

# **Council of Governors Meeting in public**

**Monday 17 July 2023**

**14.00-16.00**

**Education Centre, QVH**



## Queen Victoria Hospital NHS Foundation Trust Council of Governors

### Membership July 2023

Members	
Jackie Smith	Trust Chair
Chris Barham	Public governor
Jo Davis	Staff governor
Niamh Gavin	Staff governor
Janet Hall	Public governor
Oliver Harley	Public governor
Julie Holden	Stakeholder governor for EG Town Council
Denise Holland	Public governor
Bob Lanzer	Stakeholder governor for WS County Council
Chris Parrish	Staff governor
Julia Searle	Public governor
Ken Sim	Public governor
Linda Skinner	Stakeholder governor for League of Friends
Roger Smith	Public governor
Jonathan Squire	Public governor
Margo Taskiran	Public governor
Louise Thompson	Public governor
Invited attendees	
Kevin Gould	Non-executive director
Paul Dillon-Robinson	Non-executive director
Karen Norman	Non-executive director
Peter O'Donnell	Non-executive director
Shaun O'Leary	Non-executive director
Russell Hobby	Non-executive director
Abigail Jago	Director of strategy and partnerships and acting chief executive
Maria Wheeler	Chief finance officer
Nicky Reeves	Chief nurse
Tania Cubison	Medical director
Rob Stevnts	Interim chief people officer
Shane Morrison-McCabe	Director of operations
Clare Pirie	Director of communications and corporate affairs
Leonora May	Deputy company secretary (minutes)

## Annual declarations by governors 2023/24

As established by section 22 of the Trust's Constitution, if a governor of the Trust has a relevant and material interest, or a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the governor shall disclose the nature and extent of that interest to the members of the Council of Governors as soon as he/she becomes aware of it.

To facilitate this duty, governors are asked on appointment to the Trust and thereafter at the beginning of each financial year, to complete a form to declare any interests or to confirm that the governor has no interests to declare (a 'nil return'). Governors must request to update any declaration if circumstances change materially. By completing and signing the declaration form governors confirm their awareness of any facts or circumstances which conflict or may conflict with the interests of QVH NHS Foundation Trust. All declarations of interest and nil returns are kept on file by the Trust and recorded in the following register of interests which is maintained by the Company Secretary.

	Directorships, including non-executive directorships, held in private companies or public limited companies (with the exception of dormant companies).	Ownership, part ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS or QVH.	Significant or controlling share in organisations likely or possibly seeking to do business with the NHS or QVH.	A position of authority in a charity or voluntary organisation in the field of health or social care.	Any connection with a voluntary or other organisation contracting for NHS or QVH services or commissioning NHS or QVH services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with QVH, including but not limited to lenders of banks.	Any "family interest": an interest of a close family member which, if it were the interest of that director, would be a personal or pecuniary interest.
<b>Public governors</b>							
Barham, Chris	Transcend Talent consultancy Limited- Non Executive Director	NIL	NIL	NIL	NIL	NIL	NIL
Hall, Janet	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Harley, Oliver							
Holland, Denise	Director and secretary of Temple West Management Limited  Director of Ashdown Place Drive Limited	NIL	NIL	NIL	NIL	NIL	NIL
Searle, Julia	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Sim, Ken	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Smith, Roger	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Squire, Jonathan	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Taskiran, Margo	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Thompson, Louise	CEO of Myfolks Limited  CEO of Louise Thompson Mediation & Commerce Limited	I am the CEO and founder of Myfolks Limited. It is a digital, subscription based platform that introduces those needing extra support to those who can provide it. Since I applied to become a governor, I am exploring a trial in the north east to use this service to support elderly people as they are discharged from hospital. I have had and will have no dealings with QVH in this regard	NIL	NIL	NIL	NIL	My husband is a senior manager in Vodafone. I have no visibility of any arrangements the QVH may have with Vodafone

	Directorships, including non-executive directorships, held in private companies or public limited companies (with the exception of dormant companies).	Ownership, part ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS or QVH.	Significant or controlling share in organisations likely or possibly seeking to do business with the NHS or QVH.	A position of authority in a charity or voluntary organisation in the field of health or social care.	Any connection with a voluntary or other organisation contracting for NHS or QVH services or commissioning NHS or QVH services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with QVH, including but not limited to lenders of banks.	Any "family interest": an interest of a close family member which, if it were the interest of that director, would be a personal or pecuniary interest.
<b>Staff governors</b>							
Davis, Jo	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Gavin, Niamh	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Parrish, Chris	NIL	NIL	NIL	NIL	NIL	NIL	NIL
<b>Appointed governors</b>							
Holden, Julie	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Lanzer, Bob	Director of Southeast Communities Rail Partnership CIC (Communities Interest Company)	NIL	NIL	NIL	Member of West Sussex County Council and Cabinet Member for Public Health and Wellbeing Member of the Sussex Health and Care Assembly	NIL	NIL
Skinner, Linda	NIL	NIL	NIL	NIL	NIL	NIL	NIL

## Fit and proper persons declaration

As established by regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the regulations"), QVH has a duty not to appoint a person or allow a person to continue to be a governor of the trust under given circumstances known as the "fit and proper person test". By completing and signing an annual declaration form, QVH governors confirm their awareness of any facts or circumstances which prevent them from holding office as a governors of QVH NHS Foundation Trust.

Categories of person prevented from holding office							
	The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged.	The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.	The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40).	The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.	The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.	The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.	The person has been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.
<b>Public governors</b>							
Barham, Chris	NA	NA	NA	NA	NA	NA	NA
Hall, Janet	NA	NA	NA	NA	NA	NA	NA
Harley, Oliver	NA	NA	NA	NA	NA	NA	NA
Holland, Denise	NA	NA	NA	NA	NA	NA	NA
Searle, Julia	NA	NA	NA	NA	NA	NA	NA
Sim, Ken	NA	NA	NA	NA	NA	NA	NA
Smith, Roger	NA	NA	NA	NA	NA	NA	NA
Squire, Jonathan	NA	NA	NA	NA	NA	NA	NA
Taskiran, Margo	NA	NA	NA	NA	NA	NA	NA
Thompson, Louise	NA	NA	NA	NA	NA	NA	NA
<b>Staff governors</b>							
Davis, Jo	NA	NA	NA	NA	NA	NA	NA
Gavin, Niamh	NA	NA	NA	NA	NA	NA	NA
Parrish, Chris	NA	NA	NA	NA	NA	NA	NA
<b>Appointed governors</b>							
Holden, Julie	NA	NA	NA	NA	NA	NA	NA
Lanzer, Bob	NA	NA	NA	NA	NA	NA	NA
Skinner, Linda	NA	NA	NA	NA	NA	NA	NA

**Meeting of the QVH Council of Governors**  
**Monday 17 July 2023**  
**14.00-16.00**

Agenda: meeting session held in public				
Standing items				
Ref	Item	purpose	Papers /page	Indicative time
25-23	<b>Welcome, apologies, declarations of interest and eligibility, confirmation of quoracy</b> <i>Jackie Smith, Trust Chair</i>	-	Verbal	14.00
26-23	<b>Draft minutes of the public meeting held on 17 April 2023</b> <i>Jackie Smith, Trust Chair</i>	Approval	9	14.05
27-23	<b>Matters arising and actions pending from previous meetings</b> <i>Jackie Smith, Trust Chair</i>	Review	15	14.07
Council business				
28-23	<b>Update from Trust Chair</b> <i>Jackie Smith, Trust Chair</i>	Information	Verbal	14.10
29-23	<b>Update from acting chief executive</b> <i>Abigail Jago, acting chief executive officer</i>	Information	Verbal	14.20
30-23	<b>Trust Chair and non-executive director appraisal process 2022/23</b> <i>Ken Sim, appointments committee Chair</i>	Assurance	16	14.30
31-23	<b>Composition of the Board</b> <i>Leonora May, deputy company secretary</i>	Approval	18	14.35
Representing the interests of the members and members of public				
32-23	<b>Assessment of the auditor's work and fees 2022/23</b> <i>Kevin Gould, audit committee Chair</i>	Information	20	14.40
33-23	<b>FT membership strategy review</b> <i>Leonora May, deputy company secretary</i>	Information / review	21	14.45
Holding non-executive directors to account for the performance of the board of directors				
34-23	<b>Finance and performance committee</b> <i>Paul Dillon- Robinson, Committee Chair</i>	Information	25	14.50
35-23	<b>Digital committee</b> <i>Kevin Gould, Committee Chair</i>	Information		

36-23	<b>Quality and governance committee</b> <i>Karen Norman, Committee Chair</i>	Information		
37-23	<b>Audit committee</b> <i>Kevin Gould, Committee Chair</i>	Information		
38-23	<b>Any other questions for non-executive directors</b> <i>All members of Council of Governors</i>	Discussion		15.20
<b>Meeting closure</b>				
39-23	<b>Any other business</b> <i>By application to the Chair</i>	Discussion	Verbal	15.30
40-23	<b>Trust Chair and non-executive director remuneration for 2023/24</b> <i>Ken Sim, appointments committee Chair</i>	Approval	52	15.40
<b>Questions</b>				
41-23	<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:Leonora.may1@nhs.net">Leonora.may1@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>	Discussion	Verbal	15.45
<b>Date of next meeting</b>				
<b>Next meeting of the council of governors to be held in public</b>				
<b>30 October 2023</b>				

#### Quoracy

Any meeting of the Council of Governors requires a quorum of at least half of the total number of Governors to be present, with a majority of those present being Public Governors. No business shall be carried out at a meeting which is not quorate.



