

Thursday 19 July 2012

**PUBLIC MEETING OF THE
COUNCIL OF GOVERNORS**

4pm to 5.30pm

After a short break for refreshments the meeting will be followed by

ANNUAL GENERAL MEETING

6pm to 7.30pm

at The Ark, Mount Lane, Turners Hill RH10 4RA

Meeting of the Council of Governors (held in public)

Thursday 19 July 2012, 16.00, The Ark, Mount Lane, Turners Hill RH10 4RA

Tea, coffee and biscuits and an opportunity to meet members of the Board of Governors from 15.30

AGENDA: PART 1 (PUBLIC MEETING)			
No.	Agenda item	Time	Papers
PRESENTATION			
31-12	Nurse Specialist: Tissue Viability Shona Smith, Tissue Viability Nurse	16:00	-
STANDING ITEMS			
32-12	Welcome, apologies and declarations of interest Peter Griffiths, Chairman	16:25	-
33-12	Draft minutes of the meeting held on 17 April 2012 (for approval) Peter Griffiths, Chairman		Enc.
34-12	Matters arising and actions pending from the previous meeting Peter Griffiths, Chairman		-
REPORTS FROM THE TRUST MANAGEMENT TEAM			
35-12	Report from the Chief Executive Adrian Bull, Chief Executive	16:30	Enc.
36-12	Staff Survey 2011 Results Pauline Farrell, Head of Human Resources	16:40	Enc.
REPORTS FROM LEAD GOVERNORS			
37-12	Report from the Vice Chairman Ian Stewart, Vice Chairman	16:45	To be tabled
38-12	Report from the Governor Representative Brian Goode, Governor Representative	16:50	Enc.
39-12	Quality and risk Moirra McMillan, lead governor for quality and risk committee	16:55	Verbal
40-12	Patient experience Gillian Santi, lead governor for the patient experience group (Patient Experience Report 2012/13 Qtr 1 enclosed for information)	17:00	Verbal
			Enc.
41-12	Foundation trust membership Michael Shaw, lead governor for membership taskforce	17:05	Verbal
42-12	Charitable funds Brian Beasley, lead governor for the charitable funds advisory committee	17:10	Verbal
STATUTORY DUTIES			
43-12	Appointments Committee Valerie King, Public Governor and Chair, Appointments Committee	17:15	Enc.

44-12	Audit Chris Orman, lead governor for audit	17:20	Verbal
ANY OTHER BUSINESS			
45-12	By application to the Chairman Peter Griffiths, Chairman	17:25	-
QUESTIONS FROM THE PUBLIC			
46-12	To receive any questions or comments from members of the public Peter Griffiths, Chairman	17:30	-
DATE OF THE NEXT MEETINGS			
Public meetings of the Board of Governors: Tuesday 30 October 2012, 18:00, Meridian Hall, East Court Tuesday 15 January 2013, 14:00, Meridian Hall, East Court			

Members of the Board of Governors	
Brian Beesley	Public Governor
Howard Bloom	Stakeholder Governor, West Sussex County Council
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
John Harold	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
Louise Reader	Public Governor
Andrew Robertson	Stakeholder Governor
Gillian Santi	Public Governor
Michael Shaw	Public Governor
Ian Stewart	Vice Chairman and Chair, Governor Steering Group
Jonathan Street	Public Governor

Alan Thomas	Public Governor
Janet Webster (elect)	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

Document:	Minutes	
Meeting:	Board of Governors 17 April 2012 18:00 – 20:00 Meridian Hall, East Court, East Grinstead	
Present:	Peter Griffiths	Chairman
Stakeholder Governors:	Howard Bloom	Local Authority
	Andrew Robertson	League of Friends
	Norman Webster	East Grinstead Town Council
Staff Governors:	Mabel Cunningham	Carol Lehan
Public Governors:	Brian Beesley	Moira McMillan
	Edward Belsey	Christopher Orman
	John Bowers	Gillian Santi
	Jenny Cunningham	Michael Shaw
	Brian Goode	Manya Sheldon
	Robin Graham	Jonathan Street
	Michael Hannah	Ian Stewart
	Anne Higgins	Alan Thomas
	Valerie King	Peter Wickenden
	In attendance:	Jeremy Beech
Adrian Bull		Chief Executive
Claire Charman		Engagement Coordinator / secretariat
Kathleen Dalby		Company Secretary & Head of Corporate Affairs
Pauline Farrell		Head of HR
Richard Hathaway		Director of Finance and Commerce
Ken Lavery		Medical Director
Renny Leach		Non Executive Director
Amanda Parker		Director of Nursing & Quality
Lester Porter		Non Executive Director
Members of public:	2	

Not present	Jeremy Beech	Non Executive Director
	Pat Brigden	Public Governor
	Heather Bunce	Programme Director
	John Dabell	Public Governor
	Christian Petersen	Public Governor
	Shena Winning	Non Executive Director

STANDING ITEMS	
16-12	WELCOME, APOLOGIES AND DECLARATIONS OF INTEREST The Chairman welcomed everyone to the meeting. Apologies were received from Jeremy Beech, Pat Brigden, Heather Bunce, John Dabell, Christian Petersen and Shena Winning. There were no declarations of interest
17-12	MINUTES OF MEETING HELD ON 17 January 2012 There were no amendments to the minutes of the last meeting. The Board of Governors APPROVED: the minutes of the meeting held on 17 January 2012 as a correct record.

