

Council of Governors Meeting

Date and Time: Thursday 16 February 2017, 11:00 – 13:00

Venue: H2.7, 2nd Floor, Hunter Wing

Time	Item	Subject	Action	Lead	Format
OPENING ADMINISTRATION					
11:00	1	Welcome and Introduction to New Governors Apologies – Mia Bayles, Gail Adams, Anneke de Boer.	-	Chair	-
	2	Declarations of Interest	-	All	Oral
	3	Minutes of Meeting held on 15 December 2016 and Matters Arising	Approve	Chair	Paper
BUSINESS ITEMS					
11:05	4	Updates from the Chair and Lead Governor i. Update on CEO Appointment	Inform	Chair & Lead Gov	Oral
	6	Update from Remuneration & Nominations Committee: i. Appointment of New Chair ii. Extension of Interim Chair iii. Regularisation of Terms of Service for NEDs	Approve	Chair	Oral
	7	Result of Governor Elections and Register of the Council of Governors	Inform	Chair	Paper
	8	Plan for 2016-17 Quality Report and Quality Account including Quality Indicators	Assure	Interim Head of Governance	Paper
	9	Overview of Membership 2016-17 and Next Steps for 2018-19	Inform	MEM	Paper
	10	Estates Update	Inform	DE&F	Oral
	11	Governors' Web Portal and Contact with Members	Inform	MEM	Oral
	12	Governor Committees: i. Membership of Noms & Rems ii. Re-energising the Membership Committee iii. Committees for Workforce and Quality	Inform	Lead Governor	Oral
CLOSING ADMINISTRATION					
12:45	13	Items for Future Meetings • Draft Quality Report • CoG Away Day • Annual Cycle of Business • HR Capacity & Demand Model • Gender Pay Reporting • CoG Effectiveness Review • NED Appraisals 2016-17 • Election of Lead Governor	Inform	All	-
	14	Any Other Business	-	All	Oral
	15	Date and Time of Next Meeting	Inform	Chairman	-
13:00		Close			

Date and Time of Next Meeting: Scheduled for 17 May 2017 in H2.5, 2nd Floor, Hunter Wing

Council of Governors: Purpose, Membership, Quoracy and Meetings

Council of Governors Purpose:	The general duty of the Council of Governors and of each Governor individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.
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Membership and Those in Attendance		
Members	Designation	Abbreviation
Sir David Henshaw	Trust Chairman	Chair
Gail Adams	Public Governor, South West Lambeth	GA
Sue Baker	Public Governor, Merton	SB
Mia Bayles	Public Governor, Regional	MB
Patrick Bower	Appointed Governor, Wandsworth CCG	PB
Nigel Brindley	Public Governor, Wandsworth	NB
Val Collington	Appointed Governor, Kingston University	VC
Anneke de Boer	Public Governor, Merton	AB
Jenni Doman	Staff Governor, non-clinical	JD
David Flood	Staff Governor, Nursing & Midwifery	DF
Frances Gibson	Appointed Governor, St George's University	FG
Stuart Goodden	Public Governor, Wandsworth	SG
Mike Grahm	Appointed Governor, Healthwatch Wandsworth	MG
Will Hall	Staff Governor, Allied Health Professionals	WH
Hilary Harland	Public Governor, Merton	HH
Kathryn Harrison	Public Governor, Regional	KH
Tim Hodgson	Appointed Governor, Merton CCG	TH
Robin Isaacs	Public Governor, Regional	RI
Philip Jones	Appointed Governor, Merton Council	PJ
David Kirk	Public Governor, Wandsworth	DK
Yvonne Langley	Public Governor, Wandsworth	YL
Dagan Lonsdale	Staff Governor, Doctors and Dental	DL
Doulla Manolas	Public Governor, Wandsworth	DM
Felicity Merz	Public Governor, Wandsworth	FM
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Derek McKee	Public Governor, Wandsworth	DM
Noyola McNicolls-Washington	Staff Governor, Community Services	NM
Simon Price	Public Governor, Regional	SP
Stephen Sambrook	Public Governor, Rest of England	SS
Khaled Simmons	Public Governor, Merton	KS
Secretariat		
Fiona Barr	Corporate Secretary and Head of Corporate Governance	Corp Sec
Richard Coxon	Membership & Engagement Manager	MEM

Council of Governors	The quorum for any meeting of the Committee shall be at least one third of the Governors present.
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**Council of Governors Meeting
15 December 2016
H2.5 Boardroom, 2nd Floor, Hunter Wing**

Name	Title	Abbreviation
PRESENT		
Sir David Henshaw	Non-Executive Director (Chair)	Chair
Stephen Collier	Non-Executive Director	NED
Gillian Norton	Non-Executive Director	NED
Thomas Saltiel	Non-Executive Director	NED
Gail Adams	Public Governor, South West Lambeth	GA
Sue Baker	Public Governor, Merton	SB
Val Collington	Appointed Governor, Kingston University	VC
Anneke de Boer	Public Governor, Merton	AB
Jenni Doman	Staff Governor, Non-Clinical	JD
Sheila Eden	Public Governor, Merton	SE
David Flood	Staff Governor, Nursing & Midwifery	DF
Douglas Guerrero	Appointed Governor, Healthwatch Merton	DG
Hilary Harland	Public Governor, Merton	HH
Robin Isaacs	Public Governor, Regional	RI
Philip Jones	Appointed Governor, Merton Council	PJ
David Kirk	Public Governor, Wandsworth	DK
Yvonne Langley	Public Governor, Wandsworth	YL
Doulla Manolas	Public Governor, Wandsworth	DM
Felicity Merz	Public Governor, Wandsworth	FM
Sarah McDermott	Appointed Governor, Wandsworth Council	SM
Derek McKee	Public Governor, Wandsworth	DMK
Jan Poloniecki	Public Governor, Wandsworth	JP
APOLOGIES		
Mia Bayles	Public Governor, Regional	MB
Patrick Bower	Appointed Governor, Wandsworth CCG	PB
Frances Gibson	Appointed Governor, St George's University	FG
Stuart Goodden	Public Governor, Wandsworth	SG
Mike Grahm	Appointed Governor, Healthwatch Wandsworth	MG
Will Hall	Staff Governor	WH
Tim Hodgson	Appointed Governor, Merton CCG	TH
Dagan Lonsdale	Staff Governor, Doctors and Dental	DL
Noyola McNicolls-Washington	Staff Governor, Community Services	NM
Ann Beasley	Non-Executive Director	NED
Jenny Higham	Non-Executive Director	NED
Sir Norman Williams	Non-Executive Director	NED
Sarah Wilton	Non-Executive Director	NED
Fiona Barr	Interim Corporate Secretary & Head of Corporate Governance	Co Sec
SECRETARIAT		
Richard Coxon	Membership & Engagement Manager	

1.0 OPENING ADMINISTRATION	
1A Minutes of Meeting held on 13.10.16	
1.1	The minutes were accepted as a true and accurate record of the meeting held on 13.10.16.
1B Matters Arising and Action Log	
1.2	There were no matters arising.
2.0 Holding the Board to Account for the Performance of the Trust	
Annual Audit Letter 2015/16 from Grant Thornton	
2.1	Paul Dossett from Grant Thornton presented the Annual Audit Letter for 2015/16 to the meeting which had been circulated in advance. The Governors appointed Grant

	<p>Thornton as auditors of the Trust and it is their responsibility to form opinions on the Trust's financial statements and quality report and on the Trust's arrangements for the use of its resources.</p> <p>There was some discussion about the findings in the letter including compliance, systems and processes. It was requested that Governors receive the information earlier next year and it was agreed that a summary version would be produced following presentation to the Board in May 2017.</p>
Chairman's Report	
2.2	<p>The Chair gave a presentation to update the Governors on the Trusts current situation and what improvements had been made since April 2016 when he arrived.</p> <p>There was discussion around proposed cuts in budgets from CCG next year and on-going negotiations. The staff Governors raised the issue of staff morale in the Trust being very low which impacts on staff feedback and making recruitment even more challenging. Reports of bullying remain high despite a lot of work around the issue. Gillian Norton stated that she was now Chair of the Workforce Committee and along with Mark Gammage the new HR Director, they would welcome any feedback or input from Governors.</p> <p>All the Governors agreed that the presentation was very informative.</p> <p>Action: The presentation will be circulated to Governors after the meeting.</p>
2.3	<p>The Chair reported that the Nominations and Remuneration Committee had met earlier to discuss recruiting for his successor. Gatenby Sanderson are looking for suitable candidates and the role is being advertised in the Sunday Times on the 18.12.16 and on the 08.01.17. All Governors would be invited to take part in meeting candidates at the Assessment Day which is on 15.02.17.</p> <p>Action: timeline to be circulated to Governors.</p>
Annual Plan	
2.4	<p>Tom Ellis updated the meeting on the latest version of the Annual Plan which needs to be submitted to NHSI next week. All comments from Governors are welcome by email but unable to include them all.</p>
Future of Outpatients	
2.5	<p>Steve Sewell, Outpatients Transformation Director, gave the Governors an update on the Future of Outpatients project. When he arrived in April 2016 there were 16 different on-going projects for outpatients. There is now one overarching project looking at all outpatients areas. Any changes are being made in consultation with patients and staff with some positive improvements which include reduction 'did not attend' appointments and calls answered on time. Patients need to be at the heart of the new-look service, with more choice and control about their care, including how we communicate with them. Phlebotomy has also moved out of outpatients into the community and GP practices which has greatly improved the once congested outpatient areas.</p> <p>There is still much work to do looking at how other trusts manage outpatients to provide an environment suitable for patients. An example would be cancer patients all being treated in one designated specialised area. There was an event on the 13.12.16 which</p>