Document:	Minutes DRAFT & UNCONFIRMED	
Meeting:	Council of Governors session in public 16.00-18.00 Monday 17 April 2023 Education Centre, QVH (hybrid)	
Present:	Jackie Smith (JS)	Trust Chair
	Chris Barham (CB)	Public governor (lead governor)
	Andrew Brown (AB)	Public governor
	St John Brown (StJB)	Stakeholder governor LoF
	Tim Butler (TB)	Public governor
	Julie Holden (JWH)	Stakeholder governor, EGTC
	Bob Lanzer (BL)	Stakeholder governor WSCC
	Caroline Migo (CM)	Public governor
	Ken Sim (KS)	Public governor
	Roger Smith (RS)	Public governor
	Alison Stewart (AS)	Public governor
	Peter Ward Booth (PWB)	Public governor
	Antony Fulford-Smith (AFS)	Public governor
	Thavamalar Yoganathan (TY)	Public governor
	Anita Hazari (AH)	Staff governor
	Raman Malhotra (RM)	Staff governor (from 5-23)
In attendance:	Leonora May (LM)	Deputy company secretary (minutes)
	Clare Pirie (CP)	Director of communication and corporate affairs
	Gary Needle (GN)	Senior independent director
	Karen Norman (KN)	Non-executive director
	Paul Dillon- Robinson (PDR)	Non-executive director
	Tony Chambers (TCH)	Interim Chief executive officer
	Stuart Rees (SR)	Interim chief finance officer
	Nicky Reeves (NR)	Chief nurse
	Tania Cubison (TC)	Medical director
	Shane Morrison-McCabe (SMM)	Director of operations
	Apologies:	Miriam Farley (MF)
Baljit Dheansa (BD)		Staff governor
Elizabeth Bowden (EB)		Public governor
Janet Haite (JH)		Public governor
Did not attend:	Raman Malhotra (RM)	Staff governor
	Oliver Harley (OH)	Public governor (excluded)
Members of the public:	One member of staff, and one member of public	
Ref.	Item	
Standing items		
1-23	<b>Welcome, apologies and declarations of interest and eligibility</b> The Chair opened the meeting and welcomed Council, attendees, one member of staff and one member of public. The Chair reminded all present that the meeting was a meeting in public and not a public meeting, therefore members of public were invited to observe the meeting but not participate in discussions.  Apologies were received from MF, BD, EB and JH and the meeting was declared as being quorate.  AH declared that she has a new role as a specialist advisor for breast surgery with the Care Quality Commission (CQC). This interest has been included on the 2023/24 register of interests for governors. There were no other declarations of interest other than those already recorded on the register.  JS highlighted that terms of appointments for 14 public and three staff governors would end on 30 June 2023 and she thanked all governors whose last formal meeting it was for their contribution to the Trust during the last two years. She stated that it had been an interesting period not without its challenges but that QVH has a positive future ahead. She thanked AFS and JH individually, recognising that they	

	<p>had both served a total of two terms as a public governor for QVH, participating in various sub-committees and working groups during their tenure.</p> <p>JS also extended thanks to GN whose second and final term as a non-executive director for QVH ends on 30 June 2023. She stated that GN had been an exceptional Board member for the last six years, and that his strategic contributions will be missed by the Board.</p>
2-23	<p><b>Draft minutes of the public meeting held on 9 January 2023</b></p> <p>TB made reference to minute 80-23 and thought that the action had been misinterpreted as him having seen an error within the 18 July public CoG minutes. He clarified that in his view it was not an error, but an ongoing failure to identify individual governor contributions in minutes and only referring to governors collectively.</p> <p>KN highlighted the following error in minute 82-23- medical errors should read 'medication incidents'.</p> <p>Subject to the above amendment being made, Council agreed that the minutes of the public meeting held on 9 January 2023 are a true and accurate record of that meeting and <b>approved</b> them on that basis.</p>
3-23	<p><b>Matters arising and actions pending from previous meetings</b></p> <p>70-22 (Federation of Specialist Hospitals): JS provided Council with an update on progress with the action. She confirmed that she had met with the Federation of Specialist Hospitals to understand the value of QVH reinstating its membership, and that AJ will consider reinstating the Trust's membership as the strategy is developed. This action will remain as pending.</p> <p>CB and AH both shared the opinion that QVH should reinstate its membership as soon as possible given that it is a specialist hospital and shared the view that membership would offer opportunities for QVH to network and understand how other specialist hospitals are approaching the 'new NHS' and system working.</p> <p>Council <b>noted</b> the update.</p>
<b>Council business</b>	
4-23	<p><b>Securing the long term future of QVH</b> JS provided the following verbal update.</p> <p><u>Strategy</u> AJ has been appointed as the director of strategy and partnerships and is leading on the development of strategy for the Trust. Engagement with staff and stakeholders is a key part of strategy development and the Chair has held two informal meetings with governors to talk about the future of QVH which she described as helpful, informative and rewarding. These meetings have given governors an opportunity to express their views about the future of QVH and governors who had attended agreed that they are helpful and should continue. A staff governor requested that they be held on different days of the week in future to ensure that all governors have an opportunity to attend.</p> <p>AJ explained that the initial phase is developing the process for the development and implementation of the strategy, with consideration of other enabling strategies. The process has been developed and approved by the Board. It will be important to have regard to the multiple populations that QVH serves in developing the strategy, locally and regionally. She agreed that the engagement piece remains critical.</p> <p><u>Board recruitment</u> The recruitment campaign for a substantive chief executive officer has launched, with Odgers Berndtson supporting the Trust with the search. Interviews are being held at the beginning of June. The Trust is also seeking to appoint a substantive chief people officer and chief finance officer, and Anderson Quigley are supporting the Trust with these searches.</p> <p>Interviews for the two non-executive director positions are being held at the beginning of May.</p> <p><u>Additional licence conditions</u></p>

	<p>The lead governor had asked how and when the additional licence conditions might be reviewed and removed and what the process is for this. JS confirmed that the additional licence conditions are in place to ensure effective Board leadership, a suitably experienced and effective Chair and that a plan is in place for securing the long term future of QVH. She confirmed that she will write to NHS England and ask them to review the additional licence conditions given progress made since 2021 but warned that they will likely remain until QVH has developed a clear strategy.</p> <p>Discussion was had regarding the additional licence conditions and AH, CM and CB shared the view that they should be lifted as soon as possible and before the development of a strategy which could take 6-12 months. Non-executive directors agreed that the working relationship between the Board and Council of Governors was much improved, however they shared the view that it will be difficult to get the licence conditions revoked at this time.</p> <p>In response to questions from governors, JS confirmed that QVH is not the only foundation trust with additional licence conditions imposed, they do not restrict the Trust and that it will take time to have them revoked.</p> <p><u>Well-led review</u> The Board commissioned Deloitte LLP to undertake a well led review of the Trust's governance and leadership ahead of its next care quality commission (CQC) inspection. The review was conducted based on a number of key lines of enquiry including governance and internal controls.</p> <p>JS confirmed that the Board is yet to review the final report, but confirmed that there is nothing in it that the Board will be surprised about, and highlights include the need for QVH to have strategy and vision and the need to ensure stability at Board level. Deloitte agreed that the relationship between the Board and Council of Governors has improved. The Board will receive the recommendations at its meeting in May.</p> <p>Council <b>noted</b> the updates.</p>
5-23	<p><b>Update from interim chief executive officer</b> TCH provided the following verbal update.</p> <p><u>2022/23</u> QVH ended 2022/23 with a reduction in the overall size of the waiting list and better cancer performance. The number of cancer patients and complexity of cases continues to increase. The Trust delivered a balanced financial plan for the year with and strong year end position.</p> <p><u>2023/24</u> There is confidence in the Trust's operating and financial plans for 2023/24 which are focussed on productivity, clinical engagement and supporting others to deliver plans. It is currently thought that the Trust will over deliver on the plans. There are ongoing challenges with theatre capacity and opportunities to increase productivity and consider what they are being used for.</p> <p>AJ has started work on the strategy and quality improvement for the Trust and TCH stated that he feels optimistic about the future for the organisation.</p> <p>[RM joined the meeting]</p> <p>In response to a question from a governor, TCH elaborated on what is meant by 'supporting others to deliver plans'. It is important that QVH ensures it has the capacity to do what is required to help others before taking on that work, and then ensuring that commissioners will pay QVH for the work. The Trust's income could significantly increase. RM shared the view that QVH has been affected by treatment centres offering cataracts services and that the Trust should position itself to take some of that work back from the private sector.</p> <p>Council <b>noted</b> the updates.</p>
6-23	<p><b>Code of Governance for NHS provider trusts and addendum to Your Statutory Duties</b> CP presented the report to Council, highlighting that the new code requires governors to represent the interests of the public at large and suggests that governors should look at the nature of the Trust's</p>

	<p>collaboration with system partners as an indicator of organisational performance. The new code also brings a focus on equality, diversity and inclusion among Board members and training for those undertaking director level recruitment.</p> <p>CM suggested, and governors agreed that it may be appropriate to consider the Trust having a 'rest of England' governor member of the Council of Governors to ensure that the Council can effectively represent the interests of the public at large. She confirmed that she had checked and all other specialist hospitals had a 'rest of England and Wales' constituency. CP agreed to take this away as an action and look at what constituencies other specialist trusts have. <b>Action CP.</b></p> <p>The lead governor asked about the mechanism for governors to engage with NHS Sussex. NHS Sussex had previously invited governors to a series of virtual meetings with the ICB Chair and CP thought that the ICB would continue to engage with governors through that mechanism.</p> <p>Council <b>noted</b> the contents of the report.</p>
7-23	<p><b>Update from governor working group on public engagement</b></p> <p>AFS presented the update from the governor working group on public and membership engagement, highlighting that the membership of the group will need to be updated following governor elections.</p> <p>JS extended thanks to AFS and all other working group members for participating in this group, attending parish council and patient group meetings and providing valuable feedback for the Trust.</p> <p>Council <b>noted</b> the contents of the report.</p>
<b>Holding non-executive directors to account for the performance of the Board of Directors</b>	
8-23	<p><b>Finance and performance committee</b></p> <p>PDR presented the reports from the meetings held on 28 November 2022 and 23 January 2023, highlighting that:</p> <ul style="list-style-type: none"> <li>- The committee had completed its annual effectiveness review, and some of the feedback had indicated that the committee was receiving too much data and detail. Work is underway to improve the quality of reports and discussions</li> <li>- Operational- there were two 78 week wait cases which did not meet the target for year end and these were both patient choice. 52 week waits were below the revised trajectory. Productivity will be a drive this year with levels of 109% of 2019/20 month eight activity planned. A clinical coding audit had been undertaken with positive results which were commended by the committee</li> <li>- Financial- the Trust is forecasting a break even position with a caveat that this is due to previous funding arrangements and that the Trust cannot become complacent</li> <li>- Workforce- the committee have been focussed on sickness absence which has increased during the winter, appraisals and mandatory training</li> </ul> <p>Discussion was had regarding the outcome of the clinical coding audit, and AH and RM thought that work is still required to improve coding for minor procedures within outpatients. They reported difficulty in producing a record of what activity has been carried in regard to interventional and diagnostic procedures.</p> <p>A governor asked what the impact of future strike action will be on QVH's financial position and waiting lists. In response, PDR confirmed that this is not yet known and that it is a national issue. There is a national document that sets out the financial impact of strike action on the NHS, and the figures are thought to be significant. He explained that the Board will focus on mitigating factors that are within its control.</p> <p>Council <b>noted</b> the finance and performance committee update.</p>
9-23	<p><b>Digital committee</b></p> <p>KG presented the report from the meeting held on 13 February 2023, highlighting that:</p> <ul style="list-style-type: none"> <li>- This is a newly established committee established to provide assurance to the Board of Directors regarding the delivery and management of all digital projects and programmes</li> </ul>

