

**PUBLIC MEETING OF THE
BOARD OF GOVERNORS**

Tuesday 17 January 2012

**2pm at Meridian Hall, East Court, College Lane
East Grinstead, West Sussex RH19 3LT**

Public meeting of the Board of Governors

Tuesday 17 January 2012, 14.00, Meridian Hall, East Court, East Grinstead

Tea, coffee and biscuits and an opportunity to meet members of the Board of Governors from 13.30

AGENDA: PART 1 (PUBLIC MEETING)			
No.	Agenda item	Time	Papers
PRESENTATION			
01-12	Burns Baljit Dheansa, Consultant Plastic Surgeon and Clinical Lead for burns	14.00	-
STANDING ITEMS			
02-12	Welcome, apologies and declarations of interest Peter Griffiths, Chairman	14.40	-
03-12	Draft minutes of the meeting held on 18 October 2011 (for approval) Peter Griffiths, Chairman	14.45	Enc.
04-12	Matters arising and actions pending from the previous meeting Peter Griffiths, Chairman		-
REPORTS FROM THE BOARD OF DIRECTORS			
05-12	Report from the Chief Executive (update) Adrian Bull, Chief Executive	14.50	Enc.
06-12	Annual Plan 2012/13 Richard Hathaway, Director of Finance	15.05	
07-12	Infection prevention and control (update) Amanda Parker, Director of Nursing & Quality	15.20	Enc.
08-12	Patient experience a) Patient experience report (Q3 2011/12) b) Picker Outpatient Survey 2010 – Results presentation Amanda Parker, Director of Nursing & Quality	15.25	a)Enc.
GOVERNANCE			
09-12	Amended constitution: update following submission to Monitor Kathleen Dalby, Head of Corporate Affairs and Company Secretary	15.45	Enc.
10-12	Foundation trust membership (update) Kathleen Dalby, Head of Corporate Affairs and Company Secretary	15.55	Enc.
REPORTS FROM THE SENIOR SUB-COMMITTEES OF THE BOARD OF GOVERNORS			
11-12	Report from the Vice Chairman / Governor Representative (update) Ian Stewart, Vice Chairman and Governor Representative	16.00	Enc.
12-12	Report from the Appointments Committee (update) Valerie King, Public Governor and Chair, Appointments Committee	16.10	Enc.
ANY OTHER BUSINESS			

13-12	By application to the Chairman Peter Griffiths, Chairman	16.05	-
QUESTIONS FROM THE PUBLIC			
14-12	To receive any questions or comments from members of the public Peter Griffiths, Chairman	16.10	-
15-12	To consider a motion to exclude members of the public and executive and non executive directors in order to discuss confidential business Peter Griffiths, Chairman	16.25	-
DATE OF THE NEXT MEETINGS			
Public meetings of the Board of Governors: Tuesday 17 April 2012, 18:30, Meridian Hall, East Court TBC July 2012, 18:30, Meridian Hall, East Court Tuesday 30 October 2012, 18:00, Meridian Hall, East Court Tuesday 15 January 2013, 14:00, Meridian Hall, East Court Annual General Meeting 2012: TBC , 18:00, Meridian Hall, East Grinstead			

Members of the Board of Governors	
Brian Beesley	Public Governor
Edward Belsey	Public Governor
John Bowers	Public Governor and Chair, Governor Steering Group
Pat Brigden	Public Governor
Mabel Cunningham	Staff Governor
Jenny Cunnington	Public Governor
John Dabell	Public Governor
Peter Evans	Stakeholder Governor
Brian Goode	Public Governor
Robin Graham	Public Governor
Peter Griffiths	Chairman
Michael Hannah	Public Governor
Anne Higgins	Public Governor
Valerie King	Public Governor and Chair, Appointments Committee
Carol Lehan	Staff Governor
Moira McMillan	Public Governor
Christopher Orman	Public Governor
Christian Petersen	Staff Governor
Andrew Robertson	Stakeholder Governor

Gillian Santi	Public Governor
Michael Shaw	Public Governor
Manya Sheldon	Public Governor
Ian Stewart	Vice Chairman and Governor Representative
Jonathan Street	Public Governor
Alan Thomas	Public Governor
Paul Trevethick	Stakeholder Governor
Norman Webster	Stakeholder Governor
Peter Wickenden	Public Governor
Invited attendees	
Adrian Bull	Chief Executive
Jeremy Beech	Non Executive Director
Heather Bunce	Programme Director
Claire Charman	Engagement Coordinator (Secretariat)
Kathleen Dalby	Company Secretary and Head of Corporate Affairs
Pauline Farrell	Head of Human Resources
Richard Hathaway	Director of Finance and Commerce
Ken Lavery	Medical Director
Renny Leach	Non Executive Director
Amanda Parker	Director of Nursing and Quality
Lester Porter	Non Executive Director
Shena Winning	Non Executive Director

Document:	Minutes	
Meeting:	Board of Governors 18 October 2011 18:00 – 21:00 Meridian Hall, East Court, East Grinstead	
Present:	Peter Griffiths	Chairman
Staff Governors:	Mabel Cunningham	Christian Petersen
	Carol Lehan	
Public Governors:	Brian Beesley	Moira McMillan
	Edward Belsey	Christopher Orman
	John Bowers	Gillian Santi
	Pat Brigden	Michael Shaw
	Jenny Cunningham	Manya Sheldon
	John Dabell	Jonathan Street
	Brian Goode	Ian Stewart
	Robin Graham	Alan Thomas
	Michael Hannah	
	Anne Higgins	
	Valerie King	
In attendance:	Adrian Bull	Chief Executive
	Will Hague	Interim Company Secretary
	Amanda Parker	Director of Nursing & Quality
	Jeremy Beech	Non Executive Director
Members of public:	6	

Not present	Heather Bunce	Programme Director
	Claire Charman	Engagement Coordinator / secretariat
	Peter Evans	Stakeholder Governor Local Authority
	Pauline Farrell	Head of HR
	Richard Hathaway	Director of Finance and Commerce
	Ken Lavery	Medical Director
	Renny Leach	Non Executive Director
	Lester Porter	Non Executive Director
	Andrew Robertson	Stakeholder Governor League of Friends
	Paul Trevethick	Stakeholder Governor NHS West Sussex
	Norman Webster	East Grinstead Town Council
	Peter Wickenden	Public Governor
	Shena Winning	Non Executive Director

PRESENTATION	
52-11	<p>Melanoma and Skin Cancer Unit (MASCU)</p> <p>Paul Banwell, Consultant Plastic Surgeon and Lead Clinician for MASCU, delivered a presentation on the work carried out by the unit at QVH. He explained the structure of the department, the types of skin cancer and their increasing incidence, potential at risk groups, and preventative measures. Paul Banwell also highlighted the strong performance of QVH against its peers and commented on the Improving Outcomes Guidance for skin cancer.</p> <p>After several questions and further discussion, the Chairman thanked Paul Banwell for</p>