	<p>several Governors attended which was open to everyone on the Future of Outpatients. The team are now analysing all the feedback to help with the redesign of the service.</p> <p>A business case will be put forward to the January or February 2017 Board for consideration.</p>
3.0 Closing Administration	
3.1	<p>Items for next meeting:</p> <ul style="list-style-type: none"> • Quality Indicators • Chair Recruitment • Gender Pay Reporting

Date and Time of Next Meeting: 21 February 2017 [TBC]

DRAFT

Meeting Title:	Council of Governors		
Date:	16 February 2017	Agenda No	6
Report Title:	Appointment of New Chair		
Lead:	Fiona Barr, Interim Corporate Secretary and Head of Corporate Governance		
Report Author:	Richard Coxon, Membership & Engagement Manager		
Freedom of Information Act (FOIA) Status:	Unrestricted		
Presented for:	Approval		
Executive Summary:	This paper summarises the recent Chair recruitment.		
Recommendation:	The Council of Governors is invited to approve the new Chair.		
Supports			
Trust Strategic Objective:	To appoint a new Chair following approved procedures.		
CQC Theme:	Addresses all five key themes: Safe, Effective, Caring, Responsive and Well-led		
Single Oversight Framework Theme:	Well-led		
Implications			
Risk:	N/A		
Legal/Regulatory:	The .		
Resources:	There are no resource implications.		
Previously Considered by:	N/A	Date	
Equality Impact Assessment:	N/A		
Appendices:			

**Recruitment of New Chair
Council of Governors, 16 February 2017**

1.0 PURPOSE

- 1.1 The purpose of this paper is to present the recruitment process of new Chair candidate.

2.0 BACKGROUND

- 2.1 Sir David Henshaw was appointed by NHSI as Interim Chair in March 2016 for up to 12 months.
- 2.2 The recruitment process to find a successor was started on the 15.12.16 through Gatenby Sanderson, Executive Recruitment Consultants.
- 2.3 There were 20 applications received which were longlisted to 10 candidates and then further shortlisted to four candidates.
- 2.4 The Assessment Day took place on the 15.02.17 and Gillian Norton was selected as the chosen candidate.

3.0 RECOMMENDATION

- 3.1 The Council of Governors is invited to receive the how the new Chair was recruited and approve the recommendation of the Nomination and Remuneration Committee.

Author: Richard Coxon, Membership & Engagement Manager
Date: 16.02.17

Council of Governors Meeting

Date and Time: Thursday 16 February 2017, 11:00 – 13:00
Venue: H2.7, 2nd Floor, Hunter Wing

New Chair Recruitment Summary

Background

15.12.16 - Nomination & Remuneration Committee agreed the recruitment process and Gatenby Sanderson, Executive Recruitment Consultants undertook the search for suitable candidates.

18.12.16 and 08.01.17 – adverts in the Sunday Times

16.01.17 – closing date and 20 applications received

18.01.17 – longlisted to 10 candidates

02.02.17 – shortlisted to four candidates

15.02.17 – Chairman Assessment Day

15.02.17 - Nomination & Remuneration Committee met at 17:30

16.02.17 – Council of Governors meeting, 11am

Assessment Day – 15.02.17

Four very strong candidates were shortlisted, who had varying backgrounds. The candidates attended two focus groups during the morning, comprised of internal and external stakeholders, then were given a tour of the site with Richard Hancock, Estates and Facilities Director.

The feedback from each 30 minute focus group was fed through to the interview panel. The content and attendance at the focus groups is set out below:

Focus Group 1 – Hyde Park Room
Topic – candidate to facilitate a discussion about what makes effective transformation.
What will be assessed: leadership style, chairing skills and approach, dealing with conflict/dissent, eliciting a broad range of views, extent to which people felt involved.
Simon Mackenzie, Acting CEO
Ann Beasley, Non-Executive Director
Avey Bhatia, Chief Nurse
Dr Dagan Lonsdale, Staff Governor
Robin Isaacs, Public Governor
Khaled Simmons, Public Governor
Sarah McDermott, Appointed Governor, Wandsworth Council
Brian Dillon, Merton Healthwatch
Clive Norris, Wandsworth Healthwatch
Victoria Morrison, Matron for Nye Bevan Ward
Diana Lacey, Programme Director , Elective Care Recovery
Larry Murphy, Chief Information Officer

Focus Group 2 – H2.5
Topic – the role of stakeholder relationships in effective systems leadership
What will be assessed: approach to building and managing relationships, people skills, approachability, and clear plan/approach for managing and involving stakeholders.
Thomas Saltiel, Associate Non-Executive Director
Mike Grahn, Appointed Governor, Healthwatch Wandsworth
Cllr Jim Maddan, Wandsworth Council
Hilary Harland, Public Governor
Paulo D'Oliveira, Matron, Renal Unit
Emily Sands, Communications Manager
Nigel Brindley, Public Governor
Stephen Hickey, Wandsworth CCG
Margaret Pratt, Chief Finance Officer

Each candidate then gave a presentation to the interview panel and was interviewed for 45 minutes. The subject of the presentation and the members of the interview panel is set out below:

Interview Panel – Room 52
Presentation – what will you bring to the role of Chair, particularly given the opportunities and challenges at St Georges? (5 minutes)
Richard Murley, Independent Chair, ULCH
Kathryn Harrison, Public Governor, Rest of England
Sue Baker, Public Governor, Merton
Jenni Doman, Staff Governor, Non-Clinical
Gail Adams, Public Governor, Lambeth
Philip Jones, Appointed Governor, Merton Council

After interviewing all the candidates, the panel was unanimous in its decision to recommend the appointment of Gillian Norton as the new Chair.

The Nominations & Remuneration Committee met at 17:30 to agree the recommendation to be put forward to the Council of Governors on the 16.02.17 that Gillian Norton be appointed as the new Chair for a term of three years.

Richard Coxon, Membership & Engagement Manager
16.02.17

Meeting Title:	Council of Governors		
Date:	16 February 2017	Agenda No	7
Report Title:	Result of Governor Elections and Register of the Council of Governors		
Lead:	Fiona Barr, Interim Corporate Secretary and Head of Corporate Governance		
Report Author:	Richard Coxon, Membership & Engagement Manager		
Freedom of Information Act (FOIA) Status:	Unrestricted		
Presented for:	Assurance		
Executive Summary:	This paper summarises the recent Governor Elections.		
Recommendation:	The Council of Governors is invited to receive the Governor Election Report for assurance.		
Supports			
Trust Strategic Objective:			
CQC Theme:	Addresses all five key themes: Safe, Effective, Caring, Responsive and Well-led		
Single Oversight Framework Theme:	Well-led		
Implications			
Risk:	N/A		
Legal/Regulatory:	The election was undertaken in accordance with the Model Election Rules.		
Resources:	There are no resource implications.		
Previously Considered by:	N/A	Date	
Equality Impact Assessment:	N/A		
Appendices:	Appendix A – Election Report		

Governor Elections 2017
Council of Governors, 16 February 2017

1.0 PURPOSE

- 1.1 The purpose of this paper is to present the Election Report to the Governors and set out the results.

2.0 BACKGROUND

- 2.1 St George's was authorised as a Foundation Trust on the 01.02.15 and the shadow Council of Governors became a full Council of Governors and the terms of each Governor started. The Governors on a two year term of office came to an end on the 31.01.17 with new three year terms starting on the 01.02.17.
- 2.2 The terms of office were staggered as set out in the Constitution to ensure that there was continuity and that there was no risk of a completely new Council of Governors without any experience. Those Governors originally on three year terms will be invited to re-stand later this year.
- 2.3 The elections were conducted in line with the Department of Health Model Election Rules by Electoral Reform Services. The poll closed on 31.01.17.

3.0 ELECTION RESULTS

- 3.1 The election was successful with two staff Governors being re-elected unopposed and seven Governors re-standing in an election with three Governors being re-elected and four new Governors.
- 3.2 Due to sudden death of Jan Poloniecki in December there was a year unexpired of his Governor term which was offered to the runner up candidate in the Rest of England constituency, Robin Isaacs, who has accepted.
- 3.3 The results of the election are therefore as follows:

Constituency	Governor Name	Term Start	Term End	Term Number
Wandsworth	Nigel Brindley	01.02.17	31.01.20	1
Merton	Anneke de Boer	01.02.17	31.01.20	2
Staff Non-Clinical	Jenni Doman	01.02.17	31.01.20	2
Rest of England	Kathryn Harrison	01.02.17	31.01.20	1
Staff Community Services	Noyola McNicolls-Washington	01.02.17	31.01.20	2
Wandsworth	Simon Price	01.02.17	31.01.20	1
Merton	Khaled Simmons	01.02.17	31.01.20	1

- 3.4 The Election Result is attached as Appendix 1 and the full current register of the Council of Governors is attached at Appendix 2. This information has also been updated on the website.

