

# **PUBLIC MEETING OF THE COUNCIL OF GOVERNORS**

**Thursday 12 December 2013  
4pm**

**Dove Suite  
The Ark  
Mount Lane  
Turners Hill  
West Sussex  
RH10 4RA**

**Meeting of the Council of Governors (session in public)**  
Thursday 12 December 2013, 16:00 – 17:45  
At the Dove Suite, the Ark, Turners Hill RH10 4RA

**AGENDA**

No.	Agenda item	Time	Papers
<b>STANDING ITEMS</b>			
69-13	<b>Welcome, apologies and declarations of interest and eligibility</b> Peter Griffiths, Chairman	16:00	-
70-13	<b>Draft minutes of the meeting held on 12 September 2013 (for approval)</b> Peter Griffiths, Chairman		Enc.
71-13	<b>Matters arising and actions pending from the previous meeting</b> Peter Griffiths, Chairman		-
<b>REPORTS FROM THE BOARD OF DIRECTORS AND GOVERNOR REPRESENTATIVE</b>			
72-13	<b>Report from the Board of Directors</b> <ul style="list-style-type: none"> <li>• Shena Winning, Non-Executive Director and Chair, Audit Committee</li> <li>• Ginny Colwell, Non-Executive Director and member, Quality and Risk Committee</li> <li>• Lester Porter, Non-Executive Director and Chair, Charitable Funds Advisory Committee</li> <li>• Richard Tyler, Chief Executive</li> </ul>	16:05	Enc.
73-13	<b>Report from the Governor Representative</b> Brian Goode, Governor Representative	16:25	Verbal
<b>GOVERNANCE</b>			
74-13	<b>National Cancer Survey 2012/13: QVH results</b> Amanda Parker, Director of Nursing and Quality	16:30	Enc.
75-13	<b>Mid-Staffordshire NHS Foundation Trust public inquiry: QVH action plan</b> Amanda Parker, Director of Nursing and Quality	16:45	Enc.
76-13	<b>Opportunities for patient engagement and assurance</b> Amanda Parker, Director of Nursing and Quality	16:55	Enc.
<b>STATUTORY DUTIES</b>			
77-13	<b>Appointments Committee</b> Valerie King, public governor and Chair, Appointments Committee	17:05	Verbal
78-13	<b>Audit</b> Chris Orman, lead governor for audit	17:10	Verbal

## REPORTS FROM LEAD GOVERNORS

79-13	<b>Report from the Vice-Chairman of the Council of Governors</b> Ian Stewart, Vice-Chair of the Council of Governors	17:15	Enc.
80-13	<b>Quality and risk committee</b> Moirra McMillan, lead governor for quality and risk committee	17:20	Verbal
81-13	<b>Patient experience group</b> Gillian Santi, lead governor for the patient experience group	17:25	Verbal
82-13	<b>Foundation trust membership</b> Michael Shaw, lead governor for membership taskforce	17:30	Verbal
83-13	<b>QVH charitable fund</b> Brian Beasley, lead governor for the charitable funds advisory committee	17:35	Verbal

## ANY OTHER BUSINESS

84-13	<b>By application to the Chairman</b> Peter Griffiths, Chairman	17:40	-
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## QUESTIONS FROM THE PUBLIC

85-13	<b>To receive any questions or comments from members of the public</b> Peter Griffiths, Chairman	17:45	-
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## DATE OF THE NEXT MEETINGS

### Public meetings of the Council of Governors:

- Thursday 13<sup>th</sup> March 2014 at The Dove Suite, The Ark, Turners Hill  
(Session in private at 15:00, followed by a session in public at 16:00).
- Thursday 12<sup>th</sup> June 2014 at The Dove Suite, The Ark, Turners Hill  
(Session in private at 15:00, followed by a session in public at 16:00).
- Thursday 11<sup>th</sup> September 2014 at The Dove Suite, The Ark, Turners Hill  
(Session in private at 15:00, followed by a session in public at 16:00, plus the AGM and Annual Members' Meeting).

## Members of the Council of Governors

Brian Beasley	Public Governor
Liz Bennett	Stakeholder Governor
John Bowers	Public Governor
Milton Chimonas	Public Governor
Mabel Cunningham	Staff Governor
Jenny Cunningham	Public Governor
John Dabell	Public Governor
Robert Dudgeon	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
Louise Reader	Public Governor
Andrew Robertson	Stakeholder Governor, League of Friends
Gillian Santi	Public Governor
Michael Shaw	Public Governor
Ian Stewart	Vice Chairman and Chair, Governor Steering Group
Alan Thomas	Public Governor
Norman Webster	Stakeholder Governor, East Grinstead Town Council
Peter Wickenden	Public Governor
<b>Invited attendees</b>	
Graeme Armitage	Head of Human Resources
Jeremy Beech	Senior Independent Director
Heather Bunce	Programme Director
Ginny Colwell	Non-Executive Director
Kathleen Dalby	Company Secretary and Head of Corporate Affairs
Stephen Fenlon	Medical Director
Richard Hathaway	Director of Finance and Commerce
Neil Hayward	Non-Executive Director
Amanda Parker	Director of Nursing and Quality
Lester Porter	Non-Executive Director
Hilary Saunders	Deputy Company Secretary
John Thornton	Non-Executive Director
Richard Tyler	Chief Executive
Shena Winning	Non-Executive Director

<b>Document:</b>	<b>Minutes (draft and unconfirmed)</b>	
<b>Meeting:</b>	<b>Council of Governors (session in public) Thursday 12 September 2013, 1600 - 1730 The Dove Suite, The Ark, Mount Lane, Turners Hill, West Sussex</b>	
<b>Present:</b>	Peter Griffiths (PAG)	Chairman
	Ian Stewart (IS)	Public Governor & Vice-Chairman
	Brian Goode (BG)	Public Governor & Governor Representative
	Norman Webster (NW)	Stakeholder Governor (EGTC)
	Andrew Robertson (AR)	Stakeholder Governor (League of Friends)
	Liz Bennett (LB)	Stakeholder Governor (West Sussex CC)
	Mabel Cunningham (MC)	Staff Governor
	Carol Lehan (CL)	Staff Governor
	John Bowers (JB)	Public Governor
	Brian Beesley (BB)	Public Governor
	John Dabell (JD)	Public Governor
	John Harold (JH)	Public Governor
	Valerie King (VK)	Public Governor
	Gill Santi (GS)	Public Governor
	Michael Shaw (MS)	Public Governor
	Jenny Cunnington (JC)	Public Governor
	Robin Graham (RG)	Public Governor
	Michael Hannah (MH)	Public Governor
	Moira McMillan (MM)	Public Governor
	Christopher Orman (CO)	Public Governor
	Peter Wickenden (PW)	Public Governor
	Louise Reader (LR)	Public Governor
	Alan Thomas (AT)	Public Governor
Milton Chimonas (MC)	Public Governor	
<b>In attendance:</b>	Hilary Saunders (HS)	Deputy Company Secretary (secretariat)
	Richard Tyler (RT)	Chief Executive
	Richard Hathaway (RH)	Director of Finance & Commerce
	Stephen Fenlon (SF)	Medical Director
	Jeremy Beech (JB)	Non-Executive Director
	Shena Winning (SW)	Non-Executive Director
	Lester Porter (LP)	Non-Executive Director
	Ali Strowman (AS)	Deputy Director of Nursing
	Caroline Haynes (CH)	Deputy Head of Human Resources
	Heather Bunce (HB)	Programme Director
<b>Apologies:</b>	Robert Dudgeon (RD)	Public Governor
	Michael Hannah (MH)	Public Governor
	Anne Higgins (AH)	Public Governor
	Kathleen Dalby (KD)	Company Secretary & Head of Corporate Affairs
	Amanda Parker (AP)	Director of Nursing & Quality
<b>Observing:</b>	Graeme Armitage (GA)	Head of Human Resources
	Four members of the public (including two staff)	
<b>STANDING ITEMS</b>		
<b>54-13</b>	<b>WELCOME, APOLOGIES AND DECLARATIONS OF INTEREST AND ELIGIBILITY</b> The Chairman opened the public session of the meeting. He welcomed RT who was	