	his presentation.
STANDING ITEMS	
53-11	<p>WELCOME, APOLOGIES AND DECLARATIONS OF INTEREST</p> <p>The Chairman welcomed everyone to the meeting. He said that apologies had been received from Peter Evans, Paul Trevethick, Norman Webster, and Peter Wickenden and that Peter Evans and Paul Trevethick had each had to stand down in their role as Stakeholder Governor because of other commitments. On behalf of the Board of Governors, the Chairman thanked them both for their contribution whilst in post.</p> <p>There were no declarations of interest. The Chairman reminded Governors that any new declarations of interest should be notified to Claire Charman and that newly appointed Governors should complete a Declaration of Interest form, available from Claire Charman</p> <p>The Chairman also advised newly appointed Governors that they had all received formal CRB clearance and so could now take part in any issue which required a vote from the Governors.</p>
54-11	<p>MINUTES OF MEETING HELD ON 19 July 2011</p> <p>Adrian Bull advised that, at item 40-11 relating to the number of theatres at project completion, the figure should be 10 theatres and not 9 as stated. ACTION</p> <p>The Board of Governors APPROVED: with the above correction, the minutes of the meeting held on 19 July 2011 as a correct record.</p>
55-11	<p>MATTERS ARISING FROM THE DRAFT MINUTES</p> <p>Michael Shaw asked if the contract with Kent PCT had been signed and Adrian Bull replied that it had been.</p> <p>There were no other matters arising.</p>
REPORTS FROM THE BOARD OF DIRECTORS	
56-11	<p>REPORT FROM THE CHIEF EXECUTIVE</p> <p>Adrian Bull (AB) highlighted the following from his report:</p> <p>He said the Year to Date performance continued to be good and the Financial Risk Rating remained at 5. He added that the trust was continuing to meet its mandatory targets although the cancer targets continued to be challenging.</p> <p>AB advised that, following the closure of the Jubilee Ward, all affected staff had been offered the opportunity for re-deployment and that there had been no compulsory redundancies. The Chairman commented that this was an excellent outcome for the staff and that the Chief Executive and his team should be congratulated for its achievement.</p> <p>AB also updated the Governors on the ongoing capital works and theatre development programme. He said the need for good signage for patients and visitors had been highlighted and that this was being addressed by the trust.</p> <p>AB also advised that a Macmillan Cancer Information Centre would be set up on the QVH site which would act as a regional centre in addition to serving QVH patients. He said the trust had also recently carried out a review of the skin cancer pathway as a result of which a number of areas where the process could be streamlined had been identified and an action plan drawn up. The Chairman suggested that this be presented to the Governors at some stage. ACTION</p> <p>Finally, AB advised of the new 24/7 outreach and trauma team structure.</p>

	<p><u>Questions and discussion</u> A number of questions and further discussion ensued as follows;</p> <ul style="list-style-type: none"> - would the sleep clinic be brought back onto QVH site? AB replied that this would take place after the decant process and would probably be in position early in the New Year - did the Trust's cash balance at end August of £4,868k include the monies due from Kent PCT or were further sums still to be received? AB replied that not all the provision would be received but that the trust was content with the outcome and the difference was not material - was the replacement service for the Jubilee Ward on track? AB advised that this was mainly the responsibility of NHS Sussex and that alternative provision for patients was being made in local nursing homes and that there was no indication of patients waiting for care <p>The Board of Governors NOTED: the contents of the report</p>
57-11	<p>SITE RE-DEVELOPMENT Having already provided an update as part of his report, Adrian Bull invited any further comments. A number of questions were raised as follows;</p> <ul style="list-style-type: none"> - a request for further information about the new electronic Trauma board. Adrian Bull outlined its benefits which included being able to communicate instantly to all relevant staff who may be affected by a change in patient rotas. Amanda Parker gave further details including the need for the system to link into other trust IT systems - Will the theatre redevelopment be under traditional or modular build. Adrian Bull advised that following a detailed review the traditional route was likely to be selected. - Has any provision been made for potential over-run of costs? Adrian Bull advised that this should be achieved by obtaining a guaranteed maximum price <p>The Board of Governors NOTED: the contents of the report.</p>
58-11	<p>INFECTION PREVENTION AND CONTROL Amanda Parker, Director of Nursing and Quality and DIPC (Director of Infection Prevention and Control) presented her report, highlighting the following points:</p> <ul style="list-style-type: none"> • Hand hygiene compliance continued to be at high levels • There were two cases of MRSA in the last quarter but no cases of <i>C.Difficile</i> <p>After discussion, the Board of Governors NOTED: the contents of the report</p>
59-11	<p>PATIENT EXPERIENCE REPORT (Q2 2011/12) Amanda Parker presented the report for quarter two and noted the various surveys surveys during the last quarter and their favourable results. She also referred to the recent press coverage of unannounced inspections by the CQC which found that one in five hospitals were not compliant in meeting standards of dignity and nutrition for patients. Amanda Parker said that QVH had been among those inspected and that the CQC had complimented all its staff for their exemplary levels of care and that they should be seen as a lesson for other organisations. The Chairman said that Amanda Parker and staff involved should be congratulated for this level of performance.</p> <p>The Board of Governors NOTED: the contents of the report.</p>

GOVERNANCE	
60-11	<p>FOUNDATION TRUST MEMBERSHIP</p> <p>Will Hague referred to the report circulated and highlighted the recent addition of three new members to the Membership Taskforce and the important work to be carried out by this group. There were no further comments on the report.</p> <p>The Board of Governors NOTED: the contents of the report.</p>
REPORTS FROM THE SENIOR SUB-COMMITTEES OF THE BOARD OF GOVERNORS	
61-11	<p>REPORT FROM THE GOVERNOR REPRESENTATIVE</p> <p>Ian Stewart presented his report and referred to the need to recruit additional Governors for some of its working groups, in particular for a new group which would review QVH compliance with the NHS Constitution. He invited interested Governors to make contact with him.</p> <p>After discussion, the Board of Governors NOTED: the contents of the report.</p>
62-11	<p>REPORT FROM THE APPOINTMENTS COMMITTEE</p> <p>Valerie King referred to her report and said that most of the issues would be discussed further in Part II of the meeting.</p> <p>She also advised that, following the last meeting of the Appointments Committee, Alan Thomas had been appointed Deputy Chairman of the Committee.</p> <p>The Board of Governors NOTED: the contents of the report.</p>
ANY OTHER BUSINESS	
63-11	There was no any other business.
QUESTIONS FROM THE PUBLIC	
64-11	<p>A member of the public asked about the reasons for the closure of the Jubilee Ward and whether it would be possible to provide a small local facility instead. Adrian Bull explained the background to the closure including the financial unviability of the Ward and the lack of interest from alternative providers, and the arrangements which were now in place for patient care.</p> <p>The member of the public thanked Adrian Bull for his response.</p>
DATE OF THE NEXT MEETING	
	The Board of Governors noted the date of their next meeting, which would be Tuesday, 17 January 2012 at 2.00pm, to be held at Meridian Hall, East Court
CLOSE	
	<p>The Board of Governors considered a motion to exclude the public from the remainder of the meeting in order that it might discuss confidential matters. This was agreed and the members of the public were thanked for their attendance and asked to leave the meeting.</p> <p>The Chairman closed Part 1 of the meeting.</p>

Chairman:..... Date:.....

Report to:
Meeting date:
Agenda item reference no:
Author:
Date of report:

Board of Governors
17 January 2012
05-12
Adrian Bull
January 2012

REPORT FROM THE BOARD OF DIRECTORS

Quality, Safety Risk, DIPC

Infection Control

Quarter 3	New this quarter	Year to date (Target)
MRSA bacteraemia	2	2 (1)
MSSA bacteraemia	0	0
<i>C.diff</i>	0	0 (5)

During quarter three there have been no patients identified as having MRSA positive blood cultures, MSSA bacteraemia or *clostridium difficile*.

Emergency Planning/Business Continuity

During Q3 a communications exercise has been undertaken as a part of our annual emergency planning testing. Department business continuity plans have been further reviewed and most sections of the major incident plan have been updated and ratified including a new section to meet the DH requirement for a winter plan. The two final sections will be completed during January and this will conclude a thorough review of the Major incident plan.

Risk Management

During quarter three one serious untoward incident was declared in which a patient sustained a burn from an overheated oral drill. The final report was submitted to the Clinical Cabinet and Board of Directors. The incident has resulted in a review of the process for drill maintenance and the revision of maintenance contracts for existing drills and for new equipment on purchase.

Financial Performance and Operational Performance

A summary of the Trust's financial performance to 30th November 2011 is set out in the table below:-

	Plan YTD (£k)	Actual YTD (£k)	Variance to Plan
Turnover	37,352	37,028	324
EBITDA	3,754	3,706	48
FRR Surplus	2,003	1,890	113
Surplus / (Deficit)	1,669	1,557	112
Cash Balance	5,098	5,092	6
Financial Risk Rating	5	5	-

NB Table subject to rounding differences.