3.0 RECOMMENDATION

- 3.1 The Council of Governors is invited to receive the results of the election and updated register of the Council of Governors for information.

Author: Richard Coxon, Membership & Engagement Manager
Date: 06.02.17

1st February 2017

ST GEORGE'S UNIVERSITY HOSPITAL NHS FOUNDATION TRUST ELECTION TO THE COUNCIL OF GOVERNORS

My report of voting in the above election, which closed at Noon on Tuesday 31st January 2017, is as follows;

Public: Merton

Number of eligible voters:		2983
Votes cast by post:	185	
Votes cast online:	105	
Total number of votes cast:		290
Turnout:		9.7%
Number of votes found to be invalid:		1
Blank or Spoilt	1	
No declaration form received	0	
Total number of valid votes to be counted:		289

Result (2 to elect)

SIMMONS, Khaled	*157	Elected
DE BOER, Anneke	*148	Elected
EDEN, Sheila	*140	
FORTE, Miranda Claudia	63	

*Confirmed by recount

Public: Rest of England

Number of eligible voters:		4506
Votes cast by post:	158	
Votes cast online:	126	
Total number of votes cast:		284
Turnout:		6.3%
Number of votes found to be invalid:		6
Blank or Spoilt	6	
No declaration form received	0	
Total number of valid votes to be counted:		278

Result (2 to elect)

HARRISON, Kathryn	147	Elected
SAMBROOK, Stephen	123	Elected
ISAACS, Robin	104	
PATEL, Nikhil	46	
MUDZENGGERERE, Lloyd	46	
QUINN, Damian	41	

Public: Wandsworth

Number of eligible voters:		3978
Votes cast by post:	216	
Votes cast online:	118	
Total number of votes cast:		334
Turnout:		8.4%
Number of votes found to be invalid:		3
Blank or Spoilt	3	
No declaration form received	0	
Total number of valid votes to be counted:		331

Result (3 to elect)

MCKEE, Derek	181	Elected
BRINDLEY, Nigel	161	Elected
PRICE, Simon	*123	Elected
MANOLAS, Doulla	*118	
MOWATT, Lucy.....	109	
FEISAL, Emir	93	
MERZ, Felicity Anne.....	77	

*Confirmed by recount

Electoral Reform Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the ballot:-

- a) was sent the details of the ballot and
- b) if they chose to participate in the ballot, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and ERS is satisfied that these were in accordance with accepted good electoral practice.

All term lengths are for 3 years unless specified differently above.

All voting materials will be stored for twelve months.

Yours sincerely



Daniel Brown
Returning Officer
On behalf of St George's University Hospital NHS Foundation Trust

Council of Governors Register

Constituency	Governor	Start date	End date	Term number
Staff - Non Clinical	Jenni Doman	01/02/17	31.01.20	2
Staff - Clinical & Dental	Dr Dagan Lonsdale	01/02/15	31.01.18	1
Staff - Nursing & Midwifery	David Flood	01/02/15	31.01.18	1
Staff -Community Services	Noyola McNicolls-Washington	01/02/17	31.01.20	1
Staff - Allied Health Professionals	Will Hall	01/02/15	31.01.18	1
Wandsworth	David Kirk	01/02/15	31.01.18	1
Wandsworth	Yvonne Langley	01/02/15	31.01.18	1
Wandsworth	Stuart Goodden	01/02/15	31.01.18	1
Wandsworth	Derek McKee	01/02/17	31.01.20	2
Wandsworth	Nigel Brindley	01/02/17	31.01.20	1
Wandsworth	Simon Price	01/02/17	21.01.20	1
Merton	Sue Baker	01/02/15	31.01.18	1
Merton	Hilary Harland	01/02/15	31.01.18	1
Merton	Anneke de Boer	01/02/17	31.01.18	2
Merton	Khaled Simmons	01/02/17	31.01.20	1
South West Lambeth	Gail Adams	01/02/15	31.01.18	1
Rest of England	Mia Bayles	01/02/15	31.01.18	1
Rest of England	Kathryn Harrison	01/02/17	31.01.20	2
Rest of England	Stephen Sambrook	01/02/17	31.01.20	1
Rest of England	Robin Isaacs	01/02/15	31.01.18	1
Appointed – Healthwatch Merton	Douglas Guerrero	01/02/15	31.01.18	1
Appointed – Healthwatch Wandsworth	Mike Grahm	01/02/15	31.01.18	1
Appointed – Kingston University	Dr Val Collington	01/02/15	31.01.18	1
Appointed – St George’s University	Dr Frances Gibson	01/02/15	31.01.18	1
Appointed – Wandsworth Council	Cllr Sarah McDermott	01/02/15	31.01.18	1
Appointed – Merton Council	Cllr Philip Jones	01/02/15	31.01.18	1
Appointed – Merton CCG	Dr Tim Hodgson	01/02/15	31.01.18	1
Appointed – Wandsworth CCG	Dr Patrick Bower	01/02/15	31.01.18	1

Meeting Title:	Council of Governors		
Date:	16 February 2017	Agenda No	8
Report Title:	Plan for 2016-17 Quality Report and Quality Account including Selection of Quality Indicators for 2017-18		
Lead Director/ Manager:	Paul Linehan, Interim Head of Governance		
Report Author:	Paul Linehan, Interim Head of Governance		
Freedom of Information Act (FOIA) Status:	Unrestricted Restricted		
Presented for:	Approval Decision Ratification Assurance Discussion Update Steer Review Other (specify)		
Executive Summary:	All NHS trusts and NHS foundation trusts must produce an annual Quality Account. The aim of the Quality Account is to give readers a clear understanding of the trust's performance and assurance of the steps the trust is taking to improve patient safety, experience and outcomes. St George's University Hospitals NHS Foundation Trust is now in the process of preparing the Quality Account 2016/17. We are required submit the final Quality Report to NHSI by 30 June 2017.		
Recommendation:	It is recommended that: <div><div>i.</div><div>At its meeting on 16.02.17, the Governors discuss the choice of Quality Indicators for 2017/18, and suggest other Indicators for consideration.</div><div>ii.</div><div>Consider establishing a task & finish group to select the Indicators for 2017-18 to give the Governors more time to think about the Indicators.</div></div>		
Supports			
Trust Strategic Objective:	Ensure the Trust has an unwavering focus on all measures of quality and safety, and patient experience.		
CQC Theme:	All		
Single Oversight Framework Theme:	Quality of Care (safe, effective, caring, responsive)		
Implications			
Risk:	BAF Risk 7: <i>Failing to provide safe, high quality and a satisfactory experience of care for service users.</i>		
Legal/Regulatory:	<i>Quality Accounts – Reporting Arrangements</i> , Letter from NHS England 06.01.17 <i>Detailed requirements for quality reports for Foundation Trusts 2016-17</i> , NHS Improvement		
Resources:	N/A		
Previously Considered by:	N/A	Date	
Equality Impact Assessment:	This will be considered according to each Quality Indicator when selected.		
Annexes:	Annex 1: Quality Accounts – Reporting Arrangements. Letter from NHS		

	England 06.01.17 Annex 2: Detailed requirements for quality reports for Foundation Trusts 2016-17 Annex 3: Proposed Voluntary Indicators for 2017/18
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**Plan for 2016-17 Quality Report and Quality Account
including Selection of Quality Indicators for 2017-18
Council of Governors, 16.02.17**

1.0 PURPOSE

- 1.1 The purpose of this paper is to put forward a number of Quality Indicators for selection by the Council of Governors.

2.0 BACKGROUND

- 2.1 All NHS trusts and NHS foundation trusts must produce an annual Quality Account. The aim of the Quality Account is to give readers a clear understanding of the trust's performance and assurance of the steps the trust is taking to improve patient safety, experience and outcomes. St George's University Hospitals NHS Foundation Trust is now in the process of preparing the Quality Account 2016/17. We are required submit the final Quality Report to NHSI by 30 June 2017.
- 2.2 NHS Improvement's guidance: *Detailed requirements for quality reports for Foundation Trusts 2016-17* and a letter from NHS England on 06.01.17 set out the requirements for this year's Quality Accounts (attached at Annex 1 and 2).

3.0 PROPOSAL

- 3.1 The set of quality indicators that the trust has included in the last two Quality Accounts has been a combination of reports on the mandatory indicators set by the Department of Health (DH), and reports on voluntary indicators that the trust has identified with its partners as being important for local people. NHS Improvement (NHSI) requires us to produce an annual Quality Report which includes all of the reporting requirements of the Quality Account plus some additional requirements they have set.
- 3.2 In the Quality Account, NHSI requires us to report on nine voluntary indicators that reflect how we are improving patient experience, patient outcomes and patient safety. The Governors are therefore requested to review the Voluntary Indicators presented at Annex 3 and consider which of those should be selected as priorities for 2017/18. Equally Governors may have their own suggestions for consideration. It is planned to have a discussion about the Quality Indicators at the Council of Governors meeting on 16.02.17 though the final selection will not be required until the end of February. It is recommended that the Council of Governors may wish to set up a small task & finish group to select which Quality Indicators it would like to propose for 2017/18.
- 3.3 We are currently drafting the Quality Improvement Annual Plan for 17/18 which will encompass the domains of safety, experience and outcomes with quality improvement running through as a theme. This is will be presented to the Council of Governor meeting on the 17 May 2017 as a draft document for comment.
- 3.4 The Governors are required to write a statement for the final Quality Account report that reflects upon the trust's quality outcomes from last year and the priorities (i.e. the indicators we select) for improvement for 2017/18. The management will support the Council of Governors in producing this statement.
- 3.5 We are still drawing up the timeline for delivering the Quality Account and will share this as soon as it has been completed.

