Western Sussex Hospitals NHS
NHS Foundation Trust

Council of Governors Meeting

Tuesday 11th October 2016
1.30pm to 4.30pm 2016

Mickerson Hall, Chichester Medical Education Centre, St Richard's Hospital, Chichester

AGENDA

1	13.30	**Welcome and Apologies for Absence**		Mike Viggers
2	13.30	**Declarations of Interests**	Verbal	Mike Viggers
3	13.30	**Minutes of Meeting of the Council of Governors held on 14 July 2016** To approve	Enclosure	Mike Viggers
4	13.35	**Matters Arising from the Minutes** To note	Enclosure	Mike Viggers
		LISTENING AND REPRESENTING		
5	13.40	**Lead Governor's Report** To receive and agree any necessary action	Enclosure	Vicki King
6	13.55	**Membership Committee Report** To receive and agree any necessary actions	Enclosure	Jill Long
7	14.05	**Staff Governors Report** To receive and agree any necessary action	Enclosure	Staff Governors
8	14.20	**Appointed Governors Report** To receive and agree any necessary actions	Verbal	Appointed Governor
		ACCOUNTABILITY		
9	14.30	**Board Report to Council and Patient First Update** To receive and agree any actions	Enclosure/ Presentation	Executives
10	15.10	**Sustainability and Transformation Plan Update** To receive and discuss	Presentation	Marianne Griffiths
11	15.40	**Committee Feedback – Quality and Risk Committee** To receive and agree any necessary action	Presentation	Joanna Crane
		GOVERNANCE		
12	16.10	**Council of Governors Declaration of Interests 2016/17** To receive	Enclosure	Andy Gray
13	16.15	**Governors Annual Programme** To discuss and agree any actions	Enclosure	Vicki King

OTHER ITEMS

14	16.20	**Other Business**	Chair
15	16.30	**Date of next meeting** Thursday 19 January 2017 09.30am, Denham Room, Conference Centre, Worthing College	Chair
16	16.30	**Questions from the Members of the Public**	Chair

Andy Gray
Company Secretary
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Quoracy of Council of Governors Meetings

A meeting of the Council shall be quorate and shall not commence until it is quorate. Quoracy is defined as meaning that the following requirements are all satisfied:

- there shall be present at the meeting at least one third of all
- Governors
- of those present, at least 51% shall be Elected Governors
- of whom at least two shall be Elected Public Governors

Minutes

Western Sussex Hospitals NHS
NHS Foundation Trust

Minutes

Minutes of the Council of Governors Meeting held in Public from 09.30 am on Thursday 14 July 2016 at Denham Room, Conference Centre, Worthing College, 1 Sanditon Way, Worthing BN14 9FD.

Present:	Mike Viggers	Chairman
	John Todd	Public Governor – Adur
	Neil Chisman	Public Governor – Arun
	Jill Long	Public Governor – Arun
	Anita Mackenzie	Public Governor – Arun
	John Thompson	Public Governor – Arun
	Maggie Burgess	Public Governor – Chichester
	Jim Jennings	Public Governor – Chichester
	Vicki King	Public Governor – Chichester
	Penny Richardson	Public Governor – Horsham
	John Bull	Public Governor – Worthing
	Richard Hammond	Public Governor – Worthing
	Helen Dobbin	Staff Governor - Scientific, Technical and Professional
	Andrew Harvey	Staff Governor – Administration and Clerical
	Natalie Matthews	Staff Governor – Estates and Facilities
	Gillian Keegan	Appointed Governor, Chichester District Council
	Andrew Lloyd	Appointed Governor, University of Brighton
	Snežana Lević	Appointed Governor, Brighton and Sussex Medical School
	Jane Ramage	Appointed Governor, League of Friends
	Val Tuner	Appointed Governor, Worthing District Council
In Attendance:		
	Bill Brown	Non-Executive Director
	Jon Furmston	Non-Executive Director
	Lizzie Peers	Non-Executive Director
	Mike Rymer	Non-Executive Director
	Denise Farmer	Director of Organisational Development and Leadership
	Karen Geoghegan	Director of Finance
	Amanda Parker	Director of Nursing
	Amanda Wellesley	Chief of Service for Medicine
	Andy Gray	Company Secretary
	Barbara Mathieson	Assistant to Company Secretary (Minutes)
	Paul King	Ernst and Young (To item 9)

Item No	**Item Title**	**Action**

COG/7/16/1 Welcome and Apologies for Absence

1.1 The Chairman welcomed everyone to the meeting of the Council of Governors and especially to all the new Governors who had started their terms of office on 1st July 2016.

1.2 Mike Viggers also thanked the Governors who had recently completed their terms of office for all their hard work. These Governors were : Margaret Bamford, Greg Dalilling, Jen Edgell, Shirley Hawkridge, Brian Hughes, Nigel Peters, Peter Pimblett-Dennis, Abigail Rowe and Beda

Oliver.

1.3 Apologies for Absence were noted from :
Non-Executive Director – Joanna Crane
Executive Directors – Marianne Griffiths, George Findlay, Pete Landstrom and Mike Jennings
Governors – Richard Farmer, Stuart Fleming, Barbara Porter, Richard Venn and David Walsh.

COG/7/16/2 Declarations of Interest

2.1 Jane Ramage, Appointed Governor for the League of Friends Groups, declared an interest in any possible discussions regarding the Trust review of the Retail Catering facilities.

COG/7/16/3 Minutes of the Council of Governors Meeting held in Public on 12 April 2016

3.1 The Council of Governors received the minutes of the meeting held on 12 April 2016.

3.2 **The minutes of the meeting of the Council of Governors held on the 12 April 2016 were approved, and it was agreed that they should be signed by the Chairman.**

COG/7/16/4 Matters Arising from the Minutes

4.1 The Matters Arising from the meeting held on the 12 April 2016 were noted by the Council of Governors.

4.2 **COG/4/16/7.2 Staff Governors helping with Exit Interviews**
It was confirmed that the Trust's HR department was considering how this could be put into practice.

COG/7/16/5 Lead Governor's Report

5.1 Vicki King presented the Lead Governors Report and began by welcoming the new Governors to their first Council of Governors meeting.

5.2 Vicki gave an update from the Patient Engagement and Experience Committee which had taken place on the 16 May 2016 and confirmed that the Quarterly PALS and Complaints Report for the period January to March 2016 had been fully discussed. It was confirmed that there still needed to be improvements made in order to meet the statutory time frame for resolving formal complaints.

5.3 The most common reasons for complaints was concerns over clinical treatment or the lack of coordination of treatment and it was particularly noted that the figures for the area of coordination of care was nearly double at Worthing than they were in St Richards.

5.4 Balanced against this were a large number of plaudits which highlighted that Trust staff were kind, friendly, caring and professional. The various patient experience reports were also considered at the meeting and although they demonstrated good feedback for recommending the Trust as a place to receive treatment the overall responses rates continued to need improvement. At the meeting Coastal West Sussex Clinical Commissioning Group had confirmed that they had undertaken a Primary

and Urgent Care Survey with the public and had received 6,000 responses. Once the information had been analysed relevant details would be fed back to the Trust.

5.5 The results of the survey which the Governors had undertaken on the role of Governors in the governance of other Foundation Trusts were noted. The conclusions reached from the survey were that the Trust's Governors involvement in Strategy/Forward planning seemed to be best practice as did the receipt of redacted minutes. Vicki did however comment that some Governors felt that attendance as observers on all Board of Directors sub-committees would help in their role of holding the NEDs to account and some also felt that they should have sight of the draft financial statement.

5.6 It was noted that a Lead Governors Group was in the process of being established, facilitated by NHS Providers, and that Jim Mackey, Chief Executive of NHS Improvement was keen to meet the group in order to establish ways to support Council of Governors.

5.7 Vicki also confirmed that she had taken part in the selection process for the Trust STAR Awards and attended the ceremony which took place at the end of June.

5.8 Andrew Harvey asked if the national scores for the PLACE Audits were available to allow for comparison with similar Trusts. Amanda Parker confirmed that they were not yet been published but that as soon as the results were available they would be circulated.

5.9 John Thompson expressed the view that he felt it was important for Governors to attend the sub committees of the Board. He said that Governors could work quickly to support the work of the various committees and that lay members could bring a good perspective to the work. He acknowledged the differing roles of the Governors and the Trust's Non-Executive Directors (NEDs) but that attendance at the subcommittees would aid the "Holding to Account" function of the Council of Governors and could add value. Mike Viggers said that it was important to have clarity between the two roles. He reminded the Governors that they had access to all papers seen at the Public Board meeting and the opportunity to attend informal meetings with the NEDs when questions could be asked. Neil Chisman said that he was of the opposite view with regard to attendance at Board Sub Committees as this was not part of a Governor's primary role of holding the NEDs to account.

5.10 Mike Viggers said it was important to constantly challenge working practices and that it was important that the Governors were comfortable with the levels of assurance in place across the Trust.

COG/7/16/6 Membership Committee Report

6.1 Jill Long presented the report from the Membership Committee and confirmed that the Membership Strategy was in the process of being reviewed along with updating the associated Action Plan. It was also confirmed that the various statistics within the report needed to be updated. Both the updated Strategy and Action Plan would be brought to the next Council of Governors meeting due to take place in October. **JL**

6.2 Jill also confirmed that now there were a number of new Governors it was hoped that it would be possible to take part in more engagement events

thereby increasing the Trust membership.

COG/7/16/7 Staff Governors

7.1 Andrew Harvey presented the Staff Governors report and confirmed that they had included information from Staff Governors in the Trust's Staff Bulletin – Headlines. Future items were planned including summarising the Trust's top priorities.

7.2 The Staff Governors asked for an update on work being undertaken through the Trust on medical ownership and the continuity of care. It was noted that this related to some patients not having a dedicated Consultant overseeing their care.

7.3 Andrew referenced issues with SERCO which had been referred to at previous Council of Governors meetings relating to payroll. Denise Farmer reported that this had been discussed with Staffside and that a review had been put in place where all concerns received during a set period would be escalated.

7.4 The Staff Governors also asked if more information could be made available regarding the Patient First Programme. Denise Farmer confirmed that details of the members of the Board could be circulated. She also noted that Patient First Training was going to become part of Trust Annual Mandatory Training for staff. **DF**

7.5 Jane Ramage asked if the Trust was comfortable with the level of service it was receiving from SERCO. Karen Geoghegan confirmed that they were meeting their contract criteria but acknowledged that the planned review of issues would help with dealing with specific concerns.

COG/4/16/8 Board report to Council including CQC Inspection and Patient First Update

8.1 Denise Farmer, Karen Geoghegan and Amanda Parker presented the Board report to the Council of Governors.

8.2 Denise began by outlining the current operational context and confirmed that there continued to be significant increase in A&E attendances month on month. It was also noted that there was a 7.4% increase in attendance from May 2015 to May 2016. Emergency admissions also continued to increase and were up 10.9% in comparison to May 2015.

8.3 Formally reportable delayed transfers of care totaled 3.5% for May 2016, but were even greater when all medically fit for discharge patients were considered. It was confirmed that on average there were 149 patients who were medically fit for discharge each day.

8.4 For the quarter it was confirmed that the Trust was compliant against all 7 Cancer metrics but that this was against a background of significant and sustained challenges to deliver against the 2 week referral rules as referrals increase. Current performance was set within the context of a 19.2% increase in cancer referrals in May 2016 compared to May 2015. In response, the Trust delivered a 9.7% increase in treatment activity in May 2016 compared to the same time last year.

8.5 It was noted that the Trust's Hospital Standardised Mortality Rate (HSMR) for the twelve months to February 2016 was 87.5 (where 100 is the level

predicted by the Dr Foster model). The HSMR has been relatively stable at around 90 for the last 7 months, indicating that the significant improvements have been sustained. Also for the twelve months to February 2016 performance using this metric placed WSHFT in the top 16% of Trusts.

8.6 Overall incomplete compliance for Referral to Treatment Targets (RTT) improved from 86.95% in April to 88.15% in May 2016, against the national target of 92.0%. Constant review by specialty and by tracking individual patients was being undertaken in order to try and meet compliance rates. Overall national compliance was 91.6%.

8.7 Amanda Parker provided an update on the actions being undertaken throughout the Trust following the publication of the Trust's "Outstanding" CQC Inspection report issued in April 2016. She confirmed that a CQC Action Plan had been produced from the two "Requirement Notices" and 16 "Should do" actions received by the Trust from the CQC Final Inspection Reports. It was confirmed that the two "Requirement Notices" were on target for completion by the end July 2016. Alongside this the Trust Executive Committee receives monthly reports on all CQC compliance progress.

8.8 The CQC had published their Strategy for 2016 – 2021. Annual CQC inspections would take place on a smaller scale and there would be more frequent unannounced or short notice visits.

8.9 Karen Geoghegan gave an update on the Trusts finance position at the end of Month 2 and confirmed that the Trust currently had a Financial Sustainability Risk Rating (FSR) Rating of 3. In May the Trust had delivered a £1m surplus, and year to date this was £1.4m against a year end requirement of a surplus of £16.4m. Also at the end of May income was £1.2m below plan despite a £0.8m increase in elective activity in month.

8.10 The Trust has an agency ceiling of £17.2m for 2016/17. Expenditure was currently £0.84m below the expenditure plan but it was noted that the ceiling profile would become more challenging as the year progressed.

8.11 Year to date the Efficiency and Transformation Programme had delivered £2.8m cumulative savings (95.5% of plan).

8.12 With regard to workforce it was noted that the Trust had spent £23m on agency costs in 2015/16. Agency costs had reduced in Quarter 1 of 2016/17 but that this had only been achieved as a result of a great deal of hard work including daily review by Executives in this area.

