

# **Meeting of the public session of the Council of Governors**

**Monday 20 July 2020**

**16:00 – 17:30**

**via videoconference**

# Queen Victoria Hospital NHS Foundation Trust Council of Governors

## Membership July 2020

Members	
<b>Beryl Hobson</b>	Trust Chair
<b>Brian Beesley</b>	Public governor
<b>Liz Bennett</b>	Stakeholder governor for West Sussex CC
<b>St John Brown</b>	Stakeholder governor for League of Friends
<b>Anthony Fulford-Smith*</b>	Public governor
<b>Janet Haite*</b>	Public governor
<b>Chris Halloway</b>	Public governor
<b>John Harold</b>	Public governor
<b>Douglas Hunt*</b>	Public governor
<b>Andrew Lane</b>	Public governor
<b>Carol Lehan*</b>	Staff governor
<b>Sandra Lockyer*</b>	Staff governor
<b>Peter Shore</b>	Public governor
<b>Robert Tamplin*</b>	Public governor
<b>Martin Williams</b>	Public governor
Invited attendees	
<b>Steve Jenkin</b>	Chief Executive
<b>Clare Pirie</b>	Director of communications and corporate affairs
<b>Hilary Saunders</b>	Deputy company secretary

\*Non-voting

**Meeting of the QVH Council of Governors**  
**Monday 20 July 2020 at 16:00**  
**via videoconference**

Agenda: meeting session held in public			
Standing items			
Ref	Item	Purpose	Mode
25-20	<b>Welcome, apologies, declarations of interest and eligibility</b> <i>Beryl Hobson, Chair</i>	-	-
26-20	<b>Draft minutes of the meeting held on 13 January 2020 for approval</b> <i>Beryl Hobson, Chair</i>	<i>Approval</i>	<i>Enc</i>
27-20	<b>Matters arising and actions pending from previous meetings</b> <i>Beryl Hobson, Chair</i>	<i>Review</i>	<i>Enc</i>
Representing the interests of members and the community			
Ref	Item	Purpose	mode
28-20	<b>Update on QVH AGM 2020</b> <i>Clare Pire, Director of Communications and corporate affairs</i>	<i>information</i>	<i>Enc</i>
Holding non-executive directors to account for the performance of the board of directors			
Ref	Item	Purpose	mode
29-20	<b>Executive overview</b> <i>Steve Jenkin, Chief Executive and members of Executive Management Team</i>	<i>Information</i>	-
30-20	<b>Board of Directors</b> <i>Peter Shore, Lead Governor and Beryl Hobson, Trust Chair</i>	<i>Information</i>	-
31-20	<b>Finance and performance committee</b> <i>Feedback provided by Paul Dillon-Robinson, committee chair and Andrew Long, governor representative</i>	<i>Discussion</i>	-
32-20	<b>Quality and governance committee</b> <i>Feedback provided by Karen Norman, Committee Chair and Doug Hunt, governor representative</i>	<i>Discussion</i>	-
33-20	<b>Audit Committee</b> <i>Feedback provided by Kevin Gould, committee Chair</i>	<i>Discussion</i>	-

34-20	<b>Charity Committee</b> <i>Update provided by Gary Needle, committee Chair, Chris Halloway, governor representative and Carol Lehan, staff governor</i>	<i>Discussion</i>	-
35-20	<b>Any other questions for non-executive directors</b> <i>All members of Council of Governors</i>	<i>Discussion</i>	-
<b>Any other business</b>			
<b>Ref</b>	<b>Item</b>	<b>Purpose</b>	<b>mode</b>
36-20	<i>By application to the Chair</i>	<i>Discussion</i>	-
<b>Questions</b>			
<b>Ref</b>	<b>Item</b>	<b>Purpose</b>	<b>mode</b>
37-20	<b>To receive any questions or comments from members of the foundation trust or members of the public</b> <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 <a href="mailto:Hilary.Saunders1@nhs.net">Hilary.Saunders1@nhs.net</a> 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>Discussion</i>	-
<b>Dates of next meeting</b>			
<b>Business meetings of the council of governors to be held in public</b>			
<b>2020/21</b> 28 September 2020 (followed by AGM) 11 January 2021			