18-12	MATTERS ARISING FROM THE DRAFT MINUTES There were no matters arising from the previous meeting.
REPORTS FROM THE TRUST MANAGEMENT TEAM	
19-12	REPORT FROM THE CHIEF EXECUTIVE INCLUDING A PRESENTATION OF THE ANNUAL PLAN 2012/13 Adrian Bull (AB) gave an update to the governors about the annual plan for 2012/13 which will be submitted to Monitor, the regulator for foundation trusts, at the end of May 2012. AB summarised the hospitals' overall vision and key objectives for the coming year which remain broadly the same as last year keeping in line with the long term direction for the hospital. <u>Questions and discussion</u> <ul style="list-style-type: none"> - AB was asked what the implications may be to QVH with a new hospital being built in Brighton. AB explained that Brighton's new hospital will not have additional capacity to increase or develop new services and it was important that we are clear of QVH's purpose as a centre for reconstruction. - Governors raised concern at the risk to the organisation with the introduction of smaller commissioning bodies. AB highlighted the importance of being able to show evidence of clinical outcomes in order for the commissioners to be sure that a procedure is value for money. For example, a single procedure that appears more expensive may be more cost effective in the long-term, as a cheaper alternative may mean the patient will need further surgery in the future. - When questioned whether a six day working week would mean the need to use more bank staff at an additional cost to the organisation, AB explained that the theatre staff rota allows for six day working and any newly appointed staff will have this built into their contracts. - The governors discussed with AB the impact of medical inflation and the savings target of 4%. AB observed that costs go both up and down and gave an example of this, but agreed that the trust has to be clear on costs which is why staff budgets are so important. He went on to note that the level of staff is matched to demand and monitored closely so as to ensure patient care is not compromised. - AB was asked whether the new corporate film was ready. He explained that this was in its final stages and would be shown to the governors at a future meeting. ACTION: KD/CC - It was suggested that, in future, it would be useful for governors to have more specific reports on the progress against key indicators and milestones. ACTION: AB <p>The Chairman thanked AB for his presentation which reminded us of the priorities set for the hospital and reminded the governors that regularly reviewing how the hospital is progressing with the annual plan is one way in which governors are able to undertake their role of 'holding the board of directors to account'.</p> <p>AB highlighted the following key points from the Board of Directors report:</p> <u>Risk management</u> <ul style="list-style-type: none"> • 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. <u>Finance</u>

	<ul style="list-style-type: none"> • AB expected to see the Trust finish ahead of plan <p><u>People issues</u></p> <ul style="list-style-type: none"> • The staff survey results were very encouraging. Staff rate QVH more highly than staff working in other hospitals. The results will be brought to the next Board of Governors meeting. ACTION: PF • In order to develop future leaders, 16 members of staff have been enrolled in leadership training with the NHS Institute of Innovation and Improvement. <p><u>Estates</u></p> <ul style="list-style-type: none"> • The theatre build contract with Willmott Dixon has been signed. • The new 'Main Outpatients' department is now open. <p>The Board of Governors NOTED: the contents of the report</p>
REPORTS FROM LEAD GOVERNORS	
20-12	<p>Vice Chairman / Governor Representative</p> <p>Ian Stewart (IS) presented his report and noted the following:</p> <ul style="list-style-type: none"> • The primary focus for the Board of Directors has been to ensure the theatre build is on track and the financial position is secure enough to afford it. • The Health and Social Care Bill has become an Act and will therefore have an affect on the trust's constitution. This will be looked at in more detail at the governor's forum meeting on 29 May 2012. <p>After discussion, the Board of Governors NOTED: the contents of the report.</p>
21-12	<p>Quality and Risk</p> <p>Moira McMillan (MM) gave an overview of the work of the Quality and Risk Committee (Q&R), a sub-committee of the Board of Directors, which she has been a member of since 2010. She highlighted the following:</p> <ul style="list-style-type: none"> • The purpose of the committee is to assure the Board of Directors that everything is done to reduce the risks to the organisation and patient safety. • Chaired by Jeremy Beech, Non Executive Director, membership includes: a second Non Executive Director, Chief Executive, Director of Nursing, Medical Director, Director of Finance, Head of Corporate Affairs, Head of HR, Head of Pharmacy, Lead for Patient Safety, Clinical Outcomes and Audit, Patient Safety Manager, one governor and a representative from the Primary Care Trust. • The committee meets quarterly to: <ul style="list-style-type: none"> ○ review procedural documents ○ receive internal reports (for example, patient experience and infection control) and minutes ○ identify key risks and priorities in relation to the Business Plan ○ review progress through the quality accounts ○ review detailed incident reports along with the investigation carried out ○ review the risk register <p>MM commented that as a lay member on the committee there has been so much information to take in and learn and the committee members have been very willing to explain matters as they arise.</p> <p>The Board of Governors NOTED the verbal report.</p>
22-12	<p>Patient Experience</p> <p>Gillian Santi (GS) gave an update on the recent activity of the Patient Experience Taskforce and explained that she had initially been invited to join the committee in a 'patient' capacity</p>