8.13 Karen confirmed that to receive Sustainability and Transformation Programme (STP) Funding the Trust must achieve its quarterly financial control totals.

8.14 Karen then went on to confirm some of the current issues relating to finance which were continuing to affect the Trust. These included the :

- Ability to exit premium rate workforce arrangements
- Management of patient flow to ensure that capacity was available to enable delivery of planned activity.
- Delivery of QIPP plans and impact on affordability for Commissioners.
- Delivery of Strategic Transformation Fund Trajectories.

- And that cash remains tight for the Trust

8.15 Karen reminded the Council that this was likely to be the most challenging year financially that the trust had faced.

8.16 Denise then outlined the Patient First Metrics to the Council of Governors. These were broken down into four levels:

- True North – the focus and sense of direction
- Breakthrough Objectives – specifics e.g. reducing falls
- Strategic Initiatives
- Corporate Projects

It was particularly noted that there was only Red or Green ratings – representing whether a project was on track or not.

8.17 To conclude the presentation Denise outlined the key risks going forward for the Trust as:

- Continuing workforce challenges –current & longer term
- Balancing capacity & demand
- Significant Efficiency Requirement 2016/17
- Sustainability and Transformation Plan

8.18 John Bull asked about the expected agency spend for the forthcoming year and Karen confirmed that the maximum allowed (absolute value) would be £17.2m. The average premium rate was 20% above substantive salary paid.

8.19 Vicki King said that she supported the principles of the Trust providing healthy food for staff and patients but said that some Governors had concerns with regard to the position of the League of Friends Groups within the Trust. She reminded the meeting of the commitment and time that the members of the groups gave to the Trust. Denise noted that the retail catering tendering process only affected these areas and that there was no suggestion of any change with regard to the many other volunteer roles within the Trust. The Trust was and would remain extremely grateful for all the input that the League of Friends Groups provide for the various sites. The Council of Governors were reminded however that the Trust had to find a way to provide the required services in terms of the C-Quinn and customer expectation. Mike Viggers confirmed that two Governors were part of the working group looking at the Retail Catering contract and that there was NED oversight in place to ensure appropriate governance was followed.

8.20 With regard to the Trust's Health and Wellbeing Policy, Val Turner recommended that contact was made with South Downs Leisure and the local Councils as they had their own policies and may be able to provide support. Denise confirmed that in the past activities had in the past been run in conjunction with the local Council.

8.21 Roger Hammond said that he had found the Patient First Metrics very helpful and asked if there was an intention to include external influences. He gave the example of South East Coast Ambulance Services and what impact the current concerns around service provision was having on Western Sussex Hospitals NHS Foundation Trust. Denise confirmed that one of the key work streams was Systems and Partnerships and that these looked at external pressures and sustainability.

8.22 Anita Mackenzie asked for clarification on who decided on how the Trust's Charity Income (Love Your Hospital) was spent. Lizzie Peers confirmed that it was the Charitable Funds Committee and depending on the amount of the bid it may also require the approval of the Board of Trustees. Often these involved considering whether the bid was for a priority for the Trust.

8.23 Jill Long asked about the local impact of GP services closing and what affect it was having on A&E attendances. Amanda Wellesley confirmed that over the last few years there had been a 20% increase in A&E attendances and that some of this could be attributed to reduced availability of access to GP's.

8.24 Neil Chisman commented that RTT was an area of concern and asked why there appeared to be no great urgency to resolve it. Denise advised there was indeed urgency but that managing demand within elective care was an issue across the whole of the health service and that it was extremely difficult to achieve an 18 week target when considering capacity and demand.

8.25 The Council of Governors reflected on the need to stop people getting unwell and asked what initiatives were in place to help the wider population to remain healthy. Denise Farmer confirmed that this was the remit of Public Health England. However, it needed to be recognised that there was an aging population and that it was important to try and develop support and care for these patients to reduce the need for acute care.

8.26 Maggie Burgess commented that the NHS was usually very good at treating emergencies but asked why this sense of urgency was not applied to elective cases. Mike Viggers reminded the Council of Governors that the average age of the Trust's patients was between 83 and 85 with complex needs and that it was incorrect to think that elective cases were not prioritised.

COG /7/16 /9 External Auditors Report

9.1 Paul King from Ernst and Young (EY) presented the Annual Audit Letter to the Council of Governors for the year end 31 March 2016. He confirmed that the audit of the Trust's financial statements for the period 1 April 2015 to 31 March 2016 gave a true and fair view of the financial position of the Trust and of its expenditure and income for the year. As such an unqualified audit opinion had been given.

9.2 Paul outlined the key areas of possible risk within the financial statements and confirmed that these would be similar in the majority of audit reports issued. For the Trust the areas of possible risk were :

- Management override of controls
- Revenue and expenditure recognition.

He confirmed that there had been no specific issues relating to either possible risk identified within the accounts.

9.3 Paul also confirmed that as part of the audit work undertaken EY was required to consider whether the Trust had put in place proper arrangements to secure economy, efficient and effectiveness on its use of resources. This was known as the value for money assessment. It was confirmed that the audit had not identify any significant matters in relation to the Trust's arrangements.

9.4 It was recognised that the Trust had recorded a deficit in 2015/16 but that

there were plans in place to deliver a surplus for the current year. It was recognised that this would be a challenge which would be dependent on a tough efficiency programme particularly in relation to workforce. The Trust had a fully risk assessed plan which deliver the required savings and robust underlying governance processes to monitor delivery and ensure accountability.

9.5 Within the Audit letter it was noted that there was a section on focusing on the future of the Trust and particular areas identified of concern were NHS provider pressures and the new Sustainability and Transformation Plan.

9.6 Lizzie Peers commented on the positive audit report and that it was a testament to the continuous improvement of the financial papers produced for the audit. Paul supported this view and thanked the members of the Trust staff for all their hard work in preparing for and undertaking the audit.

9.7 Andrew Harvey referenced the testing undertaken on the mandated indicator relating to 18 weeks metrics and asked if the NEDs were suitably assured regarding the use of "clock stopping events" going forward. Jon Furmston confirmed that the actions required would be monitored via the audit trackers presented to both the Audit Committee and the Quality and Risk Committee. Paul also noted that the audit had not shown any attempts to change reporting figures; rather that a tightening of procedures was needed.

9.8 John Thompson asked about the reference on page 3 of the report for reporting to NHS Improvement on the Trust's consolidated schedules. It was confirmed that this was a required reporting area with a standard threshold given.

9.9 Paul King then presented Ernst and Young's External Assurance on the Trust's Quality Report and noted that EY's particular areas of responsibility were outlined in with the papers presented to the Council of Governors.

9.10 It was confirmed that the review of the Quality Report found that its content was in line with NHS Improvement requirements and that it was consistent with other information published by the Trust. EY also under took testing on two mandated indicators which were:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and
- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.

In both instances it was found that there was no evidence that the indicators had not been reasonably stated.

9.11 EY also undertook testing on one locally selected indicator – on safer staffing (average fill rates). This identified a number of system weaknesses which had outlined the importance of how data was captured. Amanda Parker confirmed that it had been helpful to receive the report and that an action plan was now in place to address the issues raised.

COG /4/16/10 External Auditor Performance Report

10.1 Jon Furmston presented the Annual Report to the Council of Governor's on the External Auditor and confirmed that the report assessed the work

of the auditor (Ernst and Young (EY)) with regard to the quality of the work and the fees charged. Jon began by thanking Paul King and the team at EY for all their hard work and cooperation in completing the 2015/16 Trust's Audit. Overall the Trust was very pleased and satisfied with the performance received from EY and it was confirmed that they provide appropriate challenge in a constructive way.

10.2 It was noted that the Trust produced and submitted accounts to NHS Improvement by the deadline of the 27th May 2016 in accordance with the timescales set out in the FT Annual Reporting Manual. Ernst and Young worked closely with the Trust to ensure that the audit was completed on time and gave an unqualified opinion.

10.3 It was confirmed that during 2015/16 Ernst and Young were appointed in a competitive tender process to support the Trust in regard to the MSK project. Tight governance procedures were in place and the work was led by an Ernst and Young Advisory team. No members of the team were involved in the audit activities and vice versa.

10.4 It was noted that the Audit Committee was of the opinion that the audit fee continued to represent value for money.

10.5 John Thompson noted that the report did not refer to compliance with the Audit plan and recommended that this was included in future.

COG /7/16/11 Committee Feedback – Audit Committee

11.1 Jon Furmston gave an update on the work of the Audit Committee for the past year.

11.2 He confirmed that the Audit Committee used four main tools to ensure that it fulfills its responsibilities and gained the necessary assurance on the work of the Trust. These were :

- External Audit (statutory items)
- Internal Audit (discretionary items)
- Counter Fraud Services
- Reports / Executive challenge

11.3 External Audit provides an opinion on:

- Financial Accounts
- Annual Report
- Quality Report – including selected Quality Indicators (2 mandated & 1 local)
- Economy, Efficiency, Effectiveness ("Value for money")

11.4 Jon confirmed that Internal Audit was used throughout the Trust to ensure that specific areas were operating as they should. Recent internal audits were noted to have focused on :

- Outpatient Income
- Duty of Candour
- Falls Pathway
- Pressure Ulcers
- Rostering
- Key Financial Systems
- Electronic Prescribing

11.5 For these areas moderate assurance had been received and they were considered "on target" – but some improvements could still be made.

11.6 Other areas which had been subject to internal audit included: Complaints & Incidents, Named Consultant and Charitable Funds. For these areas Limited Assurance and been received and action plans were in place to resolve the areas of concern. Jon also particularly noted that there were no areas which had been subjected to an internal audit that were considered to be "Below Threshold".

11.7 The Governors asked how it was decided which areas should be subject to Internal Audit and Jon confirmed that often it related to new legislation, such as "Duty of Candour", or areas that Executive's felt required review.

11.8 The review of Complaints and Incidents was discussed and it was confirmed it had not focused on the actual responses sent but rather looked at whether the Trust was following its formal processes and the subsequent customer impact. It was confirmed that although the Trust was always very open when responding to complaints it was not often meeting the expected deadlines in responding to them. The focus was now on the various Trust Divisions taking responsibility for the complaints and that this therefore would hopefully speed up the response times.

11.9 The Named Consultant Audit had confirmed that it was not always clear which consultant was responsible for individual patients care. These concerns would be the focus of a future Patient Experience and Feedback Committee.

11.10 Lizzie Peers confirmed that the internal audit carried out on Charitable Funds had not produced any new areas of concern. Areas which had been identified for work were the need to update the fund holder pack and to ensure that a Due Diligence Policy was in place.

11.11 Jon confirmed that all actions resulting from an internal audit had a named Executive responsible, timescale for completion and they were added to an audit tracker.

11.12 The Counter Fraud responsibilities include :

- Inform and Involve - Advise on legal requirements
- Prevent and Deter - Discourage fraud
- Hold to Account - Detect and 'prosecute' (the majority of fraud cases in terms of numbers within the NHS relate to staff)
- Strategic Governance - Strategic arrangements

11.13 Jim Jennings asked whether there were still issues with using NHS supplies for Private Practice and Jon confirmed that they were subject to an alternative provider arrangement. Denise Farmer confirmed that there were a lot of rules which consultants had to abide by when undertaking both NHS and private practice. Bill Brown confirmed that there was a Trust Joint Private Practice Committee and that no concerns regarding fraud had come to their attention.

11.14 To conclude Jon his presentation outlined some of the areas where the Audit Committee had sought assurance from management:

- Security Group Updates – including the increased security cover within the Trust & retender of supplier
- Ensuring that Trust policies were kept up to date

- Board Assurance Arrangements Preparedness: Checklist
- 'Declaration of Interest' Process for Consultants
- Improving our Accounting Practices

11.15 Overall the Audit Committee tried to have a focus of adding value to the work of the Trust and it achieved this through:

- Learning from best practice from other Audit Committees
- Audit Committee 'Hot Spot' list
- Policy on Engaging auditors for non-financial work
- Helping facilitate Governors' selection of External Auditor

11.16 Jill Long asked if the Committee undertook a regular review of performance and Jon confirmed that this was undertaken annually and provided a useful challenge to the ways of work.

COG/7/16/12 Proposal to amend the Trust Constitution

12.1 Andy Gray presented the paper which outlined the proposed amendments to the Trust Constitution. It was confirmed that the amendments had to be approved by both the Council of Governors and the Trust Board and would update the Constitution in line with current practice. The amendments proposed were : **MV/AG**

1. To the composition of the Council of Governors
2. To allow for Electronic Voting within Council Elections

12.2 Andy reminded the Council of Governors that at the time of authorisation as a Foundation Trust both Coastal West Sussex Clinical Commissioning Group (CWS CCG) and Healthwatch West Sussex were offered the opportunity to nominate an Appointed Governor. Both organisations declined to do so due to potential conflicts of interest and this was agreed by the Council of Governors at the time.

12.3 It was further noted that alongside the Friends organisations the current Constitution states that the RVS would be a nominated partner organisation. However since its inception in shadow form the WRVS had not been engaged in representation at the Council. It was therefore felt appropriate to delete RVS from the list of partner organisations.

12.4 Also further amendments were being proposed to clarify the rotation of representation of the three Friends organisations on the Council.

12.5 Gillian Keegan asked if the Trust was confident in the security arrangements for the provision of electronic voting for Governor elections. Andy confirmed that the elections were run by an independent company through an appropriate national framework which ensured the appropriate security arrangements were utilised.

