

Council of Governors Meeting
Thursday 7 December 2017, 5:30 – 7:30pm
Education Centre
A G E N D A

No	Item	Lead	Page
1.	Chairman’s welcome	<i>Tim Melville-Ross</i>	-
2.	Apologies for Absence	<i>Tim Melville-Ross</i>	-
3.	Declarations of Interest	<i>Tim Melville-Ross</i>	-
4.	Minutes of the Council of Governors meeting	<i>Tim Melville-Ross</i>	3
5.	Minutes of the Annual Members’ Meeting	<i>Tim Melville-Ross</i>	9
6.	Chief Executive’s Report	<i>Tracey Fletcher</i>	16
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8.	Mary Seacole Nursing Home – the Journey to ‘Good’ (presentation)	<i>Roy Tecson</i>	-
9.	External Auditors (KPMG) (presentation)	<i>Joanne Lees</i>	-
10.	Audit Committee Report	<i>Martin Smith</i>	24
11.	Council of Governors Elections Update	<i>Tim Melville-Ross</i>	30
12.	Member Engagement & Communications Committee (MECC) Report - verbal update	<i>John Bootes</i>	-
13.	Open Forum	<i>Tim Melville-Ross</i>	-
14.	Questions from Members of the Public	<i>Tim Melville-Ross</i>	-

Date of next meeting:

Council: of Governors - Thursday 16 February 2018

(Joint meeting with the Board of Directors)

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COUNCIL of GOVERNORS MEETING

Meeting date: 7 December 2017

Agenda Item: 4

Title: Previous Council of Governors Meeting Minutes

Summary This document records the items discussed at the Council of Governors meeting held on 28 September 2017.

The Council of Governors is asked to approve the minutes as a correct record.

Prepared by: Tyrieana Long
Company Secretary and Head of Corporate Governance

Presented by: Tim Melville-Ross, Chairman

Meeting of the Council of Governors
Thursday 28th September 2017

Present:	Tim Melville-Ross CBE John Bootes Ayse Ahmet Paul Ashton Julia Bennett Eric Cato Ben Hayhurst Suzanne Levy Stuart Maxwell Ruth Martin Chris Mullett Alun Myers Lisa Reynolds Dr Mark Rickets Saleem Siddiqui Mary Rose Thomson Hilda Walsh	Chairman Lead Governor Public Governor Public Governor Public Governor Public Governor Appointed Governor Staff Governor Public Governor Public Governor Staff Governor Staff Governor Public Governor Appointed Governor Public Governor Public Governor Staff Governor
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In Attendance:	Tracey Fletcher Sheila Adam Dr.Martin Kuper Vanni Treves Daniel Waldron Sallie Rumbold Kathy Adams Mohammed Hossenbaccus Sarah Webb Nick Atkinson Dermot McCarthy	Chief Executive Chief Nurse & Director of Governance Medical Director Non-Executive Director Director of Organisation Transformation Divisional Operations Director Children's Services, Diagnostics & Outpatients Division (CSDO) • OPD Transformation Change Lead • Outpatients Charge Nurse • Head of Nursing CSDO and Deputy Chief Nurse for Governance • Partner RSM (Internal Audit) Interim Company Secretary and Head of Corporate Governance.
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• = For item 5 'Outpatients Presentation'

1.0 Welcome and Introduction

The Chairman opened the meeting and welcomed all present in particular two newly elected public Governors; Eric Cato (Hackney) and Mary Rose Thomson (Outer Area).

2.0 Apologies for absence

There were apologies received from Helen Cugnoni, (Clinical Staff Governor).

3.0 Declaration of interests regarding items on the agenda

There were no declarations of interests.

4.0 Minutes of the previous meeting and matters arising

The minutes of the Joint meeting of the Council of Governors and the Board of Directors held on 20 July 2017 were agreed as a correct record. With regard to a matter arising, Tim Melville-Ross commented on ongoing liaison with NHS Improvement (NHSI) to increase the diversity of Non-Executive appointments; to date this had not yielded an eligible candidate.

5.0 Outpatients – Presentation

The Chairman welcomed Sallie Rumbold and her team who gave a presentation on the work of the Outpatients Team. In addition to the hospital service there were 4 community outpatient sites, altogether seeing over 600 patients daily. The team was very active in seeking to make improvements both through the effective use of technology and by responding positively to suggestions from patients.

The NHS e-Referral Service enabled patients to book appointments on-line with a choice of available appointments. The Trust patient administration system was being updated to making booking follow-up appointments quicker, and kiosks put in place to reduce queues at reception. An image archive contained links to enable clinicians to access the records they need e.g. ultrasounds, cardiology tests. Doctors were using voice recognition software, enabling letters to patients to be issued more quickly. Ways of obtaining patient feedback included holding a coffee morning which had enabled good discussion about practical steps to improve, leading to new signage on consulting room doors to support privacy and dignity. Other improvements included; introducing, a physio clinic for patients attending the fracture clinic, and a new queue layout to reduce waiting.

Governors then asked questions. It was noted that, as raised at the Annual Members' Meeting, there was a focus on improving the patient transport system; this was being taken forward by the Director of Estates and Facilities. It was agreed that vulnerable patients may not be in a position to book hospital appointments electronically. Patients were supported in this by their GP who could access the system on their behalf and who received regular reports that showed the progress of all of their bookings. Where Trust outpatients were to receive bad news, privacy was recognised as a key issue and counselling rooms were available to staff.

The Chairman thanked Sallie Rumbold and her team for their presentation and their excellent work on behalf of patients.

The Council of Governors received the presentation.