	<p>before becoming a public governor.</p> <p>The last meeting of the Patient Experience Taskforce was held in January where the results of the national inpatient and outpatient surveys were reviewed and discussed in order to update the patient experience action plan. GS noted that the taskforce had been due to meet again in April. This meeting has been deferred while the trust management team undertake a review of the process for reporting on patient experience and updating the action plan ready for 2012/13. This review aims to ensure the responsibility for the action plan is taken further into the organisation to a departmental level.</p> <p>GS noted that the outpatient survey programme, organised by Jenny Cunnington, continues to be undertaken by governors on a monthly basis and aims to visit a variety of clinics.</p> <p>The Board of Governors NOTED the verbal report and NOTED the contents of the Patient Experience report quarter 4 (January to March 2012).</p>
23-12	<p>FOUNDATION TRUST MEMBERSHIP</p> <p>Michael Shaw (MS) reported on behalf of the recently refreshed Membership Taskforce. The taskforce is a small working group of governors who meet to review membership levels and consider ways in which the trust and governors can recruit members and engage better with the current membership without increasing costs.</p> <p>Initially the taskforce were looking into an idea of recruiting 'patient members' through an opt-out process with a view to converting those patients interested to full public members at a later stage. However, the taskforce were advised that this method was not supported by the Information Governance lead for the hospital or the Information Commissioner. Equally, the Head of Corporate Affairs had advised that whilst it was necessary to increase the membership levels in order to account for recent losses, the trust's objective is to maintain a steady level of membership and focus on more effective engagement with the current membership.</p> <p>MS noted the following ideas which are in the initial stages and will require further consideration at the next meeting of the taskforce:</p> <ul style="list-style-type: none"> • With the majority of membership being based in the local East Grinstead area the aim is to recruit members from a wider area to ensure the membership is representative of the catchment area served by the hospital (Kent, Surrey and Sussex). • Increase the number of email addresses held in order to communicate regularly with members, without the cost of postage, through regular email bulletins. A half-page in the Spring edition of QVH News has been set aside to promote this. • Plan visits to a variety of groups for governors to give a presentation on the hospital and its' services and to promote membership. Governors are asked to give the details for any groups they may be associated with to the taskforce, particularly those further afield. ACTION: ALL <p>The Board of Governors NOTED the verbal report.</p>
24-12	<p>CHARITABLE FUNDS</p> <p>John Bowers (JB) gave an overview of the work of the Charitable Funds Committee and explained that the committee's key purpose is to review applications. JB noted that work is being undertaken to create a brand for the charity to add impact and improve awareness. Several fund raising initiatives are being looked into by the Charitable Funds Coordinator. Brian Beesley will take over the governor lead role on this committee for 2012/13.</p> <p>MH offered to help with legacies if needed as he has significant experience in this field.</p>

	The Board of Governors NOTED the verbal report.
STATUTORY DUTIES	
25-12	APPOINTMENTS COMMITTEE Valerie King (VK) had nothing further to add to her report and said that the remaining matters would be discussed in Part 2 of the meeting. The Board of Governors NOTED: the contents of the report.
26-12	AUDIT Chris Orman (CO) reported on Audit matters and explained that he is due to meet with Shena Winning, Non Executive Director and Chair of the Audit Committee and Richard Hathaway, Director of Finance, in the next few weeks when the draft accounts are prepared. CO has also made some comments regarding the way the financial reports are presented. The Chairman thanked CO for his comments which will be considered as part of the annual review of board effectiveness. The Board of Governors NOTED the verbal report.
ANY OTHER BUSINESS	
27-12	<u>Health and Social Care Act</u> – the Chairman advised that there will be a presentation to governors regarding the new Health and Social Care Act at the next Board of Governors Forum meeting. <u>Elections</u> – Kathleen Dalby (KD) noted that the election process is underway and the nomination process has now closed. Members will shortly be receiving their ballot packs. <u>Diamond Jubilee</u> – Mabel Cunningham (MC) made an appeal to the governors to represent the hospital at the parade through East Grinstead on Sunday, 3 June 2012. Governors should contact MC directly if they would like to participate.
QUESTIONS FROM THE PUBLIC	
28-12	There were no questions from the members of the public.
CLOSE	
29-12	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. The Chairman closed Part 1 of the meeting.
DATE OF THE NEXT MEETING	
	The Board of Governors noted the date of their next meeting, which would be Thursday, 19 July 2012. Part 2 will be held first (in private) followed by Part 1 (held in public) beginning at 4.00pm, followed by the Annual General Meeting at 6pm. The meetings will be held at the Ark at Turners Hill.

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

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

Council of Governors
19 July 2012
35-12
Adrian Bull, Chief Executive
July 2012

Report from the board of directors

1. Quality, Safety Risk, DIPC

1.1. Infection Control

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

During quarter one there have been no patients identified as having MRSA positive blood cultures or *clostridium difficile*. One patient was identified as having MSSA bacteraemia this was patient within the burns unit with a 21% burn. A full root cause analysis investigation was undertaken to identify lessons that could be learned.