4.0 IMPLICATIONS

Risks

4.1 The Quality Account is a mandatory requirement for NHS Foundation Trusts.

Legal Regulatory

4.2 Work on the Quality Account will be done in line with NHS Improvement's guidance: *Detailed requirements for quality reports for Foundation Trusts 2016-17* and the letter from NHS England on 06.01.17.

Resources

4.3 There are no specific resource implications.

5.0 RECOMMENDATION

5.1 It is recommended that:

- iii. At its meeting on 16.02.17, the Governors discuss the choice of Quality Indicators for 2017/18, and suggest other Indicators for consideration.
- iv. Consider establishing a task & finish group to select the Indicators for 2017-18 to give the Governors more time to think about the Indicators.

Author: Paul Linehan, Interim Head of Governance
Date: 13.02.17

NHS Acute Trust CEs, NHS Mental
Health Trust CEs, NHS Ambulance
Trust CEs, Foundation Trust CE
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Independent Healthcare Providers
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Leeds
LS2 7UE

CC: Clinical Commissioning Group
CEs, Independent Providers, England
CE, Healthwatch

06 January 2017

Gateway Reference: 06251

Dear Colleague

QUALITY ACCOUNTS: REPORTING ARRANGEMENTS 2016/17

We are writing to alert you to the reporting requirements for quality accounts 2016/17.

For 2016/17, there will be no change to the reporting and recommended audit arrangements for Quality Accounts.

In your report on your local improvement plans, we would be grateful if you would consider including the following information:

- How you are implementing the Duty of Candour;
- (where applicable) your patient safety improvement plan as part of the Sign Up To Safety campaign;
- your most recent NHS Staff Survey results for indicators KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months) and KF21 (percentage believing that Trust provides equal opportunities for career progression or promotion) for the Workforce Race Equality Standard¹; and
- your CQC ratings grid, alongside how you plan to address any areas that require improvement or are inadequate, and by when you expect it to improve. Where no rating exists yet, please set out your own view on the five key questions used by the Care Quality Commission in their

¹ <https://www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/>

inspections of services:

1. Are they safe?
2. Are they effective?
3. Are they caring?
4. Are they responsive to people's needs?
5. Are they well-led?

Quality Accounts: Audit Recommendations 2016/17

Those organisations required to produce a Quality Account are expected to gain external assurance as in previous years. Audit guidance is available on NHS Choices. NHS Foundation Trusts should follow NHS Improvement's guidance for external assurance on Quality Reports.

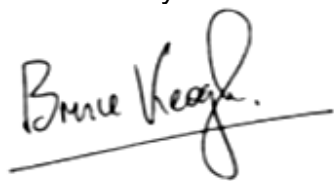
Non NHS Bodies required to produce Quality Accounts

Organisations are, in the main, required to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and a turnover greater than £130k per annum. Further information relating to non NHS bodies can be found at: <http://www.nhs.uk/quality-accounts>

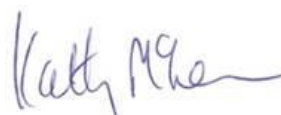
Next year: NHS Quality Accounts 2017/18

For the June 2018 Quality Accounts, providers will be expected to report their progress in using learning from deaths to inform their quality improvement plans. This would be an annual summary of monthly/quarterly Trust Board reports on reviewing and learning from deaths. This builds on the work of the Royal College of Physicians² in developing a methodology to support this process. Other resources to support this learning and process are in the pipeline. This early notice of intent should help you to start thinking now about how to bring your Boards up to speed with the new development in the Quality Improvement toolkit, and we recommend that you read the helpful material in the RCP's National Mortality Case Record Review (NMCRR) programme.

Yours sincerely



Professor Sir Bruce Keogh KBE
National Medical Director
NHS England



Dr Kathy McLean
Medical Director
NHS Improvement

² <https://www.rcplondon.ac.uk/projects/outputs/national-mortality-case-record-review-nmcrr-programme-resources>

Further information for Quality Accounts 2016/17

Quality indicators

The core set of indicators to be included in 2016/17 Quality Accounts is set out in Annex 1 below. All Trusts are required to report against these indicators using a standardised statement set out below. Some of the indicators will not be relevant to all Trusts – for instance, ambulance response times. Trusts are only required to include indicators in their Quality Accounts that are relevant to the services they provide. NHS Foundation Trusts are reminded that there are additional requirements for a Foundation Trust's Quality Report which are published separately by NHS Improvement.

Where to find the data

NHS Digital provides a Quality Accounts section within their Corporate Website. This will provide links to the latest data for each of the indicators that Trusts are required to report on. Further details can be found at: <http://content.digital.nhs.uk/qualityaccounts>. NHS Digital will refresh the links to the most current data in March 2017.

A Quality Accounts FAQ can be found at: <http://www.nhs.uk/quality-accounts>. This FAQ provides the technical definitions of indicators and dates when specific data sets are available. The Quality Account should contain the most recent data sets available at the time of production.

Whom you need to share your quality account with

Quality Accounts need to be shared with:

1. Commissioners

The appropriate NHS England sub Regional Team where 50% or more of the provider's health services during the reporting period are provided under contracts, agreement or arrangements with NHS England or

The Clinical Commissioning Group (CCG) which has the responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period.

In practice, NHS England requires the Quality Account to be shared with the CCG where over 50 % of services are commissioned by the CCG. Where over 50% of services are commissioned by NHS England the Quality Account should be shared with NHS England. Please see <http://www.nhs.uk/quality-accounts> to see the NHS England requirement.

2. Local scrutineers

Quality Accounts need to be shared, in draft, with the local Healthwatch and Overview and Scrutiny Committee. This should be in the local authority area in which the provider has its registered or principal office located.

NHS England and local Healthwatch teams may wish to inform their responses to a provider's Quality Accounts by discussing it within their Quality Surveillance Groups.

Comments from local scrutineers need to be included in the final quality account.

How should quality accounts be published?

1. NHS bodies

Quality accounts produced by NHS Bodies should upload their quality account on their NHS Choices website by 30 June each year.

By uploading your quality account on NHS Choices, you have fulfilled your statutory duty to submit your quality account to the Secretary of State.

NHS bodies with an NHS Choices profile will have a named person who has NHS Choices editing rights. The named person can upload your quality account to NHS Choices .If you need to find out who has editing rights for your organisation please email NHS Choices on; thechoicesteam@nhschoices.nhs.uk .This e mail address can also be used to assist with questions relating to profile pages and the content management system if you cannot find the information in the

<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/your-pages/Pages/NHSTrustprofiles.aspx> section first.

NB: There may be a delay in a Quality Account being visible on NHS Choices. Please only contact NHS Choices if your quality account is still not visible after 72 hours.

2. Non NHS bodies

Quality Accounts for non NHS Bodies should be sent to QualityAccounts@dh.gsi.gov.uk . The Quality Accounts should be emailed by the 30 June each year. This also fulfils your legal duty to send a copy of your final Quality Account to the Secretary of State. The Quality Account will then be uploaded to:

<http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/quality-account-uploads.aspx>

NB: There may be a delay in a quality account being visible on NHS Choices. Please only make contact if your quality account is still not visible after 72 hours.

Further guidance

The Quality Accounts toolkit will not be refreshed for 2016/17; however, the 2010-11 guidance is available at the following link as an additional resource: <https://www.gov.uk/government/publications/quality-accounts-toolkit-2010-11>.

What indicators need to be included and how should they be presented

Set out in the table below are the indicators that NHS Trusts and non NHS Bodies are required to report in their Quality Accounts.

Additionally, where the necessary data is made available to the NHS Trust and non NHS Bodies by NHS Digital, a comparison of the numbers, percentages, values, scores or rates of the Trust and non NHS bodies (as applicable) should be included for each of those listed in the table with:

- a) The national average for the same; and
- b) With those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period.

For each indicator the following statement must be included in NHS Trusts' and non NHS bodies' Quality Accounts:

The [name of Trust] considers that this data is as described for the following reasons [insert reasons].

The [name of Trust] [intends to take/has taken] the following actions to improve this [percentage/proportion/score/rate/number], and so the quality of its services, by [insert description of actions].

The data should be presented, in a table format, with the [percentage/proportion/score/rate/number] shown for at least the last two reporting periods.