Document:	Minutes (Draft & Unconfirmed)	
Meeting:	Council of Governors session in private Monday 13 January 2020, 15:00-16:00 Jubilee community centre, Charlwoods Road, East Grinstead RH19 2HL	
Present:	Beryl Hobson (BH)	Trust Chair
	Brian Beesley (BB)	Public governor
	Liz Bennett (LB)	Stakeholder governor for West Sussex CC
	St John Brown (StJB)	Stakeholder governor for League of Friends
	Anthony Fulford-Smith (AF-S)	Public governor
	Janet Haite (JDH)	Public governor
	Chris Halloway (CH)	Public governor
	John Harold (JH)	Public governor
	Douglas Hunt (DH)	Public governor
	Andrew Lane (AL)	Public governor
	Carol Lehan (CL)	Staff governor
	Joe McGarry (JMc)	Public governor
	Tony Martin (TM)	Public governor
	Glynn Roche (GR)	Public governor
	Peter Shore (PS)	Public governor
	Robert Tamplin (RT)	Public governor
	John Wiggins (JW)	Public governor
	Martin Williams (MW)	Public governor
	Mickola Wilson (MW)	Public governor
In attendance:	Steve Jenkin (SJ)	Chief Executive
	Gary Needle (GN)	Non-executive director
	Clare Pirie (CP)	Director of communications and corporate affairs
	Hilary Saunders (HS)	Deputy company secretary
Apologies:	Angela Glynn (AG)	Public governor
	John Belsey (JEB)	Public governor
	Colin Fry (CF)	Public governor
	Sandra Lockyer (SL)	Staff governor
	Tony Tappenden (TT)	Public governor
Ref.	Item	
Standing items		
01-20	<b>Welcome, apologies and declarations of interest</b> BH opened the meeting and welcomed SJ and GN who had been invited to provide an update on partnership working. Apologies were noted above. There were no new DOIs	
02-20	<b>Draft minutes of the meeting held on 14 October 2019</b> The draft minutes of the meeting were <b>approved</b> as a correct record.	
03-20	<b>Matters arising</b> None on this occasion	
Statutory duties		
04-20	<b>QVH partnership working update</b> Further to the presentation which he had made at the governor forum on 4 November, SJ provided an update to the current status of our partnership working with Western/BSUH. In addition to a summary of the progress to date, highlights of the presentation included:	

- Some of the difficulties the Trust was facing, included, financial and clinical challenges and diseconomies of scale as a result of being the second smallest foundation trust in the country.
- There has been a trend towards consolidation of provider organisations. QVH has been working in clinical partnership with Western/BSUH for some time now; the next stage will start this month with detailed work to assess the potential benefits, opportunities and risks of a formal partnership arrangement.
- Key benefits of a partnership/group model
- How a 'hospital group'/partnership will work in practice with emphasis that this is evolution not revolution, and a long-term plan, building on the relationships that have been established over recent years.
- What QVH is hoping to achieve. This is not a competitive, but a collaborative venture and we will only work with those providers who share our values.
- Details of the board's statement of intent.

BH noted that the organisation would be required to make a significant decision in the next few months, but reiterated that there was still much work to be done, including negotiation of red lines over which the Board was not prepared to compromise.

Council considered the contents of the update and sought clarification as follows:

- How did QVH's forecast level of deficit compare with other Trusts? In terms of percentage of turnover, SJ noted that this was comparable to neighbouring trusts such as BSUH and ESHT. A meeting was scheduled with the Chairs and CEOs of QVH and Western/BSUH and the regional director of NHS England where consideration would be given to what financial support might be provided next year. The Strategic Programme Board (whose membership included SJ and GN) had continued to meet in recent months and indications were that there was good support and recognition of QVH by commissioners and NHS/E.
- What would this look like for QVH in terms of leadership, patient experience, community impact? QVH would still have a board and a governing body, although organisations would be working much more closely together, eg Inpatient burns could be relocated to BSUH once phase I of the 3Ts project is complete (current timeline April 2022). At the time Western entered into a management agreement with BSUH, the BSUH management structure was very different to that of QVH which already has an executive team. Whilst there was significant geographical distance between QVH and Western/BSUH there were still opportunities to benefit from joint working of corporate functions. These were similar questions to those raised by the Board, and would be worked through in coming months.
- Why not move towards a full merger instead? SJ highlighted the trend towards the consolidation of provider organisations through new alliances and groups, both to tackle financial challenges and to reduce unwarranted variation in quality standards. There was currently no appetite for full blown acquisitions which are time consuming, expensive and require due diligence which would interfere with day to day operations. SJ also noted that Western was not looking at becoming one legal body with BSUH.
- Was there any clarity around what legal form this new enterprise might take? SJ noted that it was still early days and key to success was regulator support. BH and GN reminded Council that QVH was not a failing trust and objectives included greater integration of services across Sussex without losing sight of Kent, regional/national perspective, ability to operate in an open, supportive & constructive manner and working with partners who had shared values, creating a better future, strengthening models of care and our sustainable long-term future.
- What was the rationale behind plastic appointments made by BSUH rather than QVH? SJ explained that these consultants would attend QVH on a regular basis and these appointments would build more resilience into the on-call rota. Joint posts

	<p>were common elsewhere with SJ providing other examples of where this worked well.</p> <ul style="list-style-type: none"> <li>• Once the economies of scale had been realised how would the major challenge of revenue be addressed? SJ described how this would provide more opportunities to drive down costs. QVH would also have greater influence as part of a larger organisation.</li> <li>• Will this venture ultimately prove to be disadvantageous to QVH in future years? SJ reminded CoG of the reasons for progressing this strategy (as described during the presentation) with a key objective to make the hospital as safe as possible. However, demand was increasing and this would create genuine opportunities for the future, eg urgent treatment centre, enhanced diagnostics. The Board was optimistic that adopting this strategy would provide QVH with a positive future. Council were also reminded that the Board had been discussing sustainability several years before the Trust went into deficit. In response to a discussion regarding potential MRI investment, SJ agreed to identify the revenue costs of the mobile MRI scanner used at QVH and report back through GMU.</li> <li>• Concerns were raised as to who would be overall in charge. SJ reminded governors that QVH would still have a Trust Board and Council of Governors under the potential new arrangement.</li> </ul> <p>GN expressed surprise that at recent programme board meetings it was apparent that commissioners did not have a clear understanding of what services they bought from QVH; whilst a risk, this could also be an opportunity to streamline service configuration and generate more revenue than at present.</p> <p>In response to a question from the lead governor, BH urged governors to continue representing the interests of local people and to continue to hold NEDs to account for maintaining our strong brand and reputation. BH reassured Council that they would be kept updated of progress and asked them to contact PS, as lead governor, should they require any further information at this stage.</p> <p>BH closed by thanking SJ and GN for their presentation and helpful discussion.</p>
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Chair:..... Date:.....

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	Tony Martin (TM)	Public governor
	Glynn Roche (GR)	Public governor
	Peter Shore (PS)	Public governor
	Robert Tamplin (RT)	Public governor
	John Wiggins (JW)	Public governor
	Martin Williams (MW)	Public governor
	Mickola Wilson (MW)	Public governor
	In attendance:	Keith Altman (KA)
Paul Dillon-Robinson (PD-R)		Non-executive director
Abigail Jago (AJ)		Director of operations
Steve Jenkin (SJ)		Chief Executive
Gary Needle (GN)		Non-executive director
Karen Norman (KN)		Non-executive director
Geraldine Opreshko (GO)		Director of workforce and OD
Clare Pirie (CP)		Director of communications and corporate affairs
Hilary Saunders (HS)		Deputy company secretary
Jo Thomas (JMT)		Director of nursing
Apologies:	Angela Glynn (AG)	Public governor
	John Belsey (JEB)	Public governor
	Colin Fry (CF)	Public governor
	Sandra Lockyer (SL)	Staff governor
	Tony Tappenden (TT)	Public governor
Ref.	Item	
Standing items		
04-20	<b>Welcome, apologies and declarations of interest</b> BH opened the meeting and welcomed board members, noting that Kevin Gould and Michelle Miles would not be attending today. Apologies were as above. There were no new declarations of interest.	
05-20	<b>Draft minutes of the meeting held on 14 October 2019</b> The draft minutes of the meeting were <b>approved</b> as a correct record.	
05-20	<b>Matters arising</b> Governors received an update on the matters arising and actions pending.	



