Bundle Council of Governors (public) 20 July 2026

Agenda attachments

00 A - front cover public
00 B - membership
00 C - register June 2026
00 D - Agenda Public CoG 20 July 2026 FINAL

25.26 Welcome, apologies, declarations of interest and eligibility, confirmation of quoracy
Angela McNab, interim Trust Chair

26.26 Draft minutes of the public meeting held on 21 April 2026
Angela McNab, interim Trust Chair
Approval
Minutes- PUBLIC CoG- 21 April 2026 DRAFT V1

27.26 Matters arising and actions pending from previous meetings
Angela McNab, interim Trust Chair
Review
27-26 PUBLIC Matters arising July 2026

28.26 Update from Trust Chair
Angela McNab, interim Trust Chair
Information
28-26 Chairs report

29.26 Update from Chief Executive Officer
Abigail Jago, acting Chief Executive Officer
Information
29-26 CEO report

30.26 Update from Lead Governor and Deputy Lead Governor (verbal)
Janet Hall, Lead governor
John Harold, deputy Lead governor
Information

31.26 Non-executive director assurance incl. update on engagement activities and questions for Non-executive directors
All Non-executive directors
Assurance
31-26 NED assurance report FINAL

32.26 Update from Governor Working Group for Public Engagement (verbal)
John Harold, Public Governor and working group Chair
Information

33.26 Any other business
By application to the Chair
Discussion

34.26 To receive any questions or comments from members of the foundation trust or members of the public
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 jamie.ocallaghan6@nhs.net clearly marked "Questions for the Council of Governors". Members of the public may not take part in the Council of Governors discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.

Queen Victoria Hospital
NHS Foundation Trust

Council of Governors
Meeting in public

Monday 20 July 2026

13.00-15.00

Meridian Hall, East Court

Queen Victoria Hospital NHS Foundation Trust
Council of Governors
Membership July 2026

Members	
Angela McNab	Trust Chair
Michele Augousti	Public governor
Chris Barham	Public governor
Jo Deamer	Staff governor
Antony Fulford-Smith	Public governor
Robin Graham	Public governor
Yvonne Gravely	Stakeholder governor for WS County Council
Richard Green	Public governor
Janet Hall	Public governor
John Harold	Public governor
Felicity Hatch	Public governor
Amy Hinz	Staff governor
Terry Holding	Public governor
Liz James	Public governor
Julie Mockford	Stakeholder governor for EG Town Council
Suzy O'Hara	Public governor
David Porter	Public governor
Glynn Roche	Public governor
Charlie Robinson	Public governor
Rodabe Rudin	Public governor
Ken Sim	Public governor
Linda Skinner	Stakeholder governor for League of Friends
Roger Smith	Public governor
Jonathan Squire	Public governor
Robert Tamplin	Public governor
Jennifer Tite	Public governor
Graham True	Staff governor
Invited attendees	
Jagjit Dosanjh-Elton	Non-executive director
Jo Emmanuel	Non-executive director
Nick Page	Non-executive director
Kalee Talvitie-Brown	Non-executive director
Aleema Shivji	Associate Non-executive director
Vivek Chaudhri	Associate Non-executive director
Abigail Jago	Acting Chief executive officer
Jamie O'Callaghan	Interim Company secretary (minutes)

Annual declarations by governors 2026/27

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.
Public governors							
Augousti, Michele	Director of Reach Business Consultants Ltd Non-executive director for Sussex Chamber of Commerce	NIL	NIL	NIL	NIL	NIL	NIL
Barham, Chris	Transcend Talent consultancy Limited- Non Executive Director	NIL	NIL	NIL	NIL	NIL	NIL
Fulford-Smith, Antony	Director of Right To Manage Company for block of flats in Maidenhead (NFP)	NIL	NIL	NIL	NIL	NIL	NIL
Graham, Robin	Operations Director of International Safety Services Ltd	NIL	NIL	NIL	NIL	NIL	NIL
Green, Richard	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Hall, Janet	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Harold, John	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Hatch, Felicity	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Holding, Terry	Principal Director Barn Field Place Management Ltd	NIL	NIL	NIL	NIL	NIL	Daughter works as an HCA at QVH
James, Liz	NIL	NIL	NIL	NIL	NIL	NIL	NIL
O'Hara, Suzy	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Porter, David	Trustee/ director of Peredur Centre for the Arts. The Charity has no connection with the NHS or QVH	NIL	NIL	NIL	NIL	NIL	NIL
Roche, Glynn	Wyevale Management Ltd, Hedgecourt Field Ltd, Trustee of the Gemplus Ltd staff pension scheme	NIL	NIL	NIL	NIL	NIL	NIL
Robinson, Charlie	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Rudin, Rodabe	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
Tamplin, Robert	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Tite, Jennifer	NIL	NIL	NIL	NIL	NIL	NIL	NIL

	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.
Staff governors							
Deamer, Jo	NIL	NIL	NIL	NIL	NIL	NIL	NIL
True, Graham	NIL	NIL	NIL	NIL	Army Reserves have a connection with the Director of Medical at Ashford & St Peters.	NIL	NIL
Hinz, Amy	NIL	NIL	NIL	NIL	NIL	NIL	Partner is employed by QVH as the Anaesthetic Clinical Specialist Lead – Theatre
Appointed governors							
Gravely, Yvonne	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Skinner, Linda	LVS GR consultancy Limited- 100% ownership	NIL	NIL	NIL	NIL	NIL	NIL
Mockford, Julie	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.
Public governors							
Augousti, Michele	NA	NA	NA	NA	NA	NA	NA
Barham, Chris	NA	NA	NA	NA	NA	NA	NA
Hall, Janet	NA	NA	NA	NA	NA	NA	NA
James, Liz	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
Fulford-Smith, Antony	NA	NA	NA	NA	NA	NA	NA
Green, Richard	NA	NA	NA	NA	NA	NA	NA
Harold, John	NA	NA	NA	NA	NA	NA	NA
Hatch, Felicity	NA	NA	NA	NA	NA	NA	NA
Porter, David	NA	NA	NA	NA	NA	NA	NA
Robinson, Charlie	NA	NA	NA	NA	NA	NA	NA
Rudin, Rodabe	NA	NA	NA	NA	NA	NA	NA
Tite, Jennifer	NA	NA	NA	NA	NA	NA	NA
Staff governors							
Jo Deamer	NA	NA	NA	NA	NA	NA	NA
Amy Hinz	NA	NA	NA	NA	NA	NA	NA
True, Graham	NA	NA	NA	NA	NA	NA	NA

	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.
Appointed governors							
Yvonne Gravely	NA	NA	NA	NA	NA	NA	NA
Skinner, Linda	NA	NA	NA	NA	NA	NA	NA
Mockford, Julie	NA	NA	NA	NA	NA	NA	NA

Meeting of the QVH Council of Governors
Monday 20 July 2026
13.00-15.00

	Agenda: meeting session held in public	
Standing items		
Ref	**Item**	**Purpose**
25-26	**Welcome, apologies, declarations of interest and eligibility, confirmation of quoracy** *Angela McNab, interim Trust Chair*	-
26-26	**Draft minutes of the public meeting held on 21 April 2026** *Angela McNab, interim Trust Chair*	*Approval*
27-26	**Matters arising and actions pending from previous meetings** *Angela McNab, interim Trust Chair*	*Review*
28-26	**Update from Trust Chair** *Angela McNab, interim Trust Chair*	*Information*
29-26	**Update from Chief Executive Officer** *Abigail Jago, acting Chief Executive Officer*	*Information*
30-26	**Update from Lead Governor and Deputy Lead Governor (verbal)** *Janet Hall, Lead governor* *John Harold, deputy Lead governor*	*Information*
Holding non-executive directors to account for the performance of the Board of directors		
31-26	**Non-executive director assurance incl. update on engagement activities and questions for Non-executive directors** *All Non-executive directors*	*Assurance*
Representing the interests of the members and members of public		
32-26	**Update from Governor Working Group for Public Engagement (verbal)** *John Harold, Public Governor and working group Chair*	*Information*
Meeting closure		
33-26	**Any other business** *By application to the Chair*	*Discussion*
Questions		
34-26	**To receive any questions or comments from members of the foundation trust or members of the public** *We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a*	*Discussion*

	considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to jamie.ocallaghan6@nhs.net clearly marked "Questions for the Council of Governors". Members of the public may not take part in the Council of Governors discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.	
Date of next meeting		
Next meeting of the council of governors to be held in public		
20 October 2026		