1.2. Emergency Planning/Business Continuity

1.2.1. During Q1 work has commenced on a site evacuation plan, the final two business continuity plans for spoke sites and health records have been completed. Exercising has taken place to meet requirements and to date include;

- Tabletop exercise completed
- Communication exercise completed
- Incident room set up completed

1.2.2. Participation in a burns major incident exercise will occur during Q2

1.2.3. Issues that currently warrant emergency planning input are the route being taken by the Olympic torch along with Olympic games activity.

2. Risk Management

2.1. During the first quarter, no serious untoward incidents were declared. Following an NHSLA inspection in May 2012 we were re-accredited at level 1.

3. Financial Performance and Operational Performance

3.1. A summary of the Trust's financial performance to 31st May 2012 is set out in the table below:-

	Plan YTD (£k)	Actual YTD (£k)	Variance to Plan
Turnover	9,282	8,958	-324
EBITDA	929	812	-117
FRR Surplus	409	328	-81
Surplus / (Deficit)	409	328	-81
Financial Risk Rating	5	4	-1

NB Table subject to rounding differences.

- 3.2. Financial performance is slightly below plan at the end of May with the cumulative financial position showing a surplus of £328k versus a plan of £409k.
- 3.3. The Financial Risk Rating is 4 (lowest risk is 5).
- 3.4. The Trust is forecasting achievement of the overall financial plan for the quarter and for the year.

4. Operational Performance

- 4.1. The Trust achieved an amber-green Monitor rating for governance in Quarter 4 of 2011/12 due to the failure to achieve the 18 week admitted target during the month of March. The forecast for quarter 1 of this financial year is to achieve green.
- 4.2. The Trust has met, or is anticipating to meet, all bar one of the mandatory targets year to date to May 2012 at an aggregate Trust level but, as detailed below, not at individual speciality level for 18 weeks. The Trust has not met the 6 week diagnostic target.

4.3. 18 weeks

4.3.1. Year to date the Trust has met this target in aggregate but not at speciality level.

4.3.2. Sleep Disorder Centre

4.3.2.1. In Months 1 and 2 the Trust failed to achieve the 18 week standard for admitted patients in sleep studies achieved in all other specialities.

4.3.2.2. Recognising that waiting lists had built up in sleep studies and demand was exceeding capacity, the department moved back to the QVH site in January 2012 and produced a plan to open up a 6th bedroom to assist in reducing waits. The plan included increasing technician numbers, skill mix and introducing a twilight shift.

4.3.2.3. Delays to the business case and a complex consultation resulted and this has meant a delay to implementation of that plan. A locum technician was put into place for May which has enabled the 6th bedroom to be opened occasionally. During June the additional room will become a more regular feature as the twilight shift is introduced alongside regular locum sessions which are being introduced until the substantive appointment is made.

4.3.2.4. A first draft trajectory for all sleep study tests to ensure that 18 weeks is met has been produced by the team indicating achievement of the target in September / October 2012. Alongside this work validation of lists continue as well as ensuring that maximum capacity of 36 tests is utilised every week. The team are also exploring a possible link with Young Epilepsy in Lingfield to give us additional capacity ad hoc to enable faster reduction in waits.

4.4. Diagnostic waiting times

4.4.1. The Trust is required to have no more than 1% of patients on diagnostic waiting lists waiting over 6 weeks for their test. This is limited to a basket of 15 tests.

- 4.4.2. For the Trust this includes diagnostic imaging (MRI, CT and non obstetric ultrasound), echocardiography and full polysomnography (a type of sleep study).
- 4.4.3. The Trust has long wait times for the full polysomnography test and therefore has failed to achieve this target. The position improved from Month 1 where there were 48 patients waiting over 6 weeks for the test to Month 2 where this had reduced to 37.
- 4.4.4. A trajectory based on increased capacity provided by a locum sleep technician has been submitted to the PCT indicating the Trust will have reduced this waiting list to 7 by the end of July. A residual waiting list is always likely but the aim is that no patient waits beyond 6 weeks

4.5. Cancer

- 4.5.1. Cancer waiting times remain a risk for the Trust although performance in Month 1 was good. Month 2 is still subject to validation.

5. **Estates and Capital Programme**

5.1. New Theatre Build

- 5.1.1. Detailed surveys identified more asbestos than originally anticipated, most of which was in a poor state and required careful removal. This has affected the original programme with a revised completion date for the theatre build of mid June 2013.
- 5.1.2. This controlled asbestos removal has been successfully completed and demolition of the former Centre for Sight and Health Records Departments, and OPD2 has progressed well. We have been able to divert 97% of all demolition materials from landfill sites with the resultant material either being set aside for re-use for the construction of the new theatre block, or segregated for recycling.
- 5.1.3. Construction of the new access road and theatre build will follow completion of demolitions and site clearance in July.

5.2. Estates Capital Programme

- 5.2.1. Work on this year's capital programme has started; we continue to invest in the hospital estate with the following projects:
 - Replacement of Steam Boilers
 - Fire compartmentation works
 - Replacement doors to theatres 8 & 9
 - Wayfinding, signage and car parking improvements

6. **Operational developments**

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 from July last year which is a great achievement and very much down to the hard work of the teams concerned. We have missed the 31 day target for May due to small numbers of patients and 3

who have declined their dates for surgery.

