Queen Victoria Hospital NHS
NHS Foundation Trust

Public meeting of the Board of Governors

Tuesday 17 April 2012, 18.30, Meridian Hall, East Court, East Grinstead

Tea, coffee and biscuits and an opportunity to meet members of the Board of Governors from 18.00

AGENDA: PART 1 (PUBLIC MEETING)			
No.	Agenda item	Time	Papers
STANDING ITEMS			
16-12	**Welcome, apologies and declarations of interest** Peter Griffiths, Chairman	18:30	-
17-12	**Draft minutes of the meeting held on 17 January 2012 (for approval)** Peter Griffiths, Chairman	18:35	Enc.
18-12	**Matters arising and actions pending from the previous meeting** Peter Griffiths, Chairman		-
REPORT FROM THE TRUST MANAGEMENT TEAM			
19-12	**Report from the Chief Executive** Adrian Bull, Chief Executive	18:40	Enc.
REPORTS FROM LEAD GOVERNORS			
20-12	**Vice Chairman / Governor Representative** Ian Stewart, Vice Chairman and outgoing Governor Representative	18:55	Enc.
21-12	**Quality and risk** Governor representative to the quality and risk committee	19:00	Verbal
22-12	**Patient experience** Patient experience taskforce representative (Patient Experience Report 2011/12 Qtr 4 enclosed for information)	19:05	Verbal
23-12	**Foundation trust membership** Membership taskforce representative	19:10	Verbal
24-12	**Charitable funds** John Bowers (outgoing) governor representative to the charitable funds advisory committee	19:15	Verbal
STATUTORY DUTIES			
25-12	**Appointments Committee** Valerie King, Public Governor and Chair, Appointments Committee	19:20	Enc.
26-12	**Audit** Chris Orman, governor representative for audit	19:25	Verbal
ANY OTHER BUSINESS			
27-12	**By application to the Chairman** Peter Griffiths, Chairman	19:30	-

	• Health and Social Care Act 2012		
QUESTIONS FROM THE PUBLIC			
28-12	**To receive any questions or comments from members of the public** Peter Griffiths, Chairman	19:40	-
29-12	**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	19:45	-
DATE OF THE NEXT MEETINGS			

Public meetings of the Board of Governors:

19 July 2012, 13:30 (tbc), 'The Ark', Turners Hill

Tuesday 30 October 2012, 18:00, Meridian Hall, East Court

Tuesday 15 January 2013, 14:00, Meridian Hall, East Court

Annual General Meeting:

19 July 2012, 18:00, 'The Ark', Turners Hill

Members of the Board of Governors	
Brian Beesley	Public Governor
Edward Belsey	Public Governor
Dr Howard Bloom	Stakeholder Governor, West Sussex County Council
John Bowers	Public Governor
Pat Brigden	Public Governor
Mabel Cunningham	Staff Governor
Jenny Cunnington	Public Governor
John Dabell	Public 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 Chair, Governor Steering Group
Jonathan Street	Public Governor
Alan Thomas	Public Governor
Norman Webster	Stakeholder Governor, East Grinstead Town Council
Peter Wickenden	Public Governor
Vacancy	Stakeholder Governor, NHS West Sussex
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

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Document:	**Minutes**	
Meeting:	**Board of Governors (in public)** **17 January 2012 14:00 – 17:00** **Meridian Hall, East Court, East Grinstead**	
Present:	Peter Griffiths	Chairman
	Ian Stewart	Vice Chairman
Stakeholder Governors:	Andrew Robertson	League of Friends
	Norman Webster	East Grinstead Town Council
Staff Governors:	Mabel Cunningham	Christian Petersen
Public Governors:	Brian Beesley	Valerie King
	Edward Belsey	Moira McMillan
	John Bowers	Christopher Orman
	Jenny Cunnington	Michael Shaw
	John Dabell	Manya Sheldon
	Brian Goode	Jonathan Street
	Robin Graham	Alan Thomas
	Anne Higgins	Peter Wickenden
In attendance:	Jeremy Beech	Non Executive Director
	Adrian Bull	Chief Executive
	Claire Charman	Engagement Coordinator / secretariat
	Kathleen Dalby	Company Secretary & 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 [Items 01-12 to 08-12]
	Amanda Parker	Director of Nursing & Quality
	Lester Porter	Non Executive Director
Members of public:	2 [1 in full, 1 in part]	

Not present	Pat Brigden	Public Governor
	Heather Bunce	Programme Director
	Michael Hannah	Public Governor
	Carol Lehan	Staff Governor
	Gillian Santi	Public Governor
	Shena Winning	Non Executive Director

PRESENTATION	
01-12	**Burns** Mr Baljit Dheansa, Consultant Plastic Surgeon and Clinical Lead for Burns, delivered a presentation on the work carried out by the QVH Burns Unit, giving a background to the history of burns at QVH, from the treatment of airmen by McIndoe in WW2 up to present day. Mr Dheansa explained the change in burns treatment over time and the improvement in survival rates. He commented on the type of patient and complexity of cases, and how a multidisciplinary approach is taken from admission through to discharge. He noted that a service level agreement is in place with Brighton which is of mutual benefit and QVH look to strengthen relationships with other trusts in Kent, Surrey and Sussex and provide training to their A&E staff. Systems are in place to monitor outcomes for patients to ensure clinical

	effectiveness. Mr Dheansa took questions from the governors regarding how triage systems work in a major incident scenario, what tends to cause burn injuries and whether QVH uses artificial skin products to treat burns. In the course of his responses, Mr Dheansa explained that QVH is working with the ambulance service, which has responsibility for major incident triage, to clarify QVH's capacity to receive a number of major burns patients together. He noted that burns in children tend to be caused by hot fluids and that elderly patients are often burned / scalded in baths. Burns in younger adults tend to be the result of BBQ or bonfire accidents and that chemical burns are rare. Mr Dheansa also explained that QVH uses artificial skin products for reconstructive surgery more than in burns treatment but clarified that the technique still requires a skin graft, albeit a thin one. The Chairman thanked Mr Dheansa for his presentation.
STANDING ITEMS	
02-12	**WELCOME, APOLOGIES AND DECLARATIONS OF INTEREST** The Chairman welcomed everyone to the meeting and in particular welcomed back Kathleen Dalby, Company Secretary and Head of Corporate Affairs, who returns from maternity leave. Apologies were received from Gillian Santi, Carol Lehan, Michael Hannah, Shena Winning and Heather Bunce. The Chairman noted that Heather Bunce is recovering from illness and that the Board of Governors would look forward to welcoming her back. There were no declarations of interest The Chairman acknowledged the problems with the acoustics in the room and asked everyone to use a microphone. He said that we would aim to provide a better solution for the next meeting. He then went on to clarify the distinction between public and private meetings and meetings held in public. He noted that the QVH Board of Governors meets in public so that the public has the opportunity to observe the Board conducting its affairs and has, at a specific point in the agenda, the chance to ask questions. The Chairman explained that this is very different from a public meeting at which one would include the public in the debates and considerations as part of a consultation process.
03-12	**MINUTES OF MEETING HELD ON 18 October 2011** There were no amendments to the minutes of the last meeting. The Board of Governors **APPROVED:** the minutes of the meeting held on 18 October 2011 as a correct record.
04-12	**MATTERS ARISING FROM THE DRAFT MINUTES** There were two matters arising from the previous meeting – • Item 54-11 - Claire Charman advised that the minutes from the July meeting had been corrected as recommended. • Item 56-11 – The suggestion of a future presentation on the skin cancer pathway will be incorporated into the plan for the year.
REPORTS FROM THE BOARD OF DIRECTORS	
05-12	**REPORT FROM THE CHIEF EXECUTIVE** Adrian Bull (AB) highlighted the following from the Board of Directors report: <u>Risk management</u> • AB commented that the emergency plan had been overhauled and QVH would be taking part in an emergency planning exercise. • One incident of particular concern is that of a drill burn which is being investigated thoroughly.