	<ul style="list-style-type: none"> <li>- IT infrastructure has been a focus for the committee with a back log of requirements to bring components up to date to provide a robust infrastructure and platforms to build applications needed going forwards</li> <li>- A risk associated with capital spend for IT infrastructure before the end of the financial year has been mitigated and the majority of the hardware was delivered in time. Unallocated capital for 2022/23 has been used to fund phase 2a of the programme</li> <li>- The electronic patient record (EPR) project is in outline business case stage and the full business case will be approved by the Board at its meeting in July 2023. This technology will be used to enable better patient care and will be integrated into the Trust strategy. The procurement for this project will be completed before September 2023 to meet national deadlines</li> <li>- The digital strategy is being developed with the support of an external company (PPL) and will be aligned to the broader Trust strategy</li> </ul> <p>Discussion was had regarding electronic patient records and AFS suggested that user experience should be considered throughout the development of the system to ensure that clinicians do not need to sign in to various different systems. KG confirmed that the lack of a single sign on has been identified as an issue for the Trust and the committee are focussed on the system being built around users and process.</p> <p>AH reiterated that the lack of single sign on at QVH is an issue for clinicians, and in response AJ confirmed that this has been picked up during the stakeholder engagement exercise for the development of the digital strategy and that opportunities and challenges are being considered.</p> <p>Council <b>noted</b> the digital committee update.</p>
<b>10-23</b>	<p><b>Quality and governance committee</b></p> <p>KN presented the report from the meeting held on 19 December 2022, highlighting that:</p> <ul style="list-style-type: none"> <li>- The committee completed its annual effectiveness review during November 2022 and is streamlining systems and processes as a result. The committee is now meeting monthly</li> <li>- Improving antimicrobial prescribing is one of the committee's top quality priorities for this year</li> <li>- The committee will continue to monitor harm reviews and ensure that they are completed</li> </ul> <p>Council discussed and considered the contents of the report as follows:</p> <ul style="list-style-type: none"> <li>- Discussion was had regarding antimicrobial prescribing. In response to a question from a governor regarding what the root cause of the issue is thought to be, KN explained that this is a complex issue and each time a case is raised there are different causes and different people involved. Lots of the ongoing work is concerned with raising awareness and influencing behavioural changes. Audits are being carried out regularly with feedback given directly to the teams</li> <li>- In response to a question from a governor, KN confirmed that staffing levels in the pharmacy team is a factor contributing to issues with antimicrobial prescribing. TC confirmed that the Trust has found it difficult to recruit into the vacant antimicrobial pharmacist position, and that there is a business case for a theatre pharmacist which will help to address the issue</li> <li>- KN confirmed that to date, the Trust has no plans to proceed with international recruitment or cost of living allowances for staff. She confirmed that as well as considering safe staffing levels, the committee looks at vacancy rates, recruitment and hours worked versus hours required as part of the nursing workforce review</li> <li>- In response to a question from a governor, KN confirmed that strike action is having an impact on the Trust's services and patient care. She confirmed that there are contingencies in place including regular planning meetings</li> </ul> <p>Council <b>noted</b> the quality and governance committee update.</p>
<b>11-23</b>	<p><b>Audit committee</b></p> <p>KG presented the report for the meeting held on 12 January 2023, highlighting that:</p> <ul style="list-style-type: none"> <li>- The committee had last met in March 2023, and that the Trust is out to procurement for an external auditor</li> <li>- The committee have approved Q1 of the annual internal audit plan, but there is further work to do to align the rest of the plan with strategic developments. The committee will receive an updated plan for Q2, 3 and 4 at its meeting in July 2023</li> </ul>

	<p>CB queried what the one high priority action was within the IT clinical systems internal audit report. KG agreed to confirm this outside of the meeting. <b>Action KG</b></p> <p>Council <b>noted</b> the audit committee update.</p>
12-23	<p><b>Any other questions for non-executive directors</b></p> <p>There were no further questions for the non-executive directors.</p>
<b>Meeting closure</b>	
13-23	<p><b>Any other business</b></p> <p>There was no further business and the Chair closed the meeting.</p>
<b>Questions</b>	
14-23	<p><b>Questions or comments from members of the foundation trust of members of the public</b></p> <p>One question was received from a public governor. CP read out the question and response which was as follows.</p> <p><u>Question</u> Would it be possible to let the Council of Governors know what the proposed land sale is, its current status and to what purpose the funds raised would be applied?</p> <p><u>Response</u> The land at the north west of our site adjoining Oakfield Way has been sold, subject to planning, to Brookworth Homes Limited who have submitted an application for planning permission for 30 residential properties.</p> <p>This land has been allocated for development in the Council's Local Plan and East Grinstead Neighbourhood Plan.</p> <p>The planning application was submitted in May 2021 and since then a number of amendments have been made in response to feedback. The date for final planning decision making is not yet known.</p> <p>The sale of this unused land could fund improvements to the hospital site; there are no specific plans for the investment at this stage as this has been a lengthy process and the end date is not yet known.</p> <p>In response to a further question from a governor, CP confirmed that the value of the land is not yet known because it will be sold subject to planning permission, but that it is likely to be immaterial.</p>

Matters arising and actions pending from previous meetings of the Council of Governors - <b>PUBLIC</b>								
ITEM	MEETING Month	REF.	TOPIC	AGREED ACTION	OWNER	DUE	UPDATE	STATUS
1	November 2022	70-22	Federation of specialist hospitals	Consider benefits versus cost and value for money of reinstating membership with Federation of specialist hospitals	JS	<del>09/01/2023</del> 17 July 2023	<b>January:</b> Council received a verbal update from the Trust Chair at its meeting on 9 January 2023. Further verbal update to be provided at the meeting on 17 April 2023 <b>April:</b> JS has met with the federation of specialist hospitals to understand the value of reinstating membership, and AJ will take this consideration forward as the Trust's strategy is developed. Verbal update to be provided at the meeting on 17 July 2023	Pending
2	April 2023	6-23	Rest of England governor	Consider whether it is appropriate for QVH to have a 'rest of England' governor to ensure that Council can effectively represent the interests of the public at large	CP	17 July 2023	The governance team will seek learning from the experience of other trusts and bring back to CoG to consider before the next round of public governor elections. For inclusion in January 2024 paper re governor elections	Closed



**Report to:** Council of governors  
**Agenda item:** 30-23  
**Date of meeting:** 17 July 2023  
**Report from:** Ken Sim, appointments committee Chair  
**Report author:** Leonora May, deputy company secretary  
**Date of report:** 5 July 2023  
**Appendices:** None

## **Trust Chair and non-executive director (NED) appraisal process 2022/23**

### **Introduction**

The appointments committee received assurance at its meeting on 21 June 2023 that the Trust Chair and NED appraisals for 2022/23 had been completed in accordance with the guidance set out by NHS England. The content of the appraisals remains private and the only third party that will see a summary is NHS England.

The appointments committee has a duty to review annually the performance of the NEDs, including the Chair by agreeing a process for determining the performance evaluations in line with national guidance. As in previous years, governors were invited to provide feedback for the NED and Trust Chair appraisals. The appointments committee has a duty to receive a report from the Trust Chair and SID regarding the appraisal process and provide assurance to Council that the appraisals have been completed in line with national guidance.

### **Trust Chair**

The senior independent director (SID) confirmed that he had completed the Trust Chair's appraisal during May 2023 in accordance with the guidance set out by NHS England. He confirmed that he and the Trust Chair had reviewed progress towards key objectives, discussed feedback received and agreed a set of objectives for the year ahead.

He had sought feedback from a wide range of internal and external stakeholders including fellow Board members, governors and peer Chairs from other organisations in Sussex and Kent. He thanked governors for their input.

The appointments committee noted that the SID will complete the Trust Chair appraisal form and return it to NHS England before the end of June 2023.

### **Non-executive directors (NEDs)**

The Trust Chair confirmed that she had completed the NED appraisals during April and May 2023 in accordance with the guidance set out by NHS England.

She had sought feedback from on each of the NEDs performance during the year from fellow Board members and governors and then met with them each individually to review performance, set objectives and identify learning and development needs.

The appointments committee noted that the Trust Chair will complete the NED team appraisal summary template and return it to NHS England before the end of June 2023.

The appointments committee were assured that the appraisals had been completed in line with national guidance.



**Recommendation**

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

**Report to:** Council of governors  
**Agenda item:** 31-23  
**Date of meeting:** 17 July 2023  
**Report from:** Leonora May, deputy company secretary  
**Report author:** Leonora May, deputy company secretary  
**Date of report:** 4 July 2023  
**Appendices:** None

## **Composition of the Board**

### **Introduction**

At its extraordinary private meeting on 10 May 2023, Council approved the appointment of three non-executive directors (NEDs). This increased the number of NEDs from four to five (excluding the Trust Chair), and Council requested an update at its next public meeting setting out the constitutional requirements around the composition of the Boards and implications of increasing the number of non-executive directors.

### **Constitutional requirements**

The Trust's Constitution (section 31) states that the Board is to comprise:

- a Chair and at least four other non-executive directors
- a chief executive (who shall be the accounting officer); a finance director; at least two other executive directors, one of whom is to be a registered medical practitioner or a registered dentist and one of whom is to be a registered nurse or a registered midwife

The Constitution also states that the board of directors can determine any change in the number of directors (in line with the requirements above), and that the number of NEDs (including the chair) shall always be greater than the number of executive directors. The council of governors should be consulted if the changes relate to the non-executive directors.

The appointment of three new NEDs is in line with the requirement for a Chair and at least four NEDs (there will be five) and that the number of NEDs should be greater than the number of executives (there remain four voting executive roles).

The Board has approved the appointment of three NEDs, noting that this will mean that the Board has a Chair and five NEDs, and that this is in line with the Constitution.

### **Rationale for increasing the number of non-executive directors (NEDs)**

The rationale for increasing the number of NEDs was discussed with the council of governors on 10 May, and includes:

- Capacity for chairing and membership of Board sub-committees
- Capacity for supporting other NED tasks including chairing consultant appointment committees
- Increased Board expertise as the Trust works through future strategy development and the value of the independent input of NEDs for this; the three new non-executive directors each bring different skills and experience

**Recommendation**

Council is asked to **ratify** the change to the number of NEDs, and **note** that this is in line with the Constitution.

**Report to:** Council of Governors  
**Meeting date:** 17 July 2023  
**Agenda item:** 32-23  
**Report from:** Kevin Gould, Audit committee chair  
**Report author:** Kevin Gould, Audit committee chair  
**Report date:** 7 July 2023

## **Assessment of external auditors work and fees 2022/23**

### **Introduction**

One of the statutory duties of the Council of governors is to approve the appointment of the external auditor. In January 2020, the Council reappointed KPMG for 2021/22 with the option for appointment for one further year. Subsequently, KPMG were reappointed for 2022/23.