6.1.2. The Cancer Macmillan Information Centre has now been open for nearly four months and is proving to be a valuable resource for local residents and patients who suffer or are impacted by cancer as well as providing information for staff. The first of two roles as part of QVH involvement as a national pilot site for Macmillan starts this month with the complex case manager joining us in September. As mentioned previously the Trust is 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 is now being rolled out.
- Implementation of the Somerset Cancer Database has now started with the first patients being entered live this month as part of the Brighton specialist MDT. In addition the use of Infoflex is now increasingly being used in MDT's within Kent
- Review of the collection of cancer data and the link with MDT co-ordinators is continuing to ensure that the Trust is compliant with the new Cancer Data Set Standards being introduced in Jan 2013

For all these actions there are timescales in place which the teams involved with cancer pathways continue to work towards.

6.2. Trauma

6.2.1. The electronic Trauma Board progress unfortunately has been slow due to delays incurred following the implementation of the ORSOS upgrade. The various issues have now been resolved and the staff received training during June.

6.2.2. The system is planned to go live in July, using a new tablet p.c. linked to the Trust's wireless network enabling the trauma co-ordinators to respond quickly to incoming referrals access data

7. **People Issues**

7.1. The 21st June saw the first industrial action from Doctors since 1975. QVH planned for 'business as usual' and worked with BMA members to manage the situation in advance. There was a small number of outpatient cancellations and no theatre lists were lost. To our knowledge, only 3 Doctors took industrial action and their pay will be adjusted accordingly.

7.2. The Director of Nursing & Quality and the Head of HR have together correlated areas that need an action plan across the inpatient, outpatient and staff surveys. We have identified themes in common that will enable us to tackle more effectively the weaker areas and prioritise our efforts accordingly. A summary of the staff survey results is enclosed with this paper.

7.3. The Head of HR is now setting up 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. The Governor representative on the

group is Alan Thomas and he is very welcome addition. Alan has worked with us before on the appraisal system and has a keen interest in workplace values, having helped already with the first draft of a values handbook.

7.4. The Trust continues to seek efficiency improvements across the organisation and has just completed a consultation in relation to the on call commitments of the Consultants in the Trust. One of the outcomes agreed was that a diary card exercise was needed to accurately map the activities of the Consultants whilst on call. We are now just over half way through the diary card exercise. Medical Staffing has not received any queries but to make sure everything is going as planned, Consultants participating in the exercise will be contacted and asked if they have any concerns or queries about the process.

7.5. The exercise is due to finish on 22nd July at which point Medical Staffing will report on the findings to the working group. A number of meetings with the relevant consultant groups will then take place and the plan is for the outcome of both the diary card exercise and the group meetings with final recommendations for change to be communicated to the LNC and staff on 20th August and changes implemented on 1st October.

8. Recommendation

8.1. The Council of Governors is requested to note the content of this report.

Report to:	Council of Governors
Meeting date:	19 July 2012
Agenda item reference no:	36-12
Author:	Pauline Farrell, Head of Human Resources
Date of report:	April 2012

2011 NHS staff survey – QVH results

1. Background

- 1.1. Every year all NHS staff are asked to complete a questionnaire about their experience of working for the NHS and their trust. This national NHS staff survey looks at working conditions and what staff think about patient care.
- 1.2. The findings enable us to see how we are doing year-on-year and to compare ourselves with other trusts. They help us to see where we could make improvements so that staff are more satisfied and able to provide better patient care.
- 1.3. In 2011, 53% of QVH staff completed the survey, which is in line with the NHS national average and above average for the acute sector. The national results and results from each trust were published by the Department of Health on 20 March.

2. How did we do?

- 2.1. QVH scored very well in the survey, comparing favourably with other acute specialist trusts and making some improvements on our very high scores from the 2010 survey.
- 2.2. One of the most important measures is the overall indicator of staff engagement. This is calculated by combining several key findings around ability to contribute to improvements, motivation, and how highly staff would recommend the trust. QVH scored 3.88 out of 5, an increase on last year's 3.84 and above the 3.77 average for acute specialist trusts.

3. How did we do compared to others?

- 3.1. QVH compared favourably with other acute specialist trusts. To help us make sense of our results, our scores are compared with those of other specialist trusts rather than general acutes as specialist trusts tend to score more highly on many of the survey questions.
- 3.2. There are 38 'key findings' in the survey. On half of them we scored better than the specialist trust average this year and improved significantly on our comparison with these trusts last year.

	2010 survey	2011 survey
QVH better than specialist trust average	12	19
QVH about the same as specialist trust average	16	17
QVH worse than specialist trust average	10	2

- 3.3. In addition, we have been able to run a report that measures QVH in comparison to the rest of the South East Coast region, which demonstrated that we were better than average on 31 of the 38 key findings.

3.4. Some of the areas where we scored better than average include:

- Staff feeling satisfied with the quality of work and patient care they are able to deliver (84%)
- staff motivation (3.88/5)
- Recommendation of the trust as a place to work or receive treatment (4.01/5)
- Good communication between senior management and staff (38%)
- Effective team working (3.79/5)
- Trust commitment to work life balance (3.56/5)
- Perceived fairness and effectiveness of incident reporting procedures (3.61/5)
- Perceptions of effective action from trust towards violence and harassment (3.81/5 which was the top score of all specialist trusts)

3.5. The two areas where we scored worse than average were:

- Percentage of staff suffering work-related injury (15% - although a slight improvement on 17% in 2010)
- Percentage feeling pressure to attend work when unwell (26%)

3.6. Measures to address these areas will be part of an action plan to improve performance across the trust. In addition, although 38% of staff reporting good communication between senior management and staff is a significantly better score than average, we would like it to be higher and will work further on this.