	<p>attending his first full Council of Governors meeting since taking up post as CEO in July. He then introduced Liz Bennett recently appointed as stakeholder governor for West Sussex County Council and Milton Chimonas who was attending his first meeting since being elected in July. The Chairman congratulated Brian Goode and Moira McMillan re-elected to continue serving as governors. He then welcomed back John Bowers who had returned to the Council following recent re-election.</p> <p>The Chairman thanked Caroline Haynes for attending on behalf of Graeme Armitage, and Ali Strowman who was representing Amanda Parker.</p> <p>Finally, he welcomed two members of the general public, and two members of staff who were attending today.</p> <p>Apologies for absence had been received from Michael Hannah, Robert Dudgeon and Anne Higgins.</p> <p>There were no declarations of interest and no issues of eligibility.</p>
<b>55-13</b>	<p><b>DRAFT MINUTES OF THE PUBLIC MEETING HELD ON 13 JUNE 2013</b> The Council of Governors <b>APPROVED</b> the minutes of the meeting held on 13 June 2013 as a correct record.</p>
<b>56-13</b>	<p><b>MATTERS ARISING AND ACTIONS PENDING FROM THE PREVIOUS MEETING</b> There were none</p>
<b>REPORTS FROM THE BOARD OF DIRECTORS &amp; GOVERNOR REPRESENTATIVE</b>	
<b>57-13</b>	<p><b>REPORT FROM THE BOARD OF DIRECTORS</b> A report by the Board of Directors had been circulated. The Chairman proposed that the approach used at recent meetings be adopted, whereby NEDs updated governors any areas of particular interest or concern contained within the report.</p> <p><b>Finance</b> SW noted that the information contained within the report covered the first quarter only. This had now been superseded by last month's results which were summarised as follows:</p> <ul style="list-style-type: none"> <li>• At the end of July, the balance sheet position remained in line with plan, however, in order to achieve budget it had been necessary to include £150k of CQUINS funding.</li> <li>• There were issues regarding patient activity but these did not relate to referrals. Higher than usual levels of sickness amongst clinical staff had resulted in lower activity and income in June. RT assured the meeting that this had not impacted on patient cancellations; however, patient lists had been adjusted.</li> <li>• Pay and Non Pay budgets both slightly overspent. Pay costs include cover for higher staff absence levels. Management would be holding a number of meetings in the coming weeks to target recovery.</li> <li>• Outstanding NHS debts (previously reported) had now been fully recovered and cash was in a healthy position.</li> <li>• Financial Risk rating remains at 5, (although RH advised that ratings for both quality and finance were about to change, with the highest achievable rating being a 4 for Finance)</li> </ul>

### **Quality & Risk**

JB provided an overview on this quarter's Q & R report; highlights included:

- The CBRN section of the Emergency Plan had been revised in light of feedback received from the Emergency Plan Lead in the area;
- Contrary to recent press coverage, there was little cause for concern in respect of the use of the Liverpool Care Pathway at QVH;
- Quality accounts: The board had discussed the Q1 report at its recent meeting. JB observed that it was inevitable improvements wouldn't be seen until Qs 2 and 3 and the board were assured that the trust was making sufficient progress.
- RH reported that the trust was still awaiting confirmation from the Clinical Commissioning Group in respect of the CQUINs results.

### **Estates & Capital Programme**

HB reported the following:

- The new Phase I theatres had opened successfully on 2<sup>nd</sup> September; Phase II was due to open in April 2014.
- The capital programme for 2013/14 included a replacement heating system for the Jubilee building; HB reported that the laborious and time consuming tender process had resulted in delays to starting the work which might not be completed until November.
- Resurfacing to the car park was underway but would inevitably cause disruption due to the number of parking spaces lost to both staff and patients during the project.
- The budget was currently overspent due to staff sickness which had required the trust to bring in contractors to manage the workload.
- HB assured the meeting that the delay in implementing the Fire Compartmentation works would not have a detrimental effect as the trust was currently fully compliant.

### **Charitable Fund**

LP provided a brief insight into the background of the QVH Charitable Fund. He observed that the trust had never specifically fundraised previously. Now with funds diminishing, there was a risk these could decline further if action wasn't taken to address this. LP advised the trust had therefore appointed a new fundraiser and introduced Gillian Orman, who was in attendance today.

LP explained that for projects below £20k, the board of director corporate trustees delegate decisions to the Charitable Advisory Committee. This meets each Quarter. He continued by providing examples of projects which had recently received funding from the charity.

LP set out highlights of the future strategy as:

- Building activity in the local area
- Targeting specific individuals for specific projects
- Looking to fundraise outside the immediate locality eg, Gatwick and beyond
- Becoming more proactive in seeking grants and funding

However, he acknowledged that some aspirations would be mid - long term due to limited resources within the new fundraising team.

LP continued by explaining that at present the trust had many different categories of funding and it had been agreed it would be more productive to review and rationalise. The Chairman thanked LP for his useful oversight.

	<p><b>Workforce (RT)</b></p> <p>RT took the opportunity to apprise council of an investigation which had been undertaken in Canadian Wing following recent allegations under the Whistleblowing policy. Concerns in respect of leadership, safety and bullying had been raised. An immediate investigation was launched, during which time it was apparent that a combination of factors had resulted in reduced staffing levels on the wards. He assured Council that patient safety had not been compromised in any way but admissions had been reduced temporarily to comply with safe staffing levels. RT recognised Council would require assurance that the issue had been dealt with appropriately and advised that he had set up a series of meetings between himself, LP and BG to establish lessons to be learned.</p>
58-13	<p><b>REPORT FROM THE GOVERNOR REPRESENTATIVE</b></p> <p>BG noted that much of which he wanted to highlight had previously been raised by RT. He did wish to emphasise, however, that costs were rising at a higher rate than income and it was important for management to adopt a plan to address this.</p>
<b>STATUTORY DUTIES</b>	
59-13	<p><b>APPOINTMENT OF NON-EXECUTIVE DIRECTORS</b></p> <p>Further to discussions at the private session of the Council of Governors, the Chairman presented a report which set out the process followed in selecting three new non-executive directors. The Chairman advised that the successful candidates would join the Board of Directors from 01 October in substantive roles, working alongside existing NEDs (until JB and SW came to the end of their tenure in March next year).</p> <p>An explanation of the governors' responsibility for approval of these appointments was also included in the report; the Chairman reminded governors that they should satisfy themselves that process followed had been appropriate, robust and compliant. Members of the panel would answer any questions raised in respect of the recommendations.</p> <p>The Chairman observed that the Board of Directors would now comprise three new NEDs, and a new CEO and Medical Director. The process of developing a new team would be facilitated by a rigorous review led by RT to review the current board agenda and also to examine how the relationship between the Council of Governors and the Board of Directors could be developed.</p> <p>The Council of Governors <b>APPROVED</b> the appointment of three non-executive appointments by a unanimous decision.</p>
60-13	<p><b>APPOINTMENTS COMMITTEE</b></p> <p>VK reminded the meeting that the Committee's main focus had been on the recruitment of NEDs, as discussed earlier on in the meeting. However, she wished to bring to Council's attention that the terms of reference of the Committee were due for review. Current ToRs required the committee to review its performance over the previous year; however, VK felt it more appropriate for the review to be undertaken by the whole Council. Accordingly it was agreed a copy of the ToRs would be circulated and any feedback would inform discussions at the next Committee meeting scheduled for November.</p>
61-03	<p><b>AUDIT</b></p> <p>CO advised he had nothing further to report at this stage.</p>
<b>REPORTS FROM LEAD GOVERNORS</b>	



<p><b>62-13</b></p>	<p><b>REPORT FROM THE VICE-CHAIRMAN OF THE COUNCIL OF GOVERNORS</b></p> <p>IS conceded that his attention to date had necessarily been focused on the recruitment of new NEDs. However, focus was now on the Governor Forum scheduled for 21 October. Three objectives had been identified as follows:</p> <ol style="list-style-type: none"> <li>1. How governors can better liaise with and obtain feedback from patients</li> <li>2. How governors can work most effectively with NEDs</li> <li>3. How governors can improve interaction with its membership</li> </ol> <p>IS was preparing a report on areas for improvement which would include a thorough review of governance; he asked members of the Council to email him with any ideas which could be included for consideration.</p> <p>As an aside, IS wished to congratulate HB and Mike Bennett, (Theatres Directorate Manager) for the successful commissioning of the new theatres which had been delivered on time and on budget.</p> <p>The Chairman thanked IS and concurred with his comments. The Council of Governors <b>NOTED</b> the content of the verbal update.</p>
<p><b>63-13</b></p>	<p><b>QUALITY &amp; RISK COMMITTEE</b></p> <p>MM advised that the Q &amp; R Committee had last met on 15 August and summarised papers which had been reviewed including incident and risk data, DIPC, Emergency Planning, the trust's action plan following on from the Francis report, Quality Account (Q1), CQUINS Q1 update and the BAF. MM noted that concerns had been raised at the volume of annual reporting produced by the trust, together with the associated workload, but after investigation AP had advised these were mandatory.</p> <p>MM also reported on the CQC and action plan and noted that a follow up visit by the CQC was imminent. MM advised that the former Health Records Committee had been overhauled and upgraded to the Patient Documentation Committee in an effort to improve on the trust's document management systems.</p> <p>MM reminded Council that concerns had been raised in recent months at the lack of opportunity for governors to liaise directly with patients since the withdrawal of the patient survey. In response, AS advised that AP had given considerable thought to this issue and as a consequence had developed a way for governors to join the Compliance in Practical Assessment teams. Both MM and GS welcomed the proposal and agreed this could be a useful way in which to address earlier concerns.</p> <p>In the light of recent press reports, IS asked AS if anything could be done to encourage greater numbers of staff to have an annual flu jab. AS conceded this wasn't mandatory but the trust would be running its traditional annual campaign highlighting its importance.</p> <p>BB asked if pressures on local A &amp; E departments were having any impact on the QVH MIU. RT noted that there had been no direct impact, however, this raised the wider issue of how people could access emergency care locally and it could be incumbent on QVH to open discussions with CCGs to identify how it could best help in the current climate.</p> <p>The Chairman thanked MM for her input and the Council of Governors <b>NOTED</b> the verbal</p>