Finance

- Richard Hathaway presented the finance report and noted that the trust is on track to receive the optimum Financial Risk Rating (FRR) of 5 and a 'Green' rating from Monitor, the Foundation Trust regulator. Whilst the MRSA total of 2 exceeds the threshold set (which is 1), up to 5 cases are allowable before the rating is affected. He noted the additional pressures and challenges on entering the final quarter of the financial year, particularly with the commissioners under pressure.
- An error was spotted in the finance chart where the first two column headings are the wrong way round – the figures in the first column are the actual figures and the second column is the plan.

Operational performance

- AB advised that in the Operating Framework for 2012/13 targets have been emphasised. Trusts will be required to report per specialty and whilst QVH is currently on target there are two specialities under pressure which are eye surgery and sleep studies.

People issues

- AB clarified an error in the report and confirmed there had been a total of 4 voluntary redundancies and 0 compulsory redundancies following the closure of Jubilee Ward.
- The industrial action of 30 November 2011 had been well managed. With only a small amount of theatre activity being effected. Staff support was good and staff who took action, managed it well.

Estates

- Departmental moves to enable the new theatre block are almost complete. There has been a delay to the move of Health Records to the premises in Kings Road due to obtaining legal agreement for fibre optic cabling.
- Peanut Ward is on track with the revised programme with anticipated completion by the end of January 2012.
- The Macmillan Cancer Information Centre is open and fully operational.
- A new project management appointment has been made; Stephanie Joice will be leading on several initiatives, including the information systems in the Outpatient Departments.
- AB noted that his report contained further detail on the work being undertaken in streamlining pathways and suggested that a future presentation to the Board of Governors may be beneficial. **ACTION: KD and CC**

Questions and discussion

- What does the acronym ORSOS mean? Ken Lavery explained that it stands for Operating Room Scheduling Office System which is an IT system that schedules and tracks patients through the operating theatres. It was this system that enabled the trust to identify which implants were used for which patient over the past ten years, during the recent PIP breast implant scare. The current version of ORSOS is being upgraded and will enable us to develop its use further.
- It was suggested that the financial summary given in the Directors Report is of limited value to governors and it was asked if more detail about the cash flow and balance could be given. The Chairman advised that the Governor Steering Group (GSG) receive the full finance and operational report as part of the Board of Directors' papers it reviews. Adrian Bull attends these meetings where any questions arising may be discussed with him directly. The Chairman suggested that in view of this query the GSG consider ways to address this concern. **ACTION: GSG**
- Now the Sleep Disorder Centre has relocated back to Holtye Road, it was asked if the building in London Road was owned by QVH and whether it could be used as a

	small rehabilitative unit now the Jubilee ward is closed. AB advised that this building had been on lease and will be returned and the suggestion was therefore not an option. - It was asked as to whether QVH is able to decide which specialties are specified within the strengthened 18 week target. AB advised that it is likely to be beyond our control. He went on to note, however, that certain QVH sub-specialties may fall within two main specialties, for example, hand surgery in some trusts would come under the orthopaedic umbrella but at QVH it comes under plastic surgery. He expected that commissioners would like to see it as disaggregated as possible. - One governor suggested that, in an organisation such as QVH, the response rate to the national staff survey of 51% is lower than one would expect. Pauline Farrell advised that the figure was a good response for the NHS. The highest QVH has seen is 59%. In previous years only a random sample of staff were surveyed. However, for the past two years the trust have included all staff which means that the 51% equates to a larger number of actual completed questionnaires. Pauline Farrell also noted that the forms and questions used are set nationally and some staff feel they are very long and they don't feel they have the time to complete the questionnaire. AB advised that staff had been fully encouraged through a variety of ways to complete their questionnaires. The same governor noted that being a volunteer, in addition to governor duties, he is able to pick up on staff issues and in particular has observed that some staff have concerns around the systems for accessing health records when the department moves off-site. AB acknowledged that there had been some concerns raised by staff and some difficulty through the process of moving which is to be expected at a time of such change. However, these issues have been resolved. Other teams around the trust have commented on how well the health records team have coped during this unsettled period. AB also noted that in some large trusts the distance of their on-site health records department can be as far as or even further than that of our new off-site location. However, many Trusts have off-site medical records facilities often at considerable distances. - In response to questions around profitability and cash flow, AB advised that revenue to the hospital can change quite quickly. Some parts of the trust are more profitable than others, whilst the burns unit brings in more revenue that it costs, certain procedures do not, such as breast reconstruction after mastectomy. The Sleep Disorder Centre is currently the most profitable. Richard Hathaway added that with the Sussex health economy £28m behind plan there is an impact on QVH and the on-going settlement of invoices can be a slow process. The Board of Governors **NOTED:** the contents of the report
06-12	**ANNUAL PLAN 2012/13** Richard Hathaway (RH), gave an introduction to the topic and explained that there are two strands to this work: a) Find out what our commissioners expect to buy from us next year (we are still awaiting the activity plans which are several weeks behind). b) Establish the Key Strategic Objectives for QVH in 2012/13 (a paper had been circulated to governors in the last monthly update, ready for discussion at the GSG followed by the full Board of Governors meeting). RH noted that the Annual Plan is published on the Monitor website in May and explained that the key strategic objectives remain the same as last year but with specific, updated actions within them. The process for seeking the wider governor view came under question with some governors