This report provides a review of the 2022/23 audit to members of the Council.

### **2022/23 external audit**

The Audit Committee was satisfied with the overall quality of output and performance of KPMG as our external audit provider, despite challenges completing the audit which lead to submission of the accounts at the last minute.

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 complied with regulatory guidance for rotation requirements regarding senior audit staff. The Director was in his third year on the engagement and the Manager in the second year.

Audit fees have risen significantly across the market. In this context, the fees for the audit were considered reasonable. No additional services were provided by KPMG.

### **Recommendation**

Council is asked to **NOTE** the contents of this report. A process is ongoing to select a new auditor for 2023/24 which will be reported separately.

**Report to:** Council of governors  
**Agenda item:** 33-23  
**Date of meeting:** 17 July 2023  
**Report from:** Leonora May, deputy company secretary  
**Report author:** Leonora May, deputy company secretary  
**Date of report:** 4 July 2023  
**Appendices:** None

## **Membership strategy review**

### **Introduction**

It is a statutory requirement that the membership engagement strategy for an NHS foundation trust (FT) should be reviewed annually.

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

### **Background**

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 do not 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.

Membership is free, and members are able to:

- vote for in elections for the Council of Governors
- stand for election to the Council of Governors
- receive regular information about what we are doing

Since becoming a foundation trust in 2004, we have built a strong public membership of over 7000 people. All QVH staff who are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months are enrolled as members of the staff constituency.

Foundation trusts are no longer required or expected to grow their membership.

We encourage our patients, their families and carers, stakeholders, ex-employees and interested members of public to sign up to our public 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.

We do this working within the context that we are the smallest acute trust in the country, without the resources for a dedicated membership function.

## Membership requirements

In order to become a public member, the person must reside in Kent, Surrey, East Sussex, West Sussex or South London. If a person applies for membership but does not reside in one of these areas, they will become an affiliate member which means that they will receive news from the Trust but are not able to stand for election for a governor role, nor vote in elections.

All QVH staff who are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months are eligible to become a staff member and are automatically enrolled as members of the staff constituency.

An individual who is a member of either the public or staff constituency shall not be a member of the other constituency. If an individual satisfies the criteria for membership of the staff constituency then they shall not become a member of the public constituency.

### A membership which is representative of those eligible for membership

QVH Constitution states 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.*

Our public membership is drawn from Kent, Surrey, East Sussex, West Sussex and South London as set out in our Constitution.

## Analysis of public membership

At present we have c. 7,380 public members, a decrease of c. 120 members since July 2022. As in previous years, while individuals have left and joined the total number has remained fairly stable. The minimum number of public members is 200 as set out within Annex one of the Constitution.

Figures shown below are for public members who have provided information related to their age, gender and ethnicity. Please note that these fields on the application form are not mandatory which means that some public members have not provided this information.

<u>Age</u>	<u>No. of public members who have confirmed that age range</u>	<u>% of membership</u>	<u>% of public constituency area</u>
22-29	50	0.68	9.76
30-39	200	2.71	14.18
40-49	323	4.37	13.54
50-59	619	8.38	13.53
60-74	1,594	21.59	14.61
75+	1,752	23.73	8.70

\*2,838 public members (38%) have not specified their age

<b><u>Gender</u></b>	<b><u>No. of public members who have confirmed that gender</u></b>	<b><u>% of membership</u></b>	<b><u>% of public constituency area</u></b>
Male	2,898	39.25	49.15
Female	3,842	52.04	50.85

\*643 public members (9%) have not specified their gender

<b><u>Ethnicity</u></b>	<b><u>No. of public members who have confirmed that ethnicity</u></b>	<b><u>% of membership</u></b>	<b><u>% of public constituency area</u></b>
White - English, Welsh, Scottish, Northern Irish, British	3,437	46.55	74.23
White - Irish	40	0.54	1.29
White - Gypsy or Irish Traveller	3	0.04	0.17
White - Other	135	1.83	6.59
Mixed - White and Black Caribbean	4	0.05	0.98
Mixed - White and Black African	5	0.07	0.49
Mixed - White and Asian	13	0.18	0.86
Mixed - Other Mixed	10	0.14	0.85
Asian or Asian British - Indian	51	0.69	2.07
Asian or Asian British - Pakistani	8	0.11	0.88
Asian or Asian British - Bangladeshi	4	0.05	0.44
Asian or Asian British - Chinese	13	0.18	0.94
Asian or Asian British - Other Asian	21	0.28	2.29
Black or Black British - African	22	0.30	3.62
Black or Black British - Caribbean	6	0.08	2.15
Black or Black British - Other Black	3	0.04	1.00
Other Ethnic Group - Arab	2	0.03	0.37
Other Ethnic Group - Any Other Ethnic Group	8	0.11	0.77

\*3,598 public members (49%) have not specified their ethnicity

The Trust recognises that its public constituency is not directly representative of those eligible for membership as demonstrated within these tables. Our public membership is older than the general population and this is common for foundation trust members.

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.

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

- We will continue to promote 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
- Promotion of membership through information in areas such as outpatients (use of information screens) to encourage patients to consider membership and understand its benefits
- Promotion of membership through the QVH website membership page and news stories

### **Membership engagement**

We encourage as many existing and prospective members as possible to provide their email address. 45% of public members are now on email which is the same as last year; we hope that this percentage will increase slowly, with new members now enrolling via the Trust website, requiring an email address as part of the process. This enables us to communicate with almost half of our membership 'in real time' improving engagement whilst reducing costs of printing and postage. When members sign up, they receive a welcome letter to the email address provided.

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.

Since July 2022, we have emailed members on five occasions which included QVH News, a governor newsletter and an invitation to submit nominations for the QVH staff awards. This is an increase from last year, where we emailed members on two occasions.

We are always mindful not to overuse email communication as this may lead to 'engagement fatigue' with members asking to be removed from the database. The average 'opens' shown on our database for emails sent is 55%.

The Trust Board is developing an engagement plan for the development of a strategy to secure a sustainable future for the Trust. This engagement plan will include public and staff members, and governors will have an opportunity to provide views and input into this at its informal meeting with the Board on 17 July 2023.

### **Recommendation**

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



Report cover-page					
<b>References</b>					
<b>Meeting title:</b>	Board of Directors				
<b>Meeting date:</b>	4/5/2023	<b>Agenda reference:</b>	20-23		
<b>Report title:</b>	Financial, operational and workforce performance assurance				
<b>Sponsor:</b>	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee				
<b>Author:</b>	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee)				
<b>Appendices:</b>	N/A				
<b>Executive summary</b>					
<b>Purpose of report:</b>	Assurance on financial, operational and workforce performance as discussed at the latest Finance & Performance Committee (24 April 2023)				
<b>Summary of key issues</b>	<p>Operational performance; successful achievement of no 104/78ww patients at year-end. Continuing focus on Sleep services and importance of theatre improvement programme.</p> <p>Workforce; Discussions on appraisals and short-term sickness, broader discussion on support for workforce</p> <p>Finance; Year-end break-even, subject to audit, and planning for 2023/24</p> <p>Other: Developments in performance review meetings (and how this impacts on the work of the committee)</p>				
<b>Recommendation:</b>	The board is asked to note the matters discussed and seek further clarification.				
<b>Action required</b> <i>[embolden one only]</i>	Approval	Information	Discussion	<b>Assurance</b>	Review
<b>Link to key strategic objectives (KSOs):</b> <i>[[embolden KSO(s) this recommendation aims to support]</i>	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i><b>Operational excellence</b></i>	KSO4: <i><b>Financial sustainability</b></i>	KSO5: <i><b>Organisational excellence</b></i>
<b>Implications</b>					
<b>Board assurance framework:</b>	BAFs for KSO3, KSO4 and KS05 are relevant and were reviewed at the meeting				
<b>Corporate risk register:</b>	Corporate risks allocated for oversight by the committee were reported upon and note is made where individual risks received more detailed review – if applicable				
<b>Regulation:</b>	Some KPIs link into the oversight framework of reporting to NHSE and CQC				
<b>Legal:</b>	No specific legal implications				
<b>Resources:</b>	Resources are fundamental to the delivery of performance				
<b>Assurance route</b>					
<b>Previously considered by:</b>	Finance, operational and workforce reports go through a variety of routes to reach the committee				
	Date:		Decision:		
<b>Next steps:</b>	Review by Board				

**Report to:** Board Directors  
**Agenda item:** Financial, operational and workforce performance assurance  
**Date of meeting:** 4 May 2023  
**Report from:** Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee  
**Report author:** Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee  
**Date of report:** 24 April 2023  
**Appendices:** N/A

## **Financial, operational and workforce performance assurance**

### **Introduction**

This report covers the meeting of the Finance & Performance Committee on 24 April, reviewing performance information as at the end of March 2023. The committee had also met on 28 March, since the last board meeting, and some issues from that meeting are reflected below.

### **Operational Performance**

The Trust achieved its target of no patients waiting for longer than 104 or 78 weeks, and had improved its performance in reducing 52ww within the revised trajectory. This was the result of concerted work across the teams, that was acknowledged. The 2023/24 target in this area is focussed on no patients waiting longer than 65 weeks by 31 March 2024, and the committee were assured that there is a plan to achieve this.

Improvements in Sleep performance were noted, albeit behind trajectory, primarily through the outsourcing of diagnostics. It was noted that recruitment in this area was positive and discussions were being held with local ICSs around demand and capacity issues.

The programme of work on theatre productivity, aiming to achieve 90% utilisation, was discussed, including the various streams of work and the critical dependencies to improve productivity to ensure that the Trust achieved the 109% of the 2019/20 baseline of value weighted level of activity.

The impact on patients and patient activity from industrial action was noted, along with the work being done to minimise impact to patients

### **Workforce performance**

There was a wide-ranging discussion around workforce issues, and the critical importance of the range of work in this area. The committee felt that discussions at the board would be helpful on the priorities for the Trust and the support that could be given. It was noted that some work was commencing on quality improvements within the Workforce & Organisational Development function.

In particular the committee discussed the importance of staff having their annual reviews / appraisals, but that these needed to be good quality conversations and used to support retention and development. Further work was noted on improving the process, but this needed a firm steer.

The increased levels of short-term sickness was discussed, with a view that there was a seasonality issue (colds and coughs) but that staff were taking longer to

recover from such episodes. This was an area of continue monitoring to understand this insight.