Financial performance has remained in line with plan at the end of November. Month 8 cumulative financial position shows a surplus of £1,669k verses a plan of £1,557k.

The Financial Risk Rating has remained at 5 (lowest risk).

Action Plans in service lines which were below plan are beginning to deliver improvements and overall Q2 performance was better than Q1.

The volatile commissioning environment continues to complicate activity and financial planning. Regular contract reviews take place with commissioners to agree activity levels but it is clear that the degree of challenge to Trust reported activity is increasing. The income and expenditure position has made provision for likely PCT challenges. However this continues to be a risk area until the final positions are known. Similarly aged debts remains an area of focus and we are systematically working to resolve a number of long-standing issues with commissioners.

The Trust is forecasting achievement of the overall financial plan for the year.

Operational Performance

The Trust achieved a green Monitor rating for governance in Quarter 2 of 2011/12 and continues to forecast a green rating in Quarter 3.

The Trust has met, or is anticipating to meet, all mandatory targets year to date to November 2011. (Note – MRSA has exceeded our target limit, but remains below the de minimis number for reporting purposes).

18 weeks

The Trust continues to meet, both year to date and in month, the 95th percentile targets for the admitted and non admitted pathways – the two 18 week measures included within the Compliance Framework.

The Trust is forecasting to meet the 90% target for the admitted pathway in month – this target is not within the Monitor Compliance Framework but is nationally mandated within the Acute Contract.

The Operating Framework for 2012/13 required all Trusts to validate their planned waiting lists by the end of December 2011 and this is being undertaken by the Operations Team. It will also require Trusts to meet the 18 week target in every specialty next year. This increases the risk of failure for this target and we await confirmation of how this will be treated by Monitor's Compliance Framework for next year.

Cancer

Cancer target compliance remains a risk for the Trust. The action plan for skin cancers has been implemented. Interim figures for November 2011 suggest year to date the targets have been met however in month there is a risk over the 31-day wait for first treatment and for second or subsequent treatment for surgery. The final figures have yet to be calculated and fully validated. Implementation of the cancer action plan is now underway.

Business planning

The Business Planning process is underway and service lines are developing their activity and financial plans for 2012/13. Governors input to the strategic priorities are being coordinated through the Governors Steering Group and will be discussed again at their meeting in January.

People Issues

Following the closure of Jubilee Ward, of the 29 staff affected, 21 were internally redeployed, 1 retired, 3 resigned having obtained a post elsewhere, 3 took voluntary redundancy and 1 was a compulsory redundancy.

The 2011 Staff Survey has now closed and the Trust achieved a 51% response rate. The Picker Institute is handling the survey and all responses remain confidential – the Trust does not see any completed survey forms. We will get a ‘first cut’ report in late January/early February. The full CQC weighted report will be delivered in March 12.

With regard to phase 2 of the values and culture work, many departments have now produced templates which show how their staff ‘live the values’ at department level. We are aiming to have this completed for all departments by the end of January 12.

There was a day of industrial action on 30th November and some members of the Trust staff took strike action. The situation was managed professionally by all involved. The action was in relation to the proposed changes to public sector pensions and was not due to any issues at the Queen Victoria Hospital. The majority of NHS Unions have since agreed to further discussions on pensions which has averted further industrial action in the short term.

ESTATES & CAPITAL PROGRAMME

Site redevelopment: New Theatre Build

Design development work is progressing well with 1:50 plans issued for sign off by the users and senior Trust members. This process will continue through to February when Wilmott Dixon will submit their detailed proposals for the scheme for consideration by the Trust.

Demolition of existing buildings and construction of the new access road will commence in March in preparation for the theatre build. Construction of the new building is scheduled for early summer with anticipated completion at the end of March 2013.

Health Records

Building work is now complete for the ground and first floors of Kings House, East Grinstead. New racking has also been installed and is ready for use. There were some unexpected delays in completion of this work due to legal issues which have now been resolved. It is now anticipated that the relocation of the Health Records Department will be completed in early February. Alterations to the Commonwealth Room (remaining on-site location) are complete and the room is ready for occupation.

New OPD 2

The modular units for the new OPD2 department were successfully installed on site before Christmas. Work to fit out these units will continue through until the end of March 2012, when they will be handed over ready for occupation.

Clinical/Administration Relocations

Work to Pre Assessment and OPD1 has now been completed; all remaining associated moves will be completed in mid January 2012.

Communication

Regular updates are provided through **Connect** and via global emails, notifying staff on the latest enabling moves.

A notice board has also been set up in the main hospital street opposite RDU to show the proposed plans and progress for the theatre development.

Estates Capital programme

Burns rehabilitation beds and Peanut main ward refurbishment

Work has started again on this scheme, with a new contractor with an anticipated completion in late January 2012.

Sleep Disorder Centre

Work to convert part of Jubilee building was completed at the end of December 2011. The department has now moved back to the hospital from its site on the London road (which has now closed).

Macmillan Information Centre

Refurbishment work to the former Maxillo Facial Department to create the new Macmillan Information Centre was completed. The new centre opened in early December 2011.

Operational developments

Streamlining

Cancer

Work on streamlining the skin cancer pathway continues to progress through the implementation of the action plan drawn up following two workshops earlier in the year.

This has included

- Introducing a weekly Oncology patient listing (PTL) meeting with twice weekly PTL lists – this has helped to ensure that patients are picked up quicker and offered dates asap
- We are currently working with partners to ensure that referrals to QVH adopt existing cancer referral proformas for referrals from secondary providers and 2 week GP referrals.
- The introduction of a dedicated cancer referrals office mechanism – whereby all skin referrals are sent to one place before being dispersed – the process has been streamlined further but is currently on hold pending the final phase of the Health records move.
- The Somerset Cancer Database with links to Brighton has been successfully loaded onto our IT system as read only. Training for the system to allow live data entry from QVH for patients discussed at Brighton specialist MDT will begin early in 2012. Unfortunately progress with Infoflex is much slower as we are still awaiting an update from Kent Cancer Network as this was still in development during Dec 2011.
- Increased MDT and coordinator cover has been addressed with two new appointments, one within the Skin team and another in Head & Neck. Further review of the requirements for robust Cancer Data is being undertaken which has close links with the above databases
- First phase of digital dictation within the skin team has been implemented and staff are already seeing the benefits in speeding up patient pathways in the ease of identifying urgent cases. Introduction of bar code readers and voice recognition will be introduced in 2012.
- The skin cancer secretaries and consultants have been successfully co-located into one office to facilitate team working as a first step to developing the MSCU (Melanoma Skin Cancer Unit).

For all these actions there are timescales in place which the skin team continues to work towards.

Trauma

The new 24/7 outreach and trauma co-ordinator team led by Lynn Sanders (Matron) is bedding in well. They have recently introduced a new escalation policy incorporating a daily operational meeting to discuss beds and staffing issues. This will be piloted and refined over the next few months. This is hoped will clarify the communication process and ensure issues such as shortages of beds and staff are addressed quickly.

The electronic Trauma Board continues to progress, with staff reviewing the latest version during October, to ensure the proposed functionality meets the needs of Trust. The final version will be available from the end of March alongside the Theatre ORSOS upgrade. This will then provide live theatre lists, for elective and trauma cases, accessible across the Trust as well as remove the need for manual data collection and analysis.

In addition the trauma co-ordinators will be trialling a new tablet p.c. using the Trust's wireless system to be able to access data and telemedicine images across the site. This will enable them to respond quickly to incoming referrals.

As with the skin team there is a detailed action plan with specific timescales which the trauma group continues to work through.

Elective

The pre-assessment department has been moved to a temporary home as part of the overall Theatre rebuild. They are due to go into their new facilities during Jan 2012. It is hoped that shortly after this we will be able to pilot the new pre-assessment process for off site patients. In the meantime we have been reviewing and streamlining the process for patients undergoing local anaesthetics through our day surgery unit.