	feeling they had not had enough opportunity to discuss matters. The Chairman responded by reminding governors of the principles, that it is the responsibility of the Board of Directors to bring together forward plans. However, the Board of Directors must consult the Board of Governors and take account of their views. In the past this has been lead by the GSG and the Vice Chairman. The Chief Executive would then respond formally to the Board of Governors with an explanation as to what has been included and what has not been included. The Chairman went on to note that as these plans form part of a rolling process, governors should already be familiar with the strategic direction of the trust. One governor observed that there were only a small number of governors on the GSG and as an outsider of that committee feels he does not receive enough information and suggested the information flow could be reviewed. The Chairman agreed to review the process to be more inclusive. **ACTION: PG** After much discussion some governors felt that they needed more time to consider the objectives. RH asked IS to coordinate responses which would be needed by 27 January at the latest, ready for the February Board of Directors meeting. **ACTION: ALL GOVERNORS** The Board of Governors DISCUSSED: the contents of the paper and AGREED: to feedback any additional comments to the Vice Chairman by 27 January 2012.
07-12	**INFECTION PREVENTION AND CONTROL** Amanda Parker, Director of Nursing and Quality and DIPC (Director of Infection Prevention and Control) presented her report for September to December 2011, highlighting the following points: • The hand hygiene compliance was good at 95%. • There were no new cases of MRSA or C.*Difficile* in the last quarter (AP noted that the figure in the report was incorrect and should read 0). • There had been two cases of colonised MRSA both in very complex burns cases. • Further to an environmental issue (not food related) in the kitchens, work has been competed bringing our score back up to 4 after the successful follow-up environmental health inspection. • The take-up of the flu vaccine by frontline staff has been very good at 58.4% compared to 47% last year. After discussion, the Board of Governors **NOTED:** the contents of the report
08-12	**a) PATIENT EXPERIENCE REPORT (Q3 2011/12)** Amanda Parker presented the report for quarter three and noted the increase in PALS contacts and that parking issues have gone down. The number of complaints for the quarter is within the normal range for the trust. It was noted that the number of compliments outweigh the number of complaints. Ken Lavery was asked if there was any burden on QVH staff as result of the coroner's report. Mr Lavery explained that the death rate for patients who are treated with a PEG (feeding tube into their stomach) is 1 in 5. Following the report, a survey was carried out looking back the last 150 patients treated with a PEG and this is the first death. After a broad discussion of patient experience and the report it was suggested that some aspects of the report could be improved to show trends. The Corporate Affairs Team will explore ways to ensure that the information produced is as clear as possible. However, Claire Charman noted that the data is captured on different systems and therefore information is presented slightly differently for each aspect of patient experience.

	The Board of Governors **NOTED:** the contents of the report. **b) NATIONAL OUTPATIENT SURVEY 2011 PRESENTATION** The Chairman apologised for the technical problems with the projector and asked Amanda Parker (AP) to give an overview of the results (the full slides will be circulated). AP advised that the Picker Institute undertake the survey on our behalf and these initial results allow us to benchmark QVH results against the other 74 trusts who also use Picker. The Care Quality Commission (CQC) will publish the results for all trusts on 14 February 2012. AP gave a summary of the results which included positive scores for the attitude of our reception staff, privacy and dignity of patients and overall 97% of patients were happy with their care. Some areas that could be improved are around waiting times and the communication of delays. AP advised that plans are in place to install a patient calling system in outpatient departments which will allow the trust to track patients through the system and noted that there will also be information screens in waiting areas which will help to keep patients better informed. AP outlined that most of the verbatim comments added by patients were about parking charges, as this survey was undertaken when the minimum charge for parking was £2.50. It has since changed to £1.00 per hour and although complaints about cost have reduced, patients are finding the signage regarding the charges confusing and AP advised that new signs have been ordered. Signage in general is under review and inpatients will be guided from the parking area, near the McIndoe Surgical Centre, into the door at the end of the main corridor leading patients inside toward the Main Entrance desk. This way it should ensure a safer walking route for patients.
GOVERNANCE	
09-12	**AMENDED CONSTITUTION: UPDATE FOLLOWING SUBMISSION TO MONITOR** Kathleen Dalby (KD) summarised the points made in her paper and explained that the amended constitution sent to Monitor for approval was not valid due to an insufficient number of governors present at the April 2011 Board meeting when the amendments were agreed. As proposed in the paper, KD advised the Board of Governors to postpone the re-approval of the document until the new Health & Social Care Bill has been passed, as this will result in further changes to the constitution. KD reassured the board of governors that postponement will not present risks to the governance of the Trust. However, the decision to delay must be agreed by both boards. This will mean that the trust will continue to operate based on the constitution of 2008. A governor queried whether problems might arise during the 2012 elections to the Board of Governors since the 2008 constitution is based on 24 public governor positions on the board. KD explained that the 2011 elections were held to recruit numbers, based upon the draft revised constitution for a total of 20 Public Governors, as agreed with Monitor. KD expects Monitor to accept the same discrepancy in 2012 but will check with them. **ACTION: KD** After discussion it was suggested that the new governors be informed as to the background for changing the number of governor places. KD agreed to present this information at a governor forum meeting to be arranged. **ACTION: KD and CC** The Board of Governors **AGREED**: to the recommendation to postpone the re-approval of the constitution to take account of the Health and Social Care Bill.
10-12	**FOUNDATION TRUST MEMBERSHIP**

	KD presented the report and noted the following: • Public membership is down due to natural loss such as members moving away and also following the removal of affiliate members from the data. • KD will be meeting with the newly reformed membership taskforce in due course, focusing on replenishing the membership. • Future data reported to the Board of Governors will include membership profiles to better highlight areas where membership is less representative. Currently, 50% of members live in West Sussex. On behalf of the membership taskforce, Michael Shaw summarised the initial ideas considered by the taskforce in areas of; membership recruitment and their location, types of membership and the best ways to keep members informed about the hospital. These ideas are in the initial stages and will require further consideration at the next meeting of the taskforce. The Board of Governors **NOTED:** the contents of the report.
REPORTS FROM THE SENIOR SUB-COMMITTEES OF THE BOARD OF GOVERNORS	
11-12	**REPORT FROM THE GOVERNOR REPRESENTATIVE** Ian Stewart (IS) presented his report and re-iterated his plea for governors to get involved by carrying out governor surveys and mini-PEAT inspections and/or by attending Governor monthly tours. IS advised that he has now formed an NHS Constitution working group who will be meeting soon. (This group will look at and ensure QVH compliance with, the pledges in the NHS Constitution – it was noted that this is not the same as the QVH Constitution) After discussion, the Board of Governors **NOTED:** the contents of the report.
12-12	**REPORT FROM THE APPOINTMENTS COMMITTEE** Valerie King had nothing further to add to her report and said that the remaining matters would be discussed in the private part of the meeting to follow. The Board of Governors **NOTED:** the contents of the report.
ANY OTHER BUSINESS	
13-12	There were no items of any other business.
QUESTIONS FROM THE PUBLIC	
14-12	There were no questions from the remaining member of the public.
DATE OF THE NEXT MEETING	
	The Board of Governors noted the date of their next meeting, which would be Tuesday, 17 April 2012 at 6.00pm, to be held at Meridian Hall, East Court
CLOSE	
	The Board of Governors considered a motion to exclude the public and members of staff, other than the Company Secretary and Engagement Coordinator from the remainder of the meeting in order that it might discuss confidential matters. This was agreed and the members of the public and staff were thanked for their attendance and asked to leave the meeting. The Chairman closed **Part 1** of the meeting.