It had previously been noted about the number of staff on fixed term contracts and, whilst some posts are – by their nature – designed to be fixed term, it was important that we looked for substantive appointments in other areas.

### **Financial performance**

The M12 financial out-turn continues to report a break-even, subject to year-end audit. It was also noted that, after a significant focus, the capital programme had been delivered.

The committee looked at capital planning for 2023/24, noting the fact that capital allocations are part of the wider ICS financial picture. As ever, there is a need to prioritise spending in this area, along with the significant investments needed in IT (Electronic Patient Records) and infrastructure (Community Diagnostic Centre), where funding plans still need to be finalised. Learning the lesson from 2022/23 the planning for capital spend has commenced to avoid the bulk of the work being pushed into the final quarter of the year.

The operational and financial plan for 2023/24 was discussed. The NHS has been having significant discussions at ICS and national level given the level of deficits being suggested from planning rounds. The Trust's final plan, to be submitted in early May, is based on breaking-even and delivering 109% activity. Elective activity has moved, nationally, to a payments by results basis, with Elective Recovery Funding expecting to be awarded on a quarterly basis. Assurance was received that the underling operational plan is achievable, albeit with dependencies.

### **Other**

Deep dives were undertaken on two risks; 1231 Late tertiary cancer referrals, and 1245 Junior Doctor Rota Management. Late tertiary cancer referrals has been reviewed on a number of occasions and the committee were keen to focus on what part of the risk was within our control, and what part we had to tolerate because of dependencies on third parties.

The committee had a discussion about performance review meetings of directorates and departments and noted the changes recently made to try and make them more effective by being driven more by management seeking support and less by executives seeking explanations. It was noted that a new performance and accountability framework is being developed

The committee was pleased to note the extremely positive results of the most recent clinical coding audit of elective inpatient activity, noting that a future focus would now shift to outpatient work.

Finally the committee discussed how it would work going forward; looking to focus on reporting by exception, focusing on key performance indicators, blending historical reporting with forecasting / trajectories, seeking insights and looking at remedial actions.

### **Recommendation**

The Board is asked to **NOTE** the matters raised above and discuss any issues that they feel appropriate

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	6/7/2023		Agenda reference:	61-23	
Report title:	Financial, operational and workforce performance assurance				
Sponsor:	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee				
Author:	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee)				
Appendices:	N/A				
Executive summary					
Purpose of report:	Assurance on financial, operational and workforce performance as discussed at the latest Finance & Performance Committee (26 June 2023)				
Summary of key issues	Operational performance; Good progress on developments within theatre utilisation and outpatients noted. Discussions also held on impact of industrial action  Workforce; Work on WRES/WDES action plan noted, as well as commitment on appraisals  Finance; Break-even reported year-to-date and forecast, but income from elective activity is key risk  Other: Various surveys on estates require capital prioritisation				
Recommendation:	The board is asked to note the matters discussed and seek further clarification.				
Action required <i>[embolden one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):  <i>[[embolden KSO(s) this recommendation aims to support]</i>	KSO1:  <i>Outstanding patient experience</i>	KSO2:  <i>World-class clinical services</i>	KSO3:  <i>Operational excellence</i>	KSO4:  <i>Financial sustainability</i>	KSO5:  <i>Organisational excellence</i>
Implications					
Board assurance framework:	KSO3, KSO4 and KS05 are relevant to this area. No BAFs were reviewed, given the work being done to revise them				
Corporate risk register:	Corporate risks allocated for oversight by the committee were reported upon and deep dives undertaken on two				
Regulation:	Some KPIs link into the oversight framework of reporting to NHSE and CQC. Issues within Estates have regulatory impacts				
Legal:	No specific legal implications				
Resources:	Resources are fundamental to the delivery of performance				
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	26/06/23	Decision :		
Next steps:	NA				

**Report to:** Board of Directors  
**Agenda item:** Financial, operational and workforce performance assurance  
**Date of meeting:** 6 July 2023  
**Report from:** Paul Dillon-Robinson, Non- executive Director and Committee Chair  
**Report author:** Paul Dillon-Robinson, Non- executive Director and Committee Chair  
**Date of report:** 26 June 2023  
**Appendices:** None

## **Financial, operational and workforce performance assurance report**

### **Introduction**

This report covers the matters discussed at the Finance & Performance Committee meeting on Monday 26 June 2023.

The committee has moved to a new format of papers, where there is a summary paper from each of the leads; on operations, workforce and finance (2/3 pages) that highlights the main issues / assurances. A separate data pack is available as an appendix. In principle, it was agreed, that this data pack should contain management information that is already generated for management purposes.

### **Executive summary**

Operational performance: The committee noted the key performance indicators on cancer and progress against the target to achieve zero 65ww (and 78ww).

Good progress is being made on developments to improve performance in both theatre utilisation (e.g. on the day cancellations, late starts) and outpatient transformation, with the need to embed these so that productivity is increased as a key cornerstone of the trust's future sustainability.

Discussion was held on the link between achieving activity (to plan, by value weighted activity) and the generation of income (particularly the elective recovery fund). The loss of activity due to industrial action was noted, as well as the efforts to reschedule patients as effectively as possible.

The Trust's total waiting list size continues to grow, and a validation exercise is underway to substantiate this.

Workforce: The development of an action plan to address issues arising from the most recent WRES and WDES reports was welcomed, ensuring that it also addressed related staff themes.

Progress against the requirement for annual appraisals was noted, along with the clear focus from senior management on this matter.

Finance: The Trust continues to report a break-even position both year-to-date and forecast to the year-end. The main risk to this is around income, linked to activity (see above).

There was a separate agenda item on patient level information costing systems and the committee was keen to see this information being used to inform reviews of service lines.

Estates update: The committee received an update on the results of recent surveys of the estate, as well as on fire safety and electrical services. These were to be discussed at EMT and plans for capital prioritisation would be brought to the next committee meeting.

Risk deep dives: The committee reviewed a risk deep dive into recruitment and retention within perioperative services and received assurances that, although difficult and complex, there were sufficient staff for the full theatre suite. It sought further assurance on the frequency of staff forgoing training / management time to cover theatres.

The committee also agreed with the new wording for the financial sustainability risk.

### **Recommendation**

The Board is asked to **note** the matters above and discuss any issues.

Report cover-page					
<b>References</b>					
Meeting title:	Board of directors				
Meeting date:	04/05/2023	Agenda reference:		21-23	
Report title:	Digital committee assurance				
Sponsor:	Kevin Gould, Committee Chair				
Author:	Ellie Simpkin, Governance officer				
Appendices:	None				
<b>Executive summary</b>					
Purpose of report:	The purpose of the report is to provide assurance on matters considered and discussed by the digital committee at its meeting on 13 March 2023 and 17 April 2023.				
Summary of key issues	<ul style="list-style-type: none"> <li>All hardware for the IT infrastructure programme has now been delivered and installation is progressing as planned</li> <li>The approval of the EPR outline business case (OBC) and tender documents has been delayed as further work is required on the finance model and on fully developing the programme benefits</li> <li>Stakeholder engagement for the development of the digital strategy is ongoing</li> <li>The committee will review the final QVH digital maturity self-assessment prior to submission on 14 May 2023</li> </ul>				
Recommendation:	The Board is asked to <b>note</b> the contents of the report.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
<b>Implications</b>					
Board assurance framework:	Corporate risks related to digital				
Corporate risk register:	Digital corporate risks to be reviewed by the committee going forwards				
Regulation:	None				
Legal:	None				
Resources:	None				
<b>Assurance route</b>					
Previously considered by:	Digital committee				
	Date:	13/03/2023 17/04/2023	Decision:		
Next steps:	N/A				

**Report to:** Board Directors  
**Agenda item:** 21-23  
**Date of meeting:** 4 May 2023  
**Report from:** Kevin Gould, committee Chair  
**Report author:** Ellie Simpkin, governance officer  
**Date of report:** 19 April 2023  
**Appendices:** None

## **Digital committee assurance**

### **Introduction**

This purpose of this report is to provide the Board with assurance on matters considered by the digital committee at its meetings on 13 March 2023 and 17 April 2023.

### **Digital programmes**

The committee received updates on the IT infrastructure and electronic patient record (EPR) programmes.

The committee received assurance that all hardware for the IT infrastructure programme has now been delivered and installation is progressing as planned. The committee noted that phase 2a of the programme is also progressing well and all storage hardware was delivered before year end as expected.

The EPR programme has now moved to the pre-market engagement phase. There has been very positive feedback from suppliers and no challenges to the specifications. The EPR programme readiness assessment has been reviewed by the national team and is positive overall with areas for improvement as expected. The approval of the outline business case (OBC) and tender documents has been delayed as further work is required on the finance model and on fully developing the programme benefits. Following the discussions with suppliers, electronic document management (EDM) is being added to the Output Based Specification. Revised timescales for the approval of the OBC and subsequently the full business case (FBC) are being developed. The committee received assurance that the communications and engagement planning for EPR is underway.

### **Digital strategy**

The committee received assurance on the development of a digital strategy. A summary of the stakeholder engagement activity and feedback and the emerging ambitions and priorities was presented to the committee.

### **Digital maturity assessment**

The committee considered the NHS England What Good Looks Like framework for the Digital Maturity Assessment (DMA) programme. All NHS organisations are required to complete a self-assessment to gauge how well they are making use of digital technology and identify key strengths and gaps in the provision of digital services which will help to inform funding decisions. How well the organisation has matured as a result of the funding will be assessed and reviewed annually. The committee will review the final QVH assessment prior to submission on 14 May 2023.



**Risk**

Agreement has been reached on the corporate risks which will be considered by the digital committee and the committee will now be receiving updates on these risk at each of its meetings.

**Other**

The committee noted that a chief nursing information officer has now been appointed and will be starting in post at the beginning of May 2023.

**Recommendation**

The Board is asked to **note** the contents of the report.