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	
Meeting:	**Council of Governors session in public** **14.00 – 16.00, 21 April 2026** **Education centre, QVH**	
Present:	Angela McNab (AM)	Interim Trust Chair (meeting Chair)
	Michele Augousti (MA)	Public governor
	Chris Barham (CB)	Public governor
	Antony Fulford-Smith (AFS)	Public governor
	Richard Green (RG)	Public governor
	Janet Hall (JH)	Public governor (Lead governor)
	John Harold (JHa)	Public governor (deputy Lead governor)
	Bob Lanzer (BL)	Stakeholder governor for WSCC
	Rodabe Rudin (RR)	Public governor
	Linda Skinner (LS)	Stakeholder governor for LoF
	Roger Smith (RS)	Public governor
	Jonathan Squire (JSq)	Public governor
	Jennifer Tite (JT)	Public governor
	Graham True (GT)	Staff governor
	Kokila Ramalingam (KR)	Staff governor
	Charlie Robinson (CR)	Public governor
	Niamh Gavin (NG)	Staff governor
	Ken Sim (KS)	Public governor
In attendance:	Leonora May (LM)	Company secretary
	Jamie O'Callaghan (JO)	Interim Company secretary
	Ellie Simpkin (ES)	Governance manager (minutes)
	Shaun O'Leary (SOL)	Non-executive director
	Peter O'Donnell (POD)	Non-executive director
	Jo Emmanuel (JE)	Non-executive director
	Jagjit Dosanjh-Elton (JDE)	Non-executive director
	Aleema Shivji (AS)	Associate Non-executive director
	Abigail Jago (AJ)	Acting Chief executive officer
	Kathy Brasier (KB)	Acting Chief strategy officer
Apologies:	Liz James (LJ)	Public governor
	Felicity Hatch (FH)	Public governor
	David Porter (DP)	Public governor
	Julie Mockford (JM)	Stakeholder governor for EGTC
	Russell Hobby (RH)	Non-executive director
	Vivek Chaudhri (VC)	Associate Non-executive director
Members of the public:	One member of staff	

Ref.	Item
01-26	**Welcome, apologies and declarations of interest and eligibility** The Chair opened the meeting and welcomed all present. The Chair reminded all present that the meeting was a meeting in public and not a public meeting, therefore members of the public were invited to observe the meeting but not to participate in discussions. Apologies were received from LJ, FH, DP, JM, RH and VC and the meeting was declared as being quorate.

	There were no governor declarations of interest other than those already recorded on the register of interests.
02-26	**Draft minutes of the public meeting held on 25 February 2026** Council **agreed** that the draft minutes of the public meeting held on 25 February 2026 were a true and accurate record of the meetings and **approved** them on that basis.
03-26	**Matters arising and actions pending from previous meetings** 77-26 Governor visits Governors will be invited to participate in monthly environmental visits which are replacing the '15 steps' initiative. Action closed. There were no other pending actions and Council **noted** the update.
04-26	**Update from Trust Chair** AM introduced the report as read. AM recorded thanks to SOL, POD and RH, who come to the end of their terms in June 2026, for their contribution, expertise and balance of challenge and support. AM also recorded thanks to LM, who is leaving the Trust to take up a new role, for her work in maintaining safe governance arrangements and for her valuable support. Council **noted** the updates.
05-26	**Update from Chief executive officer** AJ presented the report to Council highlighting that: - The Trust met its planned breakeven position for 2025/26 and, as a result, was awarded £1.6m of additional funding, which will support the financial position into 2026/27. - Significant progress was made against the 2025/26 Key Strategic Objectives (KSOs) in what was a challenging year for QVH and the wider NHS. Key achievements include delivery of the Electronic Patient Record and progress to date in transitioning towards the strategic partnership. - Management of the Bognor Community Diagnostic Centre (CDC) has transferred to the ABC Community Interest Company. QVH's contribution to the programme has been valuable and will benefit patients in the area. - The Trust has received written confirmation that the additional licence conditions have been lifted. - There continues to be a focus on key risk areas, including the estate and the challenges in achieving some Referral to Treatment (RTT) year-end operational targets. AJ recorded her thanks to LM for her exceptional support, expertise and considerable contribution to the Council of Governors and the Trust as a whole, and wished her every success in her new role. A governor commended the Trust's leadership for the year end position and asked whether the £1.6m of additional funding contributes to the savings target for 2026/27. AJ explained that the funds cannot be used as revenue and will instead be added to the Trust's capital. In response to a question on parking, AJ explained that approximately 50 additional parking spaces have been added this year, with further spaces planned. Improvements will be incremental due to capital prioritisation. Initiatives to increase virtual outpatient appointments are expected to reduce on-site demand. It was noted that CDC activity is already taking place on site and will be consolidated into the new building.

	A governor asked about the impact of the capped 2.5% contract reduction. AJ explained that the deficit support funding received in 2025/26 has now been withdrawn and that post-Covid top-up mechanisms are being removed from contracting. These reductions are reflected in the Trust's 2026/27 business plan. Council **noted** the updates.
06-26	**Update from Lead governor and deputy lead governor (verbal)** JH and JHa provided the following updates: - JH is meeting monthly with the lead governors from Royal Surrey and Ashford and St Peter's Hospitals NHS Foundation Trusts (RSASP). She will be meeting later in the week with the RSASP Chief Executive and Chair, alongside AM and AJ, and invited governors to share any questions they would like raised. - Council noted feedback from AM and AJ on a positive visit by RSASP to QVH, which supported an improved understanding of the hospital and the scale and impact of its services. Further visits are planned. - JH continues to receive updates from the National Lead Governors Association (NLGA) regarding proposals to remove the requirement for foundation trusts to have governors. Having previously agreed to wait until the Trust's additional licence conditions had been lifted, governors are now able to write to MPs and Lords to lobby on this matter. JH will attend the next NLGA meeting on 1 May 2026 and will report back on actions being taken and the outcomes of lobbying. - JHa attended the Trust's Patient Experience Group, where he met representatives from Healthwatch. Feedback indicated that lobbying regarding the disbanding of Healthwatch had not gained significant traction. - Governors held an informal meeting in April 2026, which was considered helpful and informative. Governors welcomed further information on the East Grinstead CDC and the opportunity to ask questions regarding the strategic partnership. A query was raised regarding governor engagement opportunities. It was noted that dates for Non-executive director service visits are included in the monthly key dates circulated to governors, and SOL confirmed that additional dates are being arranged. A written update on service visits, including high-level feedback, will be included in future NED assurance reports to Council. On behalf of the governors, JH recorded thanks to POD, SOL and RH for their input, constructive challenge and expertise, and their contribution to QVH. On behalf of Council, JHa recorded thanks to LM for her support and work in ensuring compliance, noting that her contribution has been highly valued and that she will be missed. Council **noted** the updates.
07-26	**Non-executive director assurance incl. update on engagement activities** The Non-executive directors presented their assurance report as read and each provided a verbal update of their activities and particular areas of focus. POD gave an update on the work of the Strategy and culture committee. He outlined that the committee is focused on the strategic partnership, ensuring appropriate governance, engagement and communication. As this work progresses, the committee will consider the clinical workstreams, which represent more complex but tangible elements of the partnership. Significant work has been undertaken by AJ and AM to develop senior stakeholder relationships; this will remain a priority over the next six months. Progress is being made on the strategic development of QVH and, going forward, the committee will gain greater visibility of the Trust's longer-term ambitions, including the development of the children's model and