Know your trust	
07-20	<p><b>Cost improvement and productivity programme (CIPP)</b></p> <p>Governors were reminded that at the last meeting, a request had been made for further information regarding the Trust's Cost improvement and Productivity programme (CIPP). SJ delivered the presentation on behalf of the Director of finance. Key points included:</p> <ul style="list-style-type: none"> <li>• It is a national requirement for the NHS to make efficiency savings to meet the rising demand and cost of healthcare. CIPPs were also integral to the Trust's financial planning and required strong, sustained performance to achieve them.</li> <li>• The Long Term Plan (LTP) objective was to make re-investable efficiency and productivity gains of at least 1.1% a year over the next five years; however, the regulator also requires that trusts in deficit (like QVH) should make an additional efficiency saving of 0.5%. This efficiency target is reflected within income tariff for services provided by QVH; SJ noted that simply for the same set of services the Trust is now paid 1.1% less than the previous year.</li> <li>• Although the Trust had delivered its target in 2017/18, it had relied heavily on CIPP generated through income schemes. SJ went on to describe the reasons why the Trust had underachieved its target in 2018/19 and despite major savings driven through the procurement lead, unidentified schemes of around £0.5m still remained of the overall £1.7m target.</li> <li>• Council was apprised of the Trust's approach to CIPP and the areas of particular focus. However, SJ reiterated that QVH would always err on the side of caution and refuse to compromise patient safety or quality in any way. Council reviewed the November 2019 dashboard (noting that this was scrutinised on a regular basis by both the Finance and performance committee and the Board). SJ remarked that it was a significant challenge to take further money out of the Trust.</li> </ul> <p>Council considered the contents of the presentation, noting in particular that there was little opportunity to increase revenue as tariff setting was outside the Trust's control. Nor was it possible to influence supply and demand, as there were so many variables across the specialities. Operationally, the Trust was busier than ever, but income had flat lined and all obvious areas for cost savings had already been tackled. The Trust was reviewing patient pathways and considering how best it could deliver services as part of its transformational work, but this would also require commissioner support.</p> <p>There were no further comments and Council <b>noted</b> the contents of the update.</p>
Representing the interests of members and the community	
08-20	<p><b>Annual planning for 2020/21</b></p> <p>SJ presented a summary of the Trust's approach to business planning in 2020/21. This was a transparent, integrated process with input from clinicians, and was scrutinised at Executive Management and monthly business planning and performance review meetings. The three elements of business planning comprised workforce, activity and finance. The Hospital Management Team convened a 'star chamber' to review developments, cost pressures and CIPPs, and prioritise capital spend.</p> <p>Council noted that content aligned to the earlier presentations on CIPPs (and sustainability discussed in the closed session).</p> <p>The lead governor for finance and performance commended the recent work undertaken on service line reporting. The Board agreed this had been particularly helpful in respect of sustainability of spoke sites.</p> <p>There were no further comments and Council <b>noted</b> the contents of the update.</p>