	update.
<b>64-13</b>	<p><b>PATIENT EXPERIENCE GROUP</b></p> <p>GS apprised the Council of recent developments in respect of the Patient Experience Group. The group's terms of reference were to be revised; there was currently a vacancy on the membership for a doctor and AP had agreed to discuss options with SF and report back.</p> <p>GS noted there had been improvements in patient check-in screens but raised concern that the target for patient consent was not being met at present.</p> <p>GS echoed MM's frustration at the current lack of opportunities for patient/governor interaction and therefore also welcomed suggestions made by AS to address this. JB concurred that the Patient Experience Group had a very important mandate and stressed that outputs should not just inform reporting but also policy.</p> <p>The Chairman thanked GS for her comments and the Council of Governors <b>NOTED</b> the verbal update.</p>
<b>65-13</b>	<p><b>FOUNDATION TRUST MEMBERSHIP</b></p> <p>MS provided a verbal update on work undertaken by the Membership Taskforce in recent months. The drive to convert members to using email rather than postal addresses was ahead of target. However, this had highlighted that much of the data held currently was inaccurate, partly as a result of members moving house without notifying the trust. He stressed the importance of recruiting additional members to the trust and urged all governors to take ownership of this.</p> <p>MS reported the following:</p> <ul style="list-style-type: none"> <li>• A new membership form was now in circulation which included Equality and Diversity data which the trust would be legally obliged to collect in the future;</li> <li>• The launch of a new on-line membership form was due shortly;</li> <li>• He hoped that materials for use by governors to aid membership recruitment would be presented at the next full Council of Governors meeting in December.</li> </ul> <p>Following earlier discussions on improving governor/patient interaction, MS suggested that part of the proposed new patient information questionnaire could include a section encouraging patients to become members. AS agreed this could be investigated.</p> <p>The Chairman thanked MS for his very useful contribution and the Council of Governors <b>NOTED</b> the verbal update.</p>
<b>66-13</b>	<p><b>QVH CHARITABLE FUND</b></p> <p>BB reported that he had nothing further to add in addition to the report made by LP earlier in the meeting.</p> <p>The Council of Governors <b>NOTED</b> the verbal update.</p>
<b>ANY OTHER BUSINESS</b>	
<b>67-13</b>	<p>The Chairman reminded governors of the forthcoming visit by the Royal Patron, HRH Princess Anne. Invitations would be extended to some governors - further information would be sent out in due course.</p>

	A discussion surrounding the scheduling of future meeting dates would be carried over to the governors' forum. <b>[Action: IS]</b>
<b>QUESTIONS FROM THE PUBLIC</b>	
<b>68-13</b>	<p>A member of the public asked if it would be appropriate to enclose an FT membership form when inviting patients for appointments; however, this had been investigated in the past and the HoCA had advised it had not been deemed appropriate.</p> <p>The Chairman closed the meeting at 1755.</p>

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

**Report to:** Council of Governors  
**Meeting date:** 12 December 2013  
**Agenda item reference no:** 73-13  
**Author:** Richard Tyler, Chief Executive  
**Date of report:** December 2013

## REPORT FROM THE BOARD OF DIRECTORS

### 1 QUALITY, SAFETY AND RISK

#### 1.1 Infection Control

2013/14 June - Nov	New	YTD	Target
MRSA bacteraemia	0	0	0
MSSA bacteraemia	0	0	0
<i>C.diff</i>	0	1	0

1.1.1 During the last three months the infection control team has maintained a presence in clinical areas supporting the undertaking of audit related to infection prevention and control. Activities included:

- Routine audit activity;
- Investigation into patients with infections;
- Updating policies following recent new guidance.

1.1.2 During July a performance notice was issued to our microbiology provider in regard to the physical on site presence of a microbiologist. Since mid-August there has been a significant improvement and a more regular presence has been established.

1.1.3 During quarter 2, a patient was admitted with a known multi-resistant infection (acinetobacter MRAB), this is known to be hard to eradicate within the environment. During the patient's stay no other patients became infected. Since the patient's discharge two further patients have become infected. One is now discharged and the second is ready for discharge. A variety of actions have been taken to remove the bacteria and environmental cleaning has been increased as has the wearing of protective clothing. Currently we believe we have managed to prevent any further cross contamination. As three patients have been infected this has been reported as a serious incident.

#### 1.2 Emergency Planning/Business Continuity

1.2.1 Since August, heatwave plan activity has ceased.

1.2.2 Winter plan actions are now in place and flu vaccination of staff has commenced.

1.2.3 A table top exercise in October tested the trust's evacuation plan.

1.2.4 Two area-wide exercises were undertaken to test plans for winter and the trust's emergency planning officer and executive lead attended these.

1.2.5 A number of senior managers undertook the strategic leadership in crisis training.

1.2.6 Currently a review of emergency preparedness, resilience and response to national core standards is underway and QVH will be responding to NHS England with our compliance status.

#### 1.3 Risk Management

- 1.3.1 During the period September to November three significant incidents have reported. The first followed a complaint about care but has since been downgraded. Then second related to wrong site surgery and was declared as a 'never event'. This has been fully investigated and the report shared with the patient and submitted as required. Actions have been identified to prevent a reoccurrence and include surgeons leading on the WHO checklist and completion of all stages of the checklist. The third incident was the reporting of the MRAB raised under infection control.
- 1.3.2 The CQC returned in September to review progress on the issues raised by them in respect of documentation. On reviewing the actions taken the CQC deemed we were now compliant.

#### 1.4 **Quality Account**

- 1.4.1 A quarter two report has been provided to the board of directors on progress against the priorities identified for 2013/14. Progress has occurred against all measures and information will be provided on an on-going basis within the monthly board report.
- 1.4.2 Consent information for quarter two has not met the expected standard. The medical director has been working with clinical leads and actions are being taken with specific directorates to increase their performance.

#### 1.5 **CQUINS**

- 1.5.1 A summary of activity against the quarter two CQUINS was presented to the board of directors; we believe we have met all requirements but await confirmation from the Clinical Commissioning Group.

### 2 FINANCIAL AND OPERATIONAL PERFORMANCE

- 2.1 At Month 7 (October) QVH had achieved a surplus of £1.569m against a plan of £1.572m. The Trust has shown a gradual improvement over the second quarter of the year from its earlier behind-plan position.
- 2.2 The forecast remains to achieve the planned £2.5m surplus by year end.
- 2.3 Income from activities continues to be higher than plan but this is offset by higher pay and non-pay expenditure, which are overspent by £517k and £764k respectively. About £200k of the overspend relates to rechargeable costs which can be offset against income. The costs of this year's activity remains higher than expected, mainly in clinical pay costs from covering high levels of sick leave and vacancies.
- 2.4 The cash balance of £6.851m is lower than plan as additional costs have been incurred but the additional income from activity has not yet been received from commissioners. The Trust has now drawn down the full £10.1m loan for construction of the Theatres Phase 1.
- 2.5 Overall demand for services at QVH remains strong and the Trust met all operational targets in M7 except the 31 day Cancer target.
- 2.6 The Trust ended Q2 with a Financial Risk Rating of 5 (the lowest level of risk).

### 3 ESTATES & CAPITAL PROGRAMME

#### 3.1 **Phase I update**

- 3.1.1 The final account for Phase I as at 19 November 2013 has been agreed by the PSG. A verbal update will go to the November Board with a written update going to the January Board.

3.1.2 The overall agreed project budget (including the enabling projects) was £12,860,498 with a final account of £12,160,002. This represents a £700,496 underspend. The Project was delivered one week ahead of plan.