Further information on data presentation can be found at: <http://www.nhs.uk/quality-accounts>

Annex 1 – The core Quality Account indicators

***All are required as per the regulations except for the Friends and Family Test – Patient element.**

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>
<p>12. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to—</p> <p>(a) the value and banding of the summary hospital-level mortality indicator (“SHMI”) for the Trust for the reporting period; and</p> <p>(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period.</p> <p>*The palliative care indicator is a contextual indicator.</p>	<p>1: Preventing People from dying prematurely 2: Enhancing quality of life for people with long-term conditions</p> <p>Trusts providing relevant acute services</p>
<p>13. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period.</p>	<p>1: Preventing People from dying prematurely 2: Enhancing quality of life for people with long-term conditions</p> <p>Trusts providing relevant mental health services</p>
<p>14. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the Trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.</p>	<p>1: Preventing People from dying prematurely</p> <p>Ambulance Trusts</p>
<p>14.1 The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the percentage of Category A telephone calls resulting in an ambulance response by the Trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.</p>	<p>1: Preventing People from dying prematurely</p> <p>Ambulance Trusts</p>
<p>15. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the Trust during the reporting period.</p>	<p>1: Preventing People from dying prematurely 3: Helping people to recover from episodes of ill health or following injury</p> <p>Ambulance Trusts</p>

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>
16. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the Trust during the reporting period.	1: Preventing People from dying prematurely 3: Helping people to recover from episodes of ill health or following injury Ambulance Trusts
17. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	2: Enhancing quality of life for people with long-term conditions Trusts providing relevant mental health services
18. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the Trust's patient reported outcome measures scores for— (i) groin hernia surgery, (ii) varicose vein surgery, (iii) hip replacement surgery, and (iv) knee replacement surgery, during the reporting period.	3: Helping people to recover from episodes of ill health or following injury Trusts providing relevant acute services
19. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the percentage of patients aged— (i) 0 to 15; and (ii) 16 or over, Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.	3: Helping people to recover from episodes of ill health or following injury All Trusts
20. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the Trust's responsiveness to the personal needs of its patients during the reporting period.	4: Ensuring that people have a positive experience of care Trusts providing relevant acute services

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>
21. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	4: Ensuring that people have a positive experience of care Trusts providing relevant acute services
21.1 Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2) Please note: there is a not a statutory requirement to include this indicator in the quality accounts reporting but NHS provider organisations should consider doing so.	4: Ensuring that people have a positive experience of care Trusts providing relevant acute services
22. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the Trust’s “Patient experience of community mental health services” indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.	2: Enhancing quality of life for people with long-term conditions 4: Ensuring that people have a positive experience of care Trusts providing relevant mental health services
23. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm Trusts providing relevant acute services
24. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm Trusts providing relevant acute services

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>
<p>25. The data made available to the National Health Service Trust or NHS Foundation Trust by NHS Digital with regard to the number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.</p>	<p>5: Treating and caring for people in a safe environment and protecting them from avoidable harm</p> <p>All Trusts</p>



Improvement

Detailed requirements for quality reports for foundation trusts 2016/17

February 2017

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About NHS Improvement

Since 1 April 2016, Monitor and the NHS Trust Development Authority have been operating as a single integrated organisation known as NHS Improvement. This document is published in exercise of functions conferred on Monitor. In this document, 'NHS Improvement' means Monitor, unless the context otherwise requires.

The requirements of this document are only mandatory for NHS foundation trusts. All organisations prepare quality accounts but NHS trusts do not prepare a quality report. NHS trusts may therefore find the black text in the sections that follow useful in helping them to understand the quality accounts requirements.

Introduction

Patients want to know they are receiving the very best quality of care. We require all NHS foundation trusts to produce reports on the quality of care (as part of their annual reports). Quality reports help trusts to improve public accountability for the quality of care they provide.

Foundation trusts must also publish quality accounts each year, as required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended¹ ('the quality accounts regulations').

The quality report incorporates all the requirements of the quality accounts regulations as well as our additional reporting requirements.

We also require trusts to obtain external assurance on their quality reports. Subjecting them to independent scrutiny improves the quality of data on which performance reporting depends.

These requirements are part of our requirements to foundation trusts as to the information to be included in their annual reports.²

This document

This document describes the detailed requirements for the quality report. The requirements for external assurance on the quality report are published separately in our document [*Detailed requirements for external assurance on quality reports 2016/17*](#).³

¹ SI 2010/279; as amended by the NHS (Quality Accounts) Amendments Regulations 2011 (SI 2011/269 and the NHS (Quality Accounts) Amendments Regulations 2012 (SI 2012/3081)

² See paragraph 26 of Schedule 7 to the National Health Service Act 2006.

³ <https://improvement.nhs.uk/resources/nhs-foundation-trust-quality-reports-201617-requirements>

As there is overlap between the information to be included in the quality accounts and what NHS Improvement needs to see in a quality report, in this document the requirements relating to the quality accounts regulations are in black text, while NHS Improvement's additional reporting requirements for quality reports are in red text.

NHS England confirmed the requirements for quality accounts in 2016/17 in its letter⁴ dated 6 January 2017. This document uses the quality account requirements contained in that letter.

The quality report must contain (in the following order):

- Part 1: Statement on quality from the chief executive of the NHS foundation trust
- Part 2: Priorities for improvement and statements of assurance from the board
- Part 3: Other information and two annexes:
 - statements from NHS England or relevant clinical commissioning groups, local Healthwatch organisations, and overview and scrutiny committees
 - a statement of directors' responsibilities for the quality report.

In this document we explain the detailed requirements of each of the sections listed above.

Additional 2016/17 considerations in the NHS England letter

Alongside the requirements in this document, which are based on the quality accounts legislation, NHS England's letter of 6 January 2017 includes extra considerations for 2016/17 reporting. NHS foundation trusts are requested to incorporate the information below in their quality account and quality report for 2016/17. This is extracted from NHS England's letter:

⁴ www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Documents/2017/nhs-quality-account-reporting-arrangements.pdf

In your report on your local improvement plans, we would be grateful if you would consider including the following information:

- How you are implementing the Duty of Candour;
- (where applicable) your patient safety improvement plan as part of the Sign Up To Safety campaign;
- your most recent NHS Staff Survey results for indicators KF26 (percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months) and KF21 (percentage believing that Trust provides equal opportunities for career progression or promotion) for the Workforce Race Equality Standard*; and
- your CQC ratings grid, alongside how you plan to address any areas that require improvement or are inadequate, and by when you expect it to improve. Where no rating exists yet, please set out your own view on the five key questions used by the Care Quality Commission in their inspections of services:
 1. Are they safe?
 2. Are they effective?
 3. Are they caring?
 4. Are they responsive to people's needs?
 5. Are they well-led?

* www.england.nhs.uk/ourwork/gov/equality-hub/equality-standard/

Changes in 2016/17 requirements compared with 2015/16

Page 5 of this document includes additional considerations for the 2016/17 quality accounts contained in a letter from NHS England (see box above).

The rest of this document covers the formal requirements for quality accounts and quality reports, based on the quality accounts legislation and NHS Improvement's additional requirements for quality reports. There are no substantive changes in the content that follows compared to the 2015/16 requirements. Some minor changes have been made to reflect wider updates and these are listed below:

Area of document	Page	Change
Section 2.2	13	The list of statements required by the quality accounts regulations includes reference to coding audits performed by the Audit Commission. We have added a footnote to provide updated information on this.

Area of document	Page	Change
Part 3	18-19	Part 3 of the quality report requires foundation trusts to report performance on indicators that have formed part of the oversight reporting to NHS Improvement. Since the <i>Risk Assessment Framework</i> was replaced with the <i>Single Oversight Framework</i> during the year, trusts should include a list of indicators that appear in both documents. These are listed in part 3.
Annex 2	22-23	The statement of directors' responsibilities lists the sources where the directors must ensure the quality report is not inconsistent. This list previously included intelligent monitoring reports produced by the Care Quality Commission (CQC). These reports were intended to reflect the CQC's risk assessment but they are no longer published in this form. The bullet point has been updated to refer to the latest CQC inspection report for the trust.
Annex 2	22-23	References to 'Monitor' in the statement of directors' responsibilities have been updated.
Annex 2	23	Where a foundation trust is not reporting its performance against an indicator that otherwise would have been subject to assurance, we now require directors to make a declaration within the Statement of Directors' Responsibilities that they have a plan in place to return to reporting
Annex 2	23	We have removed the requirement for the statement of directors' responsibilities to be signed in non-black ink as this is not consistent with requirements for signatures in other parts of the annual report.

Part 1: Statement on quality from the chief executive of the NHS foundation trust

This section of the quality report should contain a statement summarising the NHS foundation trust's view of the quality of relevant health services that it provided or sub-contracted during 2016/17.

At the end of this section, there must be a declaration, signed by the chief executive, that to the best of his/her knowledge the information in the document is accurate.

Part 2: Priorities for improvement and statements of assurance from the board

2.1 Priorities for improvement

This section of the quality report should describe areas for improvement in the quality of relevant health services that the NHS foundation trust intends to provide or sub-contract in 2017/18.

The description must include:

- at least three priorities for improvement (agreed by the NHS foundation trust's board) indicating the relationship, if any, between the identification of these priorities and the reviews of data relating to quality of care referred to in the assurance statement numbered 1.1 below
- progress made since publication of the 2015/16 quality report – this should include performance in 2016/17 against each priority and, where possible, the performance in previous years⁵
- how progress to achieve these priorities will be monitored and measured
- how progress to achieve these priorities will be reported.

Please include a rationale for the selection of the priorities and whether/how the views of patients, the wider public and staff were taken into account.

When the NHS foundation trust identifies its quality improvement priorities for 2017/18, it should do so with the expectation of reporting on them in future.

⁵ The number of previous years to include is a decision for each trust.

2.2 Statements of assurance from the board

Part 2 of the quality report should also include a series of statements of assurance from the board of the NHS foundation trust on particular points (detailed in the 'Prescribed information' column below).