6.0 Transformation Projects - Presentation

Daniel Waldron gave an update on a number of transformation schemes and their benefit to patients. The community productivity and estate work enabled staff to access patient records in 'real time' through the use of mobile technology. This supported better care planning and meant that fewer offices were needed, saving money. The medical productivity project work enabled patient review meetings to take place on all wards each morning, and planned discharges to take place at the weekend. The surgical productivity project lead to an increasing the length of afternoon theatre sessions enabling more operations to take place, and the development of enhanced recovery helped people to recover more quickly after surgery.

Governors then asked questions. The increasing use of technology by the Trust was supported by cyber security and levels of resilience to ensure continuity of service. With regard to the London Ambulance Service it was understood that that organisation was planning to introduce a new system to improve the advice service to their callers.

The Council of Governors received the presentation.

7.0 Internal Audit - Presentation

Nick Atkinson gave a presentation on the work of RSM, a leading provider of audit, tax and consulting services, focusing on its role as the Trust's internal auditor, providing opinions on the systems for managing risks to the achievement of the Trust's key objectives. This included contributing to the Annual Governance Statement (AGS) and producing the Head of Internal Audit's Opinion, 2 key elements of the Annual Report and Accounts. As internal auditors RSM agreed an annual audit plan with the senior management team across areas including; patient safety/quality, patient experience, risk and governance and finance and reported on the outcome of work to the Audit Committee. Looking back the Head of Internal Audit opinion for 2016/17 concluded that the Trust had an adequate and effective framework for risk management, governance and internal control. RSM had identified areas where internal control should be strengthened including; temporary staffing and procurement and associated action plans were in place and were overseen by the Audit Committee. The Audit Plan for 2017/18 was in place and included; safeguarding adults, data quality, ward rounds and the cost improvement programme.

Governors then asked questions. Where audit concerned compliance with policy e.g. training, a range of methods were used to provide triangulation for example; checking records across locations, reviewing reports and records and speaking to staff.

The Council of Governors received the presentation.

8.0 Chief Executive's Report

Tracey Fletcher was pleased to advise Governors of the outcome of the recent Care Quality Commission (CQC) inspection of the Mary Seacole Nursing Home. The Home had been rated 'Good' overall with each of the five domains also rated 'Good'¹. This was

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<http://www.cqc.org.uk/search/site/Mary%20Seacole%20Nursing%20Home?location=&latitude=&longitude=&sort=default&la=&distance=15&mode=html>

a significant improvement on the previous rating and reflected the considerable work of the team.

The local Sustainability and Transformation Partnership (STP) had been re-named as the East London Health and Care Partnership (ELHCP). There had been a limited amount of activity over the summer period; future priorities included workforce and staff development.

The Trust had responded to a recent formal consultation concerning the future of the NHS payments system. In answer to a question from Ben Hayhurst, Jonathan Wilson advised that he expected no immediate change to the NHS payments system, adding that smooth migration to a new system would be a key challenge for providers.

The Trust had been successful in securing £900k capital funding for improvements to A&E focusing on enabling patient streaming and flow.

Action: Update re the A&E Improvements to be brought to the next meeting of the Council of Governors (TF, Dec 2017).

The patient survey for Cancer Care had been published (July 2017) and follow-up actions were in place for those areas where the Trust had scored below the expected range.

Action: Update re the patient survey for Cancer Care to be brought to the next meeting of the Council of Governors (SA, Dec 2017).

Saleem Siddiqui requested that the Trust consider sending a representative to future City and Hackney CCG Annual General Meetings in order to answer questions that may arise regarding Trust services.

In answer to a question from John Bootes regarding the ELCHP, the key importance of formal roles of Council of Governors in the governance Foundation Trusts was noted.

In answer to a question from John Bootes regarding future capital investment, it was noted that the Board had just held (27 September 2017) a seminar session on its Estates Strategy which would lead to a prioritised programme across the Trust's services.

In answer to a question from Ben Hayhurst it was noted that the issue of Pathology would not be resolved in immediate future, and that issues including NHS Improvement (NHSI) requirements, procurement and the legal framework remained to be clarified.

The Council of Governors received the report.

9.0 Audit Committee Report

The report updated governors on a range of matters discussed by the Audit Committee at its meeting held on 22 September 2017 including:

- Internal Audit: receipt of an assessment of 'reasonable assurance' for a report re Safeguarding Adults and good progress made re actions outstanding from other audits.
- External Audit: audit of the Homerton Hope Charity for 2016/17 was complete with no significant issues identified.

- Counterfraud: 4 cases ongoing.
- Further reports received by the Committee covered areas including the national requirements for charging overseas visitors, and improvements made in recovering aged debt owed to the Trust.

The Council of Governors received the report.

10.0 Open Forum

In answer to a question from Chris Mullett regarding the recent Staff Governor Elections, Tim Melville-Ross noted that the process for classifying staff roles as 'Clinical' and 'Non-Clinical' would need to be reviewed in advance of the next round of staff elections.

Action: Review process for classifying staff roles as Clinical and 'Non- Clinical' (DM/TY, Mar 2018).

In answer to a question from Ayse Ahmet, Tim Melville-Ross agreed that the timescale for future elections would be reviewed as, for example, a longer election timetable may facilitate participation by members who take a long summer holiday. It may also be possible to send messages to members to remind them to vote, thereby potentially increasing participation.

Actions: Review feasibility/cost/benefit of reminders to vote being sent to members and review scope in the formal election rules to extend election timetables (DM/TY, Mar 2018).

In answer to a question from Ayse Ahmed, Sheila Adam reported on the range of opportunities for patient feedback including via I-pad and via the Patient Advice and Liaison Service (PALS), with support from volunteers as appropriate.