Chairman:…… Date:……

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	**Board of Governors**
Meeting date:	**17 April 2012**
Agenda item reference no:	**19-12**
Author:	**Adrian Bull, Chief Executive**
Date of report:	**April 2012**

REPORT FROM THE BOARD OF DIRECTORS

1. Quality, Safety, Risk, DIPC (Director of Infection Prevention and Control)

1.1. Infection Control

Quarter 4	New this quarter	Year to date (Maximum allowable limit)
MRSA bacteraemia	0	2 (1)
MSSA bacteraemia	0	0
C.diff	0	0 (5)

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

1.2. Emergency Planning/Business Continuity

1.2.1. During Q4 the two final sections of the emergency plan were completed and the overarching summary was approved at the Board of Directors in February, this has concluded a thorough review of the Major incident plan. A site evacuation plan is now being worked on for completion during 2012.

1.2.2. During 2012, the following are scheduled to meet the Civil Contingency Act requirements:

- Tabletop exercises drafted and dates set across the year
- Communication exercises planned
- External event planned in March with staff identified to attend
- Processes in place to ensure action cards are reviewed annually
- Action plan in place for completing Lock Down action cards for all areas
- Action plan in place for completing section 13 - Evacuation Plan

1.2.3. Issues that currently warrant emergency planning input are the potential industrial action by tanker drivers with the possibility of fuel shortages, and the journey being taken by the Olympic torch along with Olympic games activity.

1.3. Risk Management

1.3.1. During the fourth quarter, no serious untoward incidents were declared. Activity by the team has concentrated on ensuring policies are sufficient to meet the NHSLA standards ready for inspection in May 2012 when we will be assessed for reaccreditation at level 1.

2. Financial Performance

2.1. A summary of the Trust's financial performance to 29th February 2012 is set out in the table below:-

	Plan YTD (£k)	Actual YTD (£k)	Variance to Plan
Turnover	50,913	51,061	148
EBITDA	5,096	5,166	70
FRR Surplus	2,599	2,736	137
Surplus / (Deficit)	2,141	2,278	137
Cash Balance	4,000	4,481	481
Financial Risk Rating	5	5	-

NB Table subject to rounding differences.

2.2. Financial performance has remained in line with plan at the end of February. Month 11 cumulative financial position shows a surplus of £2,278k verses a plan of £2,141k.

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

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

3. Operational Performance

3.1. The Trust achieved a green Monitor rating for governance in Quarter 3 of 2011/12 and continues to forecast a green rating in Quarter 4.

3.2. The Trust has met, or is anticipating to meet, all mandatory targets year to date to February 2012. (Note – MRSA has exceeded our target limit, but remains below the de minimis number for reporting purposes).

3.3. 18 weeks

3.3.1. The Trust continues to meet, both year to date and in month, the 18 week waiting time targets. .

3.3.2. 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. (Patients on 'planned' waiting lists are those for whom the procedure will be required but is not yet clinically appropriate).

3.3.3. Trusts will be required to meet the 18 week target in each speciality next year, as opposed to being measured on the overall aggregate performance. This increases the risk for this target and we await confirmation of how this will be treated by Monitor's Compliance Framework for next year.

3.4. Cancer

3.4.1. The action plan for skin cancers is being implemented. Interim figures for February 2012 suggest year to date the national waiting time targets have been met, although in the current 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.

3.5. Business planning

3.5.1. A summary of the Business Plan for 2012/13 will be covered in a presentation to the April Board of Governors.

4. People Issues

4.1. The Government has unveiled its final proposals regarding the NHS Pension which affect all NHS staff that are members of the pension scheme. Trade unions are at different stages of consultation with their members. It is clearly a challenging situation for staff, who will see both increases to their pension contributions and, for many, a later retirement age being introduced. The potential for industrial action remains, although the British Medical Association has ruled out strike action, opting for action short of a strike instead. The Royal College of Nursing returned a 'yes' vote for strike action, but with only a 16% turn out on the vote, this cannot be seen as a mandate from their members and it is as yet unclear what action will be taken.

4.2. The 2011 staff survey results have recently been published and will be reported in more detail at the next Board of Governors meeting. In summary, QVH has maintained an above average performance in comparison with acute specialist trusts, and significantly better than all Trusts. As always, there are some areas of improvement to focus on.

4.3. Phase 3 of our work on values and culture will commence shortly. We intend to have a working group to design, develop and implement a framework that will tie together the values of the Hospital with appraisal, performance, talent management and recruitment and selection. This will also include implementing the 'Licence to Lead', a leadership pathway and associated 'licence' that defines the required development from leaders in the Trust and allows them to record their progress.

4.4. The Trust continues to seek efficiency improvements across the organisation and is launching a consultation relating to the on call rotas of the Consultant body, led by the Medical Director and the Directorate Manager for Clinical Specialties.

5. Estates and Capital Programme

5.1. Site Redevelopment

5.1.1. **New Theatre Build**

5.1.1.1. The Procure21 Contract has been agreed between the Trust and Willmott Dixon Construction. Contracts are being signed with programme dates set to start on March 26th 2012 and complete on April 19th 2013. There will be several weeks of Trust commissioning before the Theatres become fully operational.

5.1.1.2. Asbestos surveys, notification to the Health & Safety Executive and clearance of the asbestos has commenced on the former Health Records building, and this will be followed shortly on the old OPD2 and Corneo Plastic blocks. Construction of the new access road will commence in May in preparation for the theatre build. Construction of the new building is scheduled to commence in early June, following demolition of the existing blocks.

5.1.1.3. A user group has been set up to develop the Equipment and Commissioning strategies. This group will also include development of the IT strategy as well.

5.1.2. **Health Records**

5.1.2.1. All works to Kings House and the Commonwealth Room are now complete and the service has been fully transferred to the new locations.

5.1.3. **New 'Main Outpatients Department'**

5.1.3.1. The project has been successfully completed. Formal Handover to the Trust took place on Thursday 29th March. The department was relocated over the weekend of the 31st March/1st April, to be operational from Monday 2nd April.

5.2. Estates Capital Programme

5.2.1. **Burns Rehabilitation Beds & Peanut Main Ward Refurbishment**

5.2.1.1. Work is now complete. The Unit has been handed over to the Trust and is now operational, with Estates addressing any outstanding defects.

6. <u>Operational developments</u> - Streamlining

6.1. Cancer

6.1.1. Work on streamlining the skin cancer pathway continues to progress through the implementation of the action plan. To date since these actions were put in place we have achieved all cancer targets up until Feb which is a great achievement and very much down to the hard work of the teams concerned.

