Pay – vacant posts partially offset by temporary staffing pressures; Non-pay – Activity related clinical supplies and drugs underspends; categorisation issues other non pay offsetting financing overspend
- Cost Improvement and Productivity Programme (CIPP)** – YTD £0.2m; £16k more than target.
- Capital** – YTD expenditure is £0.4m; in line with plan. Capital forecast is £2.7m as per plan
- Of note** - The Trust is expected to meet forecast at the year end. However there are some risks especially in relation to activity delivery and unidentified cipp.

Organisational Excellence

Workforce attraction and retention headlines

Trust Workforce KPI's	April 18	April 19	Comparison	
Staff in post	831.41	886.85	+ 55.44	
Vacancies	124.24	104.02	- 20.22	
Vacancies %	13.00%	10.50%	-2.50%	Sept '18 reached 14.63% vacancy rate so 4.13% reduction
Agency WTE	45.58	34.44	- 11.14	
Bank WTE	52.24	63.85	+ 11.61	
Trust rolling annual turnover% (excluding trainee Dr's)	20.38%	15.74%	-4.64%	
% staff appraisal compliant (perm and fixed term)	81.64%	86.69%	+5.05%	Sept '18 was 76.9%
Statutory and Mandatory training (perm and fixed term)	90.12%	91.98	+ 1.86%	



Report to: Council of governors
Meeting Date: 29 July 2019
Agenda item: 65-19
Report from: Clare Pirie, Director of communications & corporate affairs
Author: Hilary Saunders, Deputy company secretary
and Clare Pirie, Director of communications
Date of report: 2 July 2019

QVH FT Membership engagement strategy 2019

1. Introduction

NHS foundation trusts (FTs) were established in 2004 with the objective of working more closely with their local communities through a membership approach. It is an annual requirement that the membership engagement strategy should be reviewed.

2. Executive summary

This report aims to show that our membership engagement is relevant and appropriate for the size of the Trust, and that we continue to monitor options for enhancing current practice.

3. Context

One of the principles of the NHS foundation trust model was to strengthen local ownership of, and responsibility for, hospital services. 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 don't receive any special treatment as NHS patients and continue to have the same access to NHS services as anyone who chooses not to become a member. The main benefits of membership are

- The chance to learn more about the activities of the Trust, especially clinical and research developments
- To be consulted on plans for future development
- The opportunity to vote in elections to the Council of Governors. (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).

Our Constitution tells us that:

- *The Trust shall at all times strive to ensure that, taken as a whole, its actual membership of the public constituency is representative of those eligible for membership of the foundation trust, and*
- *the area set out for the public constituency shall have regard to the need for those eligible for such membership to be representative of those to whom the Trust provides services.*

Since becoming a foundation trust in 2004, we have built a strong membership of c. 7,400 people. Foundation trusts are no longer required or expected to grow their membership.

4. QVH membership approach

We value our existing membership as a way to help keep our local communities informed, hear first-hand experiences of the care we provide, and help us make decisions about how we develop services that patients and carers really need.

QVH's approach to membership has been to ensure that we operate in compliance with relevant legislative, regulatory and constitutional provisions and maintain a public membership which is proportionate with the fact that we are the second smallest trust in the country.

A stable membership

At present we have circa **7,400** public members and while individuals have left and joined the total number has remained stable over the last 12 months.

A membership which is representative of those eligible for membership

The constitutional requirement for the membership to be representative of those eligible for membership is a particular challenge.

In 2013 an enhanced membership form was introduced that asked enrolling members more about protected characteristics in order to comply with equality, diversity and human rights legislation; however, not everyone joining since this time has chosen to provide this data. When you add in those members who joined prior to 2013, and for whom none of this data is held, we are unable to be certain that our membership is representative in relation to age or ethnicity. For example our membership database shows that:

- 54% of public members have not specified their ethnicity
- 99.8% of public members have not specified their sexual orientation
- 99.7% of public members have not specified their faith/religion

Given that NHS Improvement and NHS England no longer make a distinction between foundation trusts and non-foundation trusts, and that future status of foundation trusts is not clear we do not believe it would be a good use of resources to try to collect additional equality, diversity and human rights data at this stage, and believe any such exercise could also conflict with GDPR regulations introduced in 2018.