11.0 Nominations Committee Report (Governors Only)

Tim-Melville Ross presented this report of the Council of Governors' Nominations Committee held on 04 September 2017. The Nominations Committee had considered a report regarding the re-appointment of Sir John Gieve following the completion of his second 3-year term of office as a Non-Executive Director. Tim Melville-Ross summarised the key considerations of the Committee including Sir John's outstanding commitment to the Trust and his exceptional ability, with particular reference to financial matters. The Committee's recommendation to the Council was unanimous.

The Council of Governors unanimously re-appointed Sir John Gieve as a Non-Executive Director of the Trust for a further 12 months (until 31 October 2018).

The meeting closed.

COUNCIL OF GOVERNORS MEETING

Meeting date: 7 December 2017

Agenda Item: 5

Paper: 2

Title: Minutes of the Annual Members Meeting

Summary This document records the items discussed at the Annual Members Meeting held on 21 September 2017.

The Council of Governors is asked to approve the minutes as a correct record.

Prepared by: Tyrieana Long
Company Secretary and Head of Corporate Governance

Presented by: Tim Melville-Ross, Chairman

Annual Members Meeting

Draft Minutes of the Meeting held on Thursday 21st September 2017, 5.30pm.

Education Centre, Homerton University Hospital NHS Foundation Trust

Present:

Tim Melville-Ross	Chairman
Tracey Fletcher	Chief Executive
John Bootes	Lead Governor
Sheila Adam	Chief Nurse and Director of Governance
Martin Kuper	Medical Director
Jonathan Wilson	Finance Director
Daniel Waldron	Director Organisational Transformation
Eric Cato	Public Governor
Stuart Maxwell	Public Governor
Hilda Walsh	Staff Governor
Martin Smith	Non-Executive Director
Susan Osborne	Non-Executive Director
Vanni Treves	Non-Executive Director
Martin Smith	Non-Executive Director
Polly Weitzman	Non-Executive Director

The meeting was also attended by approximately 26 governors, public and staff members, and members of the public.

1. Chairman's Welcome and Introduction

The Chairman, Tim Melville-Ross, welcomed the attendees to the Annual Members Meeting and introduced the Executive Team.

2. Guest Lecture – Trust Locomotor and Orthopaedics Services

Hilda Walsh, Head of Locomotor Service gave the first part of the Guest Lecture, introducing the Locomotor Service, a combined physiotherapy and pain service with c.16,000 referrals per year across 3 community sites and GP surgeries. The multi-disciplinary team benefited from the contribution of 'extended scope physiotherapists' who were able to provide an enhanced service, for example diagnostic ultrasound. The presentation included a video which featured contributions from staff and from patients who affirmed the value of the service. The service received very positive patient feedback, with a 97% recommendation rate, and had won national awards. Hilda Walsh described the challenges in maintaining the service and on future developments including; patient focus groups and community-based hip and knee clinics.

Mr Deepu Sethi, Consultant, Orthopaedic Surgeon, gave the second part of the lecture, regarding the Trust's Orthopaedic Services, noting the benefits of each Orthopaedic Surgeons being an expert lead in a sub-specialty.

The scope of the service included:

- Outpatient clinics
- A Community Hip/Knee Osteoarthritis clinic
- Fracture clinics
- Trauma list – 6 days a week.

Waiting times for the service were low, and a choice of locations was offered, as well as links to other services such as a Sports Clinic at Stratford.

A dedicated ward offered benefits such as a reduced risk of infection and, potentially, a shorter length of stay. Future initiatives included a virtual fracture clinic (from October 2017) which it was expected would reduce the need for patient attendance.

Those present were given the opportunity to ask any questions, including:

Q. Does the Orthopaedic Team carry out spinal operation?

A. These are carried out at regional specialist centres.

Q. Does the Trust have a 'Joint School' for patients prior to orthopaedic operations?

A. Yes this is in place and is valued by patients as it provides important information about pre-operation preparation, the procedure, and outcomes.

Q. How does the team work with GPs?

A. The team gives presentations to, and visits GPs to ensure that they have up to date information about the scope of the service, and how best to support patients.

Q. For hydrotherapy is it better to use a local swimming baths where there is a journey to a specialist facility?

A. Hydrotherapy is best delivered in a specialist facility where the pool temperature and access are appropriate, for example at the London Aquatic Centre in Stratford. Whilst transport is an issue the Trust strives to minimise the waits experienced by our patients.

The Chairman thanked Hilda Walsh and Mr Deepu Sethi for their presentations.

3. Review of the Year 2016/17

Tracey Fletcher, Chief Executive, presented an overview of the Trust, a review of achievements during the past year, and a look forward into 2017/18. The context for the Trust included:

- Providing secondary and community care, education and training
- 440 beds on the hospital site plus a 50 bed nursing home and many community facilities
- c.3,800 staff
- Income of £307m (2016/17).

The Care Quality Commission, the regulator for all health and social care services in England, had carried out inspections of Community Services during the year and the Mary Seacole Nursing Home both during the year and following year end. The results of the inspection of Community Services was an overall rating of 'Good' with ratings of 'Good' for each of the constituent domains; (Safe, Effective, Caring, Responsive, Well-led). The result of the inspection of the Mary Seacole Nursing Home in April 2016 was 'requires improvement' however Tracey Fletcher was very pleased to advise that the June 2017 inspection resulted in a significantly improved CQC rating; 'Good' overall with 'Good' for each of the domains.

The Trust had performed well with regard to the national targets for waiting for services; A&E (target 95%), Referral to Treatment (target 92%) and Cancer (target 85%). The Trust had also performed well with regard to access to services including Health Visiting and Community Services generally.

Feedback from patients included the national NHS inpatient survey. The response rate was comparatively low at 25%, however based on a comparison to other trusts, there had been a small overall improvement. In 2016, the Trust did make a statistically significant improvement in one question (Trust and Confidence in Doctors). There were no sections where the Trust was significantly worse compared to other trusts.