6.1.2. The end of March saw the official opening of the Cancer Macmillan Information Centre, run by Beth Garcia. This will provides support to all local residents who suffer or are impacted by cancer as well as providing information for staff. QVH also successfully won a tender to be a national pilot site for two further Macmillan funded roles focused on complex cases and additional support worker for advice on benefits etc. We are delighted to be selected and these roles will further compliment the existing team and support our role as a regional cancer unit.

6.1.3. Other actions being progressed in the next few months include:

- The introduction of a dedicated cancer referrals office mechanism – originally this was delayed due to Health records move however as this is complete a new process will be introduced during May.

- Implementing the Somerset Cancer Database is now the focus of a intense programme of work over the next 3 months and live data entry from QVH for patients discussed at Brighton specialist MDT will be in place by the summer of 2012. In addition Infoflex is now being used in a couple of MDT's within Kent and further extension of this system is planned during the summer as well.

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

6.2. Trauma

6.2.1. The new escalation policy, incorporating a daily operational meeting to discuss beds and staffing levels, mentioned in January's report is working well. It has ensured issues such as shortages of beds and staff are addressed quickly and the number of occasions the Trust is put on divert for trauma has been minimised.

6.2.2. The electronic Trauma Board continues to progress, with staff receiving training on the latest version during March. In addition the trauma co-ordinators have been 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. Unfortunately due to delays in the wider ORSOS upgrade it is unlikely that the electronic trauma boards will be implemented before May. It is still hoped that by the end of the Summer there will be live theatre lists, for elective and trauma cases, accessible across the Trust as well as remove the need for manual data collection and analysis.

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

6.3. Elective

6.3.1. Since January there have been a number of departmental moves which has included pre-assessment department moving to its permanent location as well as the redesign of the maxillofacial outpatient's reception area in readiness for the opening of the new Main Outpatients Department.

6.3.2. In addition Pre-assessment for all specialities is now located in one place and the review to increase clinic capacity, future staffing levels, and the introduction of a nurse led model has now been concluded. This unfortunately delayed the original timeline to implement new processes for pre-assessing off-site patients. However now that the unit is in its permanent location and clinical lead is now in place the steering group will resume activities to ensure the outstanding streamlining actions are expedited.

6.3.3. Business planning for individual specialities has now been completed. Immediate pressures are being felt in Corneo, Hands, Breast and Orthognathics and solutions are being put in place to address these including Saturday and evening working.

6.3.4. 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 as well as increasing the patient experience through out patients.

6.4. Other Clinical Specialities and Support Projects

- Electronic Discharge Notification (EDN) – This was introduced across the Trust in March 2011 to ensure that all patients were sent home with an electronic discharge letter within 24hrs. Over the last 12 months we have been slowly rolling this system out to all specialities and in the last three months we have consistently reached over 90%.

- Digital Dictation and Voice recognition - is now embedded within three teams, skin, corneoplastics and orthodontics. Plans are in place to extend this shortly to the burns, sleep and hand teams. Voice recognition has been slightly delayed due to

needing interfaces with Patient centre but it should still be introduced in 2012.

- Outpatient 'Self Check-In Kiosks' and patient calling system – went live in Outpatient Department 1 in March and will be available in Main Outpatients from April. More details on this system and its progress will be mentioned next time.

- Synertec (an automated letter printing and postage) – also went live for all plastic surgery appointment letters in March. Over 500 letters per week are now being sent out in this way reducing time of staff in folding and posting letters. The system is soon to be extended to other specialities.

Further details on these projects and how they are progressing including others such as Electronic Document Management and Cancer Databases will be described in future reports.

- The executive team has also confirmed that the NHS Institute 'Organising for Quality and Value' programme within QVH will start in May. 16 members of staff from all areas have applied to undertake the programme which provides specific service improvement training to a cohort of staff to further embed streamlining methodology across the Trust. A summary of their achievements will be reported here in six months time.

7. Recommendation

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

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	**Board of Governors**
Meeting date:	**17 April 2012**
Agenda item reference no:	**TBC**
Author:	**Ian Stewart, Vice-Chairman and Governor Representative**
Date of report:	**April 2012**

Report from the Vice-Chairman of the Board of Governors

1. Board of Directors

1.1. There have been three BoD meetings since the last Board of Governors meeting. QVH continues to work within all its operational targets (bar MRSA) and should exceed its financial targets for 2011/12. I will not go into any detail as the monthly summaries of the meetings have been included in the Governors' Monthly Updates and there will be a further update on our latest performance figures during this meeting.

1.2. The Board is taking regular reports on the Theatre new build and monitoring progress closely. It is getting assurance that the project is running to plan and budget whilst also ensuring that the Trust is in an appropriate position to support this large long-term investment.

1.3. The business plan and budget for next year has been drafted and discussed during this period and further meetings are ongoing to finalise the detail.

2. Health and Social Care Act 2012

2.1. The Health and Social Care Act received Royal Assent on 27th March 2012. The major changes to the structure and organisation of the NHS, particularly in the way patient treatment is commissioned, form the core of the Act. However, there are a number of other changes which will now need to be considered. Among them are holding the Board of Directors' meetings in public, changing the Board of Governors to the Council of Governors and the lifting of the private patients cap. These and many other changes will need to be reviewed over the next few months.

3. Recommendation

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

Queen Victoria Hospital NHS
NHS Foundation Trust

Patient experience quarterly report: Quarter 4 (January to March 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 175 enquiries during Qrt 4. This is a big increase from Qrt 3 (120) due to the amount of PIP and stem cell query taken during this period. 14 enquiries were initial complaints and only 1 case was referred to the formal complaints procedure at the time of contact. This was a joint complaint with Medway Maritime Hospital.

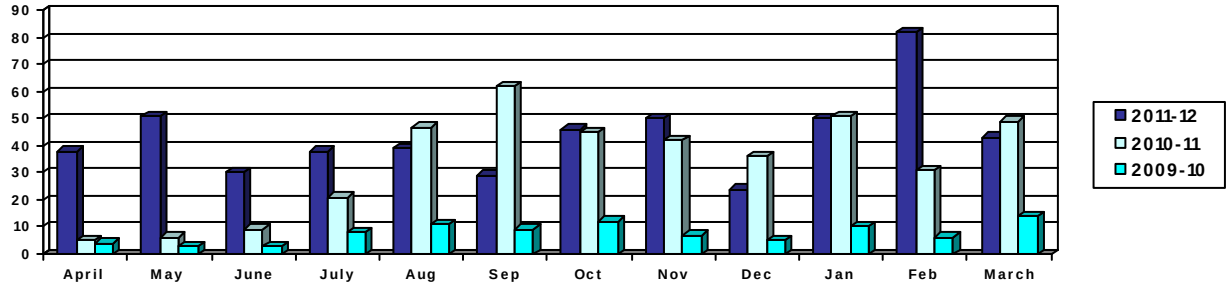
2.3. The key themes of these enquiries are listed in the chart below and are taken from the QVH Datix database which is used to formally log and monitor PALS enquiries.