12.6 Vicki King asked about the Trust's current relationship with the RVS and Denise confirmed that, although there was still a RVS presence within the Trust, it was a decreasing role.

12.7 Andrew Harvey asked if CWS CCG and Healthwatch had again been approached to see if they would like to have representation on the Council of Governors at the current time. Andy confirmed that they had and both had declined the opportunity.

12.8 Mike Viggers confirmed that the changes proposed would bring the Trust in line with most other Foundation Trusts who did not have representation from a CCG or Healthwatch in their Council of Governors.

12.9 **The Council of Governors APPROVED the amendments to Annex 4 (Composition of the Council of Governors) and Annex 5 (Model Election Rules – Part 5 only).**

COG /7/16/13 Governors Annual Plan

13 .1 Vicki King presented the updated Governors Annual Plan and confirmed that the planned date for the next Strategy Workshop was the 31st August 2016. **(Post Meeting Note : Meeting now postponed)**

13.2 Vicki noted the intention to hold three Constituency meetings during the autumn to consult on future Trust Strategies. The plan was to hold them in Chichester, Worthing and to the north of the Trust area.

COG/7/16/14 Other Business

14.1 Gillian Keegan asked how the Trust was considering the impact of Brexit. Denise Farmer confirmed that there was likely to be implications for finance and staffing and these areas would be kept under constant review. The Council of Governors would be kept informed of any implications.

14.2 Andrew Lloyd commented that one of the implications of leaving the EU was a likely escalation in the costs of capital projects.

COG /7/16/15 Date of Next Meeting

15.1 The next meeting of the Council of Governors would take place on **Tuesday 11 October 2016** Mickerson Hall, Chichester Medical Education Centre, St Richard's Hospital from 1.30pm.

COG/7/16/16 Resolution into Meeting into Private

16.1 The resolution was passed that the Council now met in private due to the confidential nature of the business to be transacted.

COG /7/16/17 Questions from Members of the Public

17.1 Malcolm Brett spoke about the tendering process for Retail Catering and particularly noted that the League of Friends would collectively have to tender to be the supplier for all catering areas across the Trust and not just one of the groups tendering for one of the sites.

17.2 Malcolm also asked about plans for membership and recruitment at public events. It was confirmed that these could be included within the action plan and Governors were asked to send in suggestions for any particularly events to attend. All Governors were reminded of their role in recruiting new members.

Barbara Mathieson
Assistant to Company Secretary
July 2016

Signed as an accurate record of the meeting

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Chair

……
Date

Western Sussex Hospitals NHS
NHS Foundation Trust

MATTERS ARISING FROM COUNCIL OF GOVERNORS MEETINGS

MATTERS ARISING FROM THE MEETING HELD ON 14 JULY 2016				
Minute Ref	**Description of Action**	**Responsible Person**	**Deadline**	**Report**
COG/7/16/6.1	Bring updated Membership Strategy and Action Plan to October 2016 meeting for approval	JL	October 2016	On Agenda for October 2016 meeting
COG/7/16/7.4	Circulate Membership of the Patient First Board	DF	August 2016	Completed – information sent to Governors on 10 August 2016
COG/7/16/12.1	Take proposed amendments to the Trust Constitution to Trust Board for approval	MV/AG	July 2016	Approved by the Trust Board 28 July 2016

To: Council of Governors October 2016

From: Vicki King, Lead Governor

REPORT FROM THE LEAD GOVERNOR

1. Introduction

Since our last Council meeting at the end of June, Governors have been actively supporting the Trust including involvement in PLACE assessments, Sit and See sessions, ward accreditation, revision of signposting, briefing sessions, membership recruitment, and in working groups and committees. Governors have had their informal 6 monthly meeting with non-executive directors (NEDs) and also contributed to their Annual Performance Appraisal. Alongside this Governors have carried out their own Annual Effectiveness Appraisal.

Since the beginning of July we have welcomed 6 new Public Governors and a new staff Governor. We also have two new appointed Governors, Ashvin Patel, representing West Sussex County Council and Snežana Levic from Brighton and Sussex Medical School and hope that they find their role both stimulating and enjoyable. We now have a total of 24 Governors, 5 Staff, 14 Public and 5 appointed. There are four vacancies as follows:

- Appointed Governor - League of Friends
- Patient Governor
- Public Governor - Worthing constituency
- Staff Governor - Additional Clinical Services constituency

This report includes the work of the Patient Experience and Engagement Committee, the Nomination and Remuneration Committee. The Membership and Engagement Committee will be reported separately.

2. Patient Engagement and Experience Committee (PEEC)

1. The PEEC met on 11 August 2016 with a full agenda covering;

Patient Experience Report for Q1 April to June 2016 (reported in full at the Board meeting on 29th September

- Family and Friends Test – Goal for 2016 is to achieve a score that places WSHFT in the top 20% of NHS Trusts for recommendation by patients responding to the FFT. The objective is to achieve 40% Response Rate (RR) for in-patients, 97% recommendation rate and to not exceed 0.7% not recommended rate. Already the RR for in patients is 38.4% and 95.5% recommended rate with 1.4% not recommended rate. The rates for A&E, maternity and outpatients have some way to go to match the in-patient results. Positive themes were identified including extremely high numbers praising staff professionalism, care and compassion while also identifying areas for improvement. The Report noted an FFT Action Plan which focuses support on those clinical areas with the lowest RRs and recommend rates.

- CQC National InPatient Survey for 2015 – this provides a detailed picture of how a random sample of 850 patients, discharged in August 2015 from WSHFT, view our Trust services. The response rate was 54%. Seventy four different questions were asked ranging from waiting lists and planned admissions, questions about numbers of doctors and nurses and information giving, to hospital discharge. A red/amber/green scoring system was used with our Trust gaining scores in the amber zone which is about the same performance as most other Trusts. Many comments were positive about care and treatment. The areas identified for improvement include, information about how to complain, discharge information especially about medications and noise at night. The results of this survey are reviewed by the Trust Board to support planning improvement goals.

- National Cancer Survey 2015 (Quality Health on behalf of NHS England) – this report contains an analysis of responses from 661 patients with an RR of 71%. The questions covered the following areas, seeing your GP, diagnostic tests, finding out what was wrong with you, clinical nurse specialist (CNS), support for people with cancer, operations, hospital care as an in and outpatient, home care and support and care from your GP. The overall score for our Trust was 8.6 out of 10 only just below the national average of 8.7. Some 78% of patient responses fell within the expected range. The responses that fell outside the expected range were questions about "deciding best treatment for you", "care planning" and around "home care and community support". Access to CNSs fell outside the expected range but since the data collection, improvements have been made with Band 4 support workers and an innovative post of a roaming CNS. A comprehensive action plan is in train to address other areas highlighted for improvement in the survey.

- Real time feedback and Sit and See – 4 patient inpatient areas were visited in April during suppertime with 3 staff members/volunteers trained to carry out observations. Several examples of staff going the extra mile to make patients feel safe amd cared for were noted. All wards visited were calm and welcoming. Some congregation at the nursing station noted and in some areas there was no clear approach to mealtime service, feedback was given to the senior nurse at the time and improvement work will be monitored.

- Plaudits, complaints and PALS – the Trust received nearly 800 plaudits during Q1 but this was thought to be an underestimate as many go directly to the wards and are not logged.. The overall number of complaints and PALS inquiries increased compared to Q1 in 2015 but this is in the face of increased patient numbers. The appointment process accounted for a large number of complaints and PALS contacts and this could be helped by the patient being given a copy of their outpatient consultation letter that goes to their GP giving details of current and future treatment. In order to improve the percent of complaints closed within 25 days, clinical divisions are being asked to help resolve issues and this is has been found to be effective in a Surgical Division pilot.

- **Patient led Assessment of the Care Environment (PLACE)**

The Strategy Group has been in operation for the past 3 months and a number of issues have been raised and ratified ie water hygiene at Southlands, signage throughout the Trust, beds and cages left in the corridors. Average quarterly scores were reported for wards/departments for cleanliness (93%), condition (87%), privacy, dignity and well-being (99%) with an overall score for these three of 92% for the Trust. Individual issues were identified for Worthing eg A&E waiting area not big enough for wheelchairs and an outside area with rubbish and weeds overgrown. For St Richards the Goodwood lounge needs some refurbishment and for Southlands fixtures and fittings in X-ray were looking rather tired. Food is monitored separately with an average quarterly score of 95% but with the first floor kitchens in Worthing needing improvement. The meeting expressed concern about the provision of hand wipes after the use of commodes and before mealtimes and standards for food delivery were to be raised with the appropriate matron.

The Coastal Clinical Commissioning Group

The CCG reported that they had carried out a Primary and Urgent Care survey and had 6,000 responses from Coastal West Sussex residents. The survey showed that continuity of care with a named GP was important for those with long-term conditions but not so much for patients with short term conditions. It also indicated that although extended hours were not a particular concern there is a need for people to know where to go for minor concerns when surgeries are not open and travel issues were raised for those in rural communities.

3. WSHFT Annual General Meeting on 21st July 2016

As in previous years the AGM consisted of two parts, the first was informal with a review of the year from the CEO including a question and answer session plus a clinical presentation on the successful reduction of falls. After this was the formal meeting of the Council of Governors. Karen Geoghegan, Director of Finance presented the Trusts Annual Report and Accounts for 2015/16 and for the first time the Lead Governor was asked to present the work that the Governors had undertaken over the past year. This covered the ways in which Governors hold the Non Executive Directors to Account, individually and collectively for the performance of the Board and how we represent the views of members, patients and the public.

The note of the AGM shows that “on behalf of all the Governors I put on record how delighted we were that the Trust achieved an Outstanding review from the Care Quality Commission. And that this outstanding achievement was due to the quality of the Executive team leading the Trust and sustained hard work of all the staff who are totally committed to continuous improvement and providing high quality safe healthcare.”

4. Nomination and Remuneration Committee

Non-Executive Directors

This committee met on the 6th September and welcomed the news that Jon Furmston and Joanna Crane had agreed to an extension of their term of office by one year to 1st April 2018.

The recruitment of a sixth Non Executive Director (NED) was discussed including reviewing the recruitment pack and the timeline which started on 3rd October with adverts. All the committee will be involved in the short listing process, done virtually, at the beginning of November and agreed at the committee meeting on 14th November.

There will then be an interview and assessment process, which will consist of 2 focus groups, on the same day as the interview. One group will include representatives from the Executive/Non Executive team and the other group will include representatives from the Council of Governors. There could be up to 8 people in each group, with a lead appointed to chair the group and provide feedback. The interview panel will consist of the Lead Governor plus three further Governors (one staff, one appointed and one elected), the Chair of the Trust and the Director of Organisational Development.

The Nomination and Remuneration Committee on 14th December will approve the recommendation to the Council of Governors to finally approve the appointment at their meeting on 19 January 2017.

Feedback from Governors exit interviews

Joanna Crane reported on the result of exit interviews with eight Governors who had completed their term of office at the end of June this year. Overall she felt that the feedback was very good and identified a number of themes including;

- Induction of new Governors especially those with little knowledge of the NHS previously needed more NHS background and for the Trust to be more explicit about what was expected, what resources were available, and how Governors could add value. Also comment was made about having some meetings late afternoon/evening possibly teleconference facilities to encourage more working age Governors.
- They would like to feel more of a team and were unsure of which Governors were contributing to which committees/working groups.

5. Constituency/Stakeholder meetings

The Trust has agreed to support Governors holding 3 constituency meetings before the end of the year in September/October and November, primarily to feedback about services and to hear the views of members, patients and the public. The meetings will be held at Billingshurst for the Horsham constituency on 28th September, at Worthing hospital on 17th October for the Adur and Worthing constituencies and at St Richards hospital on 14th November for the Chichester and Arun constituencies.

Dr Amanda Wellesley gave an interesting and informative presentation at Billingshurst on a Day in the Life of an A&E trolley followed by a lively question and answer session. Governors would like to extend their thanks to Amanda for her time and sharing her expertise and experience in such an innovative and friendly way. Governors then lead a discussion around three topics, which acute hospital patients would prefer to attend, where they would seek urgent medical and feedback of their own experiences of hospital services.

The presentation at Worthing hospital will be by Dr Masoud Teimory, Opthalmology consultant and the one at St Richards by the Dementia team on learning how to care for patients with dementia.

Collation of the feedback from all three Constituency/Stakeholder meetings will be done by the Membership and Engagement Committee at their December meeting and will be provided to PEEC for consideration for action where appropriate. It would be good to see the loop closed with a "You said, we did" communication in the New Year.

6. Holding the non-executives to account – monitoring and reviewing key areas of performance

The Council has previously approved a paper on how the Governors would discharge their statutory duty to hold the non-executives to account both individually and collectively for the performance of the Board of Directors. One of the advantages of having fixed terms of office for Governors is that a change over can introduce a fresh outlook and new ideas. Accordingly, Neil Chisman, newly appointed Governor for Arun, has suggested that we enhance our existing framework by;

- Identifying 13 specific areas of focus for Council to monitor within each of the key areas of performance of the existing framework, namely: operational and financial performance; quality, safety and the patient experience; strategy development and delivery; assurance processes and outcomes; culture and values;
- Governors specialising in and choosing a focus area or areas for monitoring the Trust's performance and reporting on progress and issues at meetings of Governors;
- Reviewing performance, progress and issues with the Board and non-execs at Council (and other meetings), in accordance with the Annual Programme.

Governors agreed this approach, which is set out in detail in the Appendix A to this report, at their Pre-COG meeting on 13th September.