3.1.3 KPMG are currently auditing Phase I of the theatre project.

### 3.2 Phase II update

3.2.1 Work continues on our second phase of the Theatre development.

3.2.2 The programme is running one month ahead of plan and is currently on budget.

### 3.3 Capital programme

3.3.1 2013/14 capital programme as at 19 November 2013

<b>CAPITAL PROGRAMME</b>				
<b>Project:</b>	<b>Status</b>	<b>Programmed</b>	<b>Revised Budget</b>	<b>RAG Rating</b>
<b>Jubilee Centre Heating</b>	Scheme out to re tender	Originally Programmed for Quarters 1 & 2  Likely over run to Quarters 3 & 4	£310k	
<b>Alterations to Burns Heating</b>	Scheme out to re tender	Originally Programmed for Quarters 1 & 2 completion now due by end quarter 4	£100K	
<b>Prosthetics Labs Hot Water System Alterations (split from Jubilee scheme.)</b>	Scheme out to re tender.	Originally Programmed for Quarters 1 & 2  Likely over run to Quarters 3 & 4	£40k	
<b>Resurfacing of Visitor Car Park</b>	Completed	Originally Programmed for Quarters 1 & 2 completion will slip into quarter 3	£150k	
<b>Replacement of Catering Equipment</b>	Quotes received for new oven.	Quarters 3 & 4	£50k	
<b>External Corridor Refurbishment.</b>	Automated doors installed work completed	Quarters 1 & 2	£50k	
<b>Medical Gas Pipeline Replacement</b>	No work commenced	Quarters 3 & 4	£30k	
<b>Replacement Radiator Covers</b>	No work commenced	Quarters 3 & 4	£25k	
<b>Refurbishment of Public Toilet (A-Wing)</b>	No work commenced	Quarters 3 & 4	£30k	
<b>Fire Compartmentation works (carried over from 2012 2013)</b>	On hold	Rolled over 2014/ 2015	Nil	
<b>Water Treatment Works</b>	Cancelled.	Not required.	Nil	
<b>Estates contingency</b>			£100k	
		<b>TOTAL</b>	<b>£885k</b>	

3.4 A decision led by the Director of Finance was made on September 23rd to re-tender the Jubilee project. The involvement of external technical advisors had also led to a lack of transparency on some aspects.

3.5 It was also decided that combining the Burns and Prosthetics capital works would bring some cost advantages, and therefore these have been included in the tender package.

3.6 Audit - KPMG are currently auditing two of our Estates Capital Programmes, namely:

- Steam Boiler replacement, completed in 2012/13
- Jubilee heating

#### 4 OPERATIONAL DEVELOPMENTS

The progress of all the main streamlining / service transformation projects since June 2013 is summarised below, set out as Elective, Cancer and Trauma pathways.

##### 4.1 **Elective Access**

###### 4.1.1 Health Records

Piloting the system for accepting referrals and storing them electronically via a central point on Patient Centre is still ongoing as new software is being trialled. The Trust has also recently been involved in local consultation workshops held regarding the national replacement for Choose and Book system which is due to be implemented in Jan 2015. In addition, work continues on the procurement of a longer term Electronic Document Management system which now has an aim for implementation from Dec 2014. The new Patient Documentation Committee now meets regularly and is focusing the co-ordination of the implementation of CQC recommendations and improving patient documentation in readiness for electronic health records.

###### 4.1.2 Outpatient Appointment Booking

The merger of the appointment staff within Plastics, Max Fac, Orthodontics and Corneo will be complete by the end of Dec. Standardisation of the OPD appointment booking processes is now almost complete alongside the review to reduce the paperwork to record clinic outcomes and procedures. The new forms will now be introduced from January with a view that these will eventually become electronic in 2014. The procurement process for a dedicated OPD appointment booking and scheduling software package has concluded and we are awaiting confirmation of funding via the national technology fund recently announced by the Department of Health. Once this system has the go ahead it will be a significant project for the Trust during 2014.

###### 4.1.3 Outpatient Redesign

The Outpatient Steering Group is still pushing forward with the progress on the redesign of their pathways and processes, particularly within the specialities of Hands and Corneo. This work has included to date:

- Changes to Corneo Plastic appointment process now implemented;
- Hand therapy-led clinics started in July and have now been increased to twice a week from Nov;
- X-ray processes to smooth demand and aid patient flow during clinics have been reviewed and a new system is due to be implemented in the new year;
- Further development of the Enlighten check-in system to capture clinic outcomes and patient satisfaction electronically which is now being piloted by one consultant.

###### 4.1.4 Pre-screening and Pre-assessment

The procurement of the electronic pre-assessment system to support process redesign is almost complete. Again we are awaiting confirmation of funding via the

national technology fund recently announced by the Department of Health. Once this system has the go ahead it is the other significant project for the Trust during 2014, which will be essential in moving towards the development of electronic waiting list cards and pre-operative assessments to improve communication with secretaries for scheduling. It is anticipated this will take between 6-12 months to implement fully once it goes live.

#### 4.1.5 Theatre Scheduling

Since the last update the following areas highlighted for improvement, surrounding waiting list management, have been progressed. These include:

- Standardised outpatient clinic outcome forms and waiting list cards which will be introduced in Jan 2014. Electronic pilot of these forms is already underway and will be further rolled out during 2014.
- Continued development of the functionality of ORSOS including introducing a suite of rules for each operating list to help secretaries with booking and providing a module to capture all observations taken in recovery. Further integration with Patient Centre, which will help to reduce duplication and increase efficiency of scheduling for secretaries, is being planned as well as introducing paperless theatre lists. Pilot phase concentrating on the Plastics 'Hand' sub speciality for early part of 2014.
- Further easy reference guides for staff on 'pauses' and 18 week codes supported by a number of workshops planned for medical secretaries.
- Waiting list management training is being devised for all secretaries as well as updating the database to make it easier for staff to use and manage waits.

## 4.2 **Cancer**

4.2.1 The cancer steering group continues to pull together the different strands of work focused on cancer pathways.

4.2.2 The trust's cancer data team merger is now complete and they are awaiting the refurbishment of a centralised office.

4.2.3 Considerable effort has been put in to develop the functionality of Inflex cancer database which has reduced data duplication and automating the collection of information for the Cancer Outcomes Dataset, as well as minimising the number of cancer breaches for patients across Kent. Further work is still underway for the Somerset database covering patients referred from Sussex and Surrey.

## 4.3 **Trauma**

4.3.1 Since the last update the trauma management group is looking at the following:

- A pilot to improve the efficiency of Trauma Clinics, especially at weekends, is being implemented from January.
- The redesign of the management of patient flow of trauma cases within the new theatres across split sites was implemented during September. However after a few weeks it was felt that it would be more appropriate to move trauma to the new theatre block earlier and this has now been put into effect.
- Since the move, the average delay in start times of trauma lists has decreased and the percentage of patients operated on within 24 hrs since admission has dropped below 90%. The trauma group is currently undertaking a review of this.
- The group is continuing to look at the feasibility of one to two dedicated paediatric trauma lists occurring mid-week and hopes to implement a trial early next year.



#### 4.4 Streamlining and QVH 2020

- 4.4.1 In response to the work on developing the vision for QVH all streamlining projects are reviewing their work to align this to an ideal patient pathway incorporating process redesign and the latest IT technology.
- 4.4.2 The team is also continuing to develop a Trust strategy to promote continuous improvement to support the vision, including how we will harness the skills of the staff to support pathway redesign and speed up delivery by using in-house resources for service improvement.

### 5 PEOPLE ISSUES

#### 5.1 Workforce Information / performance management

- 5.1.1 Aspiring to become an excellent organisation is at the heart of the Trust's new strategic direction. To ensure we are making progress towards this we are reviewing further how workforce information is used within the organisation. Over the next 3 to 4 months we are developing a set of workforce key performance indicators which not only show the Trust's current position but also show how we compare through benchmark data with other Trusts and providers. Additionally the reporting will dovetail with quality, activity and financial information to help identify trends and areas for improvement to enable a continual drive for excellence.
- 5.1.2 Appraisal – There has been a significant improvement within the Trust on our appraisal performance. We are now at 75% and we are working through an action plan to achieve at least 80% by the end of the financial year. We are also introducing a new system which has been piloted during October, November and December. Feedback on this new process so far has been good and the formal roll out of the system begins on time in January 2014. This will put the Trust ahead of most NHS organisations and will improve our performance management arrangements.

#### 5.2 Key Performance Indicators

- 5.2.1 Pay / Bank and Agency / Sickness – There has been an overall increase in sickness within the Trust which follows the trend for most of the year to date. This is resulting in an increase in bank usage to cover unfilled shifts but, there is an encouraging reduction in agency usage which is showing a trend well below the levels seen last year. Pay is slightly higher which is driven partially by the continuing problems in medical staffing. This issue is being formally addressed and recruitment is taking place. It is worth noting that there is an expected increase in agency expenditure next month as the ward occupancy in Burns has increased. This is a normal pattern of patient activity associated within the Burns clinical area.
- 5.2.2 Staff turnover - There has been a sharp increase in turnover in October i.e. 1.9% to 13.5% (excluding medical & dental). This is the highest increase over the last 12 months and well above the same period last year when turnover was 10.9%. Clinical Specialties has the highest Divisional turnover rate at 30.4% which has a large proportion of medical & dental staff. Divisional turnover rate (excluding medical & dental) is at 12.8%, slightly above Trust target. Clinical Support turnover levels range from 14.6% in April to 16.1% in October, reporting the highest rise in turnover since July 2011. At this point the level of turnover is manageable but requires better planning in recruitment to reduce the impact of staff leaving. This is happening with the bank administration team aiming to book bank staff further in advance up to 6 weeks. Additionally, the HR team is monitoring the reasons for staff leaving to pick upon trends to identify with the respective managers for action.
- 5.2.3 Statutory and mandatory training - We are now monitoring and reviewing information by directorate against each category of statutory and mandatory training. This

shows a number of areas underperforming and therefore the details have been provided to the directorates for them to feedback on the accuracy of the data and to enable the Learning and Development team to correct any errors in reporting. This approach is part of the improvement plan outlined to the Trust Board in September and which is currently on track.