Our database does, however, show that 92% of the public membership has specified their gender; from this can see that the split is 41% male and 51% female. We also know that 44% of members are aged over 55. We believe that we are in line with other specialist FTs in this respect.

Whilst 35% of public members live in East Grinstead (RH19), this percentage rises to 60% when considering the RH postcode as a whole. For obvious reasons, the majority of our elected governors live within the RH postcode.

31% of all public members have stated that they are, or have been, a patient. The reality is likely to be significantly higher with most FTs finding that direct patient care is the source of most of their membership sign ups.

The benefits of membership

Our current strategy will continue to:

- Engage with existing members in ways which are meaningful and interactive;
- Promote benefits of membership to all QVH patients so as to maintain membership numbers;

- 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.

Resources

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 encourage as many existing and prospective members as possible to provide their email address. 48% of public members are now on email (an increase of 2% in the last year); this percentage continues to increase year on year, with new members now enrolling via the Trust website, requiring an email address as part of the process. This now enables us to communicate with almost half of our membership 'in real time' improving engagement whilst reducing costs of printing and postage.

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, as our engagement budget is restricted, engagement options tend to focus predominately on those members with email. Again, we believe that we are in line with other FTs in this approach.

5 Recent membership engagement

Since April 2018, we have emailed members on 10 separate occasions. Updates have included an invitation to our AGM, advance notice of media coverage (eg. BBC South East News, BBC R4), asking for nominations for our staff awards, an update on our plans for the future, non-executive director recruitment, governor of elections, results of our recent Care Quality Commission inspection, and of course QVH News. We are mindful not to overuse email communication as this may lead to 'engagement fatigue' with members asking to be removed from the database.

6 Plans for membership engagement

We will continue to promote and support the benefits of membership as follows:

- Governor elections: Continue to encourage members to engage in the annual governor election process.
- 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 such as early notification of events where members can learn more about our services and advance notification of forthcoming media coverage.
- Use opportunities to promote membership to patients and members of the public who contact the Trust with positive feedback or who make charitable donations.

- Promotion of membership information through, for example, the QVH Charity and also within areas such as outpatients (including use of information screens) and the Spitfire restaurant to encourage patients to consider membership and understand its benefits.
- Promotion of membership benefits through Twitter, Facebook and the QVH website.
- Continue to encourage governors to visit local clubs and societies to inform communities about services offered at QVH through use of the membership presentation.

Recommendation:

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

Report to: Council of Governors
Meeting date: 29 July 2019
Agenda item: 67-19
Report from: Kevin Gould, committee chair
Report authors: Kevin Gould, committee chair and
Hilary Saunders, deputy company secretary
Report date: 17 July 2019

Assessment of external auditors work and fees 2018/19

Executive Summary

One of the statutory duties of the Council of governors is to approve the appointment of the external auditor. In 2018, the Council reappointed KPMG until 2020/21.

This report provides a review of the 2018/19 audit to members of the Council and an update on the work of the audit committee.

2018/19 external audit

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.

It should be noted that the audit this year has been more difficult than in previous years. This is partly due to a change in risk profile caused by the Trust's changed financial position and by new accounting standards. Changes in personnel, notably that KPMG's senior manager left shortly before the end of the audit also caused some challenges. A plan to make the process smoother next year has been drafted by Finance and will be agreed with KPMG in advance of the 2019/20 audit.

Summary of key issues covered by the Audit committee in 2018/19

The Committee met quarterly during 2018/19 to conduct its regular business, and for one further meeting during 2019/20 (May) to approve the 2018/19 annual accounts.

The lead governor attending Audit committee meetings is Glynn Roche. In 2018/19 the Audit committee comprised three non-executive directors; Kevin Gould (Chair), John Thornton, Ginny Colwell. Karen Norman has since replaced Ginny Colwell. The Chief Executive, Director of finance, Director of nursing, Head of risk management and patient safety are in attendance, with other executive directors attending when required.

- The internal auditors, Mazars, undertook a total of 13 audits during the year covering a wide variety of topics including key financial controls; medicines management; estates and capital planning; patient and staff safety; payroll; assurance framework and risk management.

- The Committee has appointed RSM as internal auditors and counter fraud provider for three years from 2019/20.
- The external auditors, KPMG, undertook their annual audit of the financial accounts which will be reported in full at the AGM.
- The Committee 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 2018/19 financial year.

Recommendation

Council is asked to **NOTE** the contents of this report