Report cover-page					
<b>References</b>					
Meeting title:	Board of directors				
Meeting date:	06/07/2023	Agenda reference:	62-23		
Report title:	Digital committee assurance				
Sponsor:	Kevin Gould, Committee Chair				
Author:	Ellie Simpkin, Governance officer				
Appendices:	None				
<b>Executive summary</b>					
Purpose of report:	The purpose of the report is to provide assurance on matters considered and discussed by the digital committee at its meeting on 19 June 2023.				
Summary of key issues	<ul style="list-style-type: none"> <li>The committee supports aligning the final approval of the digital strategy with other Trust-wide strategies being developed in parallel.</li> <li>Phase 1 of the IT infrastructure programme was on scheduled to be completed in June 2023. There is a risk associated with the delivery of phase 2b due to the delay in the finalisation of the capital programme.</li> <li>Work continues on the EPR benefits development, ensuring that national requirements will be met.</li> <li>The committee received an update on the funding position for the EPR programme and reviewed the programme specific risks.</li> </ul>				
Recommendation:	The Board is asked to <b>note</b> the contents of the report.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
<b>Implications</b>					
Board assurance framework:	Corporate risks related to digital				
Corporate risk register:	Digital corporate risks to be reviewed by the committee going forwards.				
Regulation:	None				
Legal:	None				
Resources:	None				
<b>Assurance route</b>					
Previously considered by:	Digital committee				
	Date:	19/06/23	Decision:		
Next steps:	N/A				

**Report to:** Board Directors  
**Agenda item:** 62-23  
**Date of meeting:** 6 July 2023  
**Report from:** Kevin Gould, committee Chair  
**Report author:** Ellie Simpkin, governance officer  
**Date of report:** 22 June 2023  
**Appendices:** None

## **Digital committee assurance**

### **Introduction**

This purpose of this report is to provide the Board with assurance on matters considered by the digital committee at its meeting on 19 June 2023.

### **Digital strategy**

The committee received assurance on the development of a digital strategy. The draft outline strategy was being discussed at a session with key stakeholders before wider engagement. The committee supported the suggestion that the timeline for final approval should be aligned with other Trust-wide strategies which are being developed in parallel.

### **Digital programmes**

The committee received updates on the IT infrastructure and electronic patient record (EPR) programmes.

The committee received assurance that phase 1 of the IT infrastructure programme was on scheduled to be completed in June 2023. There is a risk associated with the delivery of phase 2b due to the delay in the finalisation of the capital programme allocation for 2023/24.

With regard to EPR, work is continuing on the benefits development, ensuring that national requirements will be met. The committee was pleased to note that the chief nursing information officer is now in post and having a positive impact on clinical engagement.

### **EPR**

The committee received reports on the following EPR related matters:

#### Update on Frontline Digitisation funding

Work continues with the QVH EPR programme team and NHS England central team on the funding allocations, the profile of spend and the timelines for EPR procurement. It is anticipated that a revised profile for QVH Frontline Digitisation funding will be provided in July.

#### Shared procurement approach

The committee considered the opportunities for much closer alignment and collaborative working with the ICS acute partners for procurement of an EPR. It was agreed that alignment would be of benefit, being mindful of the deadlines and funding constraints. Exploration and discovery work will commence, ensuring that any risks are clearly defined and mitigated as necessary.

### Risk

Programme specific risks related to the EPR programme include a lack of engagement with end users, the releasing internal resources to support the project, delays in the procurement process, insufficient clinical engagement and the risk to costs and funding.

### **Recommendation**

The Board is asked to **note** the contents of the report.

Report cover-page					
<b>References</b>					
Meeting title:	Board of directors				
Meeting date:	04/05/2023	Agenda reference:	25-23		
Report title:	Quality and governance committee assurance				
Sponsor:	Karen Norman, Committee Chair				
Author:	Karen Norman, Committee Chair Ellie Simpkin, governance officer				
Appendices:	None				
<b>Executive summary</b>					
Purpose of report:	The purpose of the report is to provide assurance on matters considered and discussed by the quality and governance committee at its meetings on 27 February 2023, 30 March 2023 and 17 April 2023.				
Summary of key issues	<ul style="list-style-type: none"> <li>Two serious incidents in January 2023 and one in March 2023</li> <li>Numbers of patients awaiting clinical harm review reduced</li> <li>Positive feedback received from recent peer review visits to the critical care unit and the burns service</li> <li>Annual oversight of the quarterly audits on the WHO Surgical Safety Checklist performed within the perioperative department</li> <li>The committee approved the QVH Quality Priorities for 2023/24</li> </ul>				
Recommendation:	The Board is asked to <b>note</b> the contents of the report, the assurance where given and risks identified.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
<b>Implications</b>					
Board assurance framework:	KSO3- outstanding patient experience- quality and supply issues with providers, ongoing workforce challenges KSO2- World class clinical services- restricted facilities to manage more complex patients				
Corporate risk register:	The committee continues to review the patient safety risks.				
Regulation:	Health and Social Care Act 2008 CQC standards of quality and safety				
Legal:	As above				
Resources:	None				
<b>Assurance route</b>					
Previously considered by:	Quality and governance committee				
	Date:	27/02/23 30/03/23 17/04/23	Decision:		
Next steps:	N/A				

**Report to:** Board Directors  
**Agenda item:** XX-23  
**Date of meeting:** 4 May 2023  
**Report from:** Karen Norman, Committee Chair  
**Report author:** Karen Norman, Committee Chair  
Ellie Simpkin, governance officer  
**Date of report:** 19 April 2023  
**Appendices:** None

### **Quality and governance committee assurance**

#### **Introduction**

This purpose of this report is to provide the Board with assurance on matters considered by the quality and governance committee at its meetings on 27 February 2023, 30 March 2023 and 17 April 2023.

#### **27 February 2023**

##### **Clinical quality and patient safety**

There had been two serious incidents reported for the period related to delayed pathways in Sentinel Lymph Node Biopsy. Both incidents had been identified at the same time and the committee was assured that there had not been a failure in learning. Work with the system is being undertaken to understand and quantify the increase in demand for this service and a detailed action plan to tackle the waiting list is in place.

The committee noted positive feedback received from recent peer review visits to the critical care unit and the burns service.

The committee received an update on clinical harm reviews, noting good engagement during the quarter especially within the area of plastic surgery. The 2021 clinical harm reviews are 95% complete and 72% of the 2022 cohort has been undertaken. In the last two months there have been no new patients identified with moderate or severe harm due to waiting more than 52 weeks. The committee requested that outstanding 2021 clinical harm reviews are completed as a priority.

##### **Infection prevention and control**

The lack of the ventilation authorised person was noted as an area of concern and a risk assessment is to be undertaken by the estates team due to the lack of on-site specialist knowledge.

The committee noted that antimicrobial prescribing continues to be an area of challenge. Work on improving documentation and resourcing is progressing, however, staff resourcing in pharmacy is having an impact. Further assurance was sought on the contract monitoring and service level agreements for microbiology services.

One case of clostridium difficile infection (CDI) had been reported during the last quarter with overuse of antibiotics being the likely cause of infection. There had also been one case of corynebacterium diphtheriae. There had been a small number of Covid-19 cases in staff groups and it was noted that the funding for the Optigene lab would cease on 1 April 2023.

### **Feedback from Trust Internal Peer Review Visits**

The committee received a report on the feedback received from the recent internal peer review visits (formerly known as compliance in practice visits). A range of staff had visited areas across the Trust to help identify weaknesses ahead of the next CQC inspection. A Trust wide improvement plan has been developed as a result of these visits and individual areas are being provided with specific feedback and action plans. The committee was pleased to note that feedback from staff about their experience of the visits has been very positive.

### **Getting it right first time (GIRFT)**

The committee was provided with the annual oversight of progress against the GIRFT standards and took assurance from the report and the progress being made against the cross cutting themes of clinical coding, day case surgery, outpatients, litigation, and surgical site infection. The committee discussed the use of benchmarking data to help prepare for future clinical specialty deep dive GIRFT visits. The committee noted the considerable on going work in the areas of theatre productivity and outpatient transformation and the importance of rigorous management of annual leave in improving effective utilisation of theatre.

### **Risk**

The committee was pleased to note the appointment of a new consultant in the sleep service which will help to address risk 1198 medical workforce sleep unit.

The committee will be scheduling risk deep dives on an ad-hoc basis over the forthcoming year in order to monitor the impact of risks and the effectiveness of mitigations in place.

### **Other**

- Assurance was taken from the data presented within the patient experience report. There has been a rise in complaints in relation to perceived delays and extended waits for surgery and treatment and consideration is being given to messaging and correspondence. Three cases were referred to the Parliamentary and Health Service Ombudsman (PHSO).
- The committee noted concerns in respect to surgical patients who do not fall under the referral to treatment waiting time targets and agreed a report would be presented to the committee in April.
- The committee received an update on progress being made on data collection on the chosen CQUINs for 2022/23.

### **30 March 2023**

#### **World Health Organisation (WHO) Surgical Safety Checklist Compliance**

The committee received a report which provided the annual oversight of the quarterly audits on the WHO Surgical Safety Checklist performed within the perioperative department. The committee was pleased to note that compliance is good and standards are being met in all areas apart from the debrief step of the checklist. The reasons for non-compliance in this area have been identified and work is being carried out to bring about improvements.

#### **Emergency Preparedness, Resilience & Response Report**

The committee considered the outcome of the Emergency Preparedness, Resilience and Response (EPRR) peer review and assurance process for 2022. The committee was pleased to note the substantial compliance outcome, maintaining assurance from the previous year. Work has commenced on the action plan to address the four standards which require some improvement.

## **Other**

- The committee was informed of the selected CQUINs for 2023/24, noting that there will be a financial incentive attached to meeting the targets.
- National guidance on the stepping down of covid-19 related measures was still awaited at the time of the committee and it was noted that local policies would be updated when received.
- The committee approved the Code of Practice for Researchers. Further assurance was sought regarding the use of the policy for charitable funds, if appropriate.
- The committee approved the Terms of Reference for the Clinical Governance Group.

## **17 April 2023**

### **Clinical Quality and Patient Safety**

There had been one serious incident declared which related to an unexpected death. The two highest incident categories reported in February and March 2023 were delays in investigation/ diagnosis/ treatment and communication and medication, remaining static from the previous reporting period. The committee was assured that the Integrated Care Board Clinical Quality Review Meetings will now be taking place quarterly as there are currently no areas of concern in relation to QVH's Safety and Quality of care.

The committee received a summary report of a serious incident investigation outcome relating to a death in 2021 which provided assurance that processes have been reviewed and policies have been updated to reflect the learning.

A further update was given on the clinical harm reviews. The 2021 cohort are now 98% complete and the 2022 cohort has improved to 84% completed. The committee noted that discussions are being had at an inter specialty and regional level on the use for severe and moderate harm within different patient groups.

The committee discussed concerns in respect to surgical patients who do not fall under the referral to treatment waiting time targets, noting that processes are being developed for clinical harm reviews to be carried out for these patients. The committee will receive a further update at its meeting in June.

### **Quality Priorities 2023/24**

The committee approved the QVH Quality Priorities for 2023/24 which are built around ambitions to deliver safe, reliable and compassionate care in a transparent and measurable way. These are:

- Patient Safety: Improve anti-microbial stewardship at QVH
- Clinical Effectiveness: Introduce an inter-professional leadership programme
- Patient Experience: Improving patient co-design of services

### **Sponsorship of Research by QVH**

The committee considered the reinstatement of QVH sponsored research activity, which had been paused pending the consideration a merger with University Hospitals Sussex. The committee supported the proposals in principle and suggested that the approach is considered by the Board as part of the development of the wider future strategy for QVH. Further details on practice and processes need to be developed.