	delivery of the Research & Innovation strategy. The committee will receive a report on the results of the 2025 staff survey at its next meeting. JDE provided an update on the work of the Audit and risk committee. She echoed congratulations to the team on achieving a breakeven position at year end. The committee has reviewed a draft Annual Governance Statement, which is expected to conclude that no significant internal control issues were identified during 2025/26 and aligns with the draft Head of Internal Audit Opinion. The external audit of the 2025/26 accounts is underway, with value for money and governance arrangements as areas of focus. Estate risk remains significant, with the Trust managing backlog maintenance and an ageing estate. The team is securing additional funding, where available, and managing current pressures. The committee is seeking assurance that residual risks are appropriately managed, with a further report expected at the next meeting. Cyber risk currently sits within the digital Board Assurance Framework (BAF) and the committee has suggested developing a standalone BAF to strengthen oversight and focus. A review of waiting list data has been completed and will be reported to the committee in June 2026. The Trust's Well-Led review is underway, including observations of Board and committee meetings. JE gave an update on the work of the Quality and safety committee. She reported that the committee has taken some assurance that the Trust's 65-week wait position is being explored through the waiting list review. A more robust Clinical Harm Review process has been implemented. A range of measures are being considered to improve 62-day cancer performance at both system level and in managing referrals, including the use of teledermatology. There has been a decline in ethnicity recording, and further analysis is underway to understand the implications. The committee received reasonable assurance against the National Safety Standards for Invasive Procedures, with continued opportunities for learning identified. There is confidence that action is being taken on the four areas of partial compliance identified through the annual Emergency Preparedness, Resilience and Response assessment. POD provided an update on the Finance and performance committee. He congratulated the team on achieving breakeven and delivering the Cost Improvement Programme (CIP). Maintaining grip and control is important. Good progress is being made on major projects: the Electronic Patient Record (EPR) has been successfully delivered and the East Grinstead CDC is progressing well, with completion expected in September/October 2026. The transition of the Bognor CDC is a key achievement. The estates team continues to manage pressures effectively; however, a long-term estates strategy has yet to be fully developed; this discussed at a recent Board seminar. It is anticipated that the waiting list review will bring about improved rigour. The financial plan for 2026/27 will be challenging. Council considered and discussed the updates as follows: • A governor asked about the reference in the Audit and risk committee report to evidence-led assurance and the confidence of Non-executive directors in the information they receive. JDE confirmed that the committee is assured regarding financial control and compliance with the Trust's governing documents. A dashboard to support financial compliance assurance is in development. The committee is trying to 'drill down' on the vulnerabilities of the estate and there is more to be done on providing first line, evidence based assurance. • A staff governor asked whether consideration is being given to the capacity of the IT workforce and staff digital skills as the Trust continues to develop digitally and integrate medical equipment with the network. JDE explained that digital support capability is being brought in for specific programmes. The Data Security Protection Toolkit (a mandatory annual self-assessment framework to ensure organisations are handling patient data safely and meeting information governance standards), is

	thorough and any issues arising from this are being addressed. Risks are being mitigated. Additional staffing resources are not anticipated at present. AJ added that further digital opportunities will be explored through the strategic partnership. • In response to a question on the Trust's key risks, JDE identified the estate and the long-term sustainability of the Trust, noting that benefits of the strategic partnership will take time to realise. • Discussion took place regarding the reduction in ethnicity recording and its implications for patient outcomes. Council noted that this is a national requirement and that recording has declined despite interventions. Targeted actions, including staff training, are being implemented. It is recognised that health inequalities can disproportionately affect some communities, and that it is important for the Trust to understand its population, including the impact of deprivation on access to care. Data is triangulated against pathway access and outcomes. • In response to a question regarding delays in issuing clinic letters in some specialties, which had impacted the timely supply of medicines, JE confirmed that immediate mitigating actions were taken and a permanent solution is now in place. SOL added that he visited the clinical records team following the EPR go-live. It was interesting to speak to the team about how the nature of their work is changing and how challenges are being addressed. • A governor asked about the planned reduction in posts over the next 12 months and whether this may impact nursing levels and quality of care. POD advised that these figures are currently high-level, with further detail to follow. He was unable to provide full assurance at this stage. It was noted that a Quality Impact Assessment is completed for each scheme and signed off by the Chief Nursing Officer and Chief Medical Officer, providing assurance. Nursing levels are monitored weekly and care hours per patient at QVH remain relatively high compared to other organisations. Council **noted** the updates.
08-26	**Questions for Non-executive directors** [this item was taken with item 07-26 above]
09-26	**Update from governor working group for public engagement (verbal)** JHa provided Council with a verbal update regarding the work of the Governor working group for public engagement. He reported that there has been progress in key areas including: - The latest edition of the Governor newsletter was sent to the membership in April 2026. It included information about the forthcoming governor elections and a flavour of the governor presentation delivered to local groups. - He will be attending Horne Parish Council on 18 May 2026 to speak about the role of the Council of Governors at QVH. He encouraged all governors to continue to suggest ideas about which groups governors could engage with. - Governors were reminded to share feedback from visits and engagement activity which can be featured in future editions of the Governor newsletter. Council **noted** the updates.
10-26	**Council of Governors effectiveness review** LM presented the report to Council, thanking governors for sharing their views. The results of this survey were largely positive with some areas for improvement identified. The responses and comments are summarised in the report. The proposed actions are: <u>Holding the Non-executive directors to account</u> A training session on this will be arranged for after the 2026 election to include new governors. The Trust will provide governors with some example questions as a useful resource for Council of Governor and working group meetings.

	A governor suggested that local government scrutiny committees would provide a good opportunity to observe the role of a 'critical friend' in action. A list of possible opportunities to observe other Council of Governor meetings will be collated and circulated. **ACTION JO** Additional training Suggested topics include NHS finance, wider NHS structure. These, and other topics which governors may find helpful, will be scheduled for future informal Council of Governor meetings. Getting to know the hospital A tour of the hospital will be arranged as part of the new governor induction. Current governors will be invited to join. Council **noted** the contents of the report and **agreed** the action plan as set out in the report.
11-26	**Governor elections - update** LM introduced the report as read, highlighting that the election process has now commenced with nominations open until 6 May 2026. There has been good interest in both public and staff governor elections. Induction and training for new governors will be arranged once the election has concluded. Council **noted** the contents of the report.
12-26	**Review of Council of Governors Standing Orders** Council reviewed and **approved** the Council of Governors Standing Orders.
13-26	**Any other business** A staff governor shared her experience of being the Trust's BME network co-Chair and how she was treated more apprehensively by others when she took up this role. Although QVH is small, there is global knowledge and she feels that acceptance of difference across the Trust is low. Council thanked the governor for sharing. There was no further business and the Chair closed the meeting.
14-26	**Questions or comments from members of the foundation trust of members of the public** There were none.

Matters arising and actions pending from previous meetings of the Council of Governors - PUBLIC								
ITEM	**MEETING Month**	**REF.**	**TOPIC**	**AGREED ACTION**	**OWNER**	**DUE**	**UPDATE**	**STATUS**
2	April 2026	10-26	CoG effectiveness review	List of possible opportunities to observe other Council of Governor meetings will be collated and circulated	**JO**	**20 July 2026**	**July 2026:** This will be revisited after the Board decisions on 22 and 23 July on the strategic partnership.	**Pending**

Report to:	Council of governors
Agenda item:	28-26
Date of meeting:	20 July 2026
Report from:	Angela McNab, interim Chair
Report author:	Angela McNab, interim Chair
Date of report:	July 2026
Appendices:	None

Chair's report

Introduction

This report provides an update on my activities since the last Council of Governors meeting and highlights key areas of focus for the Council of Governors and the Board of Directors

The report provides governors with an update on recent developments within the Council of Governors, including governor appointments and elections, progress in relation to the Trust's strategic partnership, recent changes to Board membership following the appointment of new Non-Executive Directors, and opportunities to recognise and celebrate the contribution of our staff.

Council of Governors

I continue to hold regular meetings with the Lead and Deputy Lead Governor to discuss key issues and provide assurance on matters relating to the Council of Governors.

An extraordinary meeting of the Council of Governors was held on 10 June 2026 to consider the recommendations of the Appointments Committee arising from the Non-Executive Director recruitment process. In accordance with their statutory responsibilities, governors approved the appointments recommended by the Appointments Committee. I would like to thank governors for their engagement and contribution throughout the process.

As noted in my previous report, a number of public and staff governors reached the end of their terms of office in June 2026 and a recruitment and election process was undertaken to fill these vacancies. I am pleased to report that this process has now concluded. I would like to welcome Robin Graham, Terry Holding, Suzy O'Hara, Glynn Roche and Robert Tamplin to the Council of Governors as public governors. Together they bring a broad range of experience and perspectives from public service, business, governance and community engagement, which will support the Council in fulfilling its statutory responsibilities.

Staff governor elections were contested, with eight candidates standing for three vacancies. Following the election, I am pleased to welcome Jo Deamer, Dental Training Specialist, and Amy Hinz, Quality and Compliance Lead for Perioperative Services, as staff governors. Together they bring valuable experience and insight from across the Trust and will play an important role in representing the interests of staff within the Council of Governors.

Following the recent local government elections, I am pleased to welcome Councillor Yvonne Gravely to the Council of Governors as stakeholder governor representing West Sussex County Council. I look forward to working with her and to the contribution she will make to the Council's work.