7. Conclusion

This is my last report as Lead Governor and my very best wishes go to my successor. I am looking forward to the rest of my term of office representing members, patients and the public in the Chichester constituency.

Dr Vicki King
October 2016

APPENDIX TO LEAD GOVERNORS REPORT FOR OCTOBER COG 2016

WSHFT Council of Governors: Holding the Non-Execs to Account – Monitoring and Reviewing Key Areas of Performance

Introduction

Holding the non-execs, individually and collectively, to account for the performance of the Board of Directors is described in the Monitor guide to the duties of a foundation trust Governor as "*the over-riding role of the Council of Governors*". We have already agreed the Annual Programme as CoG's forward schedule of business designed to ensure Council receives the relevant information/reports at the appropriate time on the key performance areas. This is part of Council's existing framework for holding non-execs to account.

We now propose to enhance our existing framework by:

- Identifying 13 specific areas of focus for Council to monitor within each of the key areas of performance of the existing framework, namely: operational and financial performance; quality, safety and the patient experience; strategy development and delivery; assurance processes and outcomes; culture and values;
- Governors specialising in and choosing a focus area or areas for monitoring the Trust's performance and reporting on progress and issues at meetings of Governors;
- Reviewing performance, progress and issues with the Board and non-execs at Council (and other meetings), in accordance with the Annual Programme.

Performance monitoring

We are judging the performance of the Board rather than of the Trust but the two are linked. If the Trust is not performing in any way it shapes the questions we will want to put to the non-execs. We have already agreed the five areas in which we can judge performance but we intend first to break some of these down into more detail as follows:-

1. Operational and financial performance
   1.1. Finance – cost and income performance, going concern test (ie the danger of going into liquidation),
   1.2. Support services and retailing - catering, estates, retail outlets, Friends groups, more?
   1.3. Income maximisation: Do we get all we should from the NHS? Non-NHS services - Private medicine and overseas patients, do we charge properly, do we do too much or could we make money by doing more?
2. Quality, safety and the patient experience
   2.1. Medical matters – by far the most important area - outcomes, mortality rates, infection control, RTT, harm done etc. The CQC report and dummy CQC reports are likely to feature here as well as a wealth of data and Dr Foster comparisons.

2.2. The patient experience – Patient First, surveys, member feedback

3. Strategy formulation / delivery and forward planning
   3.1. Strategy process: This covers the *process* of STP etc rather than the resulting strategy itself. Note that any Strategy Working Group should include *all* Governors.
   3.2. Innovation and continuous improvement: Kaizen deals with improving existing activities; this area also covers new initiatives/activities - cross border co-operation (with other local trusts, GPs etc.), preventative medicine (keeping the 440,000 we don't see healthy), use of patients' records, research, implementing new treatments. Perhaps supporting struggling trusts.
   3.3. Crisis Management: Disaster recovery, pre-prepared plans for emergencies
4. Assurance processes and outcomes
   4.1. Compliance with best practice: An absolutely huge topic (which might spread into other performance areas). And which might be very useful in other trusts. What do Monitor, other regulators and other NHS bodies prescribe? Best governance practice, comparison with other trusts (co-operative relationships with other CoGs and membership of a Lead Governors' Group might be helpful here)
   4.2. Compliance with law and regulation: Provider Licence, NHS regulations, other NHS bodies, H&S, laws, Governors' duties, referrals to the Panel for Advising Governors
   4.3. Board practice: actually the one area which we are supposed to be judging – our over-riding role. Conduct of board meetings, contributions of non-execs, effectiveness, strategy setting, performance monitoring and control.
5. Cultures and values (including staff wellbeing and satisfaction)
   5.1. People – recruitment, training, retention, remuneration, motivation and satisfaction, staff survey results
   5.2. Control of the Charity (Love Your Hospital) - plus the relationship with the Friends and other volunteers.
   5.3. Communications and PR: Are staff and the public well informed, do patients understand their treatments, is the Trust well thought of?

And what then?

When we have agreed the detailed list of areas of performance we intend to assign one or more responsible Governors to each of them to take a special interest and to keep other Governors informed of issues. These assigned Governors could then identify specific performance measures by which we might judge (most of these are readily available in the documentation we receive) and generally interpret the data we are given.

The sources of information available to us in coming to our judgements are:-

1. First and best would be any independently produced information – CQC report, auditors' reports, Health and Safety inspectors' reports etc.
2. Second would be the information provided to us routinely by the Trust – accounts, medical statistics, everything on the Assurance section of the website. We should be aware that we can ask for any further information that we believe we require – but

this must be a reasonable request that we can justify if asked to and we don't expect any new requirements to arise from this.

3. Third would be information that we glean in talking to directors or the presentations that they give us.
4. Fourth would be management by walking about – Sit and See, PLACE, observing practice, taking briefings from members of staff etc.

Note that assigning Governors to specialise in a topic does not relieve the other Governors of their duty in that area – it simply assists them in the discharge of that responsibility. In particular there are some areas in which all Governors are invited to take an interest – for example the Strategy Working Group and the Patient Experience and Engagement Committee - and the existence of "Specialist Governors" should not deter other Governors from taking part.

The final closing of the loop would be to incorporate into the Annual Programme the reviews of performance areas at pre-CoG Meetings (at least one area each meeting). These reviews might generate questions and/or feedback to the non-execs at Council and other meetings, for seeking assurance.

REPORT TO COUNCIL OF GOVERNORS FROM MEMBERSHIP COMMITTEE

11th October 2016

Since the last Council of Governors meeting, the Membership Committee has met on 15th August and 27th September 2016. With new Governors comes new energy, and this is applauded.

The Council is asked to endorse the activities of the committee as outlined below.

The objectives of the Action Plan remain in line with those in the Membership Strategy 2015-2018 previously circulated to the Council Governors.

1. The Membership and Engagement Strategy 2015-18 was due for its annual review in June 2016 and the Committee has focussed on the document at the two Membership Committee meetings in August and September.

   A final draft copy of the revised document is attached; the changes made so far have been in re-organising the overall content so that it reflects the three elements of one of the responsibilities of foundation trusts:

   1. To recruit members
   2. To communicate with members
   3. To engage with members

   In the previous Strategy, it had been hoped to develop three different levels of membership – Bronze, Silver and Gold.

   In the revised Strategy, this approach has been replaced with a new category of member, that of "Ambassador" which reflects the staff ambassador role, and will represent those members who are (or wish to be) active in the membership.

   > *In order to use our members better, the Trust will develop levels of membership, so existing members and new members can specify how involved they want to be and what kind of activities they want to be involved in.*
   >
   > *The levels of membership will include an "**Ambassador**" level, made up of the most engaged and involved members. These members may have a specialist area of interest and will attend several events each year, including the Stakeholder Forum meetings. They will also help support membership engagement by promoting surveys and consultations, recruiting new members and reviewing patient information. They will share their experiences as well as help share those of patients and the public in their networks. All Trust governors will be members of the Ambassador group and it is expected that future nominees would come from this group.*
   >
   > *There will also be a "**Supporter**" level for members who want to receive membership information and publications. Member so this group will play a less active role than an*

Ambassador, spending as much or as little time being involved as they choose. They may choose to complete surveys, provide feedback and attend events but there is no specific commitment required. They may choose to become an Ambassador member at a later date.

The targets figures and statistics contained in the Strategy have been updated; also the Committee will seek to incorporate its Action Plan as a more integral part of the Strategy. It should be noted that we should not feel constrained by the target figures, but should continually seek ways to over-achieve and maintain the hard-earned membership base.

The draft action plan remains a work-in-progress, but is attached to demonstrate the ongoing work being developed by the Membership Committee members. This will include the creation of a more focussed list of specific actions, with Governor names being put against them.

The final draft Membership and Engagement Strategy document is attached; Council of Governors is asked to endorse this for adoption; it will be reviewed again in June 2017.

2. Other topics discussed included:
    a. Review of publicity and promotion materials – the Membership application form has been revised; and a new A5 flyer for placement in GP surgeries etc. to promote the Trust and governors' role

3. Recruitment Initiatives
    a) Governors were in attendance at the Trust's AGM on 21st July 2016, an opportunity to raise their profile amongst other attendees.
    b) It was hoped to have stalls at two community events in Middleton and Worthing, sadly we were unable to attend at relatively short notice. However, such events will be included in our programme of planned events in future.
    c) A4 sized 'Who's Who' posters have been developed for each of the constituency areas, showing a photo of the public elected Governors, their names and an outline of their role and contact details. These have been distributed to GP practices, libraries, and local council information boards. This process has offered opportunities for individual Governors to make contact with practice managers, and to develop a database to ensure all practices are included in the distribution of such posters.
    d) This will help when posters are distributed to advertise the forthcoming Medicine for Members constituency-based events. These are to be held as follows:
        a. Wednesday 28th September 2016 at 10.30am – Billingshurst Centre – A Day in The Life of an A&E Trolley
        b. Monday 17th October 2016 at midday – Worthing HEC – Ophthalmology
        c. Monday 14th November 2016 at 1pm – St Richards MEC – Dementia

    Governors will attend each of these, with a stall to promote and secure new membership.
    e) Other planned events will be included in future reports from this committee, and it would be helpful if Governors could contact Jill Long to discuss their potential

involvement in one or more of the such recruitment initiatives, an important responsibility of all Governors.

Compiled by Jill Long on behalf of the Membership Committee, October 2016

Western Sussex Hospitals NHS
NHS Foundation Trust

Membership and Engagement Strategy 2015-18

October 2016

Introduction

Having achieved Foundation Trust status in July 2013, Western Sussex Hospitals NHS Foundation Trust (WSHFT) is answerable to its members. A responsibility of all foundation trusts is to recruit, communicate and engage with members as a way of ensuring service provision meets the needs of service users.

As both an employer and provider of services it is essential that Western Sussex Hospitals listens to and responds to local people. Its staff, patient and public members provide a fantastic opportunity to do so, involving communities in the way services are run and improved and inspiring confidence in the people who run them.

The objectives set out in this strategy set out an ambition to build on the strong engagement of the past few years to encourage more local people to be actively involved in their local hospitals, helping shape the services of today and tomorrow.

A Trust Member[1] can be any member of staff, anyone who has been a patient or carer within the trust since 1 January 2010 or anyone who lives in any one of the five local authority areas covered by the Trust's catchment; Adur, Arun, Chichester, Horsham or Worthing. Members are aged 16+.

Members can:

- Seek election as a governor
- Vote in governor elections
- Participate in surveys and consultations
- Attend trust events
- Influence the development of improvement plans, projects and new initiatives.

[1] *There are few exclusions, but anyone who is a vexatious complainant, who has been dismissed from employment with the Trust or who has been involved in a serious incident of violence at the hospitals or against Trust employees or volunteers in the last few years would not qualify.*

1. Recruiting Members

Aim

The Trust aims to recruit a substantial and representative membership base that is actively engaged in working for the good of the Trust. Currently the Trust has 7,302 public members, 6,291 staff members (staff are automatically members unless they have chosen to opt out) and 266 patient members.

Objectives

The objectives of this membership strategy are:

1. To increase engagement levels of members in line with the national average of **10% of staff members, 14% of public members and 16% of patient members deemed to be "active" members**
2. To collect information on new and existing members in a way that records their areas of interest and expertise to allow for targeted engagement. The Target is **10% in year one and 15% in year two** with a continual drive for better data.
3. To monitor engagement levels through annual surveys and by tracking response rates to in-year activity. Collect data for **100% of communications and activities.**
4. To increase the number of public members by **1% year on year from a 2014 baseline** and maintain staff and patient member numbers.
5. To represent all groups[2] with an **index figure of at least 80 to 120** to ensure a representative balance of the membership[3]

These targets will continue to be reviewed annually.

[2] *To represent all groups by age, ethnic group, disability or special needs, constituency.*

[3] *The representation indexes compare the percentage of membership with the percentage of the base population. Numbers from 80 to 120 are deemed representative. For example, if 10% of membership was 40-49 and 20% of base population was 40-49 the representation index would be 50, because 10% is 50% of 20%. Or if 60% of membership was Female but only 50% of base population was female the index would be 120 because 60% is 120% of 50%*

Target groups

The current level of membership is already in line with the national average, and above the target set by the Trust's constitution - that the Trust should achieve membership levels of 1.5% for each of the five constituencies apart from Horsham, which has a target of 0.5% (7,089 people). In addition the target is 95% of staff and 1% (300 people) from "out-of-area". The constitution also specifies a minimum number of members per constituency as described in the table below.

Area Minimum Number of Members per area	Population *(2011 Census)*	Minimum	Actual	Target
Adur	61,300	90	1,170	919
Arun	149,200	220	2,397	2,238
Chichester	113,700	160	2,072	1,705
Horsham	131,600	65	436	658
Worthing	104,600	150	1,227	1,569
Patient (Out of area)	*5,000*	*75*	*266*	*75*
Total	**500,400**		**7,568**	**7089**

The current membership is not entirely representative of the community it serves. The number of white British members accurately reflects the composition of the Trust's catchment population, while all other ethnic groups are under-represented and those aged 60+ are over-represented, while all younger age groups are under-represented, particularly the 16-59 age group. Overall those people who describe themselves as having a disability are represented within the membership. A breakdown of the membership by protected group can be seen in Appendix A.

In order to make the Trust membership more representative of the community the Trust serves, the particular target groups are:

- 16 – 59 year olds
- Horsham constituency area
- Minority Ethnic groups

Recruitment in these groups will be done alongside growing a generally more engaged membership across all groups.