The exact form of each of these statements, as specified by the quality accounts regulations, is laid out below (under 'Form of statement'). In the wording, italics indicate information that must be inserted by the trust.

	Prescribed information	Form of statement
1.	The number of different types of relevant health services provided or sub-contracted by the provider during the reporting period, as determined in accordance with the categorisation of services: (a) specified under the contracts, agreements or arrangements under which those services are provided or (b) in the case of an NHS body providing services other than under a contract, agreement or arrangements, adopted by the provider.	During [<i>reporting period</i>] the [<i>name of provider</i>] provided and/or sub-contracted [<i>number</i>] relevant health services.
1.1	The number of relevant health services identified under entry 1 in relation to which the provider has reviewed all data available to it on the quality of care provided during the reporting period.	The [<i>name of provider</i>] has reviewed all the data available to them on the quality of care in [<i>number</i>] of these relevant health services.
1.2	The percentage that the income generated by the relevant health services reviewed by the provider, as identified under entry 1.1, represents of the total income for the provider for the reporting period under all contracts, agreements and arrangements held by the provider for the provision of, or sub-contracting of, relevant health services.	The income generated by the relevant health services reviewed in [<i>reporting period</i>] represents [<i>number</i>] % of the total income generated from the provision of relevant health services by the [<i>name of provider</i>] for [<i>reporting period</i>].
2.	The number of national clinical audits (a) and national confidential enquiries (b) which collected data during the reporting period and which covered the relevant health services that the provider provides or sub-contracts.	During [<i>reporting period</i>] [<i>number</i>] national clinical audits and [<i>number</i>] national confidential enquiries covered relevant health services that [<i>name of provider</i>] provides.
2.1	The number, as a percentage, of national clinical audits and national confidential enquiries, identified under entry 2, that the provider participated in during the reporting period.	During that period [<i>name of provider</i>] participated in [<i>number as a percentage</i>] national clinical audits and [<i>number as a percentage</i>] national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

	Prescribed information	Form of statement
2.2	A list of the national clinical audits and national confidential enquiries identified under entry 2 that the provider was eligible to participate in.	The national clinical audits and national confidential enquiries that [<i>name of provider</i>] was eligible to participate in during [<i>reporting period</i>] are as follows: [<i>insert list</i>].
2.3	A list of the national clinical audits and national confidential enquiries, identified under entry 2.1, that the provider participated in.	The national clinical audits and national confidential enquiries that [<i>name of provider</i>] participated in during [<i>reporting period</i>] are as follows: [<i>insert list</i>].
2.4	A list of each national clinical audit and national confidential enquiry that the provider participated in, and which data collection was completed during the reporting period, alongside the number of cases submitted to each audit, as a percentage of the number required by the terms of the audit or enquiry.	The national clinical audits and national confidential enquiries that [<i>name of provider</i>] participated in, and for which data collection was completed during [<i>reporting period</i>], are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. [<i>insert list and percentages</i>]
2.5	The number of national clinical audit reports published during the reporting period that were reviewed by the provider during the reporting period.	The reports of [<i>number</i>] national clinical audits were reviewed by the provider in [<i>reporting period</i>] and [<i>name of provider</i>] intends to take the following actions to improve the quality of healthcare provided [<i>description of actions</i>]. The reports of [<i>number</i>] local clinical audits were reviewed by the provider in [<i>reporting period</i>] and [<i>name of provider</i>] intends to take the following actions to improve the quality of healthcare provided [<i>description of actions</i>].
2.6	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.5.	
2.7	The number of local clinical audit(a) reports that were reviewed by the provider during the reporting period.	
2.8	A description of the action the provider intends to take to improve the quality of healthcare following the review of reports identified under entry 2.7.	
3.	The number of patients receiving relevant health services provided or sub-contracted by the provider during the reporting period that were recruited during that period to participate in research approved by a research ethics committee within the National Research Ethics Service.	The number of patients receiving relevant health services provided or sub-contracted by [<i>name of provider</i>] in [<i>reporting period</i>] that were recruited during that period to participate in research approved by a research ethics committee [<i>insert number</i>].

	Prescribed Information	Comment
4.	Whether or not a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals under the Commissioning for Quality and Innovation payment framework agreed between the provider and any person or body they have entered into a contract, agreement or arrangement with for the provision of relevant health services.	Either: (a) A proportion of [<i>name of provider</i>] income in [<i>reporting period</i>] was conditional on achieving quality improvement and innovation goals agreed between [<i>name of provider</i>] and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.
4.1	If a proportion of the provider's income during the reporting period was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation Payment framework, the reason for this.	Further details of the agreed goals for [<i>reporting period</i>] and for the following 12-month period are available electronically at [<i>provide a weblink</i>]. Or:
4.2	If a proportion of the provider's income during the reporting period was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation Payment framework, where further details of the agreed goals for the reporting period and the following 12-month period can be obtained.	(b) [<i>name of provider</i>] income in [<i>reporting period</i>] was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because [<i>insert reason</i>].

NHS foundation trusts **may** choose to expand further on their agreed goals and the rationale behind them (for example how they fit with local and/or regional strategies).

NHS foundation trusts **must** include a statement that includes a monetary total for income in 2016/17 conditional on achieving quality improvement and innovation goals, and a monetary total for the associated payment in 2015/16.

Table continues below.

	Prescribed information	Comment
5.	Whether or not the provider is required to register with the CQC under section 10 of the Health and Social Care Act 2008.	[<i>name of provider</i>] is required to register with the Care Quality Commission and its current registration status is [<i>insert description</i>]. [<i>name of provider</i>] has the following conditions on registration [<i>insert conditions where applicable</i>]. The Care Quality Commission (has/has not) taken enforcement action against [<i>name of provider</i>] during [<i>reporting period</i>].
5.1	If the provider is required to register with the CQC: (a) whether at end of the reporting period the provider is: (i) registered with the CQC with no conditions attached to registration, (ii) registered with the CQC with conditions attached to registration, (b) if the provider's registration with the CQC is subject to conditions what those conditions are and (c) whether the CQC has taken enforcement action against the provider during the reporting period.	
6.	Removed from the legislation by the 2011 amendments	
6.1		
7.	Whether or not the provider has taken part in any special reviews or investigations by the CQC under section 48 of the Health and Social Care Act 2008 during the reporting period.	Either: [<i>name of provider</i>] has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during [<i>reporting period</i>] [<i>insert details of special reviews and/or investigations</i>]. [<i>name of provider</i>] intends to take the following action to address the conclusions or requirements reported by the CQC [<i>insert details of action</i>]. [<i>name of provider</i>] has made the following progress by 31 March [<i>insert year</i>] in taking such action [<i>insert description of progress</i>]. Or: [<i>name of provider</i>] has not participated in any special reviews or investigations by the CQC during the reporting period.
7.1	If the provider has participated in a special review or investigation by the CQC: (a) the subject matter of any review or investigation (b) the conclusions or requirements reported by the CQC following any review or investigation (c) the action the provider intends to take to address the conclusions or requirements reported by the CQC and (d) any progress the provider has made in taking the action identified under paragraph (c) prior to the end of the reporting period.	

	Prescribed information	Comment
8.	Whether or not during the reporting period the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest version of those statistics published prior to publication of the relevant document by the provider.	Either: [name of provider] submitted records during [reporting period] to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:
8.1	If the provider submitted records to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data: (a) the percentage of records relating to admitted patient care which include the patient's: (i) valid NHS number (ii) General Medical Practice Code (b) the percentage of records relating to outpatient care which included the patient's: (i) valid NHS number (ii) General Medical Practice Code (c) the percentage of records relating to accident and emergency care which included the patient's: (i) valid NHS number (ii) General Medical Practice Code.	which included the patient's valid NHS number was: [percentage] for admitted patient care [percentage] for outpatient care and [percentage] for accident and emergency care. which included the patient's valid General Medical Practice Code was: [percentage] for admitted patient care; [percentage] for out patient care; and [percentage] for accident and emergency care. Or: [name of provider] did not submit records during [reporting period] to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.
9.	The provider's Information Governance Assessment Report overall score for the reporting period as a percentage and as a colour according to the IGT Grading scheme.	[Name of provider] Information Governance Assessment Report overall score for [reporting period] was [percentage] and was graded [insert colour from IGT Grading scheme].
10.	Whether or not the provider was subject to the Payment by Results clinical coding audit at any time during the reporting period by the Audit Commission ⁶ .	Either: [name of provider] was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission and the error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were [percentages].
10.1	If the provider was subject to the Payment by Results clinical coding audit by the Audit Commission at any time during the reporting period, the error	

⁶ **NHS Improvement comment:** References to the Audit Commission are now out of date because it has closed.. From 2014 responsibility for coding and costing assurance transferred to Monitor and then NHS Improvement. From 2016/17 this programme has applied a new methodology and there is no longer a standalone 'costing audit' with errors rates as envisaged by this line in the regulations. It is therefore likely that providers will be stating that they were not subject to "the Payment by Results clinical coding audit" referred to in row 10 above during 2016/17.

	Prescribed information	Comment
	rates, as percentages, for clinical diagnosis coding and clinical treatment coding reported by the Audit Commission in any audit published in relation to the provider for the reporting period prior to publication of the relevant document by the provider.	Or: [<i>name of provider</i>] was not subject to the Payment by Results clinical coding audit during [<i>reporting period</i>] by the Audit Commission.
11.	The action taken by the provider to improve data quality.	[<i>name of provider</i>] will be taking the following actions to improve data quality [<i>insert actions</i>].