Secretaries within Plastics have been trained to schedule patients directly onto ORSOS and with the new upgrade it is hoped that double data entry will be reduced. It is also anticipated that we with links to PAS that scheduling will be able to be seen further in advance than currently. We are also exploring possibilities that the new ORSOS will be able to provide both a more robust pre-assessment tracker than our in house solution and provide them with a mechanism for electronic documentation.

The review to increase clinic capacity, future staffing levels, and the introduction of a nurse led model should be concluded this month to coincide with the move into their new department.

We are now in the middle of business planning and working out future capacity for individual specialities in terms of theatre sessions to meet their demand. Immediate pressures are being felt in Corneo, Hands, Breast and Orthoganthics and solutions are being proposed to address these.

In addition to the above, during 2012 we are going to be focussing on reducing pre-operative length of stay and ensuring patients are admitted through one area in advance of our new theatre build.

Other Clinical Specialities and Support Projects

In December Stephanie Joice started her new role as the Clinical Specialities project manager helping to facilitate a number of change programmes which involve streamlining, alongside IT systems, within the Trust. Some of these have already started, but it is hoped that with dedicated project management time that these can be accelerated across the Trust.

These include

- Electronic Discharge Notification (EDN)
- Digital Dictation and Voice recognition
- Somerset and Inflex Cancer Databases
- Outpatient 'Self Check In Kiosks' and patient calling system
- Synertec – automated letter printing and postage
- Electronic Document Management

Further details on these projects and how they are progressing will be described in future Governor reports.

The executive team is also currently considering running a NHS Institute 'Organising for Quality and Value' programme within QVH later in the year. It is anticipated that this would provide specific service improvement training to a cohort of staff and so expose more teams and departments outside the main projects mentioned in this section to further embed streamlining methodology across the Trust.

Recommendation

The Board of Governors is requested to NOTE the content of this report.

Report to:	Board of Governors
Meeting date:	17 January 2012
Agenda item reference no:	07-12
Author:	Amanda Parker, Director of Nursing & Quality and Director of Infection Prevention and Control (DIPC)
Date of report:	January 2012

Infection prevention and control (update)

1. The quarterly DIPC report for the period October to December 2011 is attached for information.
2. The Board of Governors is asked to **NOTE** the report.

INFECTION PREVENTION & CONTROL
Quarterly DIPC Report
October to December 2011

Mandatory Surveillance				
	New this quarter	Year to date (Target)	MRSA Screening Figures	
MRSA positive blood cultures	0	2 (1)	Elective	Trauma
GRE positive blood cultures	0	0	Q3	Q3
<i>C.diff</i>	0	0 (5)	96%	97%
MSSA positive blood cultures	0	0		

MRSA surveillance												
MRSA Positive Patients (Infected and Colonised)												
Ward	RT	Rycroft	MD	Burns	EBAC	PAC	Peanut	OPD	MIU	DSU	Total	
Total	1	0	4	4	0	8	0	8	0	1	26	
Positive on admission	1		4	2		8		8		1	24	
Previously positive											0	
Hospital acquired				2							2	
Unknown											0	

Outbreaks of Infection

Burns positive blood culture investigation – a single case with *Enterobacter cloacae*. Although not mandatory, root cause analysis was undertaken: no untoward features were identified and trust policies appear to have been followed.

One patient with GRE on burns, no known secondary cases. The patient did not require treatment. Infection control precautions implemented to prevent cross-infection.

Audit Results

October:
Hand Hygiene – Overall 98% - doctors 94%, nurses 99%, other 99%. BBE 98% overall.
Mini PEAT – Non-clinical areas: IT, hospital radio, public toilets
MRSA decontamination – results show staff follow protocol for patient isolation and wearing of PPE; however, some improvement needed on correct protocol administration.
Taking blood cultures (Jan-June) – Overall compliance 72% (last audit 85%). Not all forms returned to lab (25/92). However, 18 audits scored 100% compliance. Policy updated, results fed back, IPACT investigating possibility of carbon copy of audit form.

November:
Hand Hygiene – Overall 98% - doctors 96%, nurses 100%, other 97%. BBE 98% overall.
Mini PEAT – Burns gym, DSU, Theatre 6, SDC, anaesthetics
National point prevalence survey on HCAI and antimicrobial drugs – data collected in last quarter uploaded and sent off.
Pre-CQC walkabouts completed in all clinical areas and reports sent out with actions required.

December:
Hand Hygiene – Overall 95% - doctors 90%, nurses 98%, other 96%. BBE 96% overall.
Mini PEAT – Occupational health, secretaries' office.
Elective breast patient audit – data collection and collation complete, results to be fed back.
Elective hand patient audit – preparation complete, to start January 2012.

New or Updated Policies

Ratified at ICC in December and uploaded to intranet:

- A-Z of Infections
- Management of patients with *C.difficile*
- Insertion and care of Central Venous Catheters
- Isolation Policy
- Screening, management and care of patients with MRSA
- Outbreak Policy
- Management and care of peripheral venous cannulae and arterial lines
- Collection of Specimens
- Surgical Site Infection Policy

Estates Issues

Peanut / Burns rehab project – work continues, continued IPACT involvement.
No negative pressure rooms on site; Microbiologist to formally advise on leave.
Physiotherapy and x-ray awaiting sink installation.
Physio room being upgraded to comply with clinical room specification.
Trust wide water cooler replacement plan devised and underway.
Sleep studies re-location plans – continued IPACT involvement.

Compliance

Ventilation in theatres – awaiting results of repeat ventilation sampling done mid-December
Lack of hand wash basins – risk register item 422, rated 6 – portable sinks in situ until works complete.
Carpets in clinical areas – put on risk register item 479 rated 6, replacement programme on-going.

Other Information

Unannounced visit from Environmental Health Officer in October to kitchens resulted in a reduction in our food hygiene rating from 5 to 2. All subsequent actions now complete. Awaiting repeat visit.
Surgeons mess kitchen inspected and urgent actions undertaken – will be included in EHO inspection of all kitchens.
Flu vaccination (December) – frontline workforce uptake 58.4%, non-clinical update 51%.
Meeting held with Practice Educators regarding Saving Lives audit results.
Following refurb, OPD1 inspected and approved.
New Macmillan centre inspected and approved.

Report to:	Board of Governors
Meeting date:	17 January 2012
Agenda item reference no:	08-12
Author:	Amanda Parker, Director of Nursing and Quality
Date of report:	January 2012

Patient experience

1. Patient experience report: Q3 2011-12

1.1. The patient experience report for the period October to December 2011 is attached for information.

2. The Board of Governors is asked to **NOTE:** the content of the report.

Patient experience quarterly report: Quarter 3 (October to December) 2011/12

1. Overview

1.1. This report provides a summary of the patient experience for this quarter, bringing together information from PALS, complaints, inpatient and outpatient questionnaires, NHS Choices and governor tours. More data sits behind the report and the Corporate Affairs Team would be happy to provide more details, if required.

2. Patient Advice and Liaison Service (PALS)

2.1. PALS provide patients with information about the NHS and help them with other health-related enquiries. The service helps to resolve concerns or problems while patients are using NHS services. PALS also provide information about the NHS complaints procedure and how to get independent help if a patient is considering making a complaint.

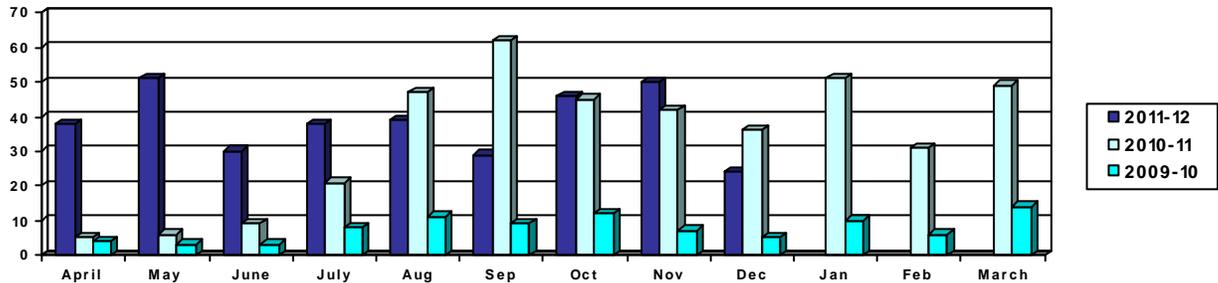
2.2. PALS received 120 enquiries during Qrt 3. 17 enquiries were initial complaints and 3 were referred to the formal complaints procedure at the time of contact.