### 5.3 Staff Health and Wellbeing Day

- 5.3.1 On the 20<sup>th</sup> November the HR Team organised and ran a health and wellbeing day for all staff.
- 5.3.2 Over 140 members of staff were able to take part through the day, which included advice on how to make changes towards a healthy lifestyle along with manicures, health MOT, Pilates sessions and a make your own smoothie bike using pedal power!
- 5.3.3 The feedback from the day has been excellent and as a consequence we intend to run more of these in the future.

### 5.4 QVH 2020 – Delivering Excellence

- 5.4.1 As part of the Trust's new strategic direction i.e. QVH 2020 – Delivering Excellence one of the enabling workstreams is Organisational Excellence. This will be focusing on Leadership Development, Performance Management and Innovation/Learning.
- 5.4.2 An outline of the areas associated with each workstream has been drafted including an initial proposal for a revised leadership and management programme. These are to be presented to staff from across the organisation in December and January to gain their views and ideas and to provide them with opportunities to influence the design of these initiatives.

## 6 RECOMMENDATION

- 6.1.1 The Council of Governors is requested to **NOTE** the content of this report.

<b>Report to:</b>	<b>Council of Governors</b>
<b>Meeting date:</b>	<b>12 December 2013</b>
<b>Agenda item reference:</b>	<b>74-13</b>
<b>Author:</b>	<b>Amanda Parker, Director of Nursing and Quality</b>
<b>Date of report:</b>	<b>18 November 2013</b>

### **NATIONAL CANCER SURVEY 2013: QVH RESULTS**

1. The attached report was presented to the Clinical Cabinet on 16 September 2013.
2. The report has been reviewed by clinicians and specialist nurses and actions identified. These have been added to the patient experience action plan and progress will be monitored by the patient experience group.
3. The Council is asked to **NOTE** the contents of the report.



# **National Cancer Patient Experience Programme**

## **2012/13 National Survey**

### **Queen Victoria Hospital NHS Foundation Trust**

### **Published August 2013**

The National Cancer Patient Experience Survey Programme is being undertaken by Quality Health on behalf of NHS England



## **Introduction**

The Cancer Patient Experience Survey 2012/13 (CPES) follows on from the successful implementation of the 2010 and 2012 CPES, designed to monitor national progress on cancer care. The 2013 survey is congruent with the National Operating Framework (NOF) for the NHS 2012/13, which defines quality as those indicators of safety, effectiveness and patient experience that indicate that standards are being maintained or improved; with the NHS England Business Plan 2013-16; and "Everyone Counts", Planning for Patients 2013-14. The CPES provides information that can be used to drive local quality improvements, both by Trusts and Commissioners, and is consistent with the objectives of NHS policy.

## **Participating Trusts**

155 acute hospital NHS Trusts providing cancer services took part in the survey, accounting for every Trust that provides adult cancer care in England. Primary Care Trusts, some of whom provide cancer services, were excluded from the survey, as were some specialist hospital Trusts because of very low patient numbers. The number of Trusts has fallen from 160 in 2012 because of Trust amalgamations in Greater Manchester, Yorkshire, London and Hampshire.

## **Patients selected to take part**

The survey included all adult patients (aged 16 and over) with a primary diagnosis of cancer who had been admitted to an NHS hospital as an inpatient or as a day case patient, and had been discharged between 1st September 2012 and 30th November 2012. The three month eligibility period for data capture purposes is identical to that for the 2010 and 2012 CPES.

Patients eligible for the survey were taken from Trust patient administration systems; the inclusion criteria were that the patient had an International Classification of Disease (ICD10) code of C00-99 (excluding C44 and C84) or D05. As in the 2010 and 2012 surveys, the types of cancer patients included significant numbers with rarer cancers as well as patients in the "Big 4" cancer groups – i.e. breast, prostate, lung, and colorectal/Lower GI.

Trust samples were checked rigorously for duplicates and patient lists were also de-duplicated nationally to ensure that patients did not receive multiple copies of the questionnaire.

Trust samples were rigorously checked for deceased patients through the DBS system on at least three occasions during the fieldwork, to ensure that the numbers of deceased patients in samples was reduced to an absolute minimum. This process was undertaken by Quality Health and was highly effective.

## **Survey method**

Postal surveys were sent to patients' home addresses following their discharge. Up to two reminders were sent to non-responders. A freepost envelope was included for their replies. Patients could call a free telephone line to ask questions, complete the questionnaire verbally, or to access an interpreting service.

## **Response rate**

A total of 116,525 patients who had received treatment for cancer during September to November 2012 were included in the national sample for the Cancer Patient Experience Survey. These patients were allocated to 13 different cancer groups.

114 eligible patients from this Trust were sent a survey, and 78 questionnaires were returned completed. This represents a response rate of 70% once deceased patients and questionnaires returned undelivered had been accounted for. The national response rate was 64% (68,737 respondents). In 2012 the national response rate was 68%.

## **Percentage scores**

The questions in the cancer survey have been summarised as the percentage of patients who reported a positive experience. For example, "Percentage of patients who were given a complete explanation of their diagnostic tests" and "Percentage of patients who said that nurses did NOT talk in front of them as if they were not there". Neutral responses, such as "Don't know" and "I did not need an explanation" are not included in the denominator when computing the score.

The higher the score, the better the Trust's performance. Some scores represent performance across a pathway involving primary and community care in addition to acute care but represent important parts of the patient experience along the pathway of care.

## **Low numbers of respondents and data not reported**

Some Trusts have relatively small numbers of cancer patients, so the total number of respondents to the survey may be low despite the high response rate. Reports for these Trusts have been completed in the normal way, but the results for these Trusts need to be treated with caution. It is important to recognise however, that the low numbers of respondents in these Trusts is simply the result of low numbers of cancer patients being treated.

Patients were asked to complete the questionnaire in respect of the Trust named on the covering letter. In those Trusts without a radiotherapy or chemotherapy unit, where patients reported receiving these treatments despite these instructions, responses have been suppressed.

In almost all Trusts, there were tumour groups where the number of respondents was less than 20; this is particularly true of tumour groups representing rarer cancers. Where numbers of respondents in a particular tumour group is less than 20, we have used the convention of leaving the relevant cell blank. This is further explained in the introduction to the tumour group tables in this report.

## Benchmark charts

Percentage scores are displayed on benchmark bar charts in the following section. Each bar represents the range of results across all Trusts that took part in the survey for one question. The bar is divided into:

- a red section: scores for the lowest-scoring 20% of Trusts in 2012/13
- a green section: scores for the highest-scoring 20% of Trusts in 2012/13
- an amber section: scores for the remaining 60% of Trusts in 2012/13

The black circle represents the score for this Trust. For example, if the circle is in the green section of the bar, it means that the Trust is among the top 20% of Trusts in England for that question. The line on either side of the circle shows the 95% confidence interval (the amount of uncertainty surrounding the Trust's score).

The table below each benchmarking chart shows the following: in column one, the Trust score for each question in 2012; in the second column, the Trust score for that question in 2013 (if this score is highlighted it means that the score is statistically significantly different from the score for 2012, with a green highlight showing a higher value than in 2012, and a red highlight showing a lower score in 2013 than in 2012); column three represents the lower confidence interval at 95%; column four represents the upper confidence interval at 95% (the scores in columns three and four are the outer limits of the horizontal black line on the RAG chart). The fifth and sixth columns represent the upper threshold for the lowest scoring 20% of Trusts on that question and the lower threshold for the highest scoring 20% of Trusts on that question (i.e. the end of the red section and the beginning of the green section on the chart). The seventh column displays the highest Trust's score for this question in 2012/13 and the eighth column displays the number of respondents who gave this answer for this question. The ninth column displays a '+' alongside any question where the Trust's score falls within the lowest 20% of Trust scores for that question in 2012/13.

Where no Trust data or confidence interval is displayed on the RAG chart or in the tables for a particular question, there is insufficient data (below 20 respondents) to allow display.

## Further information

Full details of the survey method are in the National Report of the Cancer Patient Experience Survey 2012/13, which will be available at [www.quality-health.co.uk](http://www.quality-health.co.uk) from August 2013; further details of survey development, nationally agreed methodology, and cognitive testing are also available at [www.quality-health.co.uk](http://www.quality-health.co.uk).

## Who responded to the survey at this Trust?

78 patients responded to the survey from the Trust. The tables below show the numbers of patients from each tumour group and the age and sex distribution of these patients.