I would also like to congratulate Janet Hall on her reappointment as Lead Governor and John Harold on his reappointment as Deputy Lead Governor. I look forward to continuing to work closely with them both and would like to thank them for their ongoing commitment, support and leadership in helping to ensure the Council of Governors continues to fulfil its important role within the Trust.

Finally, I would like to thank all governors whose terms of office concluded during the year for their commitment and contribution to the Trust and congratulate those who were re-elected for a further term of office. Their support, challenge and engagement have played an important role in helping the Council fulfil its responsibilities

Staff Recognition
I visited the Continuous Improvement Celebration Event on 9 July and was impressed by the range of projects showcased and the passion for improvement demonstrated by colleagues across the Trust. The event highlighted the commitment of our teams to continuously improving services and patient care.

The QVH Star Awards took place on 10 July and provided a wonderful opportunity to celebrate the dedication, skill and compassion of our colleagues. It was a privilege to attend and host my first awards ceremony as Chair, recognising the outstanding contribution that staff make every day in delivering high-quality care and services across QVH. Alongside Abigail, I was pleased to present the Chair and Chief Executive Award for Outstanding Contribution, recognising an individual or team that has made an exceptional impact on our patients, colleagues and the wider Trust. The awards were a fitting celebration of the commitment, professionalism and achievements of staff across the organisation and an important opportunity to thank colleagues for all that they do.

Board of Directors
Progressing the Trust's strategic partnership remains the Board's key priority, with a clear focus on securing the long term sustainability and resilience of our services. During this period, I have continued to work closely with Abigail and colleagues from across the Trust, alongside our partner organisations, to develop the proposed partnership arrangements and supporting governance framework.

The Board continues to progress the next phase of the proposed partnership arrangements and develop the supporting governance framework. An extraordinary public meeting of the Board of Directors is scheduled for 23 July 2026, at which the Board will consider the Memorandum of Understanding, arrangements for the first six months of leadership and governance, and the proposed timeline for partnership appointments. As this important programme of work progresses, the Board remains committed to ensuring that robust governance, due diligence and stakeholder engagement continue to underpin decision making.

The recruitment process for Non-Executive Director roles has now concluded. Following approval by the Council of Governors at its extraordinary meeting on 10 June 2026, I am pleased to welcome Nick Page and Kalee Talvitie-Brown, who joined the Board as Non-Executive Directors on 1 July 2026. Both bring significant experience and expertise, and I look forward to the contribution they will make as we continue to deliver the Trust's strategic objectives. Kalee has also been appointed as Senior Independent Director and Nick has been appointed Chair of the Finance and Performance Committee.

I would also like to again place on record my sincere thanks to Peter, Shaun and Russell, whose terms of office as Non-Executive Directors concluded on 30 June 2026.

On behalf of the Board, I thank them for their commitment, leadership and contribution to the Trust. Each has made a significant impact through their stewardship, challenge and support, and we are grateful for the expertise and dedication they have brought to the organisation during their time in office.

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

Report to:	Council of governors
Agenda item:	29-26
Date of meeting:	20 July 2026
Report from:	Abigail Jago, acting CEO
Report author:	Abigail Jago, acting CEO
Date of report:	July 2026
Appendices:	None

Chief Executive Officer's report

Alert

- **Financial Position**: QVH remains on track at M2 against the financial plan. However there remains financial risk in 2026/27 due to a gap in the Better Value Cost reduction programme. Work is ongoing led by the Interim Chief Finance Officer to develop and deliver schemes to close the remaining gap.
- **Planned Care Performance** is challenged in a number of key areas, including overall waiting list size, the percentage of patients treated within 18 weeks (61.37% against a plan of 62.4%) and the number of patients waiting over 52 weeks. Whilst the Trust achieved its month 1 52 week position (230 patients), pressure remains within a number of services particularly Plastic Surgery. Cancer Performance is also below plan and recovery actions are in place. The current position reflects a combination of increased demand, capacity constraints in some specialities and the need to strengthen operational grip and control across some care pathways. Improving performance remains a key focus, supported by enhanced oversight, strengthened leadership capacity and improvements in waiting list management. Diagnostic performance (DMO1) is below trajectory for month one driven primarily by increased demand for Sleep Services, whilst Diagnostic Imaging remains on track.
- **Organisational Risk**: Key organisational future risks remain the delivery of the financial plan, recovery of planned access standards and ongoing estates related challenges. Whilst overall risk scores remain broadly unchanged focus continues on accelerating risk mitigation.

Assure

- **Quality Account and Annual Reports and Accounts** have been approved by the Board in line with national requirements. The Annual Governance Statement concluded that no significant control issues were identified during the year reflecting sustained progress made to address the financial control and governance issues identified in 2024/25.
- **Capital Delivery**: The Trust successfully delivered its 2025/26 capital programme. Substitution schemes were progressed at year end to mitigate the impact of slippage within the East Grinstead Community Diagnostics Centre (CDC) build programme. Delivery of the 2026/27 capital programme is progressing within the expected financial envelope and will support further reduction in high level estates risks, alongside accelerating the next phase of the Trust's digital transformation programme. The Patient Administration System (PAS) replacement programme remains subject to funding uncertainty and continues to be closely monitored.
- **Delivery of Key Strategic Objectives**: The Trust continues to make progress against its Key Strategic Objectives during 2026/27. Directorate triumvirate teams

are developing aligned and deliverable objectives, translating strategic priorities into clear operational actions and outcomes across services.

- **Major Projects:** Delivery of the Community Diagnostic Centre remains on track with an anticipated opening date of October 2026. The programme will increase diagnostic capacity and improve access for local patients.
- **Strategic Partnership:** Progress towards the implementation of the proposed Strategic Partnership remains on track. Assurance processes continue across all organisations.
- **Urgent and Emergency Care** performance remains strong and consistently above national standards

Advise

- **National Oversight Framework (NOF):** QVH's Quarter 4 National Oversight Framework (NOF) position was 42nd out of 134 providers. Referral to Treatment (RTT) performance was the principal factor influencing this position, with sickness absence and staff survey results also contributing. It should be noted that, excluding the impact of Deficit Support Funding, QVH would have been positioned within Segment 1. Performance improvements were seen in productivity and Clostridioides difficile measures during the period. The 2026/27 framework introduces revised metrics with a greater emphasis on delivery against plan, including elective recovery, productivity, financial performance and workforce indicators.
- **Resident Doctors' Pay Deal:** Planned industrial action by Resident Doctors represented by the British Medical Association (BMA) has been stood down following acceptance of a national pay deal. This is a positive development for the NHS and reduces the risk of further disruption to patient care and service delivery.

National and Local Updates

National NHS Policy and Operating Environment

UK Health Bill: The UK Health Bill continues its passage through Parliament and, if enacted, will introduce significant changes to NHS structures, including the abolition of NHS England and the transfer of functions to the Department of Health and Social Care. While the detailed implications for QVH remain subject to parliamentary approval, the proposed changes are expected to further strengthen national performance, productivity and accountability requirements across NHS providers.

10-Year Health Plan: National focus remains on implementation of the NHS 10-Year Health Plan, with particular emphasis on productivity, financial sustainability, elective recovery, neighbourhood health services and digital transformation. The Trust's strategic priorities, including the Community Diagnostic Centre, Patient Administration System implementation and strategic partnership development, remain closely aligned to these national ambitions.

Resident Doctor 10-Point Plan: NHS organisations continue to implement the Resident Doctor 10-Point Plan, which seeks to improve working lives, training experience and retention. QVH continues to perform strongly in this area, with positive feedback from resident doctors and strong assessment results. Work is ongoing to further enhance the experience and wellbeing of resident doctors within the Trust.

Surrey and Sussex Cancer Alliance Annual Review 2025-26
The Surrey and Sussex Cancer Alliance Annual Review 2025/26 highlights continued progress in earlier diagnosis, pathway improvement and innovation, delivered through strong system partnership working. Key developments include increased rates of early-stage diagnosis, targeted screening programmes, streamlined pathways and new tools to support clinical teams. The report also demonstrates a continued focus on personalised care and improving patient experience. QVH will continue to work closely with Cancer Alliance partners to support delivery of national cancer ambitions and improve outcomes for patients

NHS Oversight Framework (NOF)
The NHS NOF for 2026/27 introduces a more transparent and rules based approach to assessing provider performance, combining delivery against a defined set of metrics with an assessment of organisational capability. There is stronger emphasis on elective recovery, including RTT performance, productivity, workforce and outcomes. Within this context QVH 2025/26 Q4 position shows the Trust remains in segment 3 despite a delivery score that would otherwise place it in a stronger position. This reflects the combined impact of RTT performance pressures and financial constraints rather than underlying quality concerns.