[If a disclosure is made under row 10] NHS foundation trusts should include an explanatory note for clinical coding stating:

- that the results should not be extrapolated further than the actual sample audited and
- which services were reviewed in the sample.

2.3 Reporting against core indicators

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the trust by NHS Digital.

For each indicator the number, percentage, value, score or rate (as applicable) for at least the last two reporting periods should be presented in a table. In addition, where the required data is made available by NHS Digital, the numbers, percentages, values, scores or rates of each of the NHS foundation trust's indicators should be compared with:

- the national average for the same and
- NHS trusts and NHS foundation trusts with the highest and lowest for the same.

This information should be presented in a table or graph (as seems most appropriate).

For each indicator, the NHS foundation trust must also make an assurance statement in the following form (words in *italics* indicate information which must be inserted by the trust):

The *[name of trust]* considers that this data is as described for the following reasons *[insert reasons]*.

The *[name of trust]* *[intends to take/has taken]* the following actions to improve this *[indicator/percentage/score/data/rate/number]*, and so the quality of its services, by *[insert description of actions]*.

The core indicators are listed in the table below. The numbering scheme used in the table corresponds with the numbering of the indicators in the Regulation 4 Schedule within the quality accounts regulations.

Some of the indicators will not be relevant to all NHS foundation trusts, for instance, ambulance response times. NHS foundation trusts are only required to report on indicators that are relevant to the services that they provide or sub-contract in the reporting period.

	Prescribed information	Type of trust	Comment
12.	(a) The value and banding of the summary hospital-level mortality indicator ('SHMI') for the trust for the reporting period; and (b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.	Trusts providing relevant acute services	In the table showing performance against this indicator, both the SHMI value and banding should be shown for each reporting period.
13.	The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period	Trusts providing relevant mental health services	
14.	The percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.	Ambulance trusts	In the table showing performance against this indicator, Red 1 and Red 2 calls should be separate.
14.1	The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.	Ambulance trusts	

	Prescribed information	Type of trust	Comment
15.	The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.	Ambulance trusts	
16.	The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	Ambulance trusts	
17.	The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	Trusts providing relevant mental health services	
18.	The trust's patient reported outcome measures scores for: (i) groin hernia surgery (ii) varicose vein surgery (iii) hip replacement surgery and (iv) knee replacement surgery during the reporting period.	Trusts providing relevant acute services	
19.	The percentage of patients aged: (i) 0 to 14 and (ii) 15 or over readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	All trusts	It has been acknowledged that an error was made in the drafting of the regulations and that the split of patients for this indicator should be (i) 0 to 15; and (ii) 16 or over The regulations do refer to 28-day readmissions rather than 30.
20.	The trust's responsiveness to the personal needs of its patients during the reporting period.	Trusts providing relevant acute services	
21.	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	Trusts providing relevant acute services	
22.	The trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	Trusts providing relevant mental health services	

	Prescribed information	Type of trust	Comment
23.	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	Trusts providing relevant acute services	
24.	The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	Trusts providing relevant acute services	
25.	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	All trusts	

Further details on these indicators can be found in the 'data dictionary' for the quality accounts (see the [quality accounts](#) area of the NHS Choices website) and NHS Digital [Indicator Portal](#).

Since 2013/14, NHS England has asked all NHS providers to consider reporting on the patient element of the friends and family test in the quality accounts (as part of its letter referred to on page 4 of this document). As this is not a statutory requirement, the patient element of the friends and family test has not been included in the table of indicators above.

Part 3: Other information

The quality accounts regulations specify that Part 3 of the quality accounts should be used to present other information relevant to the quality of relevant health services provided or sub-contracted by the provider during the reporting period.

NHS foundation trusts must specifically use Part 3 of the quality report to present the following:

1. An overview of the quality of care offered by the NHS foundation trust based on performance in 2016/17 against indicators selected by the board in consultation with stakeholders, with an explanation of the underlying reason(s) for selection. The indicator set selected must include:
 - at least three indicators for patient safety
 - at least three indicators for clinical effectiveness and
 - at least three indicators for patient experience.

For those indicators selected by the NHS foundation trust, the report should refer to historical data and benchmarked data where available, so readers can understand progress over time and performance compared to other providers.

References should be given for the data sources for the indicators, including whether the data is governed by standard national definitions. Where these indicators have changed from the indicators used in the 2015/16 report, the NHS foundation trust should outline the rationale for why these indicators have changed.

Where the quality indicators are the same as those used in the 2015/16 report and refer to historical data, the data reported should be checked to ensure consistency with the 2015/16 report. Where inconsistencies exist, NHS foundation trusts are required to include an explanatory note on any changes in the basis of calculation.

2. Performance against the relevant indicators and performance thresholds set out in the oversight documents issued by NHS Improvement. For 2016/17 these are:
 - i. The *Risk Assessment Framework* for 1 April – 30 September. The applicable indicators are listed in appendix A.
 - ii. The *Single Oversight Framework* for 1 October – 31 March. The applicable indicators are listed in Appendix 2 and Appendix 3.

This part of the quality report needs only include performance against the indicators which are being reported as part of NHS Improvement's oversight for the whole year; ie indicators that appear in **both** the lists above (and not just one). These are listed below.

Where any of these indicators have already been reported on in Part 2 of the quality report, in accordance with the quality accounts regulations, they do not need to be repeated here.

Where relevant, performance should be reported for the whole year. For example, performance against the referral to treatment targets should be reported as the arithmetic average for the year of the monthly reported performance during the year.

Indicators

These indicators, based on Appendix A of the *Risk Assessment Framework* also appear in the *Single Oversight Framework*:

Indicator for disclosure (limited to those that were included in both RAF and SOF for 2016/17)	Applicable trusts
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	Trusts providing relevant acute services
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	Trusts providing relevant acute services
All cancers: 62-day wait for first treatment from: <ul style="list-style-type: none"> • urgent GP referral for suspected cancer • NHS Cancer Screening Service referral 	Trusts providing relevant acute services
Care programme approach (CPA) patients, comprising: <ul style="list-style-type: none"> • receiving follow-up contact within seven days of discharge • having formal review within 12 months 	Trusts providing relevant mental health services
Admissions to inpatient services had access to crisis resolution/home treatment teams	Trusts providing relevant mental health services
Meeting commitment to serve new psychosis cases by early intervention teams	Trusts providing relevant mental health services
Category A call – emergency response within eight minutes, comprising: <ul style="list-style-type: none"> • Red 1 calls • Red 2 calls 	Ambulance trusts
Category A calls – ambulance vehicle arrives within 19 minutes	Ambulance trusts
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral [Added to RAF from Q4 2015/16]	Trusts providing relevant mental health services
Improving access to psychological therapies (IAPT): <ul style="list-style-type: none"> • people with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral • people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral [Added to RAF from Q4 2015/16]	Trusts providing relevant mental health services

Indicator for disclosure (limited to those that were included in both RAF and SOF for 2016/17)	Applicable trusts
C. difficile – meeting the C. difficile objective	Trusts providing relevant acute services

The indicator ‘minimising delayed transfers of care’ for mental health trusts is not included in the *Single Oversight Framework* and so is excluded from the table. However trusts should still include it in the quality report if the indicator is selected for quality report assurance.

Annex 1: Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

Where 50% or more of the relevant health services that the NHS foundation trust directly provides or sub-contracts during the reporting period are provided under contracts, agreements or arrangements with NHS England, the trust must provide a draft copy of its quality accounts/report⁷ to NHS England for comment before publication and should include any comments made in its published report.

Where the above does not apply, the trust must provide a copy of the draft quality accounts/report to the clinical commissioning group which has responsibility for the largest number of people to whom the trust has provided relevant health services during the reporting period for comment prior to publication and should include any comments made in its published report.

NHS foundation trusts must also send draft copies of their quality accounts/report to their local Healthwatch organisation and overview and scrutiny committee (OSC) for comment before publication, and should include any comments made in their final published report.

The commissioners have a legal obligation to review and comment, while local Healthwatch organisations and OSCs will be offered the opportunity to comment on a voluntary basis.

⁷ The quality accounts and quality report are interchangeable as far as this requirement is concerned, given that the quality report incorporates all the requirements of the quality accounts.