09-20	<p><b>Quality account priorities 2020/21</b></p> <p>JMT explained that all hospital trusts are required to provide a quality report each year; there are stringent rules as to what must be included and QVH is required to obtain external assurance on the content.</p> <p>Governors were reminded that in 2019/20 the quality report priorities were implementation of an eObservations system (patient safety); continued roll out of virtual clinics (clinical effectiveness), and more detailed enquiries into the impact of major life altering surgery (patient experience), for example, head and neck patients, noting a clear distinction between patient experience and a clinical indicator.</p> <p>All staff and governors were now being asked to contribute to the decision around our three quality priorities for 2020/21; again, these should focus on safety, clinical effectiveness and patient experience and relate to our core business. They should also be measurable and bring tangible improvements for patients and staff.</p> <p>Whilst JMT provided some initial suggestions, governors were urged to give careful consideration as to what they and our patients would want to see in 2020/21. The deadline for responses was Monday 3 February. Once agreed, the Quality and governance committee will have accountability for monitoring these throughout the year.</p>
10-20	<p><b>Quality report indicator 2019/20</b></p> <p>Governors are also asked to select one (retrospective) indicator for external auditors to review as part of the annual quality report audit.</p> <p>JMT reminded governors that in previous years KPMG have been unable to offer an opinion due to difficulties in measuring the chosen indicator; although an audit opinion is not a national requirement we need an indicator that can really tell us something about our progress. This year, PS has been consulting with all governors, together with JMT and AJ regarding a proposed indicator; he will then feedback to JMT who will work with KPMG to ensure the feasibility of auditing.</p> <p>Council sought and received clarification from the Director of operations the reasons why auditors had been unsuccessful in offering an opinion on the chosen indicator (cancelled appointments). AJ explained that although a record was made of whether it was the patient or the Trust who had initiated the cancellation, the evidence required by auditors for this was not held. However, a potential indicator had been identified for 2019/20, which related to on the day cancellations by patients. KPMG were currently reviewing data for assurance that this would be measurable.</p> <p>There were no further queries and Council <b>noted</b> the contents of the update.</p>
11-20	<p><b>Membership and engagement</b></p> <p>BH reminded Council that one of its statutory duties was to represent the interests of members and the public. One of the ways in which the Trust supports governors in this area, is by providing a powerpoint presentation on the work of QVH, which they can use to link in with local communities.</p> <p>As governor representative for membership, JH asked Council members to notify him if they knew of a club, society or group, which might be interested in this. He also encouraged governors to consider whether they would be willing to take the presentation out to an event. Several governors expressed support and agreed to follow up with JH after the meeting.</p> <p>There were no further queries and Council <b>noted</b> the contents of the update.</p>

<b>Council business</b>	
<b>12-20</b>	<p><b>Annual review of Council/Board level engagement protocols</b> CP reported that there were no proposed changes to the current document.</p> <p>Governors received the document noting that Council and the Board would continue to review this annually or more frequently as appropriate.</p>
<b>13-20</b>	<p><b>Annual review and approval of Governor Steering Group (GSG) terms of reference</b> Members of GSG had reviewed the current terms of reference and did not propose any changes this year.</p> <p>There were no further comments and Council <b>approved</b> the GSG terms of reference for the next 12 months.</p>
<b>14-20</b>	<p><b>Annual review and approval of Appointments committee terms of reference</b> Council was reminded that it was due to reappoint two non-executive directors this year.</p> <p>The Appointments committee had reviewed its current terms of reference and was not recommending any changes this year.</p> <p>There were no further comments and Council approved the Appointments committee terms of reference for the next 12 months.</p>
<b>15-20</b>	<p><b>Changes to QVH Constitution</b> CP reported that a recent review of the Constitution had highlighted a lack of distinction between staff and stakeholder governor roles; a minor amendment, as set out in the paper, had been proposed which would make cross-referencing easier.</p> <p>Changes to the constitution require the approval of both Council and the Board. Board approval had been received in November and assuming approval by Council today this amendment would take immediate effect.</p> <p>There were no questions and Council <b>approved</b> the proposed update to the Constitution.</p>
<b>Holding non-executive directors to account for the performance of the board of directors</b>	
<b>16-20</b>	<p><b>Executive overview</b> SJ opened the executive overview by providing a summary of the three bills introduced in the Queen's speech, which directly related to health and social care. He also noted that 2020 had been designated the year of the Nurse &amp; Midwife.</p> <p>JMT highlighted the outlier report of the Children and Young People 2018 patient experience survey whose publication had been delayed due to the election. As in 2016, QVH was the only trust to be categorised in the highest band of 'much better than expected' for both age groups, demonstrating continued sustained excellent feedback.</p> <p>KA provided an update highlighting in particular safety metrics, clinical effectiveness initiatives such as 'get it right first time' and the new medical director structure which now aligned with operational and nursing structures.</p> <p>AJ presented an update on the Referral to treat (RTT) waiting time standards and cancer waiting standards, noting that the Trust was making good progress in respect of the new 28-day Faster Diagnosis Standard which comes into effect in April, with shadow reporting showing performance of 84.4% against the 85% target.</p>