For 2026/27 QVH is no longer in receipt of Deficit Support Funding and will therefore be assessed solely on its performance against NOF measures. The revised framework reinforces the importance of sustained improvements to planned care, access, productivity, workforce indicators and financial delivery throughout 2026/27

Quality and Safety
A targeted recovery programme commenced in May 2026 to review open historical incidents through weekly review meetings. This has resulted in a reduction in the number of open incidents, with themes, learning and actions being identified and shared across the organisation.

Compliance with policy review and renewal processes has improved significantly, with compliance levels now at 92%, demonstrating strengthened governance, oversight and accountability.

Venous Thromboembolism (VTE) compliance remains below the national target of 95%. Following review by the Chief Nursing Officer and Chief Medical Officer, the assessment criteria have been refined to ensure appropriate exclusions are applied. Further training is planned to increase staff awareness, improve the quality of assessments and support sustained improvement in compliance.

Staff Survey
Following publication of the 2025 NHS Staff Survey results, Executive Directors met with all directorates and corporate teams to review the findings and agree priority actions to improve staff experience. Areas of focus include engagement, communication, leadership visibility, speaking up, and staff health and wellbeing.

Action plans have been developed across teams and will be monitored throughout the year to support sustained improvement in staff experience and organisational culture.

The Management Essentials programme and Resilience and Change Management workshops continue to be delivered, alongside targeted coaching interventions where required. These actions are informed by culture reviews and form part of the Trust's

ongoing commitment to leadership development, staff engagement and organisational effectiveness.

Staff Engagement
A staff engagement workshop was held on 23 June and attracted 107 attendees, including a strong clinical representation. Colleagues participated in discussions across seven themes: partnerships, digital, estates, continuous improvement, the Better Value Programme, research and innovation, and the Community Diagnostic Centre. The high levels of engagement demonstrated the commitment of colleagues to shaping the future direction of the Trust and supporting delivery of our strategic ambitions.

Celebrating our QVH Team
I am always proud to recognise the achievements of our colleagues and the difference they make for patients, communities and the wider NHS. The following examples highlight the expertise, commitment and values demonstrated by teams across QVH and the external recognition they have received.

Star Awards
The QVH Star Awards took place on 10 July and provided a wonderful opportunity to celebrate the dedication, skill and compassion of our colleagues. It was a privilege to attend and recognise the outstanding contribution that staff make every day in delivering high-quality care and services across QVH. I would also like to extend my sincere thanks to Janet Hall, John Harold presenting awards during the evening and helping to make the event such a success. I would also like to thank Linda Skinner for attending on behalf of the League of Friends. The awards were a fitting celebration of the commitment, professionalism and achievements of staff across the organisation and an important opportunity to thank colleagues for all that they do.

Values in Practice (VIP) Award Winners
The Values in Practice (VIP) Awards recognise colleagues who demonstrate our values and help foster a positive and supportive culture across the Trust.

Our April winner, Alex Cash, Consultant Orthodontist, was recognised for embodying the value of *being supportive and challenging over staying comfortable*. He was nominated for his commitment to team wellbeing, creating an inclusive environment where colleagues feel valued, able to speak up and supported to develop.

Our May winner, Greg Livanos, Senior Information Analyst, was recognised for *succeeding together over achieving alone*. He was nominated for his collaborative approach, supporting colleagues in a largely virtual environment and helping build capability across the team.

Celebrating Our Workforce
Since the last Board, we have had the opportunity to recognise and celebrate many of the professions and teams that make QVH such a special place to work, including International Nurses Day and Operating Department Practitioner Day (12 May), International Clinical Trials Day and International HR Day (20 May), Biomedical Science Day (4 June), National Healthcare Estates & Facilities Day (17 June) and National Children's Nurses' Day (30 June). Each of these occasions has highlighted the expertise, dedication and commitment of our colleagues, demonstrating the breadth of skills and professions that work together to deliver outstanding care for our patients. My sincere thanks go to every member of staff for the contribution they make to our organisation every day.

Regional recognition for digital transformation at QVH
Our Electronic Patient Record (EPR) and Electronic Prescribing and Medicines Administration (EPMA) teams were named runners-up in the Digital Transformation category at the 2026 South East Digital Skills Development Network Awards in May. This recognises the successful implementation of our Archie EPR system and the collaborative approach to its delivery and ongoing optimisation.

QVH colleagues recognised at Buckingham Palace
Four colleagues, Mohamed El-Belihy, Consultant Dental & Maxillofacial Radiologist; Nisa Pinto, Lead Sleep Physiologist and Service Manager; Edline Madzivanyika, Senior Management Accountant; and Rainer Halsall, Site Practitioner, were invited to a Royal Garden Party at Buckingham Palace, recognising their contribution to public service and their communities.

National recognition for support to the Armed Forces community
As part of the ongoing engagement with Defence partners, we hosted a visit from Joint Hospital Group South East on 21 May. The visit provided an opportunity to share more about the Trust, meet our RAF nurses and highlight the important role they play, including hearing positive feedback from a former QVH placement student

In June, QVH was awarded the Defence Employer Recognition Scheme (ERS) Silver Award for 2026, recognising our support for the Armed Forces community, including reservists, veterans and military families. This reflects our ongoing commitment, including signing the Armed Forces Covenant, achieving ERS Bronze and becoming Veteran Aware accredited. The award will be formally presented on 1 July.

Connection with Teams
I have enjoyed continuing to visit and connect with a variety of teams across the period. Visits included spending time with the Workforce Team who are doing great work to digitise services in line with the NHS analogue to digital ambition. This included an informative conversation with Jo Walls, Trust Rostering Lead who was sharing the work underway to digitise roster and rota analysis which will support teams to effectively utilise information to support rostering and ensure best use of resources. Julie Field, Workforce Services Team Leader, shared work underway to support staff in the use of the Manager Self Service digital application that has been implemented in recent months. Finally, Employee Relations Advisors Stefi Flint and Renoskha Nogar who were sharing how they are seeing an increased benefit in cases from managers and staff being able to utilise the Trust Behaviours Framework.

Interim Chief Finance Officer
I would like to welcome Ross Dunworth, Finance Director at Royal Surrey NHS Foundation Trust, who joined us as Interim Chief Finance Officer on 1 June 2026, working across both organisations. This arrangement will strengthen financial leadership and oversight, support closer collaboration, and maintain a strong focus on delivery for our patients and staff.

The Deputy Chief Finance Officer and Deputy Director of Strategic Finance will continue to lead day-to-day operations, ensuring continued stability and continuity.

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

Report to:	Council of governors
Agenda item:	31-26
Date of meeting:	20 July 2026
Report from:	All Non-executive directors
Report author:	All Non-executive directors Ellie Simpkin, Governance manager
Date of report:	08 July 2026
Appendices:	None

Non-executive director assurance

Purpose

The purpose of this report is to assist the Council of Governors in seeking assurance and holding the Non-executive directors to account for the performance of the Board. This paper contains high level updates from Board sub-committee meetings held in April, May and June 2026.

The Non-executive directors will each provide a verbal update regarding other activities at the meeting, especially where their particular focus and any areas of concern are.

Non-executive Directors Service Visits

Since the last Council of Governors meeting in April 2026, Non-executive directors have continued their programme of service visits across a range of clinical and corporate services, including the Minor Injuries Unit, Theatres, Canadian Wing and Peanut Ward, Pharmacy and the Business Intelligence team. These visits provide valuable opportunities to engage directly with staff, observe services in practice and gain assurance regarding the quality of services, staff experience and organisational culture across the Trust.

A consistent theme emerging from the visits has been the strong sense of pride, professionalism and commitment demonstrated by staff. Non-executive directors observed supportive team cultures, with staff speaking positively about their roles and the services they provide. Across the areas visited there was clear evidence of compassionate, patient-centred care, strong working relationships and visible leadership, with teams demonstrating a shared commitment to delivering high-quality services and supporting one another. There was evidence of proactive workforce planning and investing in staff development, helping to build resilience and support succession planning.