	Advice and information	Initial complaint	Feedback	Issue for resolution	Total
Access to internal services	24	0	0	0	**24**
Access to Queen Victoria services	14	0	0	0	**14**
Access to QVH information	1	0	0	0	**1**
Aids & Appliances	2	0	0	0	**2**
Appointment - delayed	0	1	0	0	**1**
Attitude - non-clinical staff	0	1	0	0	**1**
Attitude - domestic staff	1	0	0	0	**1**
Attitude - therapy staff	0	1	0	0	**1**
Choice of appointment	1	1	0	0	**2**
Choose & Book	1	0	0	0	**1**
Clinical care - nursing	1	0	0	0	**1**
Clinical care - medical	37	1	0	1	**39**
Clinical care - therapy	1	0	0	1	**2**
Communication with patient	5	4	0	2	**11**
Confidentiality	2	0	0	0	**2**
Consent	0	1	0	0	**1**
Unable to contact QVH	3	1	0	1	**5**
QVH Literature	2	0	1	0	**3**
Parking	0	1	1	0	**2**
Health Records - access	32	1	0	0	**33**
Health Records - inaccurate	0	0	0	1	**1**
Reimbursement	0	0	0	1	**1**
Request for information	19	0	0	2	**21**
Telecommunications	1	0	0	0	**1**

Transport	1	0	0	0	**1**
Wayfinding - internal	0	1	0	0	**1**
Website	2	0	0	0	**2**
Totals:	**150**	**14**	**2**	**9**	**175**

* '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. 19 formal complaints were received during Qrt 4 of 2011/12 which is a slight decrease from Qrt 3 (24).

3.2. The trust aims to respond to all formal complaints within 25 working days. Of the 19 complaints received during Qrt 4, 7 were responded to within 25 working days. 5 complaints did not meet this timeframe and an alternative timeline for the responses was agreed in advance with the complainant. 6 complaints still require a response but we aim to respond to this within 25 working days.

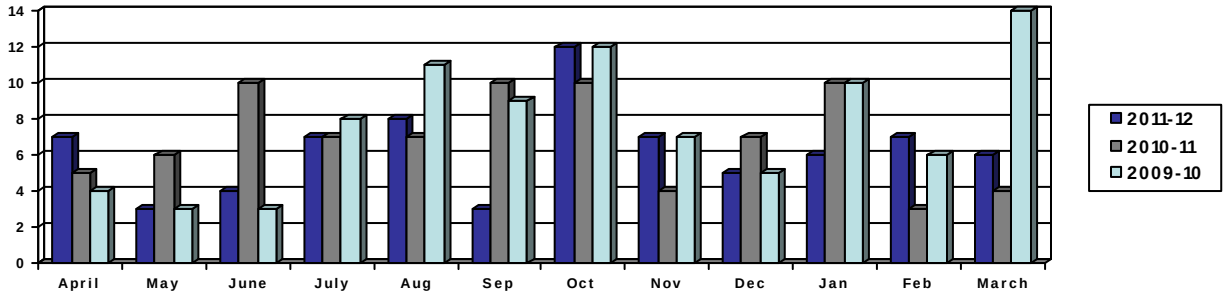
3.3. Complaints received during the quarter included the following themes and issues:

- Inadequate mode of transport provided.
- Cancellation of outpatients appt on 3 occasions.
- Voice dictation error.
- Refusal to be operated on by anyone other than consultant.
- Refusal to sedate patient as deemed that inappropriate escort accompanying.
- Lack of communication with relative of patient.
- Failure to meet transport criteria.
- Failure to diagnose rare condition.
- Standard of nursing care provided to patient by individual nurse.
- Lack of parking spaces for disabled visitors.
- Lack of information and signage advising patients in waiting area for blood tests.

3.4. 19 formal complaints were closed during Qtr 4.

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 4, no complaints were 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. 52 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 4. Feedback included:

'Thank you for taking very good care and putting up with me'

'Thank you for being kind and caring to me. Some say hospitals have no time for elderly people. I am 81 years old and I could not have had better treatment anywhere.'

'I can not speak highly enough of the care and attention I received by all the staff in duty that day, from the trained staff to the HCA's they were all very professional and caring.'

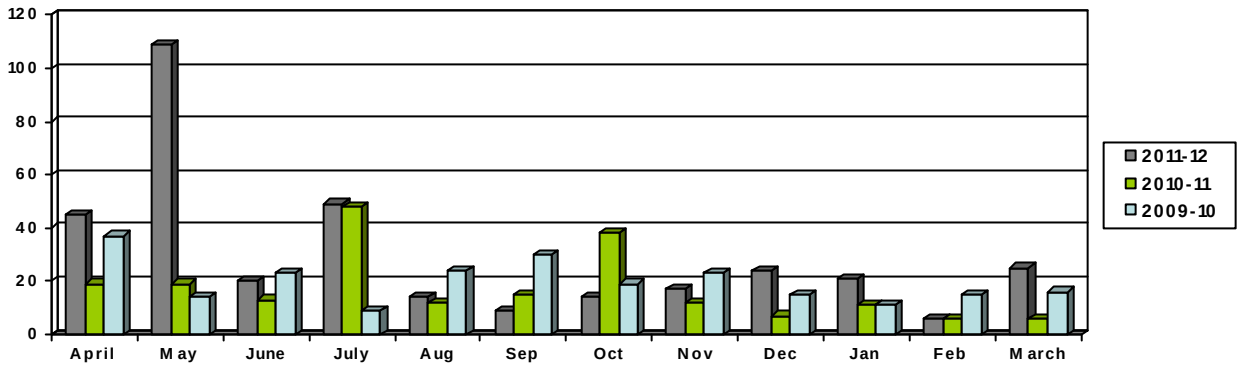
'Queen Victoria Hospital is the NHS at it's best.'

'I am writing to express my thanks and appreciation to all the staff I met who showed such care and consideration to ensure I did not feel any uneasiness at all.'

'I'd like to thank a few people for helping me to retrieve my mobile phone which I misplaced. These are : The cleaners in the eye department, switchboard, the lady in H.R. who kindly offered to post the phone back to me, and then subsequently made contact with yourself. You for arranging for it to be delivered to my home. Last but not least, the gorgeous Engagement Coordinator who walked miles to find my house and deliver the phone safely back to me !!! I'm so grateful to you, thank you so very much to each and every one of you.'