### **NHS Protect Action Plan and Local Security Management Specialist Work Plan**

The committee received the security risk assessment and strategic work plan for 2023/24, noting that implementation will be monitored by the health and safety group and estates and facilities steering group with oversight being maintained by the committee.

### **Risk**

Discussion was had on the committee's approach to the review of risks. The committee agreed that in order to prevent duplication it will receive updates on the deep dives being undertaken by the executive-led risk group rather than commence its own programme of risk reviews.

### **Other**

- The committee received a verbal update on the impact of the industrial action taken by junior doctors and the planning which has commenced ahead of the further industrial action announced by the Royal College of Nursing.
- Local Covid-19 measures have now been stepped down in line with national guidance.
- The Trust received 13 formal complaints during February and March 2023. The main themes are communication, medical treatment and behaviour. No cases were reopened or referred to the PHSO.
- The committee received an update on the final submission of CQUIN data for 2022/23.

### **Recommendation**

The Board is asked to **note** the contents and recommendations of the report, the assurance where given and the risks identified.

Report cover-page					
References					
Meeting title:	Board of directors				
Meeting date:	06/07/2023	Agenda reference:		56-23	
Report title:	Quality and governance committee assurance				
Sponsor:	Karen Norman, Committee Chair				
Author:	Karen Norman, Committee Chair Ellie Simpkin, governance officer				
Appendices:	None				
Executive summary					
Purpose of report:	The purpose of the report is to provide assurance on matters considered and discussed by the quality and governance committee at its meetings on 15 May 2023 and 26 June 2023.				
Summary of key issues	<ul style="list-style-type: none"> <li>The committee received the various annual reports</li> <li>There have been no new serious incidents declared</li> <li>The Trust received fourteen formal complaints during April and May 2023. No cases were reopened or referred by the Parliamentary and Health Service Ombudsman (PHSO)</li> <li>The results of the 2022 Patient-Led Assessments of the Care Environment (PLACE) inspections have been reviewed</li> <li>The committee considered a deep dive into risk 1226 adult burns - delivery of commissioned services whilst not meeting all national standards/criteria</li> </ul>				
Recommendation:	The Board is asked to <b>note</b> the contents of the report, the assurance where given and risks identified.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	<b>KSO1:</b> <i>Outstanding patient experience</i>	<b>KSO2:</b> <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	KSO3- outstanding patient experience- quality and supply issues with providers, ongoing workforce challenges KSO2- World class clinical services- restricted facilities to manage more complex patients				
Corporate risk register:	The committee continues to review the patient safety risks.				
Regulation:	Health and Social Care Act 2008 CQC standards of quality and safety				
Legal:	As above				
Resources:	None				
Assurance route					
Previously considered by:	Quality and governance committee				
	Date:	15/05/23 26/06/23	Decision:		
Next steps:	N/A				

**Report to:** Board Directors  
**Agenda item:** 56-23  
**Date of meeting:** 6 July 2023  
**Report from:** Karen Norman, Committee Chair  
**Report author:** Karen Norman, Committee Chair  
Ellie Simpkin, governance officer  
**Date of report:** 27 June 2023  
**Appendices:** None

## **Quality and governance committee assurance**

### **Introduction**

This purpose of this report is to provide the Board with assurance on matters considered by the quality and governance committee at its meetings on 15 May 2023 and 26 June 2023.

### **15 May 2023**

The committee received the following annual reports:

#### **Quality Account 2022/23**

The committee noted the importance of the report demonstrating good performance at QVH whilst ensuring the right balance of information and ensuring that the document meets statutory requirements. This year, the report contains more qualitative feedback. With regard to the patient experience quality priorities for 2023/24, the committee noted that the patient engagement strategy will consider the trends and look at triangulated data. The committee took assurance from the report, where given, noted the identified risks, and recommended the report for approval by the Trust Board at its meeting on 14 June 2023.

#### **Infection Prevention & Control Annual Report 2022/23**

The Trust has maintained compliance with Care Quality Commission (CQC) regulations relating to Infection Prevention and Control and the overall incidence of Healthcare Associated Infection remains low with zero cases of methicillin resistant staphylococcus (MRSA) bacteraemia, zero cases of methicillin Sensitive Staphylococcus (MSSA) bacteraemia, one case of Escherichia coli (E.coli) bacteraemia and four cases of Clostridium Difficile (CDI) infections. Further assurance is required on the provision of microbiologists and there is concern that contract service level agreements are not being delivered. There is a lack of ventilation authorised person which needs to be addressed.

#### **Medicines Governance Annual Report 2022/23**

The committee was assured that governance processes are in place to ensure that medication related incidents are managed appropriately and fully investigated; learning is shared and actions taken to reduce further incidents. Oversight is provided by the Medicines Management, Optimisation and Governance Group (MMOGG) and governance is in place to ensure safe handling and storage of medicines. Patient safety alerts, Medicines and Healthcare products Regulatory Agency (MHRA) drug alerts and medicines recalls are actioned appropriately and in a timely manner. The committee noted that there have been delays in the investigation of maxillofacial medication incidents. The antimicrobial pharmacist post remains vacant despite continual advertising; a plan has been submitted for a new post which will combine the theatres and antimicrobial pharmacist roles.

### **Safeguarding (Adult and Children) Annual Report 2022/23**

The committee received assurance on the Trust's adherence to the Sussex Safeguarding standards which identify key benchmarks, ensuring an effective auditable approach to safeguarding of all patients. The committee also noted the achievements of the safeguarding team in 2022/23 including two domestic abuse sessions run by external provider, Safelives, and a retrospective review of the multi-disciplinary team database which evaluated the patterns and types of injuries in the population of children where there had been identified safeguarding or child protection concerns. There have been changes in the appraisal system to capture the eight hours of safeguarding training and new training videos have been produced for level 2 training and for new medical staff. The team has also collaborated with the team at Sussex Partnership Foundation Trust to provide QVH staff with a guidance document to understand how to manage disclosures of non-recent abuse. The committee noted the current challenges for the team, including senior medical staff engagement with the safeguarding and Mental Capacity Act (MCA) process in a meaningful way. Non-permanent staff compliance with training has been highlighted and is reported in the monthly metrics to the Board. An audit undertaken in the summer of 2022 indicated adherence to the Mental Capacity Act appears to be poor. The safeguarding team is currently under pressure to deliver on all the required work streams and the audit programme is delayed due to workload. It was also reported that managing safeguarding concerns is made more difficult by the lack of electronic patient records.

### **Patient Safety Annual Report 2022/23**

The report provided assurance to the committee that the Trust is meeting its duty in relation to patient safety requirements and standards. The committee noted that work has commenced on the Patient Safety Investigation Response Framework (PSIRF) and the transition from the 'National Reporting and Learning System' (NRLS) to the 'Learn from Patient Safety Events' system (LfPSE) which will result in some changes to reporting and investigations. Further work on ensuring that learning is captured and fed through governance processes to meet the new PSIRF requirements is required.

### **Health & Safety Annual Report 2022/23**

The committee took assurance from the information provided on the achievements, noting the ongoing commitment health and safety matters. The Care First employee assistant programme highlighted the need for the triangulation of HR data relating to staff health and wellbeing.

### **Learning from Deaths Annual Report 2022/23**

The committee were assured that all inpatient deaths at QVH and deaths occurring within 30 days of an inpatient episode or outpatient procedure have been appropriately reviewed with learning identified where appropriate. The Learning from deaths policy has been reviewed and amended to include a Trust Mortality Surveillance Panel to ensure that all inpatient deaths which occur at QVH or post transfer out are reviewed quickly so as to identify any which require formal investigation. The Trust now has a Medical Examiner to support its Learning from Deaths process.

### **Guardian of Safe Working Annual Report 2022/23**

The report gave an overview of the gaps, vacancies and extra hours worked by junior doctors in 2022/23. Assurance was taken that no safety issues have been raised and rota gaps and vacancies have been filled by locum shifts. The committee noted the main issues for the year have been doctors being moved from their training activity to

extra ward cover and locum shifts being offered for 'training' activities. There is continued use of locum hours. The number of unclosed Exception reports has highlighted an issue with the system for responding to the reports with regards to meeting with the trainee, engagement of the Assigned Educational Supervisors and timely closing of these reports. Where payment is due, the Guardian of Safe Working (GOSW) has acted to highlight this to HR. The GOSW recommended active recruitment to prevent rota gaps, locum shifts to be offered for the service commitments and not displace trainees from training, an HR rota review of the maxillofacial registrar late cancer cases to accommodate them in usual paid hours and improving the ease of the exception reporting system.

#### **Patient Experience Annual Report 2022/23**

The committee took good assurance from the positive inpatient friends and family test (FFT) recommendation rate of 99% against the national score of 94%, a testament to staff. Action is being taken to ensure a timely response to complaints. The committee noted that there are plans to roll out and embed a patient engagement strategy and standardised patient co-design approach to help shape services.

#### **Research & Innovation Annual Report 2022/23**

The committee was pleased to note that 2022/23 was a positive year for the research and innovation team with activity in national portfolio studies having increased by 41% over the previous year. The impact that research has on services and resources beyond the research and innovation team, such as pharmacy, was noted. Discussion was had on the consideration being given to non-portfolio studies and a detailed proposal on the reinstatement of QVH sponsored research activity for submission to the Board will be prepared as part of the development of the wider future strategy for QVH.

#### **Appraisal & Revalidation Annual Report 2022/23**

The report provided assurance that the statutory functions of the Responsible Officer (RO) are being appropriately and adequately discharged. The committee noted that there have been challenges with the availability of appraisers due to staff vacancies and appraisal rates for doctors undertaking short-term contracts remain lower than for other doctors post pandemic. The committee requested confirmation that all outstanding appraisals have now been completed. An e-appraisal system is being procured which will bring the Trust in line with General Medical Council (GMC) requirements for electronic forms.

The committee received the report on behalf of the Trust Board, noting that it will be shared with the South East Higher Level RO no later than 23 September 2023. The Committee, on behalf of the Trust Board, noted the Statement of Compliance item 5, Section 7 which confirms the Trust, as a Designated Body, is compliant with the regulations.

#### **Emergency Preparedness, Resilience & Response (EPRR) Annual Report**

The committee congratulated the team on the positive outcome of the 2022/23 NHS England annual assurance review which found QVH to have substantial compliance. It meets the requirements of the category one responder as evidenced in retaining substantial assurance during the external review of core standards.