Approach

Recruitment of members since 2013 has already been successful. The number of members is in line with the national average and some steps have been taken to capture data that will help with targeting of information and engagement.

With such a valuable resource available, the challenge for the Trust now is to use the membership base for the good of the Trust and get members more involved in:

- consultations and surveys
- influencing development plans
- sharing their experiences to help identify areas for improvement
- attending events
- representing the Trust at events
- seeking election (number of candidates for governor election is a good indicator of how active the Trust membership is).

A more active membership should become self-perpetuating as the Trust is able to draw from more examples of how members have driven change and through existing members recruiting new members from their social circles.

So the approach for the next three years is to continue to recruit members from under-represented groups, while increasing the engagement and activity levels of existing and new members.

There will need to be close working with the Patient Experience & Engagement Committee (PEEC) which will help inform topics for surveys and consultations. The results of engagement will also be shared with the PEEC.

Balancing representation

The Trust will balance the representation of different groups by targeting the specific groups outlined above, while working to increase engagement levels among existing members.

- The Trust will target younger age groups through chambers of commerce, NHS Careers events, visits to Mother and Baby clinics and through 6th form colleges.
- The Trust will target minority ethnic groups through the Trusts BME Network and through contact with faith communities and partnership with local authority community development staff.

Becoming a member

Staff are automatically members unless they opt out. People who want to be public or patient members can sign-up online or by post. Membership forms are distributed around the hospitals and at Trust events, while the website hosts a wealth of information on what membership means, along with an online membership form. Volunteers in the Trust should be encouraged to

become public members of the Trust. Also, opportunities to encourage corporate membership with local companies should be explored.

2. **COMMUNICATON**

Membership register

It is a statutory obligation for all Foundation Trusts to establish and maintain a register of members.

The Trust's existing membership register has the capacity to be used for better targeting. It has the ability to enable the Trust to record areas of interest for each member and to improve engagement.

Effective use of the register of members will be key to the development of engaged members, therefore a key activity for this strategy period is to fully analyse the information that is currently held about members and how it is used to target the information the Trust sends them.

Methods of communication and engagement

The Trust already employs a wide range of communication methods to communicate with the general public and, specifically to members. These include:

- media relations - for stories about the Trust to appear in local media
- Internet - the Trust has recently replaced its website with a more user-friendly version
- Email - the Trust emails individuals and groups with relevant information
- Newsletters - The Trust has a staff newsletter as well as a members newsletter
- Information seminars- the Trust provides regular briefing on specific areas of healthcare that are available for members to attend under the banner "medicine for members"
- Membership packs - on registration as a member, the Trust sends out a membership pack
- Annual Membership meetings

3. ENGAGEMENT

Raising engagement levels

Generating higher levels of membership engagement is a challenge shared by all Foundation trusts. The Monitor report “Current practice in NHS foundation trust member recruitment and engagement”, includes case studies and examples from Trusts that have come up with innovative ways of addressing it.

In broad terms, these include:

- offering different levels and categories of membership, e.g. a normal member and ambassador category for those members interested in playing a more active role
- using communications channels to highlight the difference members have made to inspire others to have their say and get more involved.
- Creating a limited number of highly active members - e.g. the Stockport Foundation 500 for members who have the highest levels of influence and activity.
- Membership microsites - dedicated members-only sub-sections of the website that provide relevant information in one place, including events calendars, videos, forums, blogs and polls.
- Members bid scheme - e.g. the south London and Maudsley NHS Foundation trust - all trust members can bid for up to £750 for schemes that offer improvements in service user experience, mental health wellbeing and/ or social inclusion in their local community. Funded projects have included a sailing course for service users, sponsored coffee mornings, and early support “memory service” for people with dementia, theatre groups, gardening initiatives and many more.

Evaluation and review

The membership strategy will be reviewed annually against the objectives outlined above.

Key indicators to measure are:

- Number of members in each group (public, staff, patients)
- Percentage of members for which we have tracking and areas of interest information
- Percentage of members deemed to be “active” members. Active members will be classed as any member that has participated in more than one membership activity)
- Response to annual engagement survey.

Next steps

The strategy was originally developed by the communications team working closely with the Membership Committee and endorsed by the Council of Governors. As prescribed in 2015, the strategy has now had its first annual review, which will be shared with the Council of Governors

for their endorsement, along with a refreshed action plan. Both the strategy and action plan will then be shared with the Executive team for their approval.

In the short-term, engagement and communications activities will continue, without the need for any additional resource and include:

- Medicine for Members events
- Stakeholder Forums
- Email newsletter
- New membership processing
- Membership recruitment events
- Website management
- Constituency-based consultation meetings

This will allow the communications team to focus on supporting the organisation's priorities over the next twelve months, including the Patient First programme and building on the outcomes of the CQC inspection undertaken in December 2015.

Any additional requirements set out in the strategy, such as revising membership material, introducing layers of membership and membership bidding scheme, will continue throughout the forthcoming year.

The Council of Governors and Board of Directors is asked to:

- Agree the aim and objectives described in the strategy
- Support the Next Steps and approach to prioritising activities

Author: Membership Committee, Western Sussex Hospitals NHS Foundation Trust
Date of next review: June 2017

Western Sussex Hospitals NHS
NHS Foundation Trust

Western Sussex Hospitals NHS Foundation Trust
Putting the Membership and Engagement Strategy into action: 2016/17

Introduction

Western Sussex Hospitals has developed an ambitious membership strategy that aims to recruit a broad spectrum of members and engage a good percentage of them in the on-going work of the Trust. This action plan outlines how the strategic aims will be implemented and the objectives achieved.

The objectives outlined in the Membership and Engagement Strategy are:

1. To increase engagement levels of members in line with the national average of **14% of public members and 16% of patient members deemed to be active[1] members**
2. To collect information on new and existing members in a way that records their areas of interest and expertise to allow for targeted engagement. The target is to have information on **10% of members in 2017 and 15% in 2018** with a continual drive for better data.
3. To monitor engagement levels through annual surveys and by tracking response rates to in-year activity. Collect data for **100% of communications and activities.**
4. To increase the number of public members by 1**% year on year from a 2014 baseline** and maintain staff and patient member numbers.
5. To represent all groups[2] with an **index figure of at least 80 to 120** to ensure a representative balance of the membership[3]

[1] *Active membership includes attending trust events, taking part in surveys, volunteering, taking part in focus/reader groups*

[2] *To represent all groups by age, ethnic group, disability or special needs constituency.*

[3] *The representation indexes compare the percentage of membership with the percentage of the base population. Numbers from 80 to 120 are deemed representative. For example if 10% of membership was 40-49 and 20% of base population was 40-49 the representation index would be 50, because 10% is 50% of 20%. Or if 60% of membership was Female but only 50% of base population was female the index would be 120 because 60% is 120% of 50%*

The objectives are not written in order of priority.

Each of the activities outlined below has a number in brackets to reflect which objective it supports. Developing levels of membership and updating materials and literature need to happen before any of the other programmes to ensure any further engagement we do is representative of the new membership approach. Once the membership structure is in place, further recruitment can go ahead in under-represented groups. Membership and engagement management resources are finite, so priority activities have to be considered carefully.

.

The colour coding in the activity timelines will be updated to reflect current stage of activity. Boxes will be filled green when the task is completed, red if it has been missed and amber if we have reached the month in which it is supposed to happen. Items currently highlighted in light purple are ongoing throughout the year.

Tasks have been divided between the Trust's communications team (comms) and the Trust Governors (Govs). These are identified in the action plans below.

Ongoing activities (1,2,3,4)

The communications team will continue to run a programme of engagement activities including Medicine for Members events and Stakeholder Forums as well as produce a bi-weekly e-newsletter. There are a range of other ways in which members can be involved in trust activities including our employee of the month scheme, annual staff recognition awards and readers groups.

Action	10/16	11/16	12/16	01/17	02/17	03/17	04/17	05/17	06/17	07/17
Stakeholder forum										
Medicine for Members										
Constituency meetings										

E-newsletter										
Annual General Meeting and Annual members Meeting										

Levels of membership (1, 2, 3)

In order to use our members better, the Trust will develop levels of membership, so existing members and new members can specify how involved they want to be and what kind of activities they want to be involved in.

The levels of membership will include an "**Ambassador**" level, made up of the most engaged and involved members. These members may have a specialist area of interest and will attend several events each year, including the Stakeholder Forum meetings. They will also help support membership engagement by promoting surveys and consultations, recruiting new members and reviewing patient information. They will share their experiences as well as help share those of patients and the public in their networks. All Trust governors will be members of the Ambassador group and it is expected that future nominees would come from this group.

There will also be a "**Supporter**" level for members who want to receive membership information and publications. Member so this group will play a less active role than an Ambassador, spending as much or as little time being involved as they choose. They may choose to complete surveys, provide feedback and attend events but there is no specific commitment required. They may choose to become an Ambassador member at a later date.

Actions

Action	11/16	12/16	01/17	02/17	03/17	04/17	05/17	06/17	07/17	08/17
Agree level descriptions (Comms & Govs)										
Amend membership materials (Comms)										
Update database fields (Comms)										

Contact existing members (Comms)										
Highlight first Ambassador members (Comms)										

Materials and literature (1, 2, 3, 4, 5)

Once the new membership structure has been agreed, existing membership materials and literature will need to be redrafted to in order to highlight the different levels of membership, collect more data and do more to show the differences members can make.

This includes:

- Membership form
- Membership pages of website
- Patient information leaflets (update as per standard review process, prioritise leaflets that specifically mention/ deal with membership. This will be achieved by amending the standard leaflet template and alerting the clinical standards group to the amendment)
- Members welcome pack

Actions

Action	10/17	11/17	12/17	01/17	02/17	03/17	04/17	05/17	06/17	07/17
Update membership form (Comms & Govs)										
Update membership pages of website (Comms)										
Update members welcome pack (Comms)										

Target groups (4, 5)

In order to get a balanced membership that accurately reflects the communities served by the Trust, new membership recruitment is informed by our current membership data and therefore will focus on three particular, but overlapping groups.

The three target groups are:

- Younger people
    - aged 17-59
- Minority ethnic groups
- Specific constituencies – Worthing and Horsham

In many cases, standard communications and engagement activity will reach these groups (with the possible exception of minority ethnic groups). To enhance the way the Trust reaches these groups, we will focus on a range of targeted activities including giving talks and presentations about what membership means, placing literature at sixth form colleges and universities, parent and baby groups, children and family centres, as well as building relationships with local employers in order to encourage stonger engagement with their employees

Targeting young people (17-59)

Actions

Action	10/16	11/16	01/17	02/17	03/17	04/17	05/17	06/17	07/17	08/17
Identify schools and colleges (Govs)										
Secure assemblies/ talks (Govs)										
Develop presentation slides (Comms)										
Deliver assemblies/ talks (Govs)										
Identify top ten local employers (Govs)										

Contact each of top ten employers and agree most appropriate way to encourage membership (Govs)										
Add link from Facebook and Twitter to membership pages (Comms)										
Attend post natal groups and Children and Family centres. (Govs)										
Community groups inc Rotary clubs, Lions Clubs, faith groups										

Targeting minority ethnic groups

Actions

Action	10/16	11/16	12/16	01/17	02/17	03/17	04/17	05/17	06/17	07/17
Identify community leaders via BME Network, faith groups (Govs)										
Secure opportunities to present to groups (Govs)										
Develop presentation slides (Comms)										
Deliver presentations (Govs)										

All actions are ongoing throughout the year. Target number of presentations to be agreed with membership committee/ Govs.

Targeting volunteers (1, 2, 3, 4, 5)

In order to help further improve involvement and engagement, trust volunteers will automatically become members of the trust, unless they opt out. All current volunteers will be written to, explaining the decision and giving them the option to opt out. All new members will be advised of the policy as they sign up.

Action	10/16	11/16	01/17	02/17	03/17	04/17	05/17	06/17	07/17	08/17
Include welcome letter and membership information in materials for new volunteers (Vol coordinator)										
Develop presentation for volunteer training events (comms)										
Attend volunteer events to recruit existing volunteers (Govs)										

“Improve Your Hospital” Fund (1, 2, 3)

In order to give members a sense of ownership and to demonstrate the impact members can make, we will launch the Trust Members Impact Fund. Any Ambassador member can bid for money (up to £1,000 per bid) to fund schemes and initiatives that offer improvements in staff and patient experience. By selecting Ambassador group, this scheme further incentivises engagement.

The money will come from Love Your Hospital income and members will be encouraged to bid. The Governors and the membership committee will set up a review board (Fund committee) to read the bids and decide which ones will be funded.

Bids will be awarded annually with the announcement happening at a members’ event (this could be the Trust’s annual Patient First Awards, an event already in existence and sponsored by Love Your Hospital or the Trust’s AGM). From the second year onwards, the event will feature videos of some of the projects funded by the scheme to highlight the difference that is being made.

The first stage is to develop a proposal for the charitable funds committee and the action plan is dependent upon securing approval for the fund from that committee.