	<p>SJ presented the latest update on KSO4 (financial sustainability) asking Council to note that the Trust was not expected to meet plan at year-end, due mainly to underperformance against clinical income and unidentified CIPP.</p> <p>The NHS staff survey had closed in December 2019 and results would be embargoed until February 2020, however early indications were that there had been an improvement over the last two years on staff recommending QVH as a place to work. SJ noted this was particularly impressive in view of challenges which the Trust was currently facing.</p>
17-20	<p><b>Board of Directors</b></p> <p>BH reminded governors that since the last Council meeting the Board had held two formal board meetings and one seminar, and went on to describe some of the highlights. She also reminded Council that the lead governor provided a summary of the discussions following each board session in the Governors' Monthly Update.</p> <p>PS reiterated that his role entailed two-way communication and he encouraged governors to use this option if required.</p> <p>There were no further queries and Council <b>noted</b> the content of the update.</p>
18-20	<p><b>Finance and performance committee</b></p> <p>PD-R noted that this was his first formal feedback session since being appointed Chair of the Finance and performance committee. He summarised discussions which had taken place at the last meeting, asking Council to note in particular:</p> <ul style="list-style-type: none"> <li>• Workforce continued to improve but the Board was mindful of how fragile this remained in some areas, with heavy reliance on certain individuals. More bank and less agency staff were being used, but the Trust had been hit hard through use of medical agency staff.</li> <li>• Although the number of patients waiting over 52 weeks continues to fall, pressure remains with regard to patient choice. In MO08, of the 19 patients waiting over 52 weeks, 13 had chosen to defer treatment.</li> <li>• The Committee's attention remained on finance at present. The non-pay position was overspent partly because of PBR excluded device costs (Sleep/ Corneo grafts/ prosthesis) which are charged separately. The focus was very much on income, where delays in clinical coding and accuracy had created difficulties.</li> <li>• The Trust was unlikely to meet plan partly due to underperformance against clinical income and partly due to unidentified CIPP.</li> </ul> <p>As governor representative to the committee, MW was assured by how quickly PD-R had got to grips with the F&amp;PC brief, and repeated that focus was now very much on finance</p> <p>SJ added that in-year, the focus had been on CIPP but small schemes were now exhausted and the Trust would need to look at transformation work.</p> <p>There were no further comments and Council <b>noted</b> the contents of the update.</p>
19-20	<p><b>Quality and governance committee</b></p> <p>KN provided an update on the recent meeting, which had taken place on 23 December. Highlights included:</p> <ul style="list-style-type: none"> <li>• The Committee's satisfaction with the results of the Children and Young People 2018 Patient Experience Survey; members had spent time scrutinising areas where</li> </ul>