#### **Medical Devices Annual Report 2022/23**

The report provided assurance that there is robust and rigorous medical devices management across the Trust, and that the developments which are planned for

2023/24 will further increase the safety and effectiveness of patient care. A programme for the replacement of equipment across the Trust is being developed.

### **Clinical Audit and Quality Improvement Annual Report 2022/23**

The report provided a comprehensive overview and assurance on the clinical audit activities undertaken across the Trust in 2022/23. Clinical audit resources are being concentrated on the delivery of national mandated projects and key internal priorities, specifically the Trust's participation in relevant National Clinical Audit and Patient Outcomes Programme (NCAPOP) projects. There is clinical audit project activity across all specialities, including findings and recommendations for change and QVH has continued to see an increase in reporting and action plans which have led to improvements in patient care.

### **26 June 2023**

#### **Information governance annual report 2022/23**

The committee was assured of the strong governance and reporting that enables scrutiny and oversight of information governance activities across the Trust. The Trust achieved a 'Standards met' accreditation for the Data Security and Protection Toolkit self-assessment and the committee congratulated the team on the excellent outcome of the clinical coding audit. There has been an increase in information governance incidents from the previous year, however, no incidents were considered serious. There has also been an increase in Freedom of Information requests and work is continuing to ensure a timely response to requests.

#### **Clinical quality and patient safety**

There have been no new serious incidents declared. Following investigation, a request to downgrade an incident declared in March 2023 has been agreed by the Integrated Care Board scrutiny committee.

Discussion was had on the impact of the recent industrial action and the committee noted that although there had been a loss of clinical capacity, a safe service had been maintain throughout.

#### **Patient experience**

The Trust received fourteen formal complaints during April and May 2023. The main themes are treatment, perceived delays and staff behaviour. No cases were reopened or referred by the Parliamentary and Health Service Ombudsman (PHSO) for consideration during this period. The Trust has an overall inpatient Friends and Family Test (FFT) recommendation rate of 100%.

The committee reviewed the results of the 2022 Patient-Led Assessments of the Care Environment (PLACE) inspections which provides feedback from patient assessors on the environment in which care is delivered. An action plan to address the areas for improvement is being developed and monitored by the patient experience group.

#### **Risk**

The committee considered a deep dive into risk 1226 adult burns - delivery of commissioned services whilst not meeting all national standards/criteria. It was noted that the service performed well in the peer review carried out in November 2022, demonstrating the highest level of standards-compliance in the network. The committee took good assurance on the clinical mitigations which are in place to ensure that safe patient care is being provided. Staffing remains a challenge. It will

be important for the Trust to work with commissioners to ensure the long term future of the unit.

#### **Other**

- Feedback on a visit to the Research and Innovation Group was provided.
- All quality priorities for 2022/23 have been met.
- The nursing workforce review was considered and approved for submission to the Board.
- The committee received the infection prevention and control report for quarter four 2022/23, noting the risk relating to antimicrobial prescribing issues.
- The committee is not yet fully assured on the concerns in respect to surgical patients who do not fall under the referral to treatment waiting time targets. Further information on this will be provided to the committee at its next meeting.

#### **Recommendation**

The Board is asked to **note** the contents and recommendations of the report, the assurance where given and the risks identified.



Report cover-page					
<b>References</b>					
Meeting title:	Board of Directors				
Meeting date:	04/05/2023	Agenda reference:		12-23	
Report title:	Audit Committee Assurance update				
Sponsor:	Kevin Gould, Audit Committee Chair				
Author:	Kevin Gould, Audit Committee Chair				
Appendices:	NA				
<b>Executive summary</b>					
Purpose of report:	To provide assurance to the board in relation to matters discussed at the Audit Committee meeting on 15 March 2023				
Summary of key issues	The Committee received a report on external audit planning, updates from Internal Audit and Counter Fraud and the Internal Audit and Counter Fraud plans for 2023/24.				
Recommendation:	The Board is asked to <b>NOTE</b> the contents of this report.				
Action required [highlight one only]	Approval	Information	Discussion	<b>Assurance</b>	Review
Link to key strategic objectives (KSOs): [Tick which KSO(s) this recommendation aims to support]	KSO1: <i>Outstanding patient experience</i> √	KSO2: <i>World-class clinical services</i> √	KSO3: <i>Operational excellence</i> √	KSO4: <i>Financial sustainability</i> √	KSO5: <i>Organisational excellence</i> √
<b>Implications</b>					
Board assurance framework:	None				
Corporate risk register:	One corporate risk was reviewed and discussed				
Regulation:	None				
Legal:	None				
Resources:	None				
<b>Assurance route</b>					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	None				



**Report to:** Board Directors  
**Agenda item:** 12-23  
**Date of meeting:** 4 May 2023  
**Report from:** Kevin Gould, Audit committee Chair  
**Report author:** Kevin Gould, Audit committee Chair  
**Date of report:** 24 April 2023  
**Appendices:** None

**Audit Committee report**  
**Meeting held on 15 March 2023**

1. The Committee reviewed and approved its work programme for 2023/24.
2. KPMG provided an update on the planning for the external audit. Risks for the financial audit are similar to the previous year although the performance materiality has been adjusted to take account of additional risk resulting from turnover of finance staff. Their draft risk assessment for the Value-for-Money (VFM) commentary was discussed but was not yet complete.
3. RSM presented an update on the Internal Audit plan. One report had been completed since the previous meeting:
  - Risk Management (Reasonable Assurance, one High priority action)The committee also received the financial sustainability benchmarking report, noting the view that the Trust is in a reasonable position given the recent changes to the senior finance management team.
4. RSM presented the proposed internal audit plan for 2023/24 and an update to the internal audit charter. This was discussed and the committee agreed to approve the plan for the first quarter, noting that subsequent work would need to reflect emerging priorities and that it would be in a better position to determine requirements at the next meeting.
5. The Committee received a report on the progress of Counter Fraud activity. It also reviewed and approved the workplan for the 2023/24.
6. The Committee reviewed financial reports including details of waivers and invoices with no purchase order.

There were no other items requiring the attention of the Board.

**Recommendation**

The Board is asked to **note** the contents of the report.

Report cover-page					
<b>References</b>					
Meeting title:	Board of Directors				
Meeting date:	06/07/2023	Agenda reference:		53-23	
Report title:	Audit committee assurance				
Sponsor:	Kevin Gould, Audit committee Chair				
Author:	Ellie Simpkin, governance officer				
Appendices:	None				
<b>Executive summary</b>					
Purpose of report:	To provide assurance to the Board in relation to matters discussed at the Audit committee meeting on 14 June 2023				
Summary of key issues	<ul style="list-style-type: none"> <li>The committee received the final assessment provided to NHS England for the 2022/23 Data Security and Protection Toolkit.</li> <li>The internal audit final annual report and head of audit opinion for 2022/23 and the local counter fraud service (LCFS) annual report for 2022/23 were presented.</li> <li>The Committee reviewed the annual report and accounts and agreed to recommend these to the Board for approval.</li> </ul>				
Recommendation:	The Board is asked to <b>note</b> the contents of this report.				
Action required	Approval	Information	Discussion	<b>Assurance</b>	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
<b>Implications</b>					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
<b>Assurance route</b>					
Previously considered by:	Audit committee				
	Date:	14/06/23	Decision:		
Next steps:	None				

**Report to:** Board Directors  
**Agenda item:** 53-23  
**Date of meeting:** 6 July 2023  
**Report from:** Kevin Gould, committee Chair  
**Report author:** Ellie Simpkin, governance officer  
**Date of report:** 27 June 2023  
**Appendices:** None

## **Audit committee assurance**

### **Introduction**

This purpose of this report is to provide the Board with assurance on matters considered by the audit committee at its meeting on 14 June 2023.

### **Data security and protection tool kit**

The committee received the final assessment provided to NHS England for the 2022/23 Data Security and Protection Toolkit (DSPT), an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's ten data security standards. All of the standards have been met for 2022/23.

### **Internal audit**

Internal auditors RSM presented their final annual report and head of audit opinion for 2022/23. The opinion was that "the organisation has an adequate and effective framework for risk management, governance and internal control" but noted opportunities for further enhancements. This is consistent with previous years, and reflects the outcomes reported to Board previously.

### **Counter fraud**

The committee received the local counter fraud service (LCFS), annual report which provides summary of the fraud prevention, detection and investigation in 2022/23. The Counter Fraud Functional Standard Return resulted in an overall rating of 'green'. Management have agreed actions to address all the findings reported by the LCFS service during 2022/23.

### **Annual report and accounts**

The Committee reviewed the annual report and accounts. After some discussion the Committee agreed to recommend these to the Board for approval.

External auditors KPMG provided their report on the financial statements and their conclusions on value for money. The committee also discussed the work outstanding in order to publish the financial statements which was not considered likely to have a material impact.

### **Recommendation**

The Board is asked to **note** the contents of the report.

**Report to:** Council of governors  
**Agenda item:** 40-23  
**Date of meeting:** 17 July 2023  
**Report from:** Ken Sim, appointments committee Chair  
**Report author:** Leonora May, deputy company secretary  
**Date of report:** 5 July 2023  
**Appendices:** None

## Trust Chair and non-executive director (NED) remuneration for 2023/24

### Introduction

At its meeting on 21 June 2023, the appointments committee completed its annual review of NED and Trust Chair remuneration for 2023/24 in line with the national remuneration structure and the code of governance guiding principles that should be taken into account by the committee which are as follows:

- “Levels of remuneration should be sufficient to attract, retain and motivate directors of quality, and with the skills and experience required to lead the NHS foundation trust successfully, and collaborate effectively with system partners. Trust’s should avoid paying more than is necessary for this purpose...” (paragraph E1.1)
- “Levels of remuneration of the chairperson and non-executive directors should reflect the NHSE Chair and non-executive remuneration structure”

### Current remuneration

QVH NEDs receive remuneration of £15k per annum and the Trust Chair receives remuneration of £50k per annum. The appointments committee noted that according to national benchmarking, QVH NED remuneration is close to the average, and the Trust Chair’s remuneration is just below the average.

### Appointments committee recommendation

The appointments committee were satisfied that the NEDs remuneration package is in line with national guidance, noting that a national uplift is currently under consideration. The committee agreed to recommend no change to the NED remuneration until further guidance is received.

The appointments committee agreed to recommend to Council that the Trust Chair’s remuneration is increased by 5% to £52,500 recognising the considerable time commitment to this role, which is much more than two days per week, as well as taking into account the size of the organisation and the challenges it faces.

### Recommendation

Council is asked to:

- **Approve** the recommendation that NED remuneration will remain at £15k until further guidance is received, and
- **Approve** the recommendation that the Trust Chair’s remuneration is increased by 5% to £52,500 from 1 July 2023