Feedback from staff included the national NHS staff survey, which showed an improved response rate and very good results. The Trust had 64% of questions ranked in the top 20% for a positive response. The Trust was ranked in the top 10% for; satisfaction with quality of care staff feel able to deliver, staff agreeing that their role makes a difference and good communication between management and staff. Areas for improvement included; equal opportunities and career progression, and % of appraisals completed.

With regard to investment, the Trust had taken forward some key technology projects in 2016/17, including significantly developing the IT systems that support acute and community care.

Looking to the future, priorities included:

- Continuing to improve the quality of services to patients and ensuring that this is reflected in the expected inspection of acute services by the Care Quality Commission (CQC)
- Ensuring effective financial stewardship, in the context of population growth
- Working with partners in Hackney to develop community services
- Building on partnerships in North East London to improve pathways
- The continued effective use of technology
- Developing a solution for Pathology Services.

4. Annual Accounts 2016/17

Jonathan Wilson, Director of Finance gave a presentation regarding the Annual Accounts for 2016/17. The national context included an increasing NHS deficit and challenging national and local savings targets. Turnover increased by £24 million to £308 million in 2016/17, primarily due to funded activity levels running above plan. The Trust successfully delivered savings of £7.3 million in-year (against a target of £10 million). The Trust's reported financial position was a deficit of £2.5 million, however after excluding the impact of asset impairments the underlying position was a surplus of

£3.1million. Asset impairments in-year related to the annual valuation of the Trust's land and buildings, which saw an £5.6 million decrease in value, and a further impairment charge of £2.2 million in relation to the Pathology development. The Trust closed the year with a cash position of £20 million, an increase of £11.4 million compared to 2015/16. Capital expenditure for 2016/17 totalled £4.3 million, focussed on replacing medical equipment, including a new CT scanner. Looking forward, the new financial year (2017/18) was extremely challenging with a Trust savings target of £13.1 million, which was on plan for the financial year 2017/18 to date.

Q. How can NHS trusts deliver both financial savings and a high quality of care?

A. Jonathan Wilson commented on the national drive for the NHS to remove unwanted variation and improve patient pathways in order to make savings. Savings could also be made from other measures including, for example, better estate utilisation. Tim Melville-Ross added that the question summarised a key challenge for NHS boards i.e. ensuring that the Trust remains cost effective, whilst maintaining a high quality of care for our patients.

Q. Has the Trust considered utilising its charitable activity to secure funding for capital projects?

A. Jonathan Wilson advised that this was in place at the Trust, noting that compared to Trusts with large charitable legacy funds Homerton's charitable activity was limited, however opportunities to extend this would be considered.

Q. Why is there a variance in the accounts, year on year, re the provision for future pension payments?

A. This figure is calculated externally and provided to the Trust as part of the technical accounting process.

5. Governor Election Results and Membership Report

John Bootes (Lead Governor) gave this presentation providing an overview of the scope and work of the Council of Governors, its work with the Board of Directors, membership and priorities for 2017/18. He thanked the 2 public governors whose terms had ended, Helena Charles (Hackney) and Siva Anandaciva (Outer Area) and welcomed 3 recently elected Governors; Eric Cato (Hackney), Danny Turton (Hackney) and Mary Rose Thomson (Outer Area).

The membership of the Trust was consistent with 2016 at c.5,100, however demographic data showed that younger people (e.g. those 22-29) were significantly under-represented.

The Board of Directors continued to work effectively with the Council of Governors, as exemplified for example by the effectiveness of the Trust Chairman, Tim Melville-Ross, as chair of both bodies, and by joint meetings of the Board and Council. John Bootes reported that it was the view of the Council of Governors that the Board of Directors had worked well together and integrated positively with the Council of Governors. The

Council of Governors had carried out its duties effectively through participation in induction and development, its annual cycle of meetings, and engagement through pre-Council meetings with individual Non-Executive Directors and ward visits.

Looking forward key areas of interest for 2017/18 included; Pathology Services, North East London - Sustainability and Transformation Plan (STP), the Member Engagement and Communications Committee, 'Adopting a Ward' and Dementia Friends.

On behalf of the Board of Directors, Tim Melville-Ross thanked John Bootes for his excellent contribution to the Trust as Lead Governor.

6. Questions to the Board of Directors and Governors

Q. Does the Trust have plans to outsource services such as Pathology to the private sector?

A. Tracey Fletcher commented on the structure of services including the current outsourcing of some pathology services to another NHS provider, Barts Health. The key focus was on ensuring that an effective service was in place, meeting the needs of GPs, and the high standards set by accrediting bodies. There was a current initiative from NHS Improvement (NHSI) for NHS boards to consider their partnering arrangements for Pathology Services. The Trust was working through an options appraisal taking into account guidance from NHSI and the critical and complex nature of this service.

Q. Will the Trust sign up to the new Complaints Charter.

A. The Trust will sign up to the charter. There is strong Executive oversight of complaints, with replies reviewed by the Chief Executive, Medical Director and the Chief Nurse & Director of Governance.

Q. Considering that EU Citizens currently have no confirmed future right to remain in the UK, has the Board taken the implications of Brexit into account in developing its recruitment and retention strategy,?

A. Tim Melville-Ross commented on the Board's deep concern about this issue which impacted on c.600 of the Trust's staff. Tracey Fletcher advised that this issue was considered by the strategy, and underpinned the need to focus on staff retention e.g. newly qualified nurses.

Q. How can patients provide feedback re A&E?

A. Sheila Adam advised re the range of methods to provide feedback including, i-pads and paper based forms, explaining that this process is facilitated by volunteers as appropriate.