Activities

Action	03/17	04/17	05/17	06/17	07/17	08/17	09/17	10/17	11/17	12/17
Prepare proposal for Charitable funds committee										
Prepare materials for launch (comms)										
Launch initiative through membership communications channels (Comms)										
Closing date and start of review period (Fund committee)										
Plan awards event (Fund committee and Comms)										
Monitor successful implementation of schemes and communicate highlights (Fund Committee, Comms & Govs)										

16/17 action plan (all actions)

Action	10/16	11/16	12/16	01/17	02/17	03/17	04/17	05/17	05/17	06/17
Ongoing										
Stakeholder forum										
Medicine for Members										
Constituency meeting										
E-newsletter										
AGM										
Levels of membership										
Agree level descriptions (COG&Exec)										
Amend membership materials (Comms)										
Update database fields (Comms)										
Contact existing members (Comms)										
Highlight first Ambassador members (Comms)										
Materials and literature										
Update membership form (Comms & Govs)										
Update membership pages of website (Comms)										
Update members welcome pack (Comms)										
Improve your Hospital Fund										
Prepare proposal for Charitable funds committee (Comms)										
Prepare materials for launch (Comms)										
Launch initiative (Comms & Govs)										
Plan awards event (Fund committee and Comms)										
Monitor successful implementation of schemes and communicate highlights (Fund Committee, Comms & Govs)										

Target groups	10/16	11/16	12/16	01/17	02/17	03/17	04/17	05/17	06/17	07/17
Identify schools and colleges (Govs)										
Secure assemblies/ talks (Govs)										
Develop presentation slides (Comms)										
Deliver assemblies/ talks (Govs)										
Identify top ten local employers (Govs)										
Contact each of top ten and agree most appropriate way to encourage engagement (Govs)										
Add link from Facebook and Twitter to membership pages (Comms)										
Attend post natal groups and Children and Family centres (Govs)										
Contact community groups incl Rotary Clubs, faith groups										
Minority ethnic groups										
Identify community leaders via BME Network (Govs)										
Secure opportunities to present to groups (Govs)										
Develop presentation slides (Comms)										
Deliver presentations (Govs)										

Members’ Microsite (4, 5)

Due to the time and cost involved in developing the members’ microsite, we propose adding it to the action plan for 2017.

In order to more effectively engage with the membership in a timely and resource efficient manor, we will develop a dedicated microsite for Trust members.

The microsite will be accessed via the Trust’s main, public-facing website, with login details for members to access exclusive content. The microsite will include:

- A calendar of forthcoming events
- Papers from meetings, including agendas and minutes
- Videos of Medicine for Members events
- A list of current surveys and consultations
- Recent copies of members newsletters
- Appeals for involvement; e.g. We need members to read and review our patient leaflet on maternity services, please contact xx if you would like to be involved.
- Case studies of how members have made a difference
- A members' forum for sharing ideas, information and experiences.

Monitoring how frequently members are using their login details is also another way of gauging levels of activity.

Council of Governors
11 October 2016
Agenda Item 6
Appendix A

Western Sussex Hospitals Foundation Trust Membership Details - Last Update 05/09/2016

Membership Numbers Trend

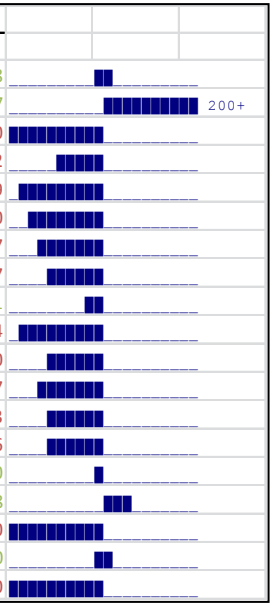
		January	February	March	April	May	June	july	August	Septembe	October	Novembe	December
Public	2014				7313	7307	7305	7291	7285	7283	7311	7312	7314
	2015	7310	7350	7403	7402	7380	7359	7339	7397	7397	7400	7396	7369
	2016	7,356	7,423	7,383	7,367	7,314	7,312	7,308	7,302				
	Annual % Change	0.63%	0.99%	-0.27%	-0.47%	-0.89%	-0.64%	-0.42%	-1.28%	1.57%	1.22%	1.15%	0.75%
Staff	2014				6	6	6	6	6	6	6	6	6
	2015	6	6	6	6	6	6	6	6	6	6	6	6
	2016	6	6	6	6	6	6	6	6				
	Annual % Change	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patient	2014				241	241	241	241	241	241	241	241	241
	2015	241	241	241	240	239	239	238	238	238	238	235	235
	2016	234	235	232	264	263	263	266	266				
	Annual % Change	-3%	-2%	-4%	10%	10%	10%	12%	12%	-1%	-1%	-2%	-2%

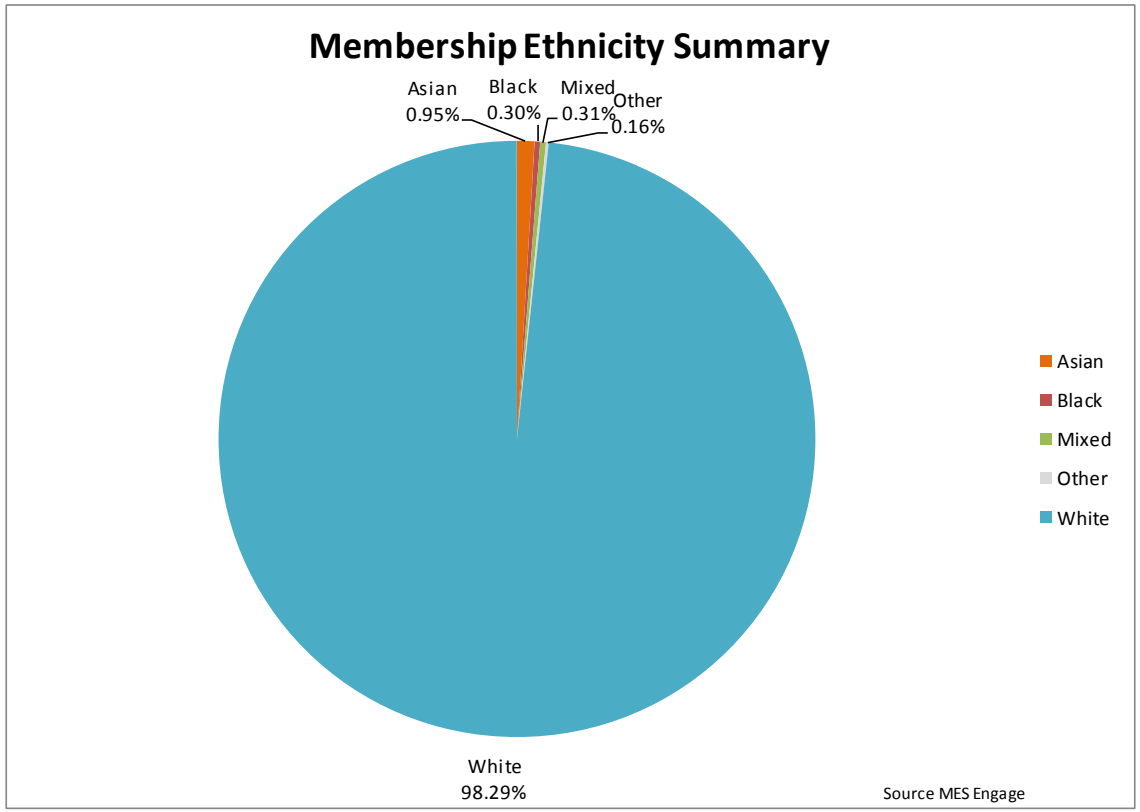
Public Membership Age Profile

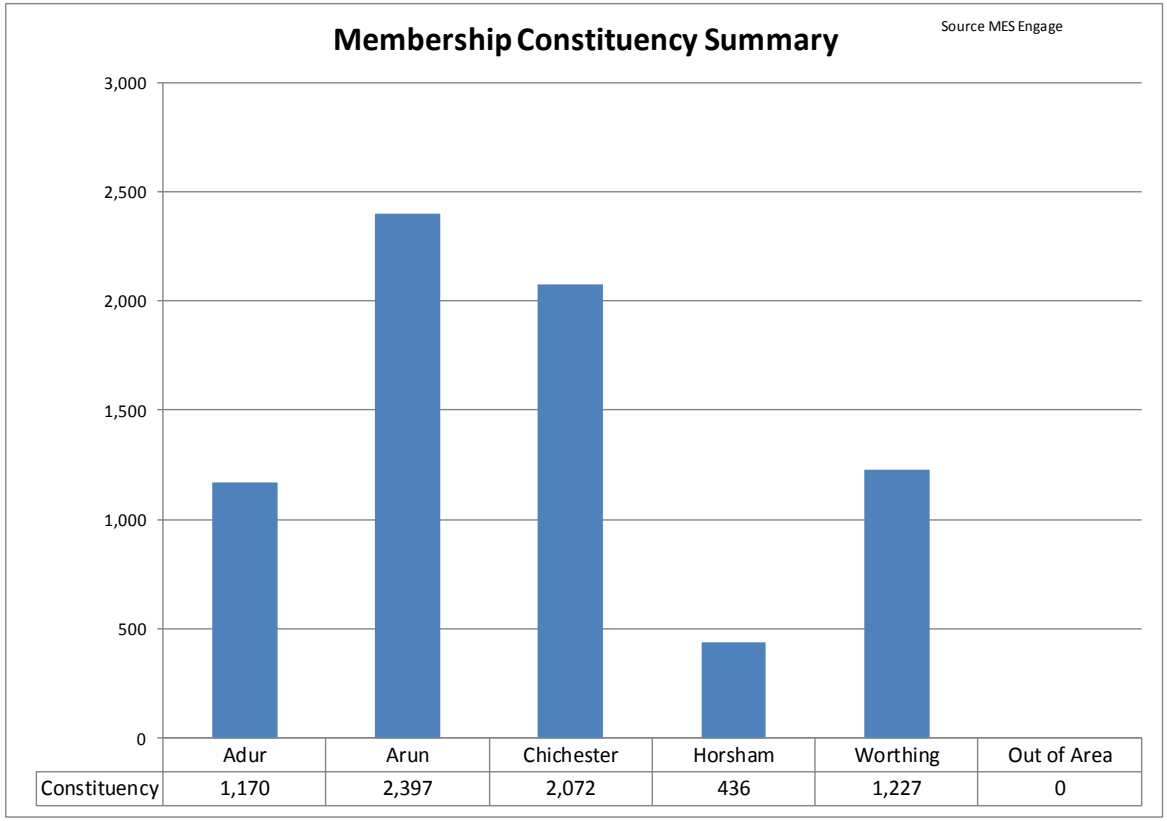
	Public	% of Membership	Base	% of Area	Index	
Age	7,302	100.00	576,671	100.00		
0-16	4	0.05	105,066	18.22	0	
17-21	74	1.01	29,649	5.14	20	
22+	6,875	94.15	441,956	76.64	123	
Not stated	**349**	**4.78**	**0**	**0.00**	**0**	
Age 22+	6,875	94.15	441,956	76.64		
22-29	177	2.42	44,729	7.76	31	
30-39	282	3.86	60,365	10.47	37	
40-49	436	5.97	78,655	13.64	44	
50-59	647	8.86	80,591	13.98	63	
60-74	2,494	34.16	108,500	18.81	182	
75+	**2,839**	**38.88**	**69,116**	**11.99**	**324**	

Public Membership Ethnicity Profile

Ethnicity	Public 7,302	% of Membership 266.00	Base 6	% of Area 7574.00	Index
White - English, Welsh, Scottish, Northern Irish, British	6531	219.00	4	6754.00	98
White - Irish	200	6.00	0	206.00	417
White - Gypsy or Irish Traveller	0	0.00	0	0.00	0
White - Other	136	10.00	2	148.00	52
Mixed - White and Black Caribbean	2	1.00	0	3.00	9
Mixed - White and Black African	4	0.00	0	4.00	20
Mixed - White and Asian	11	0.00	0	11.00	27
Mixed - Other Mixed	8	2.00	0	10.00	37
Asian or Asian British - Indian	29	2.00	0	31.00	81
Asian or Asian British - Pakistani	1	1.00	0	2.00	14
Asian or Asian British - Bangladeshi	8	1.00	0	9.00	40
Asian or Asian British - Chinese	8	0.00	0	8.00	27
Asian or Asian British - Other Asian	23	1.00	0	24.00	43
Black or Black British - African	11	1.00	0	12.00	36
Black or Black British - Caribbean	8	0.00	0	8.00	90
Black or Black British - Other Black	5	0.00	0	5.00	128
Other Ethnic Group - Arab	0	1.00	0	1.00	0
Other Ethnic Group - Any Other Ethnic Group	10	1.00	0	11.00	100
Not stated	307	20.00	0	327.00	0




Membership Ethnicity Summary
Asian 0.95%
Black 0.30%
Mixed 0.31%
Other 0.16%
White 98.29%
Asian
Black
Mixed
Other
White
Source MES Engage



	Adur	Arun	Chichester	Horsham	Worthing	Out of Area
Constituency	1,170	2,397	2,072	436	1,227	0

Western Sussex Hospitals NHS FT
Staff Governors Holding Non-Executive Directors to Account - Issues Log

The Staff Governors ask the responsible Non-Executive Director if they are fully assured regarding the following issues:

Log No.	CoG Date	NED	Issue	Outcome / Status	Status
2	14/07/2016	Mike Rymer	An update on work regarding medical ownership.	Ongoing - RV liaising with MR. Request update at each meeting until resolved.	Open
3	14/07/2016	Mike Viggers (TBC)	The outstanding monthly log of payroll issues. We were told majority were staff mistakes but we still need to see the data to validate this.	Still awaiting sight of this.	Open
4	14/07/2016	Joanna Crane	Feedback on CQC areas for improvement.	Provided to AH by AP, but not for further distribution.	Open
5	14/07/2016	TBC	A staffing pressures update, both clinical and non-clinical.		Open
6	14/07/2016	TBC	An update on MSK.		Open
7	14/07/2016	TBC	Greater transparency on some aspects of the Patient First programme, e.g.: a. The Patient First Board, who is on it, what is its function, agendas, minutes etc., b. Yellow belt/green belt training; how is this accessed, criteria, information regarding the actual training.	Steady progress, and now a Governor representative on the Patient First Board. Still a lack of information available for staff to access on the subject.	Open
8	11/10/2016	TBC	To be kept informed of External review regarding acute surgery / orthopaedics		Open
9	11/10/2016	TBC	Issues regarding appropriateness of Coperforma contract and service levels.		Open