Annex 2: Statement of directors' responsibilities for the quality report

The quality report must include a statement of directors' responsibilities, in the following form of words:

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2016 to [the date of this statement]
 - papers relating to quality reported to the board over the period April 2016 to [the date of this statement]
 - feedback from commissioners dated XX/XX/20XX
 - feedback from governors dated XX/XX/20XX
 - feedback from local Healthwatch organisations dated XX/XX/20XX
 - feedback from Overview and Scrutiny Committee dated XX/XX/20XX
 - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/XX/20XX
 - the [latest] national patient survey XX/XX/20XX
 - the [latest] national staff survey XX/XX/20XX
 - the Head of Internal Audit's annual opinion of the trust's control environment dated XX/XX/20XX

- CQC inspection report dated XX/XX/20XX
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- **[this point is only required where the foundation trust is not reporting performance against an indicator that otherwise would have been subject to assurance]** as the trust is currently not reporting performance against the indicator [xxx] due to [xxx], the directors have a plan in place to remedy this and return to full reporting by [xxx]
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

.....Date.....Chairman

.....Date.....Chief Executive



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PROPOSED VOLUNTARY INDICATORS FOR 2017/18

Voluntary indicators 2016/17	Proposed voluntary indicators 2017/18
<p><u>Improving Patient Safety:</u> Medication Errors: To improve the care of patient who require Insulin and therefore reduce the number of errors in this area.</p> <p>Patient Deterioration: To improve the care of the deteriorating patient through focus on the implementation of the sepsis care bundle, work which commenced in 15/16, Measured through audit of practice and incident monitoring.</p> <p>Staff Learning through Incident Feedback: re-launch the staff forum with proactive involvement of clinical leaders/ staff in supporting the education/ training of others. Measured through monitoring of staff attendance/ staff awareness of key themes,</p> <p>Implement Learning from Never Events outside of Theatres: Use of Human factors training focussed intervention in Maternity/ non theatre areas. Measured through reduction in never events/ audit of practice.</p>	<p>No surgery never events (as set out in the NHS Framework).</p> <p>No avoidable cardiac arrests.</p> <p>End of Life Care – fully documented discussion with patient and relatives on end of life pathway.</p> <p>Staff learning through incident feedback.</p> <p>Patient falls: Aim to reduce the total number of falls, to identify themes and implement appropriate actions. Across Community and Hospital.</p> <p>Building from learning from mortality reviews into the wider quality culture.</p> <p>Patient Deterioration: To improve the care of the deteriorating patient through focus on the implementation of the sepsis care bundle, work which commenced in 15/16, Measured through audit of practice and incident monitoring.</p>
<p><u>Improving patient experience:</u> To maintain our commitment to improve End of Life Care: To focus on the imbedding of the Trust EOLC care plan to ensure that it drives improved practice. Measured through audit of compliance and review of Patient feedback regarding care.</p> <p>To strengthen our learning from Complaints: To support Divisions in improvement work in specific areas, each Division to have 3 key areas of improvement by year end that it can report on.</p> <p>Dementia and Delirium Team: To support the continued roll out of work of the team in supporting patients. Measured through audit of practice and patient feedback</p>	<p>To continue to strengthen our learning from Complaints and ensure compliance with response rates.</p>
<p><u>Improving patient outcomes:</u> Clinical Records: To continue the same indicator for a second year in support of the completion of the roll out and to ensure that Quality improvement through monitoring of data/ auditing of practice in real time.</p> <p>Mortality: To complete the preparatory work in relation to avoidable mortality. Measured through overall mortality profile.</p>	

Meeting Title:	Council of Governors Meeting		
Date:	16 February 201	Agenda No	9
Report Title:	Overview of Membership 2016-17 and Next Steps for 2018-19		
Lead Director/ Manager:	Fiona Barr, Interim Company Secretary and Head of Corporate Governance		
Report Author:	Richard Coxon, Membership & Engagement Manager		
Freedom of Information Act (FOIA) Status:	Unrestricted Restricted (select using highlight)		
Presented for:	Approval Decision Ratification Assurance Discussion Update Steer Review Other (specify) (select using highlight)		
Executive Summary:	This paper describes how the Membership numbers for the Trust have been maintained over the last year including engaging with the membership. This has included monthly Health Talks, Meet your Governor and membership recruitment stand in reception and the Annual Members Meeting.		
Recommendation:	It is recommended that the Council of Governors: 1. notes the content of the paper, 2. Approves suggestions set out in report		
Supports			
Trust Strategic Objective:	All four trust strategic objectives		
CQC Theme:	Addresses all five key themes: Safe, effective, caring, responsive and well-led		
Single Oversight Framework Theme:	Addresses all five key themes: quality of care, finance and use of resources, operational performance, strategic change, leadership and improvement capability		
Implications			
Previously Considered by:	N/A	Date	
Equality Impact Assessment:	Not undertaken at this stage		

Membership Update

Council of Governors, 16 February 2017

1.0 PURPOSE

- 1.1 The purpose of this paper is to provide an overview of membership numbers and activities in 2016-17 and propose next steps for 2017-18

2.0 BACKGROUND

- 2.1 Every year the Trust has to submit a report to NHS Improvement on its membership (by 31.03.17). The Trust's Annual Plan also includes a section on membership numbers and activity.

3.0 MEMBERSHIP NUMBERS

- 3.1 As of the 08.02.17 St George's had 21,114 members which include 12,116 public members and 8,998 staff members. At the 01.04.16 we had 21,260 members (12,293 public and 8,967 staff) an overall decrease of 146. Our aim is to maintain our public membership at around 12,000 members. We know that our staff numbers will decrease over the next year due to the target of a 10% reduction and we will convert those staff members who leave who also live locally to public members.
- 3.2 All NHS Foundation Trusts are now concentrating on maintaining their membership numbers rather than increasing year on year. This is mainly due to the high cost of posting details to members without email addresses and the best method of recruiting new members is face to face which is time intensive.

4.0 MEMBERSHIP ACTIVITIES

Meet your Governor/Membership Recruitment

- 4.1 We have held monthly 'Meet your Governor/Membership Recruitment' stand in the Grosvenor Wing reception area at St George's which gives Governors an opportunity to meet members, patients, staff and visitors passing through a busy area of the hospital. These have worked successfully and there are several Governors are in attendance at the same time they can spread out and move to outpatient waiting areas to speak to patients and recruit potential new members.
- 4.2 There is potential to expand this to other sites such as Queen Mary's and St John's Therapy Centre, though they do not have the same number of people passing through them.

Members Monthly E-bulletin

- 4.3 All public members with email addresses receive monthly E-bulletin highlighting changes at the Trust, updates on the Members Health Talks and any other relevant information.
- 4.4 The Communications Team will be producing a new quarterly magazine for staff, patients, and public in May/June 2017. This will be available as a PDF on the website and there will also be printed copies available at different Trust sites including the Membership Office. Due to the high cost of postage, the Trust is unable to post out information on a regular basis to members without email addresses.

Members Health Talks

- 4.5 We have held 12 health talks on a wide range of topics since April 2016. These are a proven way of engaging with members, both public and staff. We are planning on continuing to hold these talks which depend on the availability of the speakers. We are proposing to hold talks on Palliative Care and Diabetes in the coming months.

Date	Health Talk topic	Speaker	Attendees
27/4/16	Sickle Cell & Thalassaemia	Dr Elizabeth Rhodes	13
11/5/16	Prostate Cancer	Mr Chris Anderson, Consultant Urological Surgeon	17
13/6/16	Breast Cancer	Clare Bailey, Clinical Nurse Specialist	13
9/9/16	Organ Donation	Caroline Davison, Consultant	32
15/9/16	Sepsis Awareness	Sepsis Task Force	46
18/10/16	Bowel Cancer	Bethan Williams & Karen Gray, Lead Specialist Screening Practitioners	12
16/11/16	Chaplaincy – spiritual aspects of healthcare	The Revd Claire Carson, Head of Chaplaincy – Spiritual Care	25
28/11/16	Multiple Sclerosis	Maria Vega-Sota, MS Nurse Specialist	35
19/1/17	Dementia	Dr Jeremy Isaacs, Consultant Neurologist and Dementia Clinical Lead	60
15/2/17	Alcohol Health & Harm	Beverley Harniman, Alcohol Awareness Team Leader	30

Annual Members Meeting

- 4.6 The Annual Members Meeting (AMM) was held on the 12.10.16 and 80 people attended. We are currently confirming the date of the next AMM. The AMM has formal business it has to report but is an important opportunity for the members to be able to directly ask questions of the Board and Governors.

Membership Database

- 4.7 The Trusts membership database is managed by Membership Engagement Services (MES) which holds both our public and staff membership details. MES are now the largest and sole provider for all inclusive membership databases for NHS trusts that provide relevant reporting, emailing facilities through the database and helpdesk support. MES have been our database supplier since 2010 and we have renewed and extended our contract several times.
- 4.8 After discussions with our Procurement Team and lack of other suitable suppliers to get comparable quotes, we are renewing our contract with MES for a further three years starting on the 01.04.17 at a cost of £7,450 (plus VAT) per annum.

5.0 NEXT STEPS FOR 2017-18

- 5.1 For 2017-18, the following is proposed for the Trust's membership numbers and activities:

- i. Given the Trust's financial position and the general trend amongst Foundation Trusts to concentrate more on the *quality* than the *quantity* of membership, it is proposed that the Trust continues to stabilise membership numbers at current levels.
- ii. A programme of membership events is developed which builds on last year's programme but includes events on topics of greatest interest, such as those which attracted the largest number of attendees – eg Dementia – or those which have been suggested in feedback, eg Diabetes; Tinnitus; Glaucoma; Stroke; Palliative Care.
- iii. We will explore with Governors how we can better capture the work they are doing with members on a local level so that we can include this in our returns to NHS Improvement.
- iv. We also propose that we discuss with Governors any ideas that they have about membership activities, or topics for membership talks, at the meeting on 16.02.17.

6.0 RECOMMENDATION

- 6.1 The Council of Governors is asked to consider receive the report on membership numbers and activities for 2016-17 and put forward any suggestions for membership activity or development in 2017-18 at the meeting on 16.02.17.

Author: Richard Coxon, Membership & Engagement Manager
Date: 08.02.17