The visits also highlighted a continued focus on service development and improvement across the organisation. Staff spoke positively about the use of the Electronic Patient Record and the ongoing work being undertaken to enhance services and support new ways of working. Non-executive directors observed a willingness amongst teams to learn, adapt and share ideas, providing assurance that staff remain engaged in efforts to improve services and the experience of patients.

Recommendation

Council is asked to **note** the contents of the report and to raise any questions with the Non-executive directors regarding the service visits and other activities undertaken since the last meeting.

Strategy & culture committee assurance
Date of meeting: *29 April 2026, 2 June 2026*
Chair: *Peter O'Donnell*
Members: *Shaun O'Leary, Angela McNab*

ALERT (matters that the committee brought to the Board's attention)
• Results of the 2025 Staff Survey reviewed by the committee, acknowledging the challenging national NHS context and the current uncertainty for staff as the Trust enters a strategic partnership. A decline in engagement and morale, increased fatigue and workload pressures, and a reduction in staff recommending QVH as a place to work was noted and identified as key areas of focus to ensure these do not develop into sustained downward trends. Managers are being supported to develop action plans with their teams. The committee encouraged a focus on areas of greatest variability, with more granular analysis of teams of particular concern. Although the survey achieved a response rate above the national average, comparable with other specialist trusts and higher than that of proposed potential partners, the committee emphasised the importance of leadership in driving staff engagement and further improving response rates. • The committee has reviewed the options for the strategic way forward for the care of children and young adults at QVH, in line with the *QVH Strategy 2025-2030*. A Children's Model task and finish group was established to define a high quality and sustainable way forward for the Trust, supported by input from the South Thames Paediatric Network (STPN). The group developed a number of potential options to explore and has recommended a hybrid model for elective practice with enhanced triage and process management for non-elective activity. The committee supported this model as the current preferred option, however, it noted that System-level collaboration is needed to develop the long-term strategy for paediatric care at QVH. Oversight of implementation will be provided by the Quality & safety committee.
ASSURE (matters that the committee brought to the Board's attention)
• Good progress is being made in the implementation and transition phase of the strategic partnership. Clear programme governance and leadership arrangements are now in place, with risks identified and actively managed. The shared Partnership Working Group continues to oversee delivery across all six workstreams. Actions arising from the finance review are being progressed and work continues on the future governance structure of the partnership. Benefits realisation is being developed, and the committee highlighted the importance of ensuring alignment with the aims and intended outcomes of the strategic partnership. The committee requested that organisational culture aspects of the partnership are reflected in future reporting. There has been positive feedback from the Chief Medical Officer regarding discussions with counterparts at Royal Surrey NHS Foundation Trust and Ashford and St Peter's Hospitals NHS Foundation Trust (RSFT/ASH). • The report to the private Board meetings of RSFT/ASH, proposing expansion of the existing Group to include QVH as a strategic partner, has been shared with the committee for transparency. The report demonstrated that QVH is well run and welcomed the clear articulation of the opportunities arising from the partnership. • QVH has made strong progress towards full compliance with the Sexual Safety Charter. At the time of reporting, the Trust was also 98% compliant with the national Violence Prevention and Reduction (VPR) Standards, supported by established governance arrangements, risk assessments, reporting mechanisms, training, and assurance processes. Discussion was had on lessons learned from

incidents inform practice development and noted that this occurs both locally and through the Sussex VPR Group.

- Key achievements for year one delivery of the *QVH Strategy 2025–2030* include implementation of the Electronic Patient Record, development of the Health Inequalities Dashboard, improvements in ethnicity data recording, and delivery of the Better Value Programme.
- The Trust-wide Engagement Plan, which provides a framework for consistent, inclusive, and transparent engagement and communications has been reviewed. The plan sets out the Trust's approach across key audiences and supports strengthening the patient voice and builds on existing engagement and communications activity. An implementation plan will be developed, and the committee suggested that further consideration be given to how its effectiveness and outcomes will be measured.
- There is proactive and positive engagement with GPs and Primary Care Networks across Sussex, with strong interest in Trust services, particularly the direct access pathways offered by the Community Diagnostic Centre (CDC). This work is being supported by the CDC Clinical Lead, a community GP working two days per week on a two-year fixed-term basis. Progress is being made towards direct integration of QVH documentation into GP systems as part of the Trust's digital transformation programme, due for completion in 2026/27.
- Significant progress has been made against the QVH Digital Strategy over the last 18 months. Capital funding remains limited, and the programme team continues to seek additional national and regional funding opportunities. A Digital Transformation Board has been established to ensure priorities remain aligned with Trust needs, including cost improvement objectives. The committee has encouraged further consideration of opportunities presented by AI and robotic technologies, the strengthening of alignment between the Trust's Digital Strategy and Green Plan and development of tangible outcome measures for the strategy.
- There has been good progress delivering the Research and Innovation Strategy, establishing research infrastructure, strengthening governance arrangements, and developing a clearer understanding of the Trust's research baseline and growth opportunities. Development of the innovation agenda remains at an earlier stage, with work underway to establish supporting infrastructure and address capacity and capability gaps. Positive progress is being made in developing local, academic, and commercial partnerships, increasing clinician engagement in research activity, and raising the profile of research and innovation across the Trust.

ADVISE (matters that the committee presented to the Board for information)

- The committee reviewed the proposed Key Strategic Objectives 2026/27.
- The draft MOU for the strategic partnership which is due to be approved by the Boards of all three trusts in July 2026 has also been reviewed.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- The committee has reviewed Board Assurance Framework (BAF) risks which relate to the long term sustainability of the Trust, leadership capacity and workforce.
- The People BAF and the actions being taken to support staff have been discussed. There are plans to develop these Equality, Diversity and Inclusion (EDI) networks as part of the strategic partnership. However, the committee requested that a deep dive into the experiences of ethnically diverse staff is undertaken and the findings reported back to the committee. The People BAF will be updated to detail the direction of travel and actions in relation to areas of focus for the staff survey.

- Progress has been made in establishing the Trust's risk management framework, however, the committee encouraged further consideration of how the conversations around risk can be strengthened; risks are well managed but it is felt that this could be better articulated.

Audit and risk committee assurance
Date of meeting: *24 June 2026*
Chair: *Jagjit Dosanjh-Elton*
Members: *Russell Hobby, Peter O'Donnell*

ALERT (matters that the committee brought to the Board's attention)

- Moderate assurance on the effectiveness of QVH's System and partnership arrangements, including the Sussex Provider Collaborative. There are routes for QVH to influence System decision-making, receive assurance on shared risks, and escalate relevant interdependencies. The System risk assessment has been reviewed and RAG-rated, with ongoing oversight required as programmes move from planning into delivery. Assurance is currently limited by a lack of demonstrated delivery impact, and discussion was had on the need for clear criteria against which effectiveness is being assessed.
- Findings of an independent Waiting List Assurance Review have outlined recommendations to strengthen governance, reporting and oversight of elective care. Oversight of the implementation of the resulting action plan will be provided by the Finance & performance and Quality & safety committees. The Audit &risk committee will receive an update on the progress made in six months' time.

ASSURE (matters that the committee brought to the Board's attention)

- Azets presented their draft annual audit findings for the year ending 31 March 2026. They anticipated issuing an unmodified audit opinion on the accounts. The the audit process has been positive on all sides. No significant weaknesses were identified in relation to the Value for Money assessment.
- The Head of Internal Audit Opinion for 2025/26 is that the Trust has an adequate and effective framework of governance, risk management and internal control.
- The Trust's Annual Governance Statement 2025/26 has concluded that no significant internal control issues have been identified during the year, reflecting the sustained progress made to address the financial control and governance issues identified in 2024/25.
- The Local Counter Fraud Service has provided its annual report to the committee, which demonstrates the work completed against the 2025/26 work plan. The Counter Fraud Functional Standard Return resulted in an overall rating of green, with improved access to and completion of training.
- Targeted action has been taken to address the areas assessed as partially compliant in the 2025 Provider Capability Self-Assessment. Improvements have been made during 2025/26, including in strategy, access, productivity and financial oversight. Some risks remain, including financial sustainability, operational performance pressures and dependency on delivery of the strategic partnership. Guidance for the 2026 assessment is still awaited.
- The committee received a report which set out how the Trust obtains assurance regarding the effectiveness of its organisational processes, systems of internal control and management of risk, providing an overview of the sources of assurance available to the Board and how these operate across executive portfolios. The committee has highlighted the importance of embedding processes and systems in day-to-day operations.
- Requirements of the Fit & Proper Persons Test framework have been met and there are no issues to report to date. Annual checks for Board members have been undertaken, all of which have been satisfactory.
- Internal audit reviews of the BAF & Risk Management and Key Financial Controls – Accounts Payable both received reasonable assurance outcomes, with management actions agreed to address identified areas for improvement.