10	11/10/2016	TBC	Progress towards an appropriate contract for catering outlets.	Tender has now been formalised and is on the next stages. Further update expected mid-October.	Open
11	11/10/2016	TBC	Concerns around future-proofing at Southlands around new service: insufficient space and car parking. Supposed to have been planned for 10 years, now seems to have been reduced to 2 years. Need assurance that that this is being overseen and attention being given to such concerns.		Open

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Council of Governors

Date of Meeting: 11 October 2016 Agenda Item: 9

Title
Board Report to Council of Governors
Responsible Executive Director
Marianne Griffiths, Chief Executive Officer
Prepared by
Andy Gray, Company Secretary
Status
Disclosable
Summary of Proposal
The Chief Executive will update the Council of Governors on the performance of the Trust over the past quarter to enable a discussion by Governors on overall performance against targets and strategic objectives. The update will cover patient safety, patient feedback, activity, finance and workforce and other organizational highlights. The board has received detailed monthly reports on each of these areas, and these are available for governors on the Trust's public website and via the Governors assurance website page. At the time of writing the latest available performance data is that reported to Trust Board in September 2016.
Implications for Quality of Care
Patient Safety and Quality of Care are covered in the presentation
Link to Strategic Objectives/Board Assurance Framework
The quarterly report demonstrates progress against all the strategic objectives
Financial Implications
The financial position is covered in the presentation
Human Resource Implications
Workforce is covered in the presentation
Recommendation
The Council is asked to: NOTE the report and ask any questions of the Executive Directors.
Communication and Consultation
The information included is publicly available and has been discussed by the board.
Appendices
None

This report can be made available in other formats and in other languages. To discuss your requirements please contact the Company Secretary on 01903 285288.

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Council of Governors | Date: 11 October 2016

From: Marianne Griffiths, Chief Executive | Agenda Item:

FOR INFORMATION

1. INTRODUCTION

This paper sets out how the Trust has performed and gives an overview of the quality metrics since the last Council meeting, setting that in the context of the local and national picture. It also provides an update on the Patient First Programme.

Performance and Quality is reviewed monthly by the Trust Board in public, and these papers are available on the Trust website for Governors wishing for further background information. In addition Governors and members of the public can make use of the information provided at the Governors Assurance page, on the Trust website.

2. OVERVIEW AND SETTING THE CONTEXT

The Council of Governors has previously been advised of the high level of activity within the Hospitals, the issues we have had regarding compliance with Referral to Treatment Targets (RTT), the ongoing challenging financial position and particular concerns regarding agency spend. Within this report we shall update on all of these key items. Further information with the most recently available performance, quality and financial metrics will be given at the Council of Governors meeting.

3. PERFORMANCE SUMMARY

Based on provisional Month 5 positions, the Monitor Risk Assessment Framework performance was notionally two points for August. Non-compliance against the Framework relates; Referral to Treatment Time (RTT) metrics as part of the agreed recovery programme with the Trust's commissioners and regulators, and; not achieving the 95% target of 4 hours for admission, transfer, or discharge for patients attending A&E.

Key indicators of operational pressure during August included:

- 12,232 A&E attendances compared to 11,677 in August 2015 (+4.8%)
- 4,732 emergency admissions compared to 4,122 in August 2015 (+14.8%)
- Formally reportable delayed transfers of care totalled 3.34% for August 2016.
- The emergency admission age profile has changed when compared to August last year with a +24.5% increase in 65-84 years. This reflects our local population's changing demographic, and is an indicator of the increasing frailty of our emergency patients.

3.1. A&E Compliance and the effect of delayed discharged

The Trust was non-compliant in August, with 93.8% of patients waiting less than four hours from arrival at A&E to admission, transfer, or discharge. This is an improvement on the July position, but not yet fully recovered to sustain 95.0% delivery.

Importantly, we believe that we will achieve the year to date target of 95% to the end of Quarter 2, which will fulfill the Sustainability and Transformation Fund criteria.

Governors will already be aware that the challenges to A&E delivery over the summer period have been a national issue, with the South of England in particular showing significant pressures linked to very high demand volumes. Overall there has been a further deterioration in national compliance to 85.4% for Type 1 A&E units across England for the most recent published period (July 2016). There were only 9 NHS Trusts in England achieving compliance of 95% or more in-month.

The publication of national data for July 2016 confirms that WSHFT compliance was the 16th highest nationally (of 140 provider Trusts) for the month, and 2nd in Surrey/Sussex and South of England respectively. The Trust remains the 6th highest performing trust cumulatively in 2016/17.

Access to beds due to Delayed Transfers of Care (DTOC) increased to 3.34% in August 2016 this compares to 2.87% in the previous month.

However, in August patients who were medically fit for discharge (MFFD), reduced to the lowest levels ever. In August there were, on average, 105 patients who were medically fit for discharge each day compared to 126 in July.

3.2. Cancer Metrics Compliance

Governors should note that the provisional position for August showed the Trust to be fully compliant against all 7 Cancer metrics. This exceeds the month's delivery requirements of the Sustainability and Transformation Fund trajectory of 85.2%.

Current performance is set within the context of a 9.7% increase in cancer referrals in the first 5 months of 2016/17 compared to the same period last year. In response, the Trust delivered an 18.2% increase in treatment activity in August compared to the same time last year.

It is important to note that the Trust continues to exceed the national performance with regard to cancer metrics. For context, comparative latest nationally published data relating to July 2016 shows national aggregate compliance for the cancer metrics to be:

- 94.4% for 2 week rule (target 93.0%) compared to WHSFT performance of 94.5%
- 92.0% for symptomatic breast (target 93.0%) compared to WHSFT performance of 95.3%

In July 2016, 51% of Trusts in England were non-compliant with the Cancer standards.

3.3 Referral to Treatment (RTT/18 Weeks)

The Trust completed 12,093 RTT patient pathways in August and is therefore 4.3% ahead of plan for completed pathways in the year to date. Although not yet meeting the national target of 92%, August's compliance was 88.7% which is a continued improvement and the highest level of compliance since December 2015. This exceeded

the Sustainability and Transformation Fund recovery trajectory of 88.6%. The Trust also met the requirement that no patient be actively waiting more than 52 weeks for treatment.

4. QUALITY REPORT

The full Trust Quality report, together with its dashboard of indicators, is presented in public each month at the Trust Board meetings. The dashboard is based on national and regional benchmarks where available.

Key items from the Quality Report received by the Trust Board in August are as follows;

4.1. Mortality

The Council have previously been advised of the improvements made in crude mortality rates which have fallen year on year.

Crude non-elective mortality fell from 2.88% in July to 2.63% in August 2016. This is lower than the equivalent month in 2015 (3.15%). The year to date mortality rate is 2.98% and the rolling 12 month mortality rate is 3.13%.

The Trust's Hospital Standardised Mortality rate (HSMR) for the twelve months to May 2016 was 91.5 (where 100 is the level predicted by the Dr Foster model using the April 2015 benchmark).

The Trust has set the goal of achieving a position within the top 20% of Trusts as measured by HSMR. For the twelve months to May 2016 performance using this measure places us in the top 22 % of Trusts.

4.2 Patient Safety Report

There were 2 cases of hospital attributable Clostridium difficile during August. One case occurred at the Worthing site and one at St Richards. One related to lapse of care relating to a dusty environment.

The allocated Trust limit for 2016 is 39 but a stretch limit of 33 has been agreed for the Trust as it aspires to improve on last year. Currently the Trust has reached a total of 19 cases.

There were seven, Serious Incidents Requiring Investigation during August.

The NHS Patient Safety Thermometer is used across all relevant acute wards. It looks at the prevalence of four key harms (falls, pressure ulcers, urinary tract infections and deep vein thrombosis (DVT) and pulmonary embolism (PE)) in all patients on a specific day in the month. A dashboard is available to each ward showing Trust-wide and ward-level data for each individual harm as well as the harm-free care score.

The harm-free care score for the Trust in August was 96.3%, better than the target of 93.8% (target based on national average for 2014/15).

4.3 Friends and Family Test (FFT)

In line with national guidance the Friend and Family test is now reported as a 'percentage recommending' score. National performance is published on the NHS England website: http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/

The table below shows the latest available local scores set against national benchmarks:

	Percentage recommending WSHFT in May (year to date in brackets)	**National median (April 2014 to March 2015)**	**National median (April 2015 to March 2016)**
Inpatient care	96.0% (95.6%)	94.1%	95.4% (Excl. Ind sector)
A&E	87.9% (90.4%)	86.8%	87.10%
Maternity: Delivery care	95.5% (95.8%)	95.4%	96.60%
Outpatient care	95.2% (93.6%)	No benchmark	92.00%

National data is released a few months in arrears, but to give an idea of where we stand the following response rates are the national averages for July 2016 with the Trust response rates for comparison.

	National Response Rate July 2016 (YTD in brackets)	Trust Response Rate July 2016
Inpatients	24.7 % (24.9%)	35.8%
A&E	12.9 % (13.0%)	15.70%
Maternity	22.6% (23.9%)	14.60%

5 ORGANISATIONAL DEVELOPMENT AND LEADERSHIP

5.1 Recruitment

Planning is ongoing for two Recruitment Fares, 1st October at St Richard's and 8th October at Worthing. The Fares will be aimed at all roles within the Trust both clinical and non-clinical. Alongside this the Trust is planning a further overseas nurse recruitment in the Philippines during October.

The Trust's online recruitment campaign continues. The initiative uses social media to reach nurses from outside our immediate catchment area and make them aware of what we have to offer and the employment opportunities available. By the first week in September, more than 3,000 people had visited the web page, 32 had applied online and nine had requested places on our selection days.

5.2 Agency Switch Initiative

All providers of temporary nursing staff have been informed of the Trust's commitment to comply with capped rates of pay for Agency workers which are mandated from 1st November 2016. The providers have also been made aware of the Trust's intention to progress recruitment campaigns which include targeting nurses who have been working regularly at the Trust (via Agencies).

5.3 Workforce Efficiency

Sickness absence increased by 0.5% in July to 3.9%, the same level as sickness absence in July 2015.

Facilities and Estates saw the largest in month increase from 4.9% to 6.2%, the highest since January 2015. Surgery and Women and Children Divisions also saw significant increases. Alongside the management of absence levels, work is underway to identify any workplace causes that may be impacting on absence levels and appropriate actions to address these.

5.4 Introduction of Junior Doctor Contract

Implementation of the new contract is ongoing and new work schedules for the affected staff have been issued. Work is now underway to support the move onto the new contract for the 55 FY1s moving into their second placement on 30 November 2016.

5.5 Staff Survey 2016

In early October the Trust will be taking part in the national NHS Staff Survey. The Trust will survey all substantive eligible staff in the Trust to ensure that as comprehensive a picture of staff views as possible is obtained. The outcome of the Staff Survey will be presented to a future Council meeting.

6 FINANCE REPORT

At the end of August the Trust was reporting a year to date deficit of £1.5m (excluding STF income) against a planned surplus of £0.3m.

Governors should note that the Financial Sustainability Risk Rating remains at a '3' in line with its financial plan.

The Financial risks for the forthcoming year include:

- The ability to exit premium rate workforce arrangements. Vacancies and long-term sickness in key staff groups are continuing to drive agency expenditure. The Workforce Transformation Group continues to oversee action plans to increase recruitment, redesign workforce roles and manage sickness, rostering and retention issues. Opportunities to move to framework agency and reduce rates paid per shift continue to be explored.
- Management of patient flow to ensure that activity is able to be delivered within funded capacity and that numbers of patients medically fit for discharge are minimised and elective throughput is maximised.
- Delivery of commissioner QIPP plans and impact on affordability for commissioners if plans do not deliver in full. The Trust is working in partnership with the CCG to agree implementation plans and monitoring arrangements.
- Achievement of financial control on a quarterly basis and delivery of access trajectories to secure access to the Sustainability and Transformation Funds (STF). The Trust needs to deliver further improvements in the remainder of the quarter to be eligible for £3.3m of STF funds at the end of Quarter 2.

Governors should note that this remains one of the most financially challenging years the Trust ahs faced.

6.1 Efficiency and Transformation Programme

At the end of August, the Efficiency and Transformation Programme had delivered cumulative savings of £ 7.7m against a plan of £7.6m which is an excellent achievement.

7 PATIENT FIRST PROGRAMME

The Patient First Programme is continuing to develop and implement. A new format report has been presented to the Board that tracks delivery of the agreed metrics that support strategy deployment. This report provides more detail on how the Patient First Programme will be developed as it further develops and provides a summary of delivery against current work programmes.

The Patient First Kaizen team continues to focus on delivering the Patient First Improvement Programme objectives alongside supporting a number of other high priority areas for improvement including targeted Kaizen workshops in Ophthalmology, Diabetes and Intensive Care Unit.

The third wave of the Patient First Improvement System (PFIS) is now in progress targeting the following medical wards, Becket (DOME), Barrow (DOME), Durrington (DOME), Erringham (Gastro), Eartham (Gen Med).