4. How did we do compared with last year?

4.1. On three of the 38 key findings we improved significantly on last year's scores; for the remaining 35 we remained about the same.

4.2. The three areas where we improved significantly were:

- Work pressure felt by staff (2.9/5)
- Percentage of staff receiving health and safety training (85%)
- Percentage of staff having equality and diversity training (59%)

4.3. The percentage of staff receiving health and safety training was a weak score in the previous year's survey and action to address this was part of the resulting action plan. It is pleasing to note that these action plans are effective in improving performance.

5. Department scores

5.1. Whilst the Trust has performed well overall in the 2011 staff survey, there is also a need to look more closely at results by directorates and departments. This year, the action plans will include both corporate and departmental issues.

5.2. For example, whilst bottom scores are generally spread across the organisation, there is one clear outlier. Outpatient services (which, for the survey, comprised the main and maxillofacial outpatient teams, corneo nursing and pre-assessment) scored 13 out of 38 bottom scores. This was 7 more than the nearest rival which had

6 bottom scores. There will clearly be some work to do to ensure a robust action plan to improve the working environment for these staff.

5.3. The Trust executive team will be reviewing the inpatient, outpatient and staff surveys together to summarise the over-arching findings for the Trust. This will be both to communicate the key messages and to draw out lessons and issues, both good and bad, which can help us improve as an organisation.

6. More information on the staff survey

6.1. Copies of the full staff survey findings can be found at:

http://nhsstaffsurveys.com/cms/uploads/Individual%20Trust%20reports%202011/NHS_staff_survey_2011_RPC_full.pdf

6.2. Information on the national staff survey and results for all trusts can be found at:

<http://nhsstaffsurveys.com>

7. The Council of Governors is asked to **NOTE** the content of this report

Report to:	Council of Governors
Meeting date:	19 July 2012
Agenda item reference no:	38-12
Author:	Brian Goode, Governor Representative
Date of report:	July 2012

Report from the Governor Representative

1. Board of Directors

- 1.1. This is my first report since taking over as Governor Representative. I have attended three Board meetings. QVH did meet its operational targets (bar MRSA) and exceeded 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. A point I would like to highlight is that the income figures need to be scrutinised over the coming months as there has been a decrease due to a slight drop off in GP referrals and cancellation of some operation lists in Dartford. 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. It should be noted that the delivery date for the new theatres has slipped by 3 months because of additional asbestos that was found and had to be removed. Although this has had a detrimental effect on the budget, this has been offset by savings made in other areas.
- 1.3. The business plan and budget for next year has now been completed and the board continues to take, question and approve policies required by monitor.
- 1.4. I can confirm that the Non-executive directors challenge the Executive extensively over many topics, an issue that has been raised in the past.

2. Health and Social Care Act 2012

- 2.1. More detail has been published regarding the Health and Social Care Act. Further detail is expected in the next 6 months and it is likely that much of the new bill will be implemented by April 2013. The bill will mean changes to the relationship between Governors and Non-Executive Directors. From the details published so far it looks like Governors will have more responsibilities but until the detail is published, precisely what these may be remains uncertain. These and many other changes will need to be reviewed over the next few months.

3. Recommendation

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

Patient experience quarterly report: Quarter 1 (April to June 2012/13)

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 152 enquiries during Qrt 1 which is a slight decrease from Qrt 4 (175) period. 32 enquiries were initial complaints, none of which were referred to the formal complaints procedure at the time of contact.

Initial complaint themes: Transport - In April the new transport system commenced where patients could ring the Patient Transport Bureau (PTB) directly. At the beginning many patients found it difficult to get through to PTB.

Cancellation of operations - Another theme was in relation to cancellation of operations. Most of these relate to patients being cancelled for major or urgent cases.

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

3. Complaints

3.1. Only 12 formal complaints were received during Qrt 1 which is decrease from Qrt 4 - 11/12 (19).

3.2. Complaints received during the quarter included the following themes and issues together with whether the complaint was unsupported or upheld:

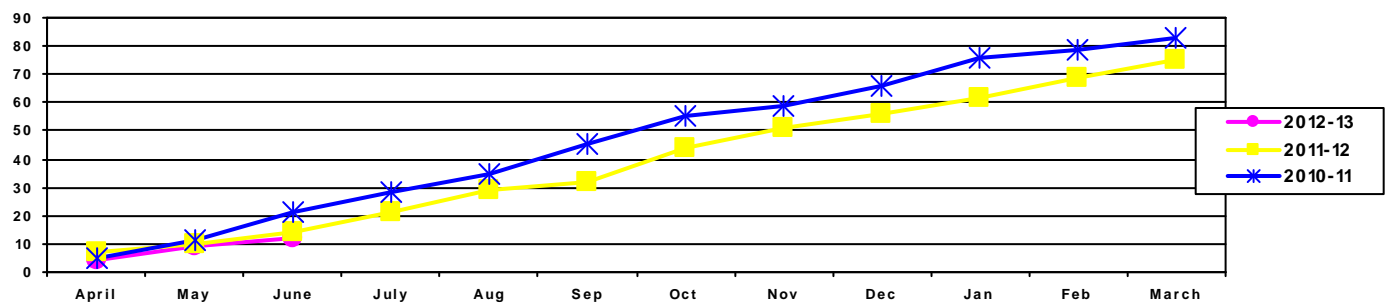
- Patient considered was being discharged too early after surgery. (unsupported) - changes made to admission process)
- Relative of patient felt that there was a delay in diagnosis and treatment for melanoma (unsupported)
- Hand hygiene concern (upheld).
- Injury to patients hand following removal of plaster covering venflon (case still under investigation)
- Concerns raised on whether correct dressings were given (upheld – training given).
- Serve delays in formally admitting Corneo patients onto ward. (upheld