ADVISE (matters that the committee presented to the Board for information)
• The procurement team is in the process of developing a visual dashboard which will improve assurance reporting on the key areas of contract awards, use of waivers and compliance with the No PO No Pay Policy. • An annual review of the Standing Orders, Scheme of Delegation & Reservation of Powers and Standing Financial Instructions has been undertaken. No substantive amendments were proposed. • The committee has made recommendations to the Board and the Council of Governors in relation to the extension of the internal audit and external audit contracts.
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
• The cyber strategic risk has been separated from the digital risk and added as a standalone risk on the BAF. The committee reviewed the first iteration, which has a current score of 12. • There has been a deep dive of the sustainability BAF. While the risk and assurance relating to the Trust's strategic partnership were well reflected, the committee noted that the next deep dive should take a broader view of future sustainability, with the partnership considered as one element of this. • An update was provided on the deep dive of the estates BAF, which was originally undertaken by the committee in March 2026. Action is being taken to address control and assurance gaps. The committee has highlighted the importance of developing evidence-based assurance reporting and understanding the residual risk to the organisation, taking into account the currently available capital funding.

Quality and safety committee assurance
Date of meeting: *5 May 2026, 8 June 2026, 30 June 2026*
Chair: *Jo Emmanuel*
Members: *Shaun O'Leary, Russell Hobby*

ALERT (matters that the committee brought to the Board's attention)
• Cancer standards were delivered at year end, with all patients waiting over 62 days receiving regular clinical harm reviews with no harm identified. Assurance was provided that targeted improvement plans, particularly within skin cancer pathways, are being implemented and monitored through the Trust Cancer Board to support timely diagnosis and treatment. • The Trust enters 2026/27 below trajectory across elective, cancer and diagnostic standards, with continued short-term deterioration risk driven by demand growth, pathway constraints and limited capacity. Recovery actions are underway; however, improvement is not expected to be immediate and system-level risks (including referral patterns and workforce constraints) require continued escalation and coordination. • Patient safety continues to be prioritised across urgent, diagnostic and elective pathways, with Urgent Emergency Care performance meeting national standards, stable diagnostic performance, and active mitigations in place to manage known capacity constraints. The committee also noted ongoing improvements in theatre utilisation and data quality to support safer, more efficient care delivery. • The Patient-Led Assessments of the Care Environment inspection reported mixed performance across quality domains, with some areas at or above national average but declines in food, dementia and disability. Assurance was received that targeted improvement actions are in place and that delivery of the 2026 Action Plan will be monitored through established governance to improve patient experience and compliance. • The committee has reviewed the Quality Impact Assessment (QIA) position for the 2025/26 Better Value Programme, noting that the majority of schemes were appropriately assessed and approved. Assurance was received that strengthened governance, live tracking and executive oversight are in place, and that learning from 2025/26 is informing earlier and more robust completion of QIAs. The committee agreed to receive quarterly updates and that any schemes reaching the agreed risk threshold will be escalated appropriately. • Escalated risks from Executive Committee for Quality and Risk include overdue risk register updates, performance challenges, diagnostic capacity issues, fire safety compliance concerns, a high incident backlog and ongoing Mental Capacity Act (MCA) compliance issues. Assurance was provided that actions are in place.
ASSURE (matters that the committee brought to the Board's attention)
• The Patient Safety overview report for quarters three and four 2025/2026 and subsequent discussion in the meeting provided assurance on progress relating to shared learning, increased attendance at monthly Clinical Learning Forms and reintroduction of Safety Bulletins in quarter four circulated via Connect publication. • The committee has reviewed the clinical safety position for the Archie EPR programme, noting a robust safety approach, effective co-design with staff and a decline in EPR-related incidents since go-live. There has been early consideration of clinical safety risks for the Archie Patient Administration System (PAS) programme ahead of the planned November 2026 go-live. • Safe nursing staffing levels are in place and aligned with national guidance, with no adverse impact on patient safety following recent service reconfiguration. Rostering improvements and reduced reliance on temporary staffing support efficiency, underpinned by robust governance.

- The committee was assured that progress is being made in addressing the historical incident backlog, with improved pace of closures and strengthened oversight arrangements in place. Actions to enhance engagement, clarify incident classification and embed more timely reporting processes are underway, supporting a more sustainable approach to incident management going forward.
- Progress was made against the 2025/26 Quality Priorities, acknowledging the ambitious scope and delivery achieved. The need to strengthen evidence of learning and impact, particularly in preventing recurrence of issues, and received assurance that work is underway to embed real-time learning and improvement into 2026/27 priorities.
- The Guardian of Safe working report noted improvements to the resident doctor exception reporting process, including system updates and reduced response times to within seven days. The rota safety is being effectively managed with no current concerns, while recognising ongoing monitoring of working hours in specific services and further work required to enhance rest facilities.
- The QVH Way continuous improvement programme is embedded in its sustain phase, with increasing staff capability and application of improvement methodologies.
- The committee reviewed the risks associated with the use of personal devices for medical photography and received assurance that governance is being strengthened through an approved policy and a developing Standard Operating Procedure. There were current service and technical constraints and further work was required to support safe implementation without compromising patient care.

The committee received the following annual reports for 2025-26:

Quality Account
The committee has reviewed and provided feedback on the Trust's Quality Account 2025-2026 which highlights the significant achievement of the Trust, acknowledging the areas for improvement.

Medicines Management
Medicines management remains safe and effective, with high reporting and low harm levels. Prescribing trends following Electronic Prescribing and Medicines Administration implementation are actively monitored, supported by strengthened governance and learning systems. Key specialist roles have been successfully recruited during the year, enhancing resilience and leadership capacity. Further development is focused on improved analytics, audit capability and follow-up of actions, with ongoing assurance sought on progress.

Patient Safety
The committee was assured that robust patient safety systems and processes are embedded across the organisation, supported by a positive reporting culture, effective implementation of the Patient Safety Incident Response Framework, and demonstrable learning that is driving improvements in practice. Whilst challenges remain in the timely closure of incidents, actions are in place to address these.

Antimicrobial
The Antimicrobial stewardship annual report 2025-2026 has provided assurance progress has been made in strengthening antimicrobial stewardship, with sustained high compliance supported by strong clinical leadership and multidisciplinary collaboration. Key roles have been stabilised following recruitment, and digital developments through Archie EPR are expected to further enhance prescribing

practices, audit capability and oversight. Ongoing focus on education, workforce resilience and optimisation of data will support continued improvement.

Clinical audit
The Clinical audit annual report 2025–2026 provides robust assurance, with comprehensive coverage, clear governance and effective follow-up of actions

Health & Safety
The Health & Safety annual report 2025-2026 demonstrates governance continues to strengthen with improved reporting, policy compliance, incident culture and estates collaboration. While key risks remain particularly around risk assessment timeliness, fire safety actions, workforce wellbeing pressures and statutory health surveillance gaps these are clearly identified and subject to active management. The committee recognised a solid foundation for continued improvement, with targeted actions in place to strengthen compliance, capability and assurance.

Learning from Deaths
The report provides assurance that the Trust has met its statutory duties under the Learning from Deaths framework for 2025/26. There are effective processes are in place and no quality or safety issues identified. All relevant deaths were appropriately identified and reviewed, with mortality levels stable and no trends or concerns relating to quality of care identified. Two inpatient deaths occurred during the year, with no deaths following transfer out. One Structured Judgement Review and three inquests were completed, none of which raised concerns about care. Demographic findings were in line with expected patterns, with no evidence of disproportionate impact across patient groups.

Safeguarding
The committee was assured that robust safeguarding systems and governance arrangements are in place, supported by strong partnership working, effective training and continued service improvements. Progress is evident in areas such as MCA compliance, clinical pathway development and organisational learning, with actions in place to address remaining challenges. Overall, the committee recognised sustained commitment to safeguarding and ongoing strengthening of assurance and practice across the Trust.