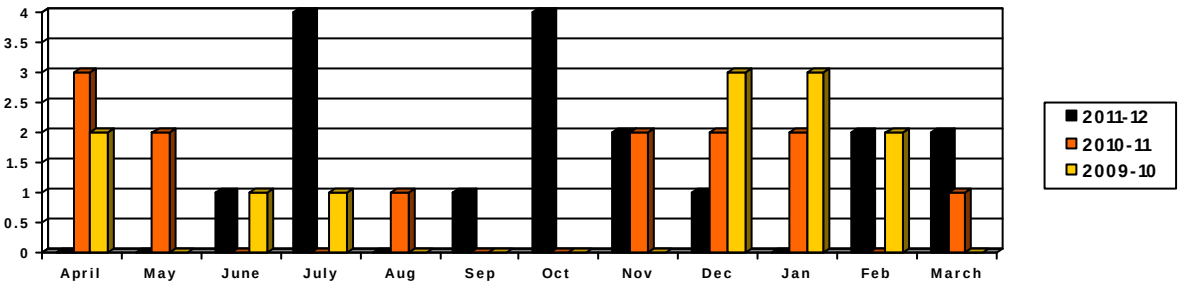
We believe that this represents only a fraction of the compliments received across the trust. All staff are reminded on a regular basis to copy compliments to the PALS & Complaints Manager for logging and formal acknowledgment.

4.2. The following chart shows how compliments received during Qrt 4 of 2011/12 compare with those received during the two previous financial years.



5. **Legal**

5.1. 4 new litigation cases were received by the trust in Qrt 4. 1 case was initially reported and investigated as a Serious Untoward Incident and was settled at an early stage. Overall, there are 23 open cases. 3 cases where closed during that period, 2 of which were withdrawn by the patient and the 3rd was settled out of court. This related to an anaesthetic awareness case and which was reported as an incident and complaint.



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.

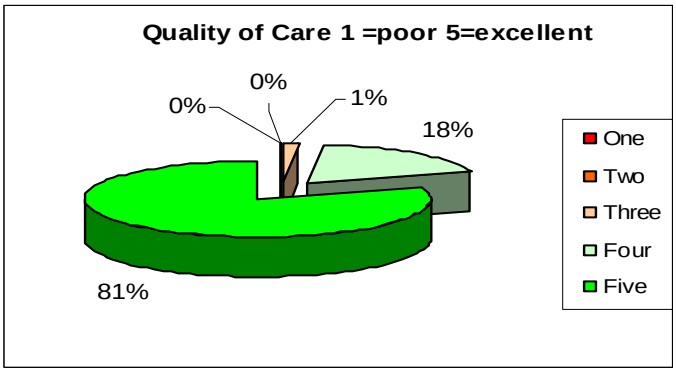
6. **Patient experience feedback**

6.1. **Internal surveys**

6.1.1. Inpatient Experience questionnaires

6.1.1.1. 234 patients completed questionnaires this month. Of the 223 who answered the question, 100% 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.

6.1.2. Outpatient survey

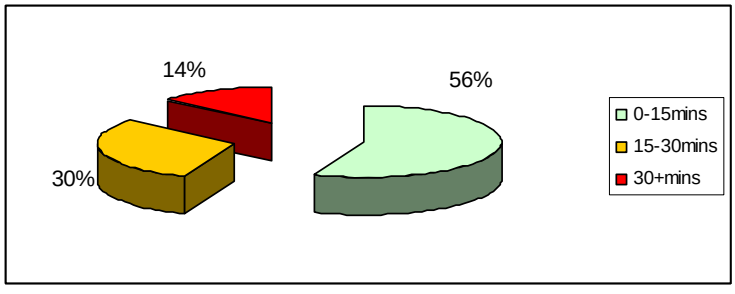
6.1.2.1. 138 outpatient questionnaires were completed during this quarter. Governor volunteers visited several outpatient clinic areas including outpatients 1 & 2, the corneoplastic unit, the burns outpatient clinic (EBAC) and the maxillofacial unit. 77 patients were male and 59 female and 29 were new patients.

6.1.2.2. 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 3.40 (lowest) to 3.92 (highest) which are slightly better than the last quarter.

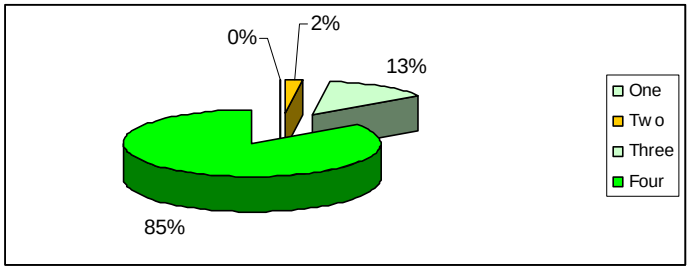
The three lowest scores were:(all three were the lowest scores last quarter)
5e. If I had to wait, I was given an explanation - 3.40
5a. Before my appointment, I knew what to expect - 3.42
1a. I found my way around easily - 3.40

The top three scores were:
3c. Doctors and nurses cleaned their hands before treating me – 3.92
3b. I always felt safe - 3.87
2b. Treated with courtesy and respect – 3.86

Waiting times:



Quality of care:



99% of outpatients would recommend QVH to their family and friends.

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

6.2. **External surveys**

6.2.1. National Inpatient Survey 2011

6.2.1.1. The results of the 2011 Picker national inpatient's survey were received in January. This report allows us to compare our results with the 73 other trusts who also used Picker for their surveys before the full benchmark reports are published at the end of April/start of May.

6.2.1.2. 408 patients, from of an initial mailing of 850, responded giving a 49% response rate. QVH scored significantly better than other Picker trusts in 71 out of the 95 questions and significantly worse in 2. The Patient Experience Taskforce have met and discussed the early results. Actions will be included in the next version of the Patient Experience Action Plan.

6.2.1.3. Some of the higher problem scores:

- Discharge: not told how long delay in discharge would be - 57 %
- Hospital: nowhere to keep personal belongings safely - 56 %
- Planned admission: not given choice of admission date - 56 %
- Care: not enough opportunity for family to talk to doctor - 42 %
- Care: could not always find staff member to discuss concerns with - 40 %

6.2.1.4. This survey has highlighted the many positive aspects of the patient experience. The majority of our patients reported the following:

- Overall: rating of care was good/excellent - 96%
- Overall: doctors and nurses worked well together - 92%
- Doctors: always had confidence and trust - 87%
- Hospital: room or ward was very/fairly clean - 99%
- Hospital: toilets and bathrooms were very/fairly clean - 98%
- Hospital: hand-wash gels visible/available for patients and visitors - 88%
- Care: always enough privacy when being examined or treated - 91%

6.2.1.5. Improvements since 2010 survey

- A significant improvement which was also reflected in the outpatient survey results is the number of patients who are now receiving copies of letters sent between the hospital and their GP. This has improved gradually year on year but our problem score dropped from 40% in 2010 to 14% in 2011.
- Patients are also more satisfied that the letters are written in a way they could understand. The problem score has decreased from 23% to 13%.
- Scores have improved in the printed information given to planned admission patients about condition or treatment, from 29% to 17%.