2.3. The key themes of these enquiries are listed in the chart below and are taken from the QVH Datix database which is used to formally log and monitor PALS enquiries.

	Advice and information	Initial complaint	Issue for resolution	Total
Access to internal services	17	0	0	17
Access to NHS information	1	0	0	1
Access to QVH services	0	1	0	1
Access to QVH information	1	0	0	1
Attitude - non-clinical staff	0	2	0	2
Attitude - medical staff	0	1	0	1
Cancel appt - by patient	1	0	0	1
Cancelled appointment	1	0	0	1
Clinical care - nursing	1	0	1	2
Clinical care - medical	22	4	0	26
Clinical care - therapy	0	0	1	1
Communication with patient	4	3	0	7
Unable to contact QVH	5	0	1	6
Cancelled Operation	2	1	0	3
Dental services - advice	0	0	1	1
Environment	0	0	1	1
Inadequate information provided	1	0	0	1
QVH Literature	1	0	0	1
Parking	1	0	0	1
Health Records - access	3	1	0	4
Request for information	33	0	0	33
Communicating results	2	1	0	3
Signage	0	1	0	1
Telecommunications	0	1	0	1
Transport	1	1	0	2
Website	0	0	1	1
Totals:	97	17	6	120

* 'Issues for resolution' is used to describe enquiries which PALS help to clarify by talking with patients to work through their concerns, identify the nature of the problem and work out options to resolve it. Issues for resolution are most often resolved by listening, providing relevant information or by liaising with trust staff on behalf of the patient.

2.4 The following chart shows how PALS activity to date compares with activity during the two previous financial years.



3. Complaints

3.1. 24 formal complaints were received during Qtr 3 of 2011/12.

3.2. The trust aims to respond to all formal complaints within 25 working days. Of the 14 complaints received during Qtr 3, 16 were responded to within 25 working days. 3 complaints did not meet this timeframe and an alternative timeline for the responses was agreed in advance with the complainant. 5 complaints still require a response but we aim to respond to this within 25 working days.

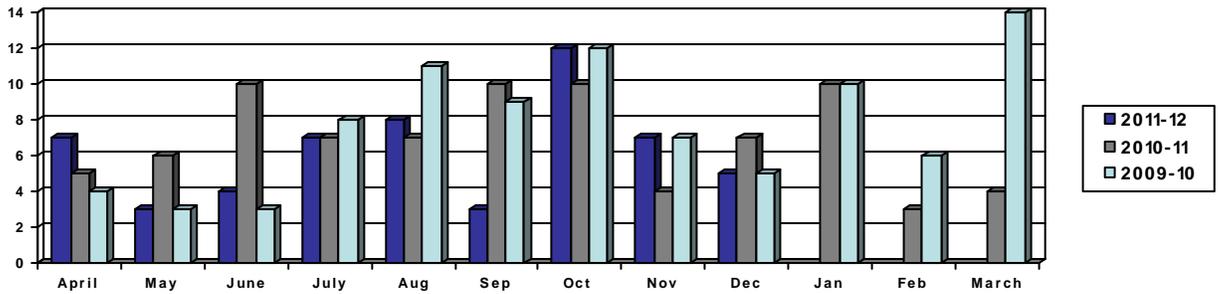
3.3. Complaints received during the quarter included the following themes and issues:

- Lack of communication with patients waiting in clinic.
- Clinical information provided to DVLA.
- Patient incorrectly advised to return to dentist when experiencing pain following extraction.
- Delayed operation and lack of communication with patient.
- Upset by written information received.
- Lack of communication with patient.
- Clinical outcome.

3.4. 23 formal complaints were closed during Qtr 3.

3.5. If a complainant remains unhappy with the outcome of the Trust's investigation, they can ask the Parliamentary and Health Service Ombudsman (PHSO) to investigate. During Qtr 3, 1 complaint was referred to the PHSO.

3.6. The following chart shows how complaints activity to date compares with activity during the two previous financial years.



4. Compliments

4.1. 55 formal letters / e-mails / online comments (submitted to the NHS Choices national website) of appreciation were forwarded to the PALS and Complaints Manager during Qrt 3 which is a decrease to the last quarter (77). Feedback included:

'I have been a patient in some private hospitals in the past and can honestly say the care and attention has not been as good as the Queen Victoria.'

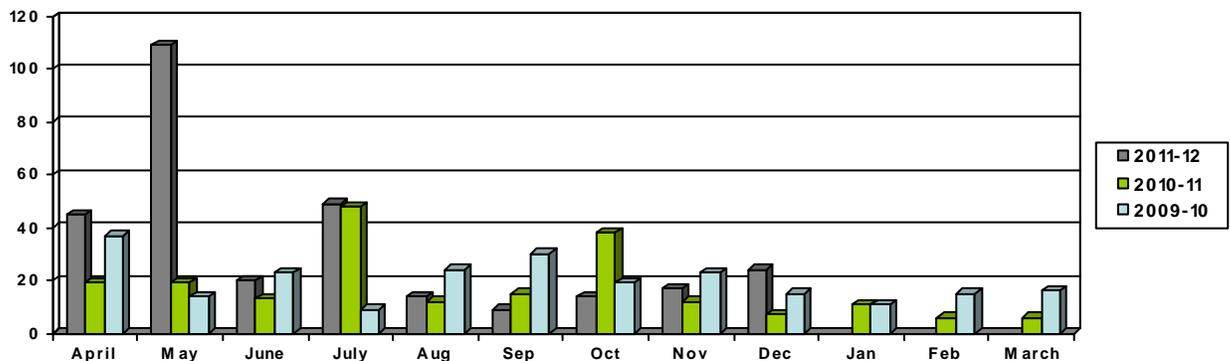
'I'd like to thank you for the enormous contribution that you have made to my life and the impact that it makes to my family also.'

'All the staff who attended me were friendly, courteous and kind, and the attention from each one was given, patiently, unhurried and efficiently. Not having had a stay in hospital for 50 years it was all quite an experience at my ripe age of 81, but I can say in all honesty that when afternoon came for my departure, as I had been looked after so well - I didn't really want to leave!'

'From the moment my wife and I arrived at reception for directions, to the moment I was treated by the physiotherapy dept I was handled with courtesy, kindness, humour and great efficiency.'

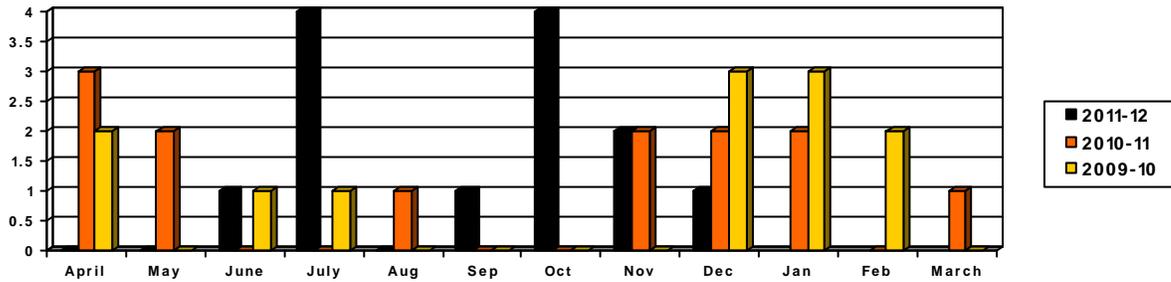
We believe that this represents only a fraction of the compliments received across the trust. All staff are reminded on a regular basis to copy compliments to the PALS & Complaints Manager for logging and formal acknowledgment.