Infection Prevention & Control
The report provides assurance that appropriate systems are in place to prevent and control healthcare associated infections, with continued compliance against CQC standards. The committee was assured that infection rates remain low, with no cases of MRSA or MSSA bacteraemia and only a small number of other infections reported. It was noted that all cases were subject to Root Cause Analysis, with learning identified and actions implemented where appropriate. The committee acknowledged the ongoing programme of infection control audits, demonstrating a clear cycle of review, action, and feedback to clinical teams. Strengthening collaboration with Estates team in relation to ventilation safety and refurbishment works, and requested continued assurance that any estates-related infection risks are effectively managed and clearly articulated to the committee.

Patient Experience (formerly Complaints)
The Patient Experience annual report 2025-2026 provides assurance that high levels of patient satisfaction are consistently maintained, with strong performance against national benchmarks and effective governance of complaints and feedback. Patient insights are systematically triangulated to inform learning and service improvement, with clear evidence of a transparent, patient-focused culture. While complaint volumes

have increased, processes remain robust, and continued focus on communication, responsiveness and frontline engagement will support ongoing improvement including variation between outpatient and inpatient experience.

Professional standards: framework for quality assurance and improvement (FAQI) annual report 2025-2026 (Appraisal and Revalidation)
The report provides assurance that the Trust is meeting the Responsible Officer's statutory requirements and continues to strengthen arrangements for appraisal and revalidation of the medical workforce.

ADVISE (matters that the committee presented to the Board for information)

- Research governance is on track against strategy. Enhanced process to ensure timely opening of and recruitment to clinical trials has been put in place.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- The committee is assured that the Board Assurance Framework and Organisational Risk Register provide a comprehensive overview of strategic and operational risks, with key risks clearly identified and monitored. While a number of risks remain outside appetite and some updates and actions are overdue, these gaps are recognised, with plans in place to refresh risk content, strengthen ownership and improve timeliness of updates.

Finance and performance committee assurance
Date of meeting: *5 May 2026, 29 June 2026*
Chair: *Peter O'Donnell*
Members: *Russell Hobby, Jagjit Dosanjh-Elton*

ALERT (matters that the committee brought to the Board's attention)
• Month 1 performance was below plan across RTT, cancer, and diagnostics, with underlying issues and recovery actions discussed. RTT performance is impacted by continued waiting list growth, particularly in Sleep (including external demand from Kent). Targeted recovery actions are in place, including implementation of waiting list review recommendations, recruitment to address consultant gaps, and weekend working. These actions are expected to stabilise capacity and support recovery. Forecasting work with Business Intelligence Unit indicates that recovery is achievable if referral levels stabilise, but continued growth in demand would present a risk to delivery and require further intervention. The committee has requested further assurance to determine the extent to which pressures are driven by demand versus efficiency to better target recovery actions. • 52-week performance was achieved in Month 1 but is forecast to deteriorate, with rising risk driven by growth in the 40–51 week cohort. 65-week waits remain focused in Plastics and Oral and Maxillofacial Surgery. Mitigations are in place, but short-term deterioration risk remains high. The committee has requested a further update on the implementation and impact of agreed waiting list review actions, to support assurance regarding delivery and the recovery trajectory. • Theatre utilisation remains below the 85% target at 81-82%, recovery actions are in place including strengthened data validation and the introduction of standby patient pathways, particularly for skin services. Early signs of recovery are evident, previous performance impacts associated with Electronic Patient Record have been resolved however, pace of recovery is impacted by resourcing constraints. • The Trust reported a Month 1 deficit of £0.248m, slightly better than the planned deficit of £0.252m, with a cash balance of £14.1m. • Income is in line with plan but remains variable, with underperformance in CDC, Plastics, and daycase activity partially offset by increased sleep outpatient activity. • Pay expenditure was above plan by £0.17m, driven mainly by the impact of pay awards and slower delivery of planned efficiency measures, with a small additional impact from industrial action. • Non-pay expenditure was favourable by £0.16m, reflecting reduced spending across areas such as Digital, Estates and Theatres, helping to offset pressures in pay budgets. • The Cost Improvement Programme (CIP) has achieved plan to date, supported in part by non-pay underspends. However, there is a recognised risk that elements of the programme remain insufficiently defined or may not fully deliver within the year. Strengthened grip and control is in place to ensure that underspends are not released inappropriately and that delivery remains on track. • Staffing levels are slightly above plan in Month 1, with vacancy rates at 6.8%, remaining below the 8% target. Workforce pressures persist in key areas including Plastics, Canadian Wing and Theatres. • Average time to hire improved. Bank and agency usage has decreased, contributing to improved cost control and workforce efficiency, while sickness absence remains slightly above 4% and turnover has increased marginally, posing a potential risk to stability. • Appraisal compliance has seen a slight decline overall, although the number of overdue appraisals has reduced. There continues to be management oversight and workforce engagement, particularly in areas with lower completion rates.

- Annual leave utilisation is at approximately 17% by the end of Month 2, with variation across directorates. This is being actively monitored through performance and workforce oversight arrangements to ensure leave is managed effectively without adverse impact on service capacity.
- The committee noted the recently developed Basics Performance dashboard and received assurance that appropriate governance oversight and executive accountability arrangements are in place to monitor compliance, identify areas for improvement, and escalate sustained underperformance where required.
- The Archie PAS programme remains on track for a planned November 2026 go-live; however, the RAG rating has deteriorated to Red/Amber due to emerging risks across key workstreams. Workforce capacity pressures and reliance on operational staff supporting concurrent improvement priorities present further delivery risk. In addition, funding for the Digital Transformation Programme is currently confirmed only until December 2026, creating a significant risk should there be any delays.

ASSURE (matters that the committee brought to the Board's attention)

- East Grinstead CDC construction programme remains rated Green/Amber, with the building now watertight. An independent review of build quality will be shared with the committee, once complete. The 2026/27 activity and income plan has been agreed with the Integrated Care Board and is not expected to be impacted by the revised build timeline.
- The committee has supported the requirement for the Efficiency Steering Group to strengthen its focus on monitoring in-year delivery and full-year forecasts, working with Senior Responsible Officers and leads to identify and implement mitigating actions where required. This will include a review of expenditure across the Trust to ensure all areas are contributing to the overall efficiency target.
- The MRI scanner project is progressing with design development and site planning underway. Work continues to secure additional funding with governance arrangements in place to oversee delivery.
- The committee noted the Sussex Pathology Network (SPN) project update and the associated risks. Progress with a developing system-wide plan strengthened partnership working and regular oversight in place. Risks relating to funding pressures, estate limitations were noted, with further detail on the future model replacement plans to be brought back to the committee.

ADVISE (matters that the committee presented to the Board for information)

- The committee approved the proposed process for submission of the National Cost Collection, noting the outlined timescales, learning from previous submissions, ongoing development of the methodology, and the interim arrangements in place to address current gaps, which will be further progressed ahead of the next submission cycle.
- Progress is being made against the Trust's critical infrastructure plan and delivery of the estates capital programme. The committee was assured that schemes remain aligned to key risks within the Estates and Facilities risk register and are supporting the reduction of backlog maintenance, while improving the safety, resilience and compliance of the Trust estate.
- Effective and proportionate security arrangements were in place throughout 2025/26, with full delivery of the Local Security Management Specialist work programme and stable incident levels. Security risks are being proactively managed in line with national requirements, including preparedness for Martyn's Law, and requested benchmark data in future reports to better evidence how good our position is compared to others.

- The committee noted reasonable assurance in relation to information governance performance, with no breaches reported for Subject Access Requests and a reduction in overdue Freedom of Information responses. Training compliance remains strong at 91%, although continued focus is required to address outstanding FOI timeliness and maintain high standards.
- Work is underway to develop a Cyber Security Dashboard to improve visibility of performance, risks and compliance. While the current version is illustrative, feedback has been provided to strengthen metrics, resilience measures, and supply chain assurance, with further development planned to support robust assurance.
- Procurement of the waste contract is progressing through a robust collaborative tender, with risks managed via interim arrangements. The new model will support compliance, efficiency, and sustainability, with final approval to be sought in due course.
- There has been a robust procurement process for the award of the contract for Taxis, Couriers, Histopathology and Blood Samples transport services.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- The highest scoring open risk was 66 - delivery of the Pathology Network Programme, with a current score of 16.
- Key strategic risks remain appropriately identified, although the majority are outside of risk appetite. Areas requiring improvement were highlighted, including the timeliness and accuracy of risk updates, alignment with current performance trajectories, and completion of outstanding actions. Work is underway to strengthen oversight, refresh the risk position, and improving the quality of reporting.