	<p>further improvements could be made, with concerns around choice of food highlighted again.</p> <ul style="list-style-type: none"> <li>• A review of the risk exception report which described patient safety incidents. The Committee had considered how data was interpreted and the difficulties of whether or not this was significant. KN had recently attended a conference on statistical control process and had arranged for the speaker to attend the Board seminar in April.</li> <li>• The Committee had spent time scrutinising the detail relating to two formal investigations and felt assured that the Trust applied the same level of rigour and scrutiny as the CCG.</li> </ul> <p>As governor representative to the Committee, DH assured Council that all reports were carefully scrutinised; he also commended the way in which members attended Trust local governance and departmental meetings to gain a deeper understanding of quality of the services.</p> <p>There were no further comments and Council <b>noted</b> the contents of the update.</p>
<b>20-20</b>	<p><b>Audit committee</b></p> <p>As KG had been unable to attend today's meeting, BH had arranged for his January board assurance report to be circulated to governors for information. Council sought and received additional clarification in respect of accounting rules for leases, and on the definition of a waiver.</p> <p>As lead governor for Audit, GR confirmed there had been good interaction between NEDs and the executive at the last meeting.</p> <p>There were no further comments and Council <b>noted</b> the contents of the update.</p>
<b>21-20</b>	<p><b>Charity committee</b></p> <p>GN provided an overview of matters considered at the most recent meeting of the Charity committee, held on 12 December. He commended in particular the contents of the Charity impact report and suggested that this could be circulated to governors once the final version was available. <b>[Action: CP]</b></p> <p>Following a review of the Charity's general funds, the Committee had expressed concern at the reduced funds available and would have a strategic discussion around fundraising at its next meeting. GN sought input from all governors for suggestions as to how this could be improved.</p> <p>CL and CH endorsed GN's comments and commended the work of Camilla Slattery, the Charity's head of fundraising.</p> <p>There were no further comments and Council <b>noted</b> the contents of the update.</p>
<b>22-20</b>	<p><b>Any other questions for non-executive directors</b></p> <p>There were none.</p>
<b>Any other business</b>	
<b>23-20</b>	<ul style="list-style-type: none"> <li>• <b>Circulation of Council of Governor papers: outcome of survey</b></li> </ul> <p>As agreed at the December GSG meeting, the lead governor had undertaken a survey as to whether governors might agree to discontinue circulating CoG papers in hard copy format. The majority had confirmed they had means with which to print copies should they prefer to continue with this medium. The Chair noted that it would not be practical to operate a dual system and asked for a majority decision.</p>

	<p>After taking a vote Council agreed that, with immediate effect, papers would be circulated via email only.</p> <ul style="list-style-type: none"> <li>• <b>Volunteer coffee morning</b> Governors who had not already done so were requested by the Chair to notify HS as soon as possible whether or not they intended to join the coffee morning scheduled for 14 February.</li> </ul>
<b>Questions</b>	
<b>24-20</b>	There were none, and the Chair closed the meeting.

Matters arising and actions pending from previous meetings of the Council of Governors						
No.	Reference	Action	Owner	Action due	Latest update	Status
January 2020						
1	21-20	Final version of Charity impact report to be circulated to governors for information when available.	CP	ASAP	Circulated on 28 January 2020	Complete

**Report to:** Council of governors  
**Meeting date:** 28 September 2020  
**Reference number:** 28-20  
**Report from:** Clare Pirie, Director of Communications and Corporate Affairs  
**Author:** Hilary Saunders, Deputy Company Secretary  
**Appendices:** NA  
**Report date:** 01 July 2020

### **Update on QVH AGM 2020**

#### **Background**

In recent years, our approach to our AGM has been to combine statutory requirements with presentations from lead clinicians about some of the life changing reconstructive surgery, burns care and rehabilitation treatment we provide for our patients. This has led to better engagement, particularly with members of our local community.

#### **Proposal for 2020**

Due to the current pandemic, we will be unable to run our AGM in its usual format. Instead this will be held as a virtual meeting and focus on the statutory requirements which include presentation of the 2019/20 annual report and accounts and updates on the forward plan and the FT membership.

This meeting will also be opened up to members of the public and anyone interested in attending will be asked to notify the Deputy Company Secretary in advance.

All delegates joining the event will be automatically muted to ensure no background noise is picked up and speakers can be heard clearly.

As usual, presentation slides will be published to our website after the meeting.

#### **Recommendation**

Council is asked to **note** the contents of this report.

#### **Next steps**

The AGM is scheduled to take place on Monday 28 September 2020.