4.2. The following chart shows how compliments received during Qrt 1 of 2011/12 compare with those received during the two previous financial years.



5. Legal

5.1. 7 new litigation cases were received by the trust in Qrt 3 2011/12, 2 of which initially started as a complaint and, overall, there are 22 open cases. 2 cases were closed during that period, both of which were settled out court.



5.2. The above chart shows how many legal claims we received during this quarter and how these compare with those received in the two previous financial years.

6. Inquests

6.1. Inquest – there was an Inquest on 21 December 2011. The related to a 42 year old female who underwent max fax surgery for head and neck cancer in August 2010. The patient was then transferred to ITU and then BSUH where the patient died 9 days later. The case was held before the Deputy Coroner who gave a Narrative verdict: *Patient died from peritonitis and multi-organ failure as a result of leakage around the PEG which was inserted during surgery of cancer of the mouth.*

7. Patient experience feedback

7.1. Internal surveys

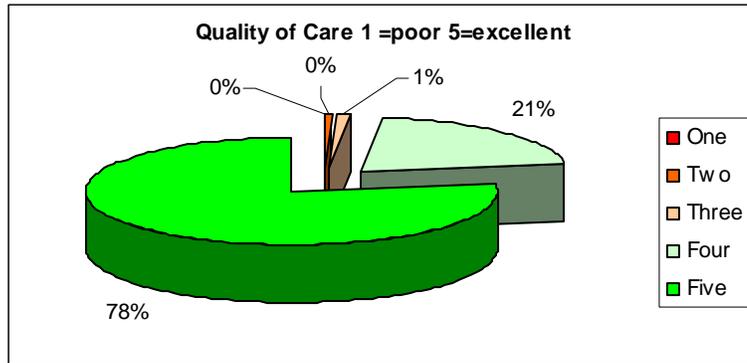
7.1.1. Inpatient Experience questionnaires

7.1.1.1. 235 inpatient experience questionnaires were completed in this quarter. Breakdown by ward and specialty below:

Ward	Burns	Margaret Duncombe	Ross Tilley	Rycroft	(blank)
Total	1	96	125	8	5

Specialty	Burns	Corneo	MaxFax	Plastics	Rehab	(blank)
Total	2	13	55	155	1	9

7.1.1.2. Of the 227 patients who answered the question, 226 said they would recommend QVH to their friends and relatives. Inpatients are asked to rate the quality of care on a score from one to five (1 poor to 5 excellent).



Appendix 1 shows all data and a comparison to the previous quarter.

7.1.2. Outpatient survey

7.1.2.1. An outpatient survey was carried out during December by a team of governor volunteers. 47 patients completed forms, of which 26 were male and 21 female and 10 were new patients. 61% of patients received a copy of letters sent to their GP.

Corneo	OP1	OP2	Orthodontics	Radiology
7	10	21	8	1

Corneo	MaxFax	OPD1	OPD2	Orthodontics
18	6	5	19	18

7.1.2.2. Patients are asked to score each question from 1 to 4 (with 1 being lowest) and most patients score 3s and 4s. By finding the average score for each question we are able to compare to previous months/quarters or across departments, as required. Scores this quarter range between 3.27 (lowest) to 3.86 (highest).

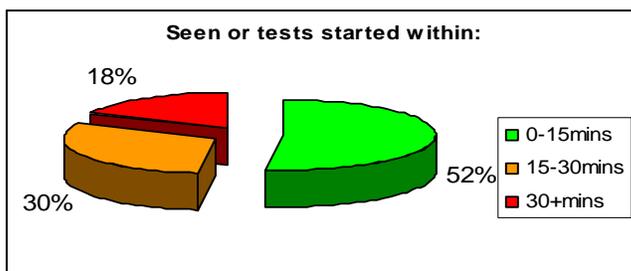
The three lowest scores were:

- 5e. If I had to wait, I was given an explanation - 3.27
- 5a. Before my appointment, I knew what to expect - 3.39
- 1a. I found my way around easily - 3.41

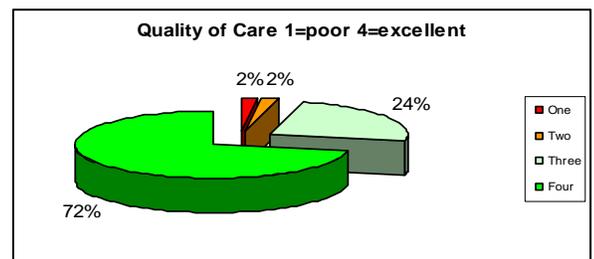
The top three scores were:

- 4a. Staff were approachable – 3.86
- 3b. I always felt safe - 3.81
- 2b. Treated with courtesy and respect – 3.81

Waiting times:



Quality of care:



98% of outpatients would recommend QVH to their family and friends.

Appendix 2 shows all data and a comparison to the previous quarter.

7.2. External surveys

7.2.1. National Outpatient Survey 2011

- 7.2.1.1. The trust received the final report of the National Picker Outpatient Survey. 460 patients completed the questionnaire giving a good response rate of 55%. Overall, the results have been very positive with 38 out of the 75 questions rated significantly better than other Trusts and only 1 was significantly lower.
- 7.2.1.2. More detail was reported in the November monthly patient experience report. However the scores were good overall. 96% of patients reported their overall rating of care as good, very good or excellent. 91% of outpatients were treated with respect and dignity *all of the time* at the Outpatients Department. The courtesy of the reception staff was given a low problem score of 3%.
- 7.2.1.3. The main areas to focus on for improvement is around communication of expected waiting times and an explanation for delays and patients being able to find their way to departments more easily. A significant improvement was made in copying patients in to letters sent to their GP. Actions will be incorporated into the Patient Experience Action Plan.
- 7.2.1.4. The survey results will be published on the 14th February. On this date the national summary and tables will be published on the CQC website alongside a national press release, comparing results with the 2009 survey data.

7.2.2. National Inpatient Survey 2011

- 7.2.2.1. Work is underway to undertake the national inpatient survey, which Picker will carry out on our behalf. The first questionnaires were sent to patients in October 2011. Data will be collated ready for Picker to submit to the Co-ordination Centre by 13 Jan 2012.

7.3. Other data

7.3.1. General comments analysis

The following charts show which methods for feedback have been used.

Comment Card	15
Discharge Questionnaire	110
NHS Choices	2
Outpatient Survey	16

143 verbatim comments were recorded in this quarter and assigned to the relative categories, as positive (☺) and less positive (☹).

	☺	☹		☺	☹
General remarks	22	1	Organisation/efficiency	3	2
Before appointment	2	6	Friends/family	2	1
Waiting time	2	10	Other pts visitors	1	1
Staff	77	4	Cleanliness/Hygiene	5	3
Communication	11	9	Environment/facilities	2	7
Care & Treatment	52	6	Parking	0	3
Ops/procedures	5	3	Food	1	22
Medication/tests	2	8	Discharge	1	1
Safety	5	3	Other	0	4