Q. Why are there significant delays in the service provided by patient transport?

A. Tracey Fletcher acknowledged the issues with the service, which were being addressed as a priority by the new Director of Estates and Facilities.

Q. How does the Trust engage with schools in Hackney?

A. Daniel Waldron advised that the Trust achieves this through working with the Inspire Education Business Partnership, an independent and local charity that supports the education, training and development of young people.

Q. Currently at times a notice at the main reception refers inquirers to the Security Office e.g. during lunchtimes. Can the hospital reception desk be covered consistently?

A. The position will be checked and any necessary changes made.

Q. During governor elections can a replacement ballot paper be issued, for example where this is lost in the post?

A. Governor elections are handled on the trust's behalf by Electoral Reform Services (ERS), who if contacted will assist, where possible, in line with the relevant formal election rules.

Q. Is it possible to produce a more user-friendly version of the Annual report and Accounts.

A. It was noted that the format of the report is prescribed by the regulator for Foundation Trusts, however work was underway to produce a user-friendly version of a key section, the Quality Account. Also the introduction of a glossary would be considered for the 2017/18 report.

Q. Can future Annual Members' Meetings be scheduled to avoid religious festivals.

A. Yes it is important that we take this into account.

7. Close

Tim Melville-Ross thanked everyone for their attendance and closed the meeting.

COUNCIL of GOVERNORS MEETING

Meeting date: 7 December 2017

Agenda Item: 6

Title: Chief Executive's Report

Summary The report provides an update on key activities, performance and events in the Trust.

The Council of Governors is asked to note the report.

Prepared and Presented by: Tracey Fletcher, Chief Executive

Chief Executive's Report

1. Regulation

1.1 NHS Improvement

Baroness Dido Harding has been appointed as Chair of NHS Improvement for 4 years from 30 October 2017. Baroness Harding was the Chief Executive of TalkTalk from 2010 to early 2017.

In response to the imminent end of the secondment of Jim Mackey, an appointment to the post of Chief Executive at NHS Improvement is expected to follow shortly.

1.2 Care Quality Commission 2016 survey of children and young people

The results for the CQC 2016 survey of children & young people will be published on 28th November 2017.

Feedback for those aged 0 to 7 years was received entirely from parents and carers, whereas questionnaires sent to those aged 8 to 15 years had sections for the child and parent to complete. We have received a letter in advance of the report being published to inform us how the Trust has broadly performed. The feedback was as follows:

Your trust was identified as performing 'better than expected' for the 8-15 age group and 'as expected' for the 0-7 age group compared to other trusts within the survey. This was because a higher than average proportion of respondents for the 8-15 subgroup answered positively about the care they had received. Results for the 0-7 subgroup did not differ significantly from the average.

Further information can be provided following the publication of the report.

2. Sector and Locality

2.1 East London Health & Care Partnership (ELHCP)

Jane Milligan has been appointed as the single Accountable Officer (AO) across all seven CCGs and will formally take up post and accountability from 1st December 2017. This post will also be the lead officer for the STP. Discussions will now follow regarding other centralised posts such as a single Finance Director as well as the locality structures following the dissolution of the borough based Accountable Officer posts. The process is underway to make appointments to Managing Directors of the seven CCGs.

In addition to the changes in the Accountable Officer post, the election process has begun to identify a new Chair of City & Hackney CCG following the imminent end of term of office for Dr Claire Highton.

2.2 London Devolution - Hackney pilot

London Partners (Clinical Commissioning Groups, London Councils, the City of London, the Mayor of London, NHS England and Public Health England) have finally secured the devolution deal with national government. This arrangement is intended to enable the improvement of health and care across the city.

The deal is expected to bring a range of benefits across London and for the benefit of health and care services, and the description of this includes:

- an end to services which operate in silos and the creation of a seamless health experience for patients
- care provided closer to home
- better use of NHS buildings and land
- improved health outcomes for all Londoners

Hackney is one of five pilots that, over the past year, have explored what is possible within the current system and how delegation or devolution of specific powers, resources and decision-making could enable local efforts to transform health and care to go further and faster. Now the Memorandum of Understanding (MOU) has been signed, the ambitions described within the original business case need to be tested against the detail within the MOU.

The full document *Health and Care Devolution – What it means for London, November 2017*, can be found through the link below.

https://www.london.gov.uk/sites/default/files/what_health_devolution_means_for_london_2017.pdf

3. Operational issues

3.1 Accident & Emergency Department

The refurbishment work has started within the A&E department. This is causing some minor disruption to flow with the floor area split and a different access route in place. However, the work is proceeding as planned.

3.2 Neonatal fire resilience work

The work is ongoing within the Neonatal Unit and in the roof space above the unit to address the fire resilience shortfalls identified. Unfortunately it has been necessary to decant some of the maternity service beds from the adjacent ward, Turpin to the 2012 ward, resulting in elective orthopaedics also having to move to Defoe ward. Despite this move being required with very short notice, the operational and divisional management team in SWSH have handled the changes swiftly and effectively.

However, it must be noted that this removes our winter escalation ward provision for the next few weeks with elective orthopaedic surgery being accommodated there.

Tracey Fletcher
Chief Executive
November 2017

COUNCIL of GOVERNORS MEETING

Meeting date: 7 December 2017

Agenda Item: 7

Title: National Cancer Patient Experience Survey 2016 Results

Summary

The National Cancer Patient Experience Survey (NCES) 2016 was designed to monitor national progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The survey was overseen by a national Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guided questionnaire development. The survey was commissioned and managed by NHS England; and designed, implemented and analysed by Quality Health.

The Council of Governors is asked to note the report.