### Respondents by tumour group

Tumour Group	Number of respondents*
Breast	0
Colorectal / Lower Gastrointestinal	0
Lung	0
Prostate	0
Brain/Central Nervous System	0
Gynaecological	0
Haematological	1
Head and Neck	16
Sarcoma	3
Skin	53
Upper Gastrointestinal	0
Urological	0
Other	5

\* These figures will not match the numerator for all questions in the 'comparisons by tumour group' section of this report because not all questions were answered by all responders.

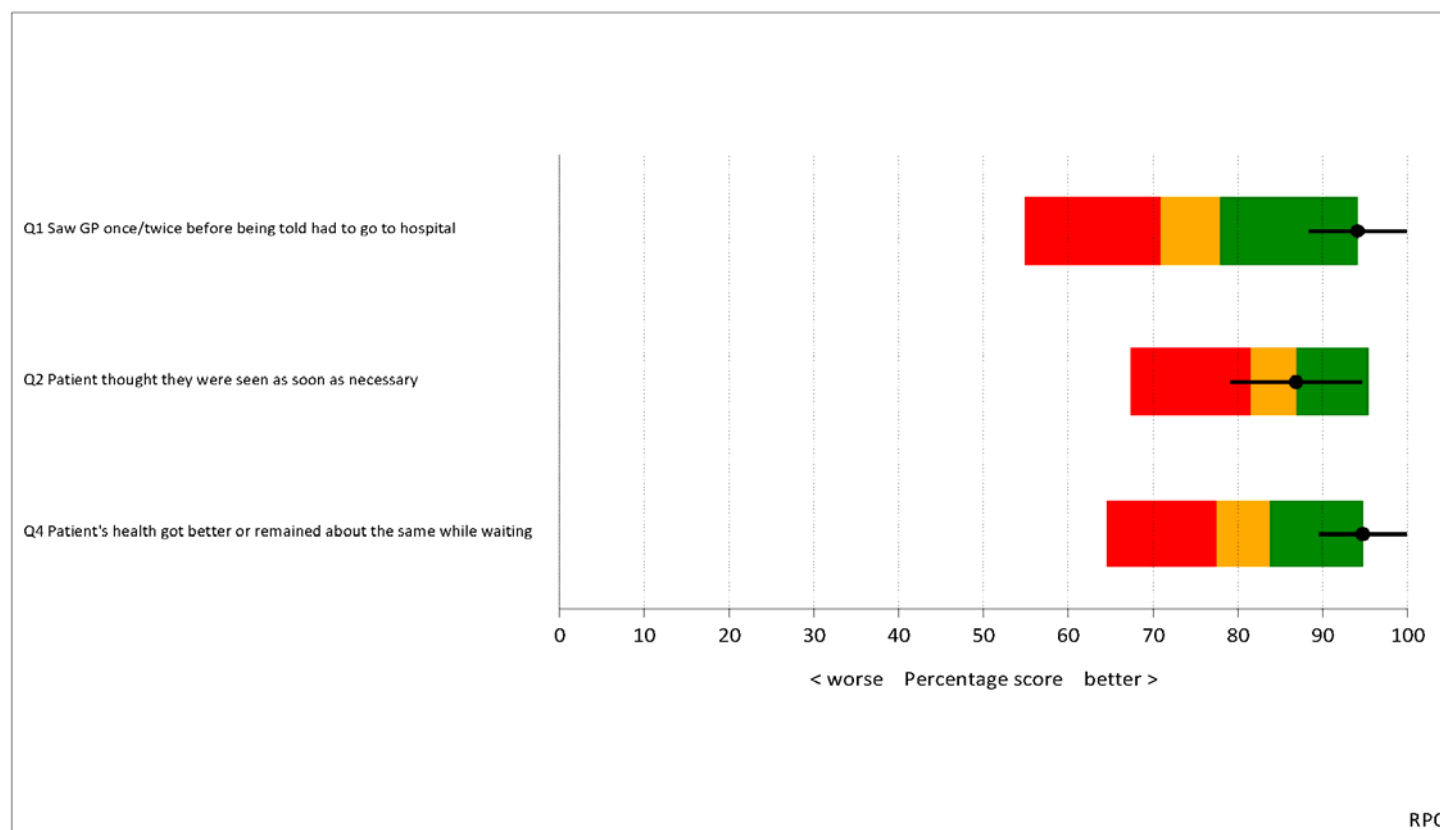
### Age and sex

The survey asked respondents to give their year of birth. This information has been amalgamated into 6 age bands. No respondents failed to provide their gender or age. The age and gender distribution for the Trust was as follows:

	16-25	26-35	36-50	51-65	66-75	76+	Missing	Total
Men	0	0	4	10	10	15	0	39
Women	0	5	4	9	9	9	3	39
Total	0	5	8	19	19	24	3	78

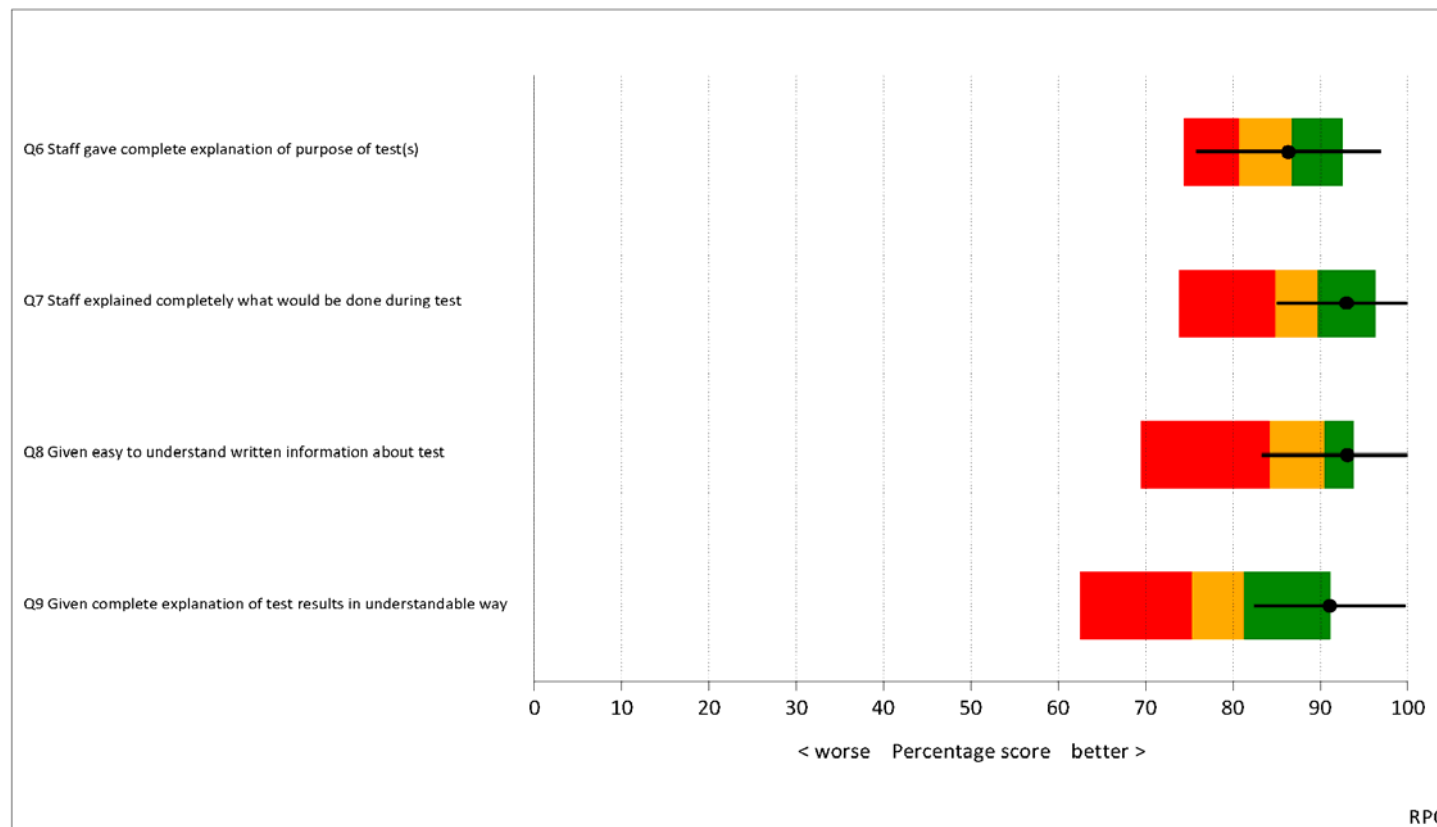


## Trust results



Question		2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q1	Saw GP once/twice before being told had to go to hospital	93%	94%	89%	100%	71%	78%	94%	68	
Q2	Patient thought they were seen as soon as necessary	84%	87%	79%	94%	81%	87%	95%	76	
Q4	Patient's health got better or remained about the same while waiting	90%	95%	90%	100%	77%	84%	95%	76	