3.3. 16 formal complaints were closed during Qtr 1.

3.4. 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 1, no complaints were referred to the PHSO.

3.5. Our annual figures were reported to the DoH in May 2012 who focused on the number of complaints, the ethnicity, age and gender of complainants as well as the general themes.

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



4. Compliments

4.1. 62 formal letters / e-mails / online comments (submitted to the NHS Choices national website) of appreciation were forwarded to the PALS and Complaints Manager during Qtr 1. Feedback included:

'I cannot express my appreciation and admiration of you and the team that may well have saved my life.'

'Thank you so much for my eye operation and for my second sight.'

'Every single member of staff here that we have encountered have been phenomenal. We now understand why you are the best in the world.'

'I can't thank you all enough for what you have done for me, the time and caring that everyone gives at the Queen Victoria is beyond compare.'

'I would be grateful if you could convey my thanks to all the staff of your hospital and would recommend to the NHS that they send a few of the hospitals I have experienced over the last couple of years down to your hospital to show how it can be done.'

'I would like to take this opportunity to thank you very much to all the staff for everything that the Queen Victoria did whilst he was in your care. Dad was always very proud that he was featured in one of the annual reports and appreciative of the range and number of people who were involved in his care.'

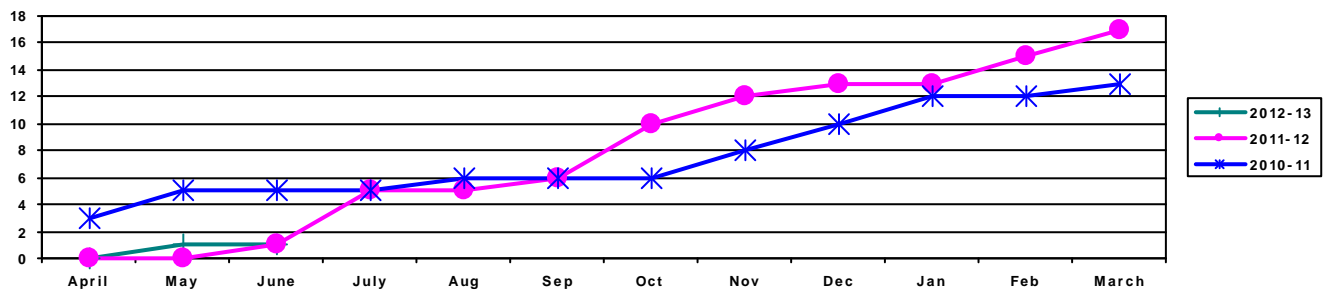
We believe that this represents only a fraction of the compliments received across the trust. All staff are reminded on a regular basis to copy compliments to the PALS & Complaints Manager for logging and formal acknowledgment.

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

5. Legal

5.1. Only 1 new litigation case was received by the trust in Qrt 1. This relates to inadequate post-operative observations and intra-operative problems. Overall, there are 24 open cases.

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



6. Further patient experience data, including internal surveys and governor tours.

6.1. Inpatient themes

6.1.1. Positive experiences

Care & treatment

- *I have been admitted to several hospitals and the care and attention received at East Grinstead is far superior to any of the others. They stick to a good routine which helps the patients through their day. All the staff must be praised irrespective of their role'*

Staff

- *All of the staff - no matter their band/grade were wonderful - kind, caring and happy. I am sure this has helped me to improve and go home quickly. Well done to all and thank you.*
- *I have absolutely no complaint. My stay at your hospital was a very good experience. The staff and Drs were excellent, nice atmosphere on the wards (a real team effort at all levels). I would highly recommend this hospital to friends and relatives and would like to say a big thank you to everyone for their hard work.*

6.1.2. Concerns raised

Environment & facilities

- *It would be nice to have TV to watch and have payphones for patients to use who don't have mobiles.*
- *There should be a TV for patients confined to bed*

Medication

- *My controlled drug - unable to give to me on time because it was not yet written in the drug and I have to wait because doctor is in theatre, so I went without it the whole day. Otherwise everything is alright.*
- *I felt I really had to hassle to get adequate pain relief until night staff arrived. However, thank you so much to all.*
- *Uncomfortable in the night but no one around to ask for pain relief waiting until 2am thinking my blood pressure was going to be taken and I'd ask then but no one came. Luckily I fell back asleep at 2.30, so not too bad in the end.*