Prepared by: Linda Athey – Cancer Lead Nurse

Presented by: Sheila Adam, Chief Nurse and Director of Governance



HUHFT National Cancer Patient Experience Survey (NCPES) Results 2016

A. Executive Summary

- **31 HUH cancer patients** responded to the 2016 patient experience survey, giving an overall **response rate of 41%** for the Trust (compared to the national response rate of 67%). A total of 77 patients were sent survey forms of which 44 were unreturned and 2 were submitted blank.
- Asked to rate their care on a scale of **0 [very poor] to 10 [very good]**, respondents to the 2016 survey gave HUH an average rating of **8.2**; a small rise from last year's average rating of 8.1.) The national average score is **8.7**. The HUH score of 8.2 is the lower limit of the expected range. The Trust was ranked third equal within the Cancer collaborative group and 13th across London.

B. Cancer Dashboard

<i>Homerton University Hospital (code RQX)</i>	2016	2015
Percentage of respondents who said they were definitely involved as much as they wanted to be in decisions about care and treatment .	76%	75%
Percentage of respondents who said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment.	72% ↓	92%
Percentage of respondents who said that they thought GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment,	78% ↑	55%

Tumour Group Classification	Number of Patients who completed & returned 2016 survey
Urological	8
Breast	7
Colorectal/Lower GI	6
Other	3
Upper GI	2
Lung	2
Head & Neck	2
Prostate	1
Total HUH Responders	31
Not all 31 patients answered all of the survey questions.	

C. Respondents' demographics

Male	Female	Total
17	14	31

Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Total
1	2	7	6	7	8	31

D. Local Area UCLH Cancer Collaborative rankings

UCLH Cancer Collaborative rank	NHS Trust
1	Whittington Health
2	The Princess Alexandra Hospital NHS Trust
=3	Homerton University Hospital NHS Foundation Trust
=3	Royal National Orthopaedic Hospital NHS Trust
=3	University College London Hospitals NHS Foundation Trust
6	Barking, Havering and Redbridge University Hospitals NHS Trust
7	Royal Free London NHS Foundation Trust
8	Barts Health NHS Trust
9	North Middlesex University Hospital NHS Trust

E. Questions for which the Homerton Hospital which scored below expected range (NEL sector):

Question	Homerton University Hospital (HUH)	Barts Health (BLT)	Barking, Havering & Redbridge (BHR)
Patient given the name of the CNS who would support them through their treatment	↓	ok	ok
All staff asked patient what name they preferred to be called by	↓	↓	↓
Hospital staff gave information about impact cancer could have on day to day activities	↓	ok	ok
Beforehand had all the information needed about the operation	↓	ok	ok

F. Commentary

We are disappointed by the 20 point year on year decrease in our score (from 92% to **72%**) for *“Patient given the name of the Clinical Nurse Specialist (CNS) who would support them through their treatment”*. However we attribute this decrease directly to the Urology CNS post being vacant during the survey period. Given that 30% of all HUH survey responders were urological/prostate cancer patients, our outlier status in the 2016 survey data is proportionately reflective of the vacancy. The 2016 national average score for giving the CNS’s name to cancer patients is **90%** and we must aim to better this.

We highlight that we must improve our everyday inpatient care practice in terms of addressing patients. Our **40%** score for *“All staff asked the patient what name they preferred to be called by”* falls below the nationally expected lower range limit and compares unfavourably to the national average score of **68%**. We note that our neighbouring NHS Trusts in North East London have also underperformed on this aspect of patient communication.

We highlight that we must improve our pre-operative surgical information-giving practices. Our **84%** score for *“Beforehand had all the information needed about the operation”* falls below the nationally expected lower range limit and compares unfavourably to the national average score of **96%**.

We are disappointed by our underperformance on both *“Patient given a care plan”* and *“Hospital staff gave information about impact cancer could have on day to day activities”*. However, a project is already underway in partnership with Macmillan Cancer Support to address these areas via an evidence-based holistic bundle of interventions called The Recovery Package.

G. Summary

Whilst we can be pleased with, and proud, of our joint 3rd ranking within the UCLH Cancer Collaborative delivery sector (comprising 9 NHS Trusts), we recognise the imperative to improve cancer patient experience. The Lead Nurse for Cancer and Palliative Care and Cancer Services Manager will co-lead a NCPES performance improvement workstream to prepare for the upcoming 2017 survey

H. Sources

Results and details of survey published on Quality Health website

<http://www.ncpes.co.uk/index.php>

<http://www.ncpes.co.uk/index.php/reports/2016-reports/local-reports-1/trusts-1/3525-rqx-homerton-university-hospital-nhs-foundation-trust-2016-ncpes-report/file>

Abridged from a Confidential Briefing Report authored by Tony Lawlor, Cancer Commissioning Manager (WELC POD) at the NEL Commissioning Support Unit. Email: tony.lawlor@nhs.net. Telephone: 020 3688 1270 & 07944 402248.