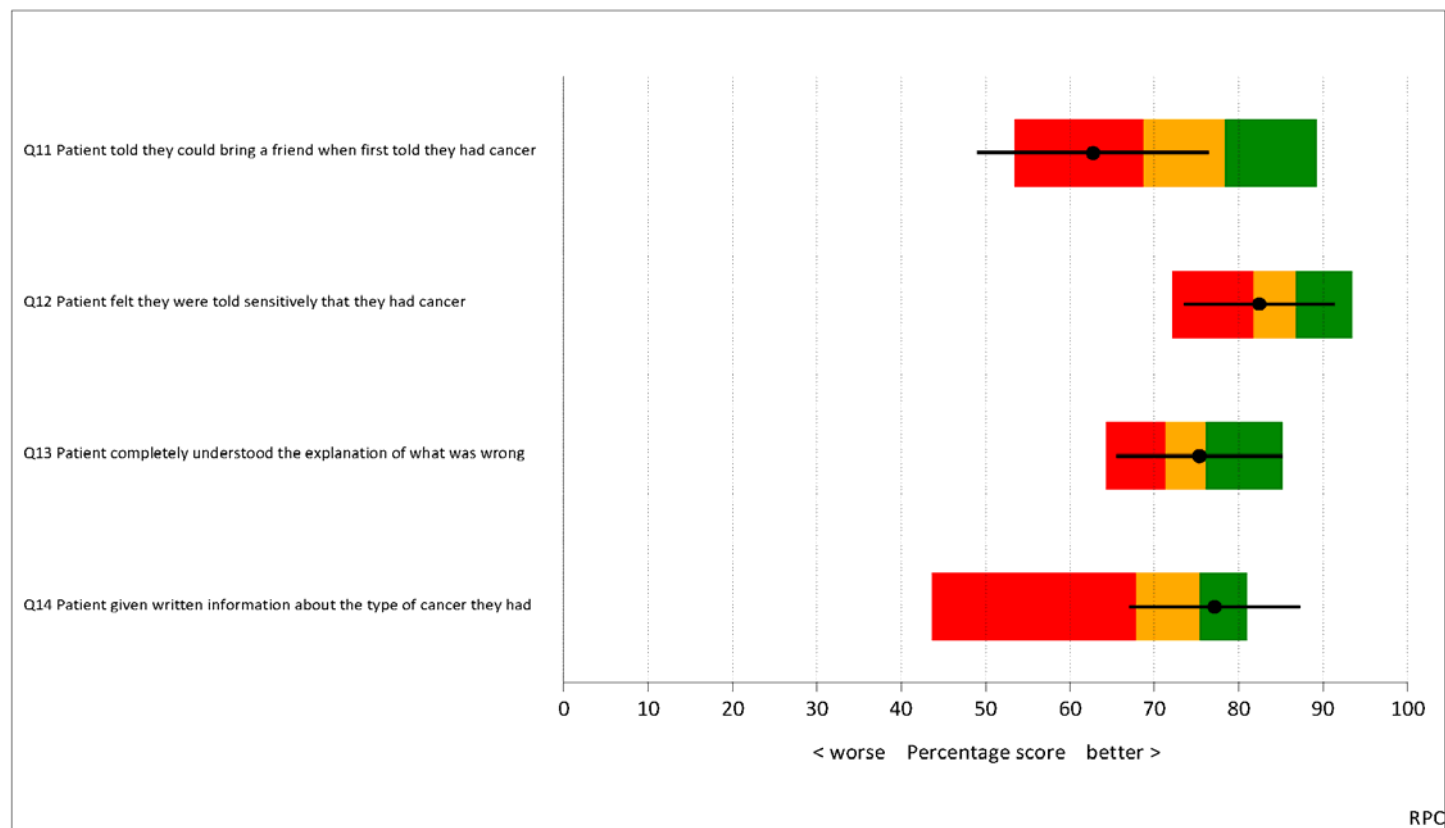
## Diagnostic tests



RPC

Question		2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q6	Staff gave complete explanation of purpose of test(s)	81%	86%	76%	97%	81%	87%	93%	44	
Q7	Staff explained completely what would be done during test	80%	93%	85%	100%	85%	90%	96%	43	
Q8	Given easy to understand written information about test	71%	93%	84%	100%	84%	90%	94%	29	
Q9	Given complete explanation of test results in understandable way	80%	91%	83%	99%	75%	81%	91%	45	

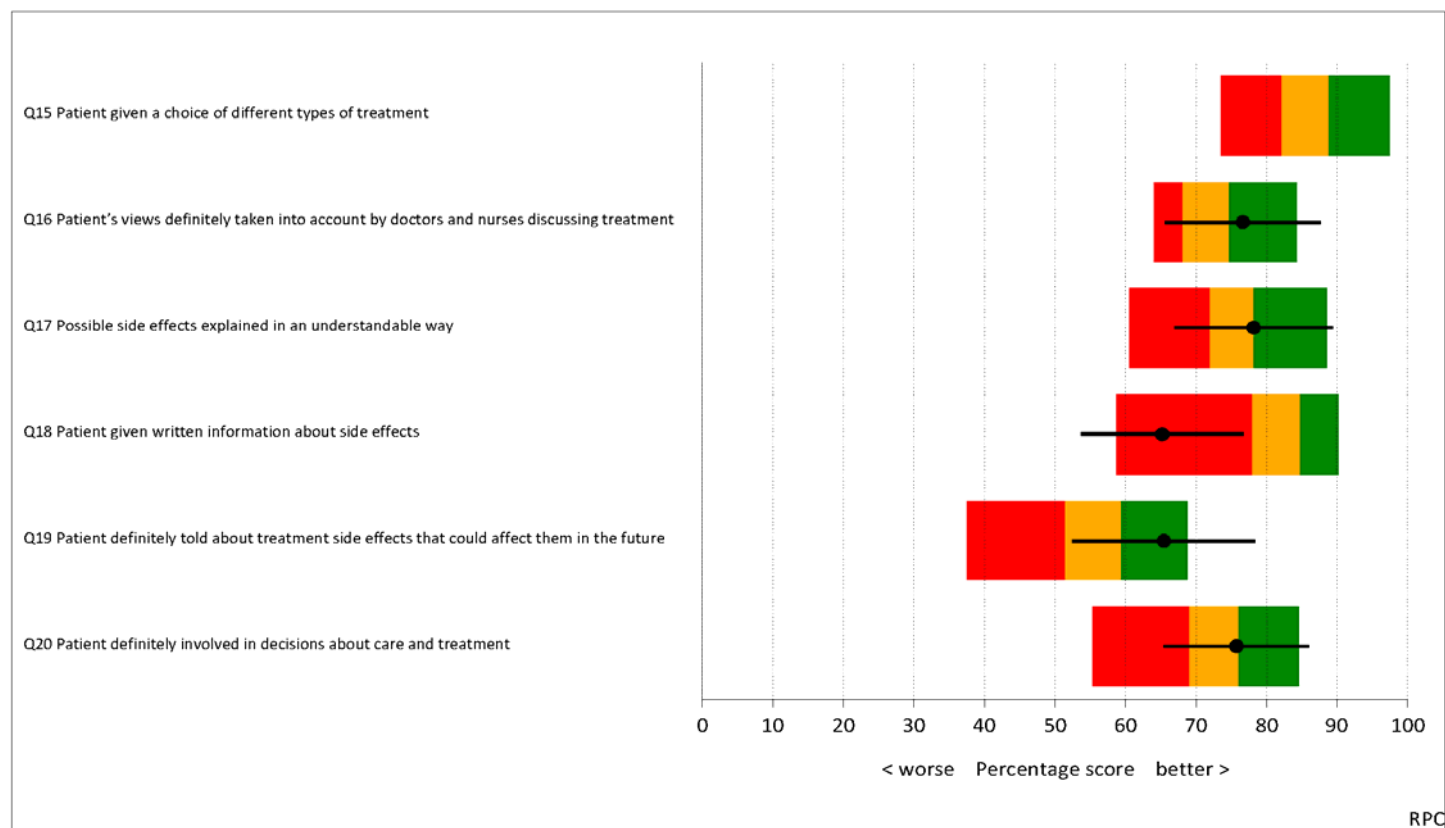
## Finding out what was wrong with you



RPC

Question		2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q11	Patient told they could bring a friend when first told they had cancer	70%	63%	49%	76%	69%	78%	89%	51	+
Q12	Patient felt they were told sensitively that they had cancer	87%	82%	74%	91%	82%	87%	93%	74	
Q13	Patient completely understood the explanation of what was wrong	75%	75%	66%	85%	71%	76%	85%	77	
Q14	Patient given written information about the type of cancer they had	74%	77%	67%	87%	68%	75%	81%	70	