Communication

- *Communications between doctors/surgeons to nurses may be not as good as it should be as no nurses knew what had really been done to me.*
- *Our daughter had a jaw operation. She was very well looked after before and after the surgery. However the day before the operation we asked if we could come in and see her before her op, due at 9am the next morning. We were here at 7.30am and we were not allowed to see her. Left waiting outside the ward for 4.5 hours only given a chair 30 minutes before she finally went down at 12pm.*

Food

- *Better organised meals for these who stay in but haven't chosen meal when in theatre and recovery during meal times.*
- *Due to my condition, I feel more choice of food could/should have been made available.*
- *I was not given the option to order any food, so had to request some toast this morning, did not eat yesterday as I felt sick but I was offered a sandwich.*
- *Was not offered a choice of foods because they assumed I would not want to eat so I had leftovers which were horrible so my family went and brought me some food. Nurses well all lovely especially the theatre team.*

6.2. Outpatient themes

6.2.1. Positive experiences

Care and treatment

- *I found the level of care second to none throughout my stay at the hospital- especially as I was an emergency. Extremely clean environment, caring staff. I have said to friends and family what an outstanding hospital it is and how grateful I was referred here and not somewhere else.*
- *I suffer from agoraphobia as well as cancer, but I look forward to my visits to the hospital. The compassionate nature, empathy, respect & kindness all staff show me is absolutely wonderful. There is a lot of love in the atmosphere and happiness abounds. Yes I would most definitely recommend this hospital.*

6.2.2. Concerns raised

Waiting times

- *'In all my experiences at QVH waiting beyond the appointment time has always been a problem with (nearly always) no reasons given or estimates of how much longer the wait.'*
- *'Long waiting time on first visit but Drs made up for it - good service'*
- *'Appt 1.45pm @4pm waiting for YAG laser. Feel the time waiting could have been reduced. No other complaints, staff wonderful.'*

- *'I am extremely disappointed that we were booked in for a 10.30 appointment the time is now 12 and I'm still waiting! We have not been informed of when we might be seen. I will now be late for another appt I have elsewhere! This is appalling!'*

Signage

- *'Signing in the hospital needs improving, particularly to the Maxillofacial Unit - even your staff got lost! In particular, please put a clear sign at the entrance to the unit. At present there is nothing and it is easy to walk past. The receptionists on the unit were brilliant!!'*
- *'Some sign posting could be clearer. My dad is in a wheelchair and I found the waiting area very cramped. I have learning difficulties and suffer from anxiety, the staff and Drs have made me feel very welcome and are very supportive; made me feel very relaxed. We have nothing but praise for this hospital.'*

During this quarter a signage review has been undertaken where redundant signs have been removed and temporary signs created before permanent signs are ordered.

6.3. Rowntree Hand Unit Survey

6.3.1. A survey of 60 Rowntree Hand Unit patients was undertaken during May by Dr Kanagarathnam Muhilan and Dr.S.Krone in Anaesthetics.

6.3.2. Patients were asked to rate the following:

Results	Good to excellent	Fair to poor
i. Information they had about hand trauma unit before coming to the unit	95%	5%
ii. Ease of locating Rowntree unit	95%	5%
iii. Length of time waiting to be seen by the staff	86%	14%
iv. Overall courtesy and respect given by the staff	100%	
v. Quality of explanation of regional anaesthesia or block by the anaesthetist /surgeon	97%	3%
vi. Idea of having a distraction like a television during surgery	69%	12%
vii. Satisfaction with the regional anaesthesia/block	94%	
viii. Quality of explanation of the post operative care on discharge	97%	
ix. Extent to which patients questions were answered	98%	2%
x. Rate the overall care and service provided	100%	

6.3.3. Whilst the overall results and comments were very positive, there were three areas that could be improved on:

- Directions to unit
- Waiting to see staff

- Distraction

6.4. Governor visits

6.4.1. In this quarter governors have visited Main Outpatients, Peanut ward and the Day Surgery Unit – all areas scored a 5 or 6 for cleanliness, security and condition of fabric.

6.4.2. Comments made

- 'obvious staff pride and an air of efficiency without being institutional'.
- Nurses station at far end of outpatients, 'a lot of walking, can't see patients'

6.4.3. Concerns raised with accompanying member of the nursing directorate

- The challenge of running a medical service on an old site where extensive building operations are taking place.
- Signage and staff facilities in Main Outpatients.

Corporate Affairs Team – July 2012

Report to: Council of Governors
Meeting date: 19 July 2012
Agenda item reference no: 43-12
Author: Valerie King, Public Governor
and Chair of Appointments Committee
Date of report: July 2012

Report from the Appointments Committee

1. Membership of the Appointments Committee for 2012/13 is as follows:

Committee members 2012/13

- Valerie King [Chair] – Public Governor
- Ian Stewart [Deputy Chair] – Public Governor and Vice Chairman
- Mabel Cunningham – Staff Governor
- John Dabell – Public Governor
- Robin Graham – Public Governor
- Anne Higgins – Public Governor
- Andrew Robertson – Appointed Governor

2. The last formal committee meeting was held on 7 June 2012 where the following agenda items were discussed:
 - Feedback from the Chairman's appraisal.
 - Succession planning.

My comments relating to these will be given in Part 2 of the meeting.

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