Appendix: Pan-London Trust rankings

London (rank out of 22 Trusts in London)	National (rank out of 148 Trusts in England)	NHS Trust	Sector
1	6	The Royal Marsden NHS Foundation Trust	RM Partners
2	35	Whittington Health	UCLH CC
3	44	Guy's and St Thomas' NHS Foundation Trust	SE London
4	59	Epsom and St Helier University Hospitals NHS Trust	RM Partners
5	67	Croydon Health Services NHS Trust	RM Partners
6	79	Royal Brompton & Harefield NHS Foundation Trust	RM Partners
6	79	The Hillingdon Hospitals NHS Foundation Trust	RM Partners
8	86	Lewisham and Greenwich NHS Trust	SE London
9	102	London North West Healthcare NHS Trust	RM Partners
10	109	Chelsea and Westminster Hospital NHS Foundation Trust	RM Partners
10	109	St George's University Hospitals NHS Foundation Trust	RM Partners
10	109	The Princess Alexandra Hospital NHS Trust	UCLH CC
13	116	Homerton University Hospital NHS Foundation Trust	UCLH CC
13	116	Royal National Orthopaedic Hospital NHS Trust	UCLH CC
13	116	University College London Hospitals NHS Foundation Trust	UCLH CC
16	123	Kingston Hospital NHS Foundation Trust	RM Partners
17	132	Barking, Havering and Redbridge University Hospitals NHS Trust	UCLH CC
18	136	King's College Hospital NHS Foundation Trust	SE London
19	141	Royal Free London NHS Foundation Trust	UCLH CC
20	143	Imperial College Healthcare NHS Trust	RM Partners
21	146	Barts Health NHS Trust	UCLH CC
22	148	North Middlesex University Hospital NHS Trust	UCLH CC

COUNCIL of GOVERNORS MEETING

Meeting date: 7 December 2017

Agenda Item: 10

Title: Audit Committee Report

Summary The attached report summarises the items of business discussed at the Audit Committee meeting held on 17 November 2017 Also included is a summary of the work carried out by Internal Audit to date.

The Council of Governors is asked to note the report.

Prepared by: Lisa Marsh, Deputy Finance Director

Presented by: Martin Smith, Audit Committee Chair

Audit Committee Update – 17th November 2017

Clinical Audit

The Committee received an update on the current position regarding NICE and clinical audits. The report highlighted that out of 169 baseline assessments that were relevant to the Trust, 157 assessments had been completed and the Trust was assessed as being compliant in 106 of these guidelines.

The report also explained that the Trust had begun work on assessing compliance against 38 public health guidelines in conjunction with Hackney Council. Eighteen public health programmes had been identified and prioritised for completion by December 2017.

It was also noted that work was continuing on the implementation of the Ciris system which would allow the Trust to manage NICE guidelines and clinical audits in a much more transparent way. The test system was currently being shared with relevant stakeholders with the aim of scheduling a launch date and staff training in the near future.

Internal Audit

The Committee received the internal audit progress report – this highlighted that five reports had been finalised since the last Audit Committee in September. Two of these reports were advisory (Divisional Governance and Data Protection – GDPR Readiness). Of the other three reports, two were given a reasonable assurance rating (Mandatory Training and Data Quality) and one was given a partial assurance rating (Financial Accountability and Reporting).

RSM also reported that four outstanding internal audit recommendations had been closed off since the last Audit Committee – one high, two medium and one low priority. There remained six recommendations which were overdue and in the process of being implemented which were comprised of five medium and one low priority recommendations.

External Audit

The Committee received the External Audit Plan for 2017/18 and it was explained that KPMG had identified two significant risks as part of their planning procedures, both of which had also been identified the previous year – these were valuation of land and buildings, and recognition of income including year-end receivables.

KPMG also noted that their calculation of materiality had increased to £4.6m for the financial year 2017/18, as a result of the positive outcome of the audit in 2016/17 and the fact that this was the second year that they had audited the financial statements of the Trust.

Counter Fraud

The Committee received the Counter Fraud Progress Report and it was noted that two themes were becoming apparent within the referrals that were being received – one being fraudulent access to NHS care by overseas visitors and the other being staff working whilst sick. All cases were being followed up by the Local Counter Fraud Specialist at a local level.

**Audit Committee
Business**

The Committee reviewed the results of the annual Audit Committee Review of Effectiveness, which set out the responses received from the Chair of the Committee and the Non-Executive members in terms of assessing the Committee's performance and effectiveness during the previous financial year. The report was approved and the Deputy Director of Finance agreed to take forward the actions with the Chair of the Audit Committee.

**Financial Policy
and Governance**

The Committee received and noted a number of reports relating to Financial Policy and Governance, as follows:

- Overseas Visitors Charging Plan Update
 - Aged Debt Update
 - Debts Written off Report
 - NEL STP First Half Year Financial Performance
 - EY Financial Baseline Recommendations – One Year On
 - Losses and Special Payments
 - Financial Risk Register.
-

**Financial
Performance and
Review**

The Committee received a report giving an update on the financial planning process for 2018/19. The report included an update on the risks that the Trust needs to manage in order to achieve the 2018/19 control total of £7.339m surplus.

The Committee also received an update on progress with delivery of the Cost Improvement Plan for 2017/18 and the forward view for 2018/19. The report included three appendices giving the detail behind specific CIP schemes – these were the following:

- Theatre Productivity Plan
 - Outpatient Transformation Scheme
 - Estates and Facilities Multi-Year QIPP Plan.
-

Lisa Marsh
Deputy Director of Finance
November 2017

Council of Governors Report on work carried out by Internal Audit

The Trust's Internal Audit Plan was approved by the Audit Committee in March 2017. As at the November Audit Committee a total of six reports have been completed, with two of these having advisory status only. The table below give a summary of the Audit Reports completed to date.

Assignment	Status	Opinion Issued	Actions Agreed		
			H	M	L
Safeguarding Adults	Final	Reasonable Assurance	0	2	3
Mandatory Training	Final	Reasonable Assurance	1	2	0
Data Quality	Final	Reasonable Assurance	0	2	0
Financial Accountability & Reporting	Final	Partial Assurance	1	4	1
Divisional Governance	Final	Advisory	0	6	0
Data Protection – GDPR Readiness	Final	Advisory	6 (no category given)		

The remainder of the report will focus on areas of partial assurance and recommendations that are reported as high priority. As well as providing a summary of the advisory reports.