One of the key objectives for 2016/17 continues to be the on-going development of 'Lean' Capability within the Trust through PFIS, Yellow & Green Belt training supplemented by coaching and mentoring by the Kaizen Office team during Improvement Workshops. These will all act as a critical enabler to leading and supporting key improvement projects that result in measurable delivery of objectives against True North and the Patient First programme.

8 OTHER TRUST HIGHLIGHTS

8.1 Visits to the Trust

August and September have seen a series of high profile visits to the Trusts.

Sally Allum, Director of Nursing and Quality, NHS England – South
Sally visited the Trust in August and praised the pride and passion exhibited by all the staff she met during her day with us. Sally said that most of the Trusts that she visits are ones that are challenged so she thought it would be nice to visit Western Sussex, which was rated as Outstanding by CQC and not crisis driven to build new relationships and links.

Professor Chris Ham, Chief Executive of the Kings Fund

Professor Ham praised staff for their commitment to improving patient care during a visit to Worthing Hospital. The Professor visited the Trust in August to learn more about service improvements that led to our "Outstanding" Care Quality Commission rating received earlier this year. During the visit he spent time in A&E and on the Emergency Floor and observed an Improvement Huddle in Botolphs stroke ward.

MPs Tim Loughton and Sir Peter Bottomley

The visit of these two local MPs took a different theme when they paid a special visit to the Trust to support a new campaign advising mums-to be not to drink alcohol. The parliamentary representatives for Worthing and Shoreham met with midwives, public health alcohol specialists , as well as new mums and commended the proactive approach the trust takes in relation to Fetal Alcohol Spectrum Disorders (FASD).

Professor Sir Mike Richards - England's Chief Inspector of Hospitals and David Behan Chief Executive of the Care Quality Commission

Professor Sir Mike Richards visited the Trust on Friday 23 September to speak with staff following our CQC Outstanding rating awarded earlier this year. Accompanied by the Chief Executive of the Care Quality Commission, David Behan, Professor Richards was given a tour of Worthing Hospital. The CQC's leading team met with staff on the Emergency Floor, where they observed a Safety Huddle, before visiting A&E and watching an Improvement Huddle take place on Botolphs ward.

8.2 Trust Freedom to Speak Up Guardian

The establishment of The Freedom to Speak Up Guardian was one of the recommendation from the Sir Francis "Freedom to Speak Up" Report of February 2014. Guardians will help to foster and establish an environment that is open and honest and to support a culture where staff feel comfortable about raising concerns and issues, no matter how big or small. Alongside this role, Amanda Parker, Director of Nursing is the Trust's Executive lead and Joanne Crane is the Non-executive lead for Freedom to Speak Up.

9 CONCLUSION AND RECOMMENDATIONS

The Council is asked to NOTE the report and ask any questions.

Western Sussex Hospitals NHS
NHS Foundation Trust

To: Council of Governors Date: 11 October 2016

From: Andy Gray Agenda Item:12

FOR INFORMATION

REGISTER OF GOVERNORS' INTERESTS

1.00 INTRODUCTION

1.01 This paper presents for information the Register of Governors' Interests and confirmation that the Fit and Proper Person declaration has been received.

2.00 REGISTER OF GOVERNORS' INTERESTS

2.01 It is essential for robust governance that there is openness and transparency in all discussions and decision making. To support this, the Constitution requires Governors to declare certain categories of interests. All Governors were asked to complete a declaration and their responses have been included in the attached Register of Governors' Interests. It is not considered that any Governors have material conflicts of interests.

2.02 Governors are asked at least annually to update their declarations and are responsible for informing the Company Secretary whenever there are material changes. The Register is presented to the Council of Governors annually.

2.03 It is a requirement of the Constitution (clause 38.1) that the register is made available for inspection by members of the public. Therefore the Register will be published on the Trust's website, alongside Governors' biographies and other information about the Council.

3.00 RECOMMENDATION

3.01 The Council of Governors is asked to note the Register of Governors' Interests.

WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST- September 2016

REGISTER OF GOVERNORS' INTERESTS

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
Elected									
Barbara Porter	Elected Public, Adur	None	None	None	Hon. Fellow Cancer Research UK	Member of PPG Northbourne Medical Centre	End of Life Care/Breavement Care of Elderly in Hospital /Community Patient Experience Group/ Design, Development Ophthalmology Group at Southlands	None	Yes
John Todd	Elected Public, Adur	None	None	None	None	None	None	None	Yes
Jill Long	Elected Public, Arun	None	None	None	None	None	Member of the Conservative Party	None	Yes
Neil Chisman	Elected Public, Arun	None	None	None	None	None	None	None	Yes
Anita Mackenzie	Elected Public, Arun	None	None	None	None	None	None	None	Yes

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
John Thompson	Elected Public, Arun	None	None	None	Lay Member of the West Sussex Safeguarding Children Board	Trustee Aldingbourne Trust	None	None	Yes
Maggie Burgess	Elected Public, Chichester;	Secretary to Rowe and Wilkie Legal Consultancy	None	None	Trustee of the Sussex Community Foundation Trustee of Promise Nepal Fellow of various Member Socities	None	None	Husband Deputy Lieutenant for West Sussex	Yes
Jim Jennings	Elected Public, Chichester	None	None	None	None	None	Southbourne Parish Councillor		Yes
Vicki King	Elected Public, Chichester								Yes
Penny Richardson	Elected Public, Horsham	None	None	None	None	None	None	None	Yes

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
John Bull	Elected Public, Worthing;	None	None	None	None	None	None	None	Yes
Roger Hammond	Elected Public, Worthing	None	None	Small shareholding in GSK. Shares acquired through previous employment scheme at Beecham	Volunteer at Worthing Hospital	None	None	None	Yes
Richard Farmer	Elected Public, Patient;	None	None	None	None	None	None	None	Yes
Stuart Fleming	Elected Public, Patient	None	None	None	None	None	None	None	Yes
Richard Venn	Elected Staff, WSHT – Medical and Dental	None	None	None	None	None	None	None	Yes
David Walsh	Elected Staff, WSHT – Nursing and Midwifery	None	None	None	None	None	None	None	Yes

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
Natalie Matthews	Elected Staff, WSHT – Estates and Ancillary	None	None	None	None	None	None	None	Yes
Andrew Harvey	Elected Staff, WSHT – Administrative and Clerical	None	None	None	None	None	None	None	Yes
Helen Dobbin	Elected Staff, WSHT – Scientific, Technical and Professional	None	None	None	None	None	None	None	Yes
Appointed									
Gillian Keegan	Appointed, Chichester District Council	None	None	None	None	None	Spouse – Executive FUJITSU which may NHS outsourcing contracts from time to time	None	Yes
Senezana Levic	Appointed, Brighton & Sussex Medical School	None	None	None	None	None	None	None	Yes

Governor (date of declaration)	Position	Category of Interests (see Appendix for definitions)							Fit and Proper Person Test
		Consultancies and/or direct employment	Fee-paid work	Shareholdings	Fellowships, Trusteeships, memberships of voluntary bodies	Health or social care-related campaigning	Other personal interests	Non-personal (family) interests	Received (Yes / No)
Ashvin Patel	Appointed, West Sussex County Council	Deputy Cabinet Member for Adult Safeguarding and Social Care West Sussex County Council	None	None	None	None	None	None	Yes
Andrew Lloyd	Appointed, University of Brighton	University of Brighton Coopervision – Consultant	None	None	None	None	None	None	Yes
Val Turner	Appointed Governor, Worthing Borough Councillor	Elected Member of Worthing Borough Council Executive Member for Health & Wellbeing	None	None	None	Member Royal Pharmaceutical Society	Registered Pharmacist	Husband Chair of West Sussex County Council	Yes

APPENDIX – DEFINITIONS OF INTERESTS TO BE DECLARED

Consultancies and/or direct employment:
Any paid consultancy, employment, partnership, directorship or position in (or for) any organisation (particularly health or social care service providers) either directly or indirectly related to the work of the Trust or the NHS generally.

Fee-paid work
Any commissioned or fee-paid work for any organisation (particularly health or social care service providers) either directly or indirectly related to the work of the Trust or the NHS generally

Shareholdings
Any shareholdings or other financial or beneficial interests in a private company or body that may give rise to a conflict of interest.

Fellowships / trusteeships & membership of voluntary bodies:
Any other outside interests which may be relevant to your role as a member of staff to the Trust, e.g. un-remunerated posts, honorary positions and other connections, which may give rise to a conflict of interest or of trust.

Health or social care campaigning
Any affiliation to health or social care-related campaigning organisations or special interest groups

Non-personal interests:
Any relevant and known interests held by your spouse, a close family member, or a member of your household, which may provide a conflict of interest with your position within the Trust, including the interests described above

Interests that should be regarded as "relevant and material" are:

a) Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies);

b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS;

c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS;

d) A position of authority in a charity or voluntary organisation in the field of health and social care;

e) Any connection with a voluntary or other organisation contracting for NHS services;

f) Research funding/grants that may be received by an individual or his/her department;

g) Interests in pooled funds that are under separate management.

h) Close family relationships with any of the Trust's advisers, Directors, senior managers or suppliers.

Western Sussex Hospitals NHS
NHS Foundation Trust

WESTERN SUSSEX NHS HOSPITALS FOUNDATION TRUST COUNCIL OF GOVERNORS ANNUAL PROGRAMME

OBJECTIVES FOR GOVERNORS ANNUAL PROGRAMME

- To implement the Council of Governors Annual Programme for 2016 – 2017 which contains the forward schedule of Council business;
- To review the current arrangements for the Chair and Non Executives' appraisals and revise where appropriate;
- To market - test remuneration levels of the WSHFT Chair and the Non Executive Directors (Section D.2.3 of Monitor's Code of Governance);
- To represent to the Trust the interests of the Members of the WSHFT and the public;
- To agree and introduce a process whereby Governors contribute to the development of the WSHFT Strategy;
- To review the WSHFT Membership strategy, revise where appropriate and implement in accordance with the Membership Targets.

MEETING	LISTENING & REPRESENTING*	HOLDING TO ACCOUNT	GOVERNANCE
APRIL 2016			
CoG	• Report from Patient Experience and Engagement Committee (PEEC) • Report from Membership and Engagement Committee (MEC) • Report from Staff Governors • Agree Annual Membership Plan (Included in Membership Committee Report)	• Board report on progress v. business goals/objectives • Trust Operational Plan • • Board sub-committee feedback by NED – Patient Engagement and Feedback Committee (PEFC)and Serious Incidences Investigation and Review (SIRI) Panel • National staff survey results for previous calendar year	• Report from Nomination and Remuneration Committee (N&RC)
MAY			
Workshop	CoG workshop on strategic Issues**	Draft Sustainability and Transformation Plan (submission needed by end July)	
JUNE			
Pre-CoG			
			Drop in briefing with Chair and CE
JULY			
CoG	• Report from PEEC • Report from MEC • Report from Staff Governors	• Board report on progress, business goals/objectives • Board sub-committee feedback by NED Finance and Investment and Audit Committee • Appraisal results for Chair and NEDs •	• Report from N&R Ctte • Review Chair & NEDs' objectives and set next year's • New Governors will be in place

Annual Members' Meeting	Presentation of Annual Report and Accounts and Auditors' Report Annual CoG Report by Lead Governor		
AUGUST			
Workshop CANCELLED	CoG workshop on strategic issues** 2pm 23 rd August at SRH	Final STP and major items for consultation with constituency members	
SEPTEMBER			
	Horsham Constituency meeting at Billingshurst on 28th September	• 6 monthly joint NEDs' mtg - Board Assurance Framework & Risk Register	Drop in briefing with Chair and CEO
SEPT/OCT			
Pre-CoG			
OCTOBER	Worthing/Adur Constituency meeting at Worthing Hospital on 17th October		
CoG	• Report from PEEC • Report from MEC • Report from Staff Governors	• Board report on progress - business goals/objectives • Board sub-committee feedback by NED - Quality and Risk Committee	• Report from N&R Ctte
NOVEMBER			
	Chichester/Arun Constituency meeting at St Richards Hospital on 14th November		• Joint BOD and COG review day • Drop in briefing with Chair and CEO

DECEMBER	Collation of feedback from Constituency meetings at MEC	• Report of feedback to PEEC	
Pre-CoG			
JANUARY 2017			
CoG	• Report from PEEC • Report from MEC • Report from Staff Governors	• Board report on progress - business goals/objectives- Identifying quality indicators and priorities • Board sub-committee feedback by NED Charitable Funds Investment Committee • Agree Governors" Annual Programme	• Report from N&R Ctte • Meeting dates for year ahead • Review of non-NHS work
FEBRUARY			
Workshop	CoG workshop on strategic Issues in STP	• 6 monthly joint NEDs' mtg - Report on Health & Safety & Outcome of Board Evaluation	Drop in briefing with Chair and CEO
MARCH/APRIL			
Pre-CoG			

Timing/allocation to be decided	Trust Annual Plan updates		

Notes

A. Items in RED – part of the Annual Programme of Holding NEDs to Account
B. Board report on progress - business goals/objectives' contains updates on: patient experience and safety, quality of care, financial position, workforce, performance, initiatives/developments, external assessments and progress against strategic objectives (not an exhaustive list)
C. '6 monthly joint NEDs' mtg' – hot topics from NEDs' viewpoint and Q&A session for governors
D. 'Board sub-committee feedback by NED' covers certain Board committees chaired by NEDs as listed above.
E. Drop-in briefing with Chair and CEO to cover topical issues.
F. Pre-COG meetings provide opportunities for Governors to consider the draft agenda for the COG and identify issues to follow up with the NEDs.