6.3. **Other data**

6.3.1. General comments analysis

6.3.1.1. 155 verbatim comments were recorded in this quarter (104 ward exit survey, 34 outpatients surveys and 17 comment cards).
Each comment is assigned to the relative categories, resulting in 209 positive (☺) and 68 less positive (☹) comments overall.

	☺	☹		☺	☹
General remarks	31	0	Organisation/efficiency	0	0
Before appointment	1	4	Friends/family	0	0
Waiting time	3	9	Other pts visitors	0	0
Staff	97	1	Cleanliness/Hygiene	7	2
Communication	3	5	Environment/facilities	6	11
Care & Treatment	54	1	Parking	0	9
Ops/procedures	3	2	Food	2	13
Medication/tests	1	3	Discharge	0	3
Safety	1	2	Other	0	3

6.3.1.2. Positive comments:

- *'All the staff especially night staff that looked after me were totally fantastic - I couldn't have asked for better. Really had the personal touch made me feel like a person not a number'*
- *'I loved the informality and professionality of the Drs. The care and loving concern of the nursing staff and wonderful sense of human of the assistants, even the domestics were friendly and caring - ten stars!'*
- *'What a lovely group of people and such a friendly atmosphere. I was extremely nervous but everyone was so kind and made me feel at ease. I highly recommend the hospital'*
- *the care I received during my stay was amazing. All staff are compassionate, friendly and amazing at their job. I am so lucky to have had this operation and receive the care I did. The ward was comfortable and spotless. Thank you so much, you have given me my life back*

6.3.1.3. Some suggestions for improvement:

- Soft closing bins on the ward
- Better choice for patients with special dietary needs – along with healthier options such as fresh veg and wholemeal rolls.

6.3.2. Governor involvement

In this quarter governors have visited several areas of the hospital, including: the newly refurbished Peanut ward, the Sleep Disorder Centre (relocated on-site), the Rehabilitation Unit, Canadian Wing and Outpatient departments.
One governor participated in the full day annual PEAT inspection as well as accompanying the Hotel Services Manager in carrying out regular mini-PEAT inspections.

Corporate Affairs Team – April 2012

Appendix 1 – Ward Exit Results Qtr 3 v Qtr 4 (bold text) comparison

Received a pre-admission booklet		Given a specific leaflet		Clear explanation by Doctors		Clear explanation by Nurses		Clear explanation by Physio/Occ therapists		Clear explanation by other staff		Q3 - Given enough info		Q4 - Involved in decisions	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
81%	15%	70%	18%	99%	1%	98%	2%	50%	2%	50%	2%	98%	1%	97%	1%
79%	**12%**	**61%**	**22%**	**98%**	**1%**	**97%**	**1%**	**61%**	**4%**	**58%**	**3%**	**99%**	**0%**	**98%**	**1%**

Q5 - Someone to talk to		Q6. Took a genuine interest in you		Q7. Treated you with courtesy & respect		Q8. Respected your right to P&D		Q9. Were kind & compassionate		Q10 - share room/bay		Q11 - same bathroom		Q12 - Privacy when discussing condition	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
86%	1%	97%	1%	99%	0%	99%	0%	99%	0%	4%	96%	5%	90%	96%	4%
81%	**2%**	**99%**	**0%**	**100%**	**0%**	**100%**	**0%**	**99%**	**0%**	**4%**	**96%**	**7%**	**93%**	**97%**	**2%**

Q13. Drs and nurses cleaned hands before treatment		Q14 - Do you feel all measures are taken to reduce the spread of infection?		Q15 - Safety concerns?		Q16. asked reg about level of pain?		Q17a. Pain managed in theatre /recovery		Q17b. Pain managed on ward		Q18. Health records secure		Q19. satisfied with care of anaesthetic team	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
97%	1%	95%	1%	8%	89%	95%	3%	96%	1%	95%	3%	93%	0%	99%	0%
98%	**0%**	**99%**	**0%**	**8%**	**90%**	**97%**	**2%**	**98%**	**0%**	**98%**	**1%**	**93%**	**0%**	**100%**	**0%**

Q21. given an adequate choice of food?		Q23. Would recommend		Q20. How would you rate the quality of food?					Q22. Quality of care				
Yes	No	Yes	No	1	2	3	4	5	1	2	3	4	5
82%	11%	97%	0%	6%	8%	26%	34%	26%	0%	0%	2%	22%	76%
86%	**12%**	**95%**	**0%**	**2%**	**6%**	**27%**	**29%**	**36%**	**0%**	**0%**	**1%**	**19%**	**80%**

Appendix 2 – Outpatient Results Qtr 3 v Qtr 4 (bold text) comparison

1 -Environment				2 - Care and respect from staff				3 - Safety			4 - Communication – staff:			
found my way easily	Area was bright, airy & comfortable	Facilities clean and tidy	Place seamed well looked after	took genuine interest	Treated with courtesy and respect	Respected P&D	kind & compassionate	- Confident staff take concerns seriously	I always felt safe	D&Ns cleaned hands	were approachable	made me feel welcome	Introduced themselves	seemed to listen to everything I said
3.41	3.63	3.75	3.71	3.70	3.81	3.79	3.79	3.75	3.81	3.71	3.86	3.73	3.55	3.73
3.38	**3.75**	**3.82**	**3.78**	**3.80**	**3.84**	**3.80**	**3.82**	**3.83**	**3.87**	**3.90**	**3.82**	**3.76**	**3.65**	**3.79**

5 - Information					6 - Organisation				
knew what to expect	Given information in a way I could understand	kept informed about treatment/care	the hospital respects personal information	waits explained	waiting time			atmosphere orderly and efficient	I was happy with the treatment I received
					0-15	15-30	30+		
3.39	3.67	3.67	3.78	3.27	52%	30%	18%	3.63	3.77
3.42	**3.69**	**3.74**	**3.72**	**3.39**	**58%**	**29%**	**13%**	**3.69**	**3.81**

7 - Overall							
How would you rate quality of care (1-4)				Did you receive copy of letter to GP		Would recommend?	
1	2	3	4	Yes	No	Yes	No
2%	2%	24%	72%	61%	17%	98%	2%
0%	**2%**	**13%**	**85%**	**63%**	**23%**	**98%**	**1%**

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	**Board of Governors**
Meeting date:	**17 April 2012**
Agenda item reference no:	**25-12**
Author:	**Valerie King, Public Governor and Chair of Appointments Committee**
Date of report:	**April 2012**

Report from the Appointments Committee

1. The Board of Governors Appointments Committee has met three times since the last full meeting of the Board of Governors. The meeting held on 1 March 2012 was chaired by Valerie King and attended as follows:

Committee members
• Valerie King [Chair] • Alan Thomas [Vice Chair] • Edward Belsey • Pat Brigden • Mabel Cunningham • Brian Goode • Andrew Robertson

2. The main topic on the agenda dealt with Succession Planning. My comments relating to this will be given in Part 2 of the meeting.

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