High Priority Recommendations

Of the reports with substantial assurance there was one recommendation that was high priority, this was in the Mandatory Training Report, where a particular concern over compliance with fire training was noted. The Director of Organisation Transformation has been tasked with investigating the reasons for poor attendance and to take action to improve performance.

Audit Reports with Partial Assurance

The purpose of the Financial Accountability and Reporting Audit was to provide assurance to the Board as to the effectiveness of the budgetary planning, monitoring and reporting process. The table below summarises the findings.

Financial Accountability & Reporting		
Area of concern	Rating	Management Action
Inconsistent approach to budget monitoring	Medium	To introduce a standard report to include financial risks and mitigations.
Budgets need to be signed off by budget holders (IMRS)	Medium	Finance will ensure all budgets are signed off prior to the start of the financial year.
Agency spend and monitoring against agency ceiling. Medical agency was the main area of focus	Medium	To review the potential effectiveness of an e-rostering medical workforce module
Reporting of adverse financial variance. Overspends were not always clearly reported, nor was there clarity on how they were escalated	High	Trust to be cognisant of emerging risks and take action as required – assisted by the production of risk based reporting.
Divisional Performance Meetings are chaired by the Chief Operating Officer, who has line management responsibility for the Divisions.	Medium	The Trust should consider whether there is sufficient segregation of responsibilities and whether the Chief Executive should chair the meetings.

Advisory – Divisional Governance

RSM undertook an independent review of the conduct of Divisional Board/governance meetings. The purpose was to provide a ‘healthcheck’ to ensure that meetings function effectively as a critical mechanism in managing divisional performance holistically across areas of finance, quality workforce and operations.

Divisional Governance		
Area of concern	Rating	Management Action
Whilst a one size fits all approach is not recommended it was noted that approaches to the monthly meetings varied depending on the Director	Medium	A corporate governance framework to be developed that sets out the minimum expectations in relation to the governance approach.
Specialty updates, whilst on the agenda were not always discussed. However new governance arrangements were being discussed. (IMRS)	Medium	Governance arrangements to be confirmed and if they continue to report to the Divisional Board sufficient time to be allocated.
Lack of challenge from Board members to obtain assurance, and not all actions were logged. Not all meetings had an action log. (IMRS)	Medium	All actions should be noted and added to an action log that should be reviewed at the beginning of the next meeting. A clear process for tracking and monitoring open actions should be established (IMRS & SWSH).
Terms of Reference – IMRS & SWHS do not have TOR	Medium	TOR to be developed
Annual work plan IMRS & CDSO do not have annual work plans	Medium	An annual work plan should be developed.
Minutes – should include clear references to decisions with matters arising and actions clearly noted (IMRS)	Medium	Minutes should clearly reflect decisions.

Advisory –Data Protection – General Data Protection Regulations (GDPR) Readiness

The Trust is expected to be compliant with the new regulations by 25th May 2018. GDPR places greater emphasis on the documentation that data controllers must keep to demonstrate their accountability and the Information Commissioners Office have produced a guide as to how organisations can begin their preparations. The audit reviewed current procedures against the guide and the report is factual and does not provide assurance.

Findings Summary	Management Action
The Trust’s record management policies had not yet been updated to be compliant. Although it was noted this was reflected on the Trust’s action plan.	Polices to be updated by the end of the calendar year and submitted for management approval. Records management audits to be carried out to ensure compliance with policies
The Trust’s GPDR did not include information on action owners, resource required and risk in relation to achieving compliance	The work plan will be updated to reflect these elements.

Under GDPR the role of Data Protection Officer (DPO) is mandatory and this role has not yet been allocated in the Trust, although the need to do so had been flagged.	A DPO will be allocated by 31 st October 2017
Individuals' rights – a number of policies need to be updated to be compliant with this aspect of the guidance and the Trust's work plan noted this.	Updates to the policies in relation to this area will be implemented and communicated to all relevant parties.
Consent – further guidance is being awaited on the application of the consent rule in the NHS.	Once guidance is received management will ensure all policies and procedures are compliant.
Data Breaches – Incident Management Policies need to be updated in light of the new guidance.	Policies will be updated as required.

Conclusions

Internal Audit is on track to deliver against the work plan agreed at the start of the financial year. Progress to date would indicate that the Trust operates within acceptable tolerances for areas that have been subject to audit.

The Audit Committee also receives a report from the auditors on progress against recommendations and therefore the Council of Governors can be assured that all actions are implemented. Thereby, strengthening the control environment.

COUNCIL OF GOVERNORS MEETING

Meeting date: 7 December 2017

Agenda Item: 11

Title: Council of Governors Update

Summary This report provides an update on the City Constituency election which is due to commence in January 2018.

The Council of Governors is asked to note the report.

Prepared by: Tyrieana Long
Company Secretary and Head of Corporate Governance

Presented by: Tim Melville-Ross, Chairman

Elections to the Council of Governors

Further to a governor resignation in October 2017, a vacancy has arisen in our City Constituency which has a relatively small membership of around 70 members.

In accordance with our Constitution we have asked the Electoral Reform Services (ERS) to start the election process in January 2018.

The Council of Governors is asked to note the following timetable:

ELECTION STAGE	DATE
Notice of Election / nomination open	Wednesday, 3 Jan 2018
Nominations deadline	Wednesday, 31 Jan 2018
Summary of valid nominated candidates published	Thursday, 1 Feb 2018
Final date for candidate withdrawal	Monday, 5 Feb 2018
Electoral data to be provided by Trust	Thursday, 8 Feb 2018
Notice of Poll published	Wednesday, 21 Feb 2018
Close of election	Monday, 19 March 2018
Declaration of results	Tuesday, 20 March 2018

A further update will be provided at the February 2018 meeting.

Tyrieana Long
Company Secretary
December 2017