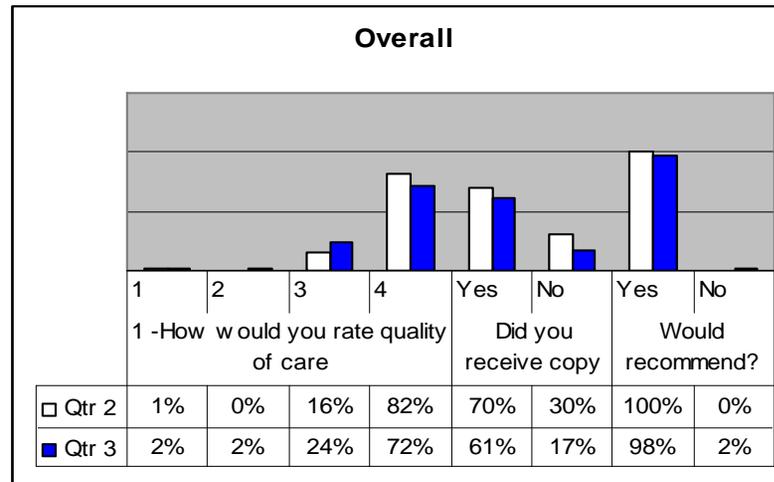
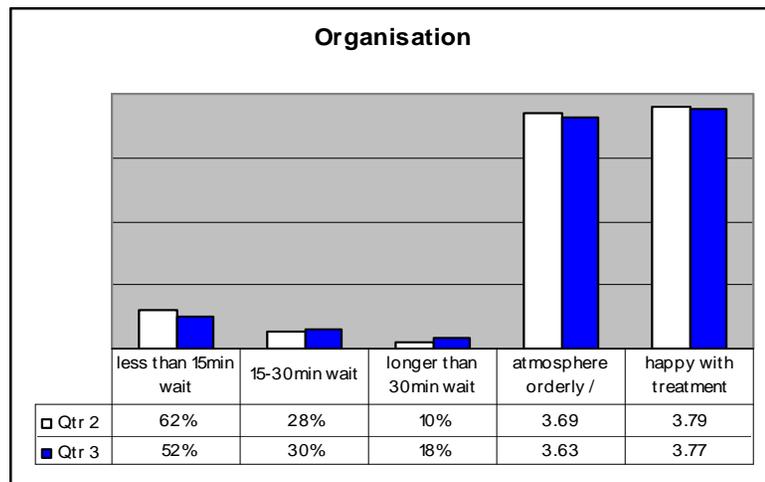
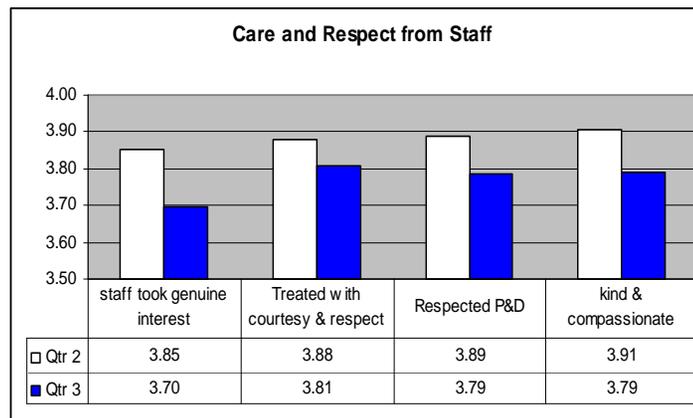
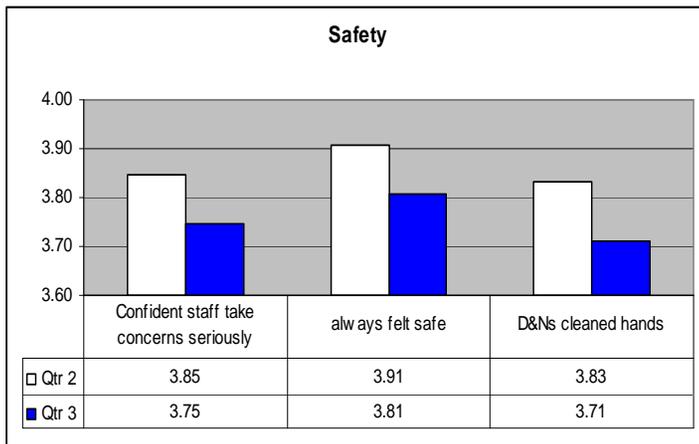
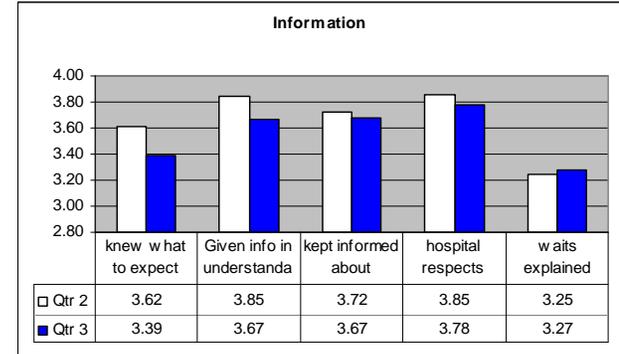
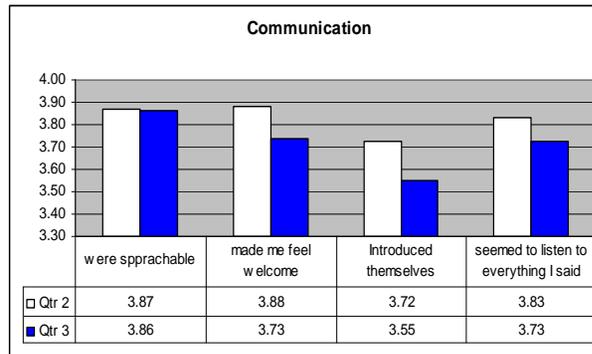
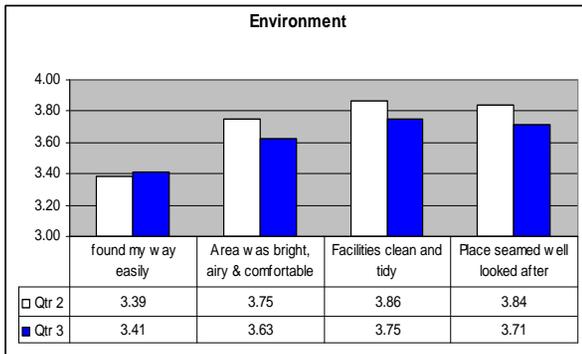
7.3.2. Patient's comments are mostly overwhelmingly positive and grateful. Even those comments that contain criticism also include something positive. The majority of the more critical comments over this quarter have been in regard to access to or choice of food and waiting times and communication (which is also highlighted in the outpatient surveys). The earlier closure of our restaurant led to some concerns and in view of this the Café opening time has been extended, on a trial basis.

7.3.3. Doctor Foster report

Researchers producing the guide looked at what patients were saying about hospitals on the Patient Opinion and NHS Choices websites. They found that 96% of patients said they would recommend QVH, putting it third on the most recommended list just behind two private hospitals scoring 97% and 96%. QVH is the only NHS hospital in the top five on the list.

Corporate Affairs Team – January 2012

Appendix 2 – Outpatient Results Qtr 2 / Qtr 3 (bold text) comparison



Report to:	Board of Governors
Meeting date:	17 January 2012
Agenda item reference no:	09/12
Author:	Kathleen Dalby, Company Secretary and Head of Corporate Affairs
Date of report:	9 January 2012

AMENDED CONSTITUTION: UPDATE FOLLOWING SUBMISSION TO MONITOR

1. At its meeting on 12 April 2011, the Board of Governors (BoG) considered a series of amendments to the trust's Constitution and approved them for submission to Monitor.
2. The amendments were prepared by the then Vice-Chairman, in consultation with the BoG, and had been reviewed and commented on by the Board of Directors at its meeting on 24 March 2011. The amendments aimed to improve the document's layout and flow and to update it to reflect the trust's current custom and practice. The most significant changes related to a reduction in the numbers of public governors from 24 to 20 and changes to lengths of term served by elected governors. Both matters had previously been discussed with Monitor and agreed in principle, subject to the formal submission.
3. Following submission to Monitor, it came to light that only 66% of the full Board of Governors had been present in April 2011 to approve the amendments. The trust's current Constitution, agreed by Monitor and published in 2008, states at paragraph 20.2 that "*No proposals for amendment of this Constitution will be put to the Independent Regulator unless it has been approved by three quarters of the full Board of Governors.*"
4. The January 2012 meeting of the BoG is the first at which the amended Constitution could be re-approved. However, the Health and Social Care Bill is due to be passed in the near future and will make changes to the governance of foundation trusts which will require further amendments to the Constitution.
5. It is recommended, therefore, that re-approval of the amended Constitution is postponed until further amendments relating to the Bill can be incorporated.
6. Monitor has advised that the decision to re-approve or postpone is a matter for the trust's boards. The Company Secretary does not believe that postponement will present any risks to the governance of the trust or the duties of the BoG.
7. The Board is asked to **APPROVE** the recommendation to postpone re-approval of the amended Constitution until further amendments arising from the Health and Social Care Bill can be incorporated.

Report to:	Board of Governors
Meeting date:	17 January 2012
Agenda item reference no:	10/12
Author:	Kathleen Dalby, Company Secretary and Head of Corporate Affairs
Date of report:	9 January 2012

FOUNDATION TRUST MEMBERSHIP (UPDATE)

1. Membership figures

- 1.1. Public membership is broadly stable at 9,566 compared to 9,687 at the time of the last meeting of the Board of Governors on 18 October 2011. Numbers have dropped following circulation of the latest edition of QVH News in November 2011 and are mostly due to deaths and members who have moved address and cannot be located.
- 1.2. QVH has a further 369 'affiliate' members who live outside of the Kent, Surrey and Sussex counties and are, therefore, ineligible to vote. We have no affiliate members under the age of 18.
- 1.3. QVH aims to maintain a public membership of approximately 10,000 so efforts are underway to replace those who have died or moved away, as well as affiliate members that had previously been included in the 'full' membership figures. The Membership Taskforce of the Board of Governors will consider ways to achieve this including the potential for governors to provide membership forms to patients surveyed in outpatient clinics. The Corporate Affairs team is also looking to recruit leavers from QVH staff to public members.
- 1.4. Staff membership stands at 905 (employed on a permanent basis and aged over 18) as at 31 December 2011.

2. Membership profile

- 2.1. The table below summarises the current profile of public membership.

	Public members		Population comparison*	
Age	No.	%	No.	%
0-16 [not eligible]	0	-	1,742,089	28.46
17-21 [eligible aged 18+]	13	0.1	732,813	11.97
22+	3,800	39.7	3,647,011	59.57
Not stated	5,753	60.1	-	-
Gender	No.	%	No.	%
Male	4,004	41.9	2,094,370	48.55
Female	4,796	50.1	2,219,610	51.45
Not stated	766	8.0	-	-
Ethnicity	No.	%	No.	%
White categories	2,403	25.1	3,972,750	96.16
Mixed categories	9	0.1	41,374	1.00
Asian categories	26	0.3	69,232	1.68
Black categories	11	0.1	18,074	0.44
Other categories	12	0.1	29,915	0.72
Not stated	7,105	74.3	-	-
Socio-economic group	No.	%	No.	%

ABC1	6,104	63.8	1,570,730	61.96
C2	1,602	16.7	434,006	17.12
D	1,457	15.2	421,888	16.64
E	403	4.2	108,416	4.28

* Population data for Kent, Surrey and Sussex supplied by Membership Engagement Services

- 2.2. The data continue to demonstrate that the trust's membership base appears to be broadly consistent with the population of Kent, Surrey and Sussex in gender and socio-economic categories. The majority of QVH members have declined to inform us of their age or ethnicity so full comparisons with the catchment population are difficult.

3. Membership communications

- 3.1. The latest edition of QVH news (the trust's bi-annual newsletter for foundation trust members and the general public) was published in November 2011. It was distributed electronically to all members for whom we hold an email address and by second class post to all other membership households.

4. Membership data and management

- 4.1. The Corporate Affairs team continues to use the membership database service provided by Membership Engagement Services (MES). MES is currently updating all databases with 2011 demographic data which is the most up-to-date available.

5. Membership taskforce

- 5.1. At the time of writing, the Company Secretary had very recently returned from maternity leave and had not yet met with the members of the Membership Taskforce. Members of the group would be welcome to offer a verbal update on their work to the Board of Governors at the meeting on 17 January 2012.

6. Recommendation

- 6.1. The Board of Governors is asked to **NOTE** the contents of this report.

Report to:	Board of Governors
Meeting date:	17 January 2012
Agenda item reference no:	11-12
Author:	Ian Stewart, Public Governor and Governor Representative
Date of report:	January 2012

Report from the Vice Chairman and Governor Representative

1. Board of Directors

1.1. There have been two BoD meetings since the last Board of Governors meeting. No meeting was held in December but the normal operational reports were circulated. QVH continues to work within all its operational targets (bar MRSA) and is on plan to achieve its financial targets for the end of the financial year. I will not go into any detail as you will be updated on our latest performance figures during this meeting.

1.2. The October Board did review the Trust's performance for the first half year and considered the second half forecast in detail. There were no significant concerns raised during this session. Other matters considered by the Board that are worth mentioning here are:-

- Picker Inpatient report. QVH has performed particularly well in this survey. Of the 74 questions which were used in the survey QVH performed better than average, compared to other trusts, in 38 questions and worse than average in only 1. That was the question about ease of finding the outpatients department.
- Maxillofacial Laboratory. A progress report was considered on the performance of the laboratory, particularly with regard to waiting times.
- New Theatre Development. Progress on this project and the various associated projects is reported to the Board at every meeting.

2. General Health Environment

2.1. It seems that not a day goes by without one depressing story or another about bad practice within the NHS. Thankfully QVH has so far stayed immune from this through good management and an excellent and committed workforce. However, QVH cannot remain immune to the effects for much longer. The financial situation of many NHS units is not good and this is already having an effect on the ease with which we are able to collect money owing to us. The need to save money may force commissioners to take decisions which might affect the amount of work being referred to us. The poor patient experience being reported in some NHS units may mean that there are extra conditions/targets thought up by the government to apply throughout the NHS. It recently floated the idea that all inpatients should be seen by a nurse at least once per hour.

2.2. It is obvious that QVH is unlikely to be able to sail serenely through a stormy sea without a few waves catching up with us. Only time will tell what is going to be thrown at us but I am confident QVH will be able to deal with it.

3. Governor Issues

3.1. Recently I asked for comments on any issues you would like raised for possible inclusion in the quality accounts. The GSG considered your responses at its last meeting. Now there is another request for any input to the business plan for next year. The GMU for December included the key objectives and priorities for the Trust

over the next year. If you have any thoughts on items which could be added to what is already being considered please contact me.

3.2. There are a number of opportunities open to you to get closer to QVH activities. We operate monthly governor surveys on QVH outpatient units. There are quite a number of locations to be surveyed and we can accommodate as many governors as volunteer. Please keep a lookout for the regular invitations from Jenny Cunnington. Manya Sheldon attends at least one PEAT inspection a month and is keen for other governors to accompany her. Please contact her for further information. There are also regular opportunities to go on governor walkabouts. Claire Charman has listed all dates for this year in the latest GMU and will be able to book you in.

4. **Recommendation**

4.1. The Board of Governors is asked to **NOTE** the contents of this report.

Report to: Board of Governors
Meeting date: 17 January 2012
Agenda item reference no: 12-12
Author: Valerie King, Public Governor
and Chair of Appointments Committee
Date of report: 28 December 2012

Report from the Appointments Committee

1. The Board of Governors Appointments Committee has met once since the last Board of Governors Meeting on 18th October 2011, chaired by Valerie King.
2. The main focus of this meeting, held on 8th December, was to look in closer detail at succession planning for the Non Executive Directors posts. The decisions taken at this meeting will be given in Part 2 of this meeting.
3. There was also a Forum meeting held in November to discuss the succession planning in general, giving everyone a chance to voice their opinions in an informal manner. These opinions were taken forward to the official Appointments Committee in December. This was attended as follows:

Committee members

- Valerie King [Chair]
- Alan Thomas
- Edward Belsey
- Mabel Cunningham
- Pat Brigden
- Andrew Robertson

4. The Board of Governors is asked to **NOTE** the content of this report