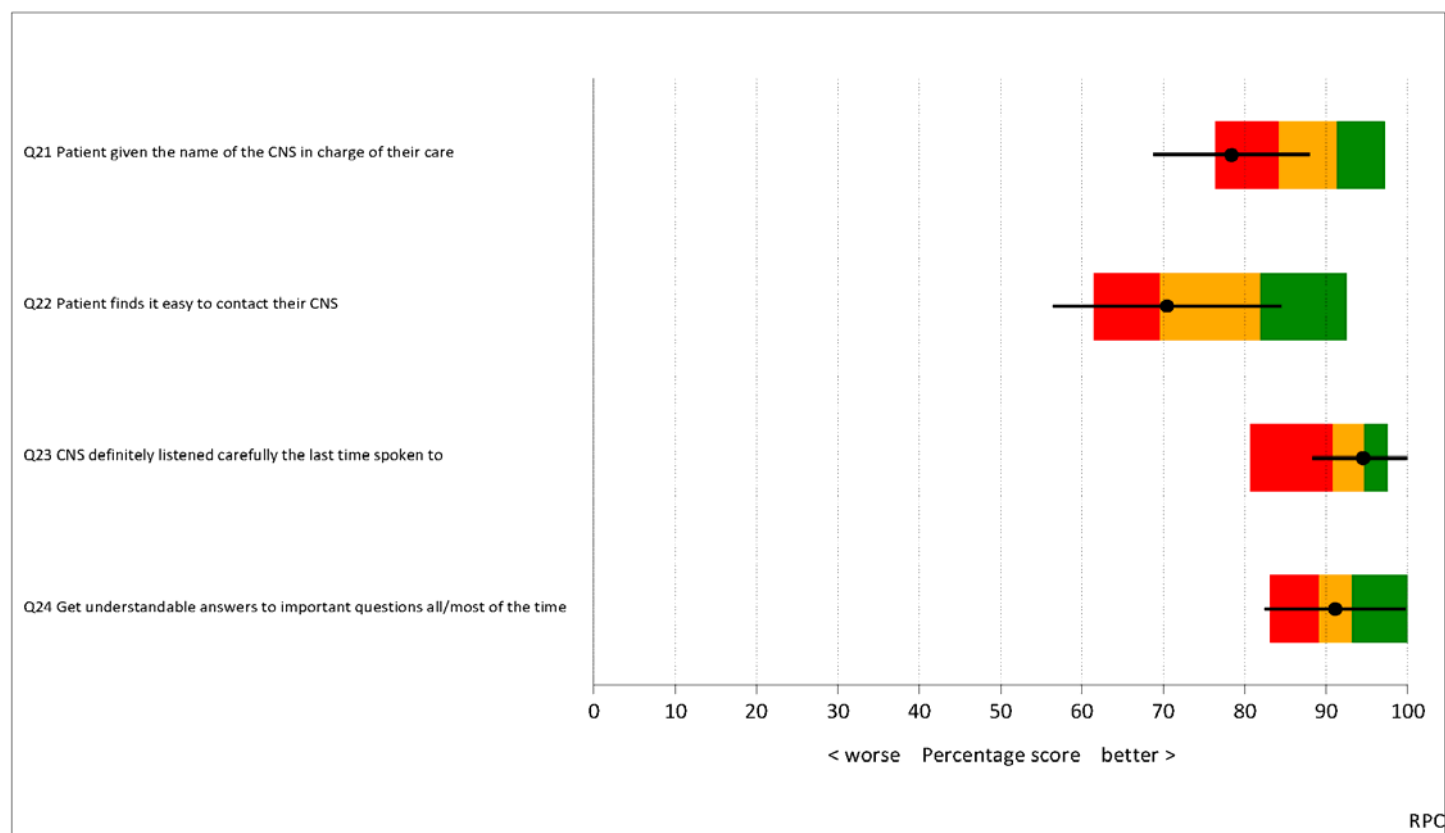
## Deciding the best treatment for you



RPC

Question	2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q15 Patient given a choice of different types of treatment	-	-	-	-	82%	89%	98%	8	
Q16 Patient's views definitely taken into account by doctors and nurses discussing treatment	74%	77%	66%	87%	68%	75%	84%	60	
Q17 Possible side effects explained in an understandable way	74%	78%	67%	89%	72%	78%	89%	55	
Q18 Patient given written information about side effects	77%	65%	54%	76%	78%	85%	90%	69	+
Q19 Patient definitely told about treatment side effects that could affect them in the future	-	65%	53%	78%	52%	59%	69%	55	
Q20 Patient definitely involved in decisions about care and treatment	79%	76%	66%	86%	70%	76%	85%	70	

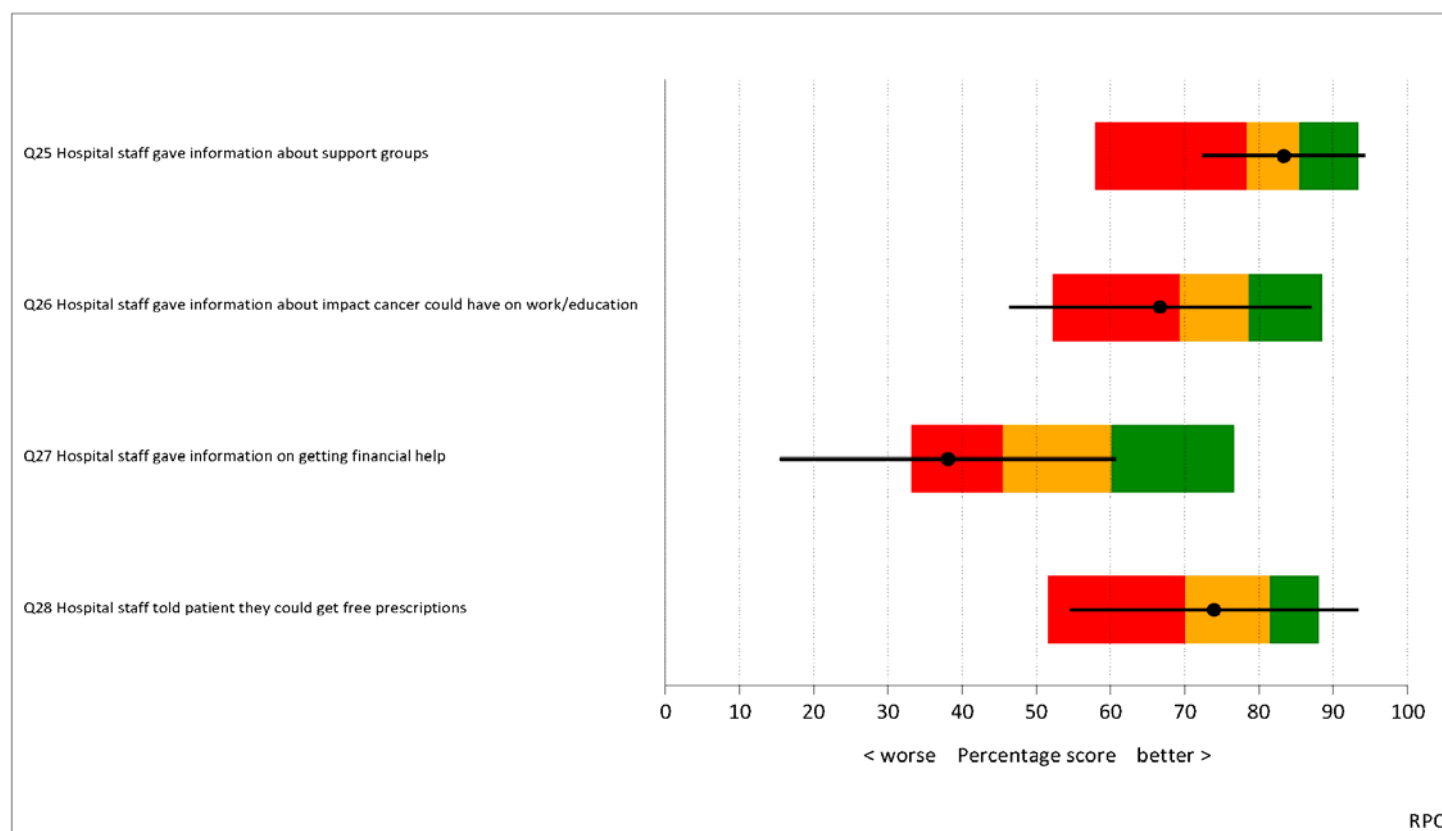
## Clinical Nurse Specialist



RPC

Question		2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q21	Patient given the name of the CNS in charge of their care	87%	78%	69%	88%	84%	91%	97%	74	+
Q22	Patient finds it easy to contact their CNS	86%	70%	57%	84%	70%	82%	93%	44	
Q23	CNS definitely listened carefully the last time spoken to	90%	93%	86%	100%	90%	94%	97%	56	
Q24	Get understandable answers to important questions all/most of the time	94%	91%	83%	99%	89%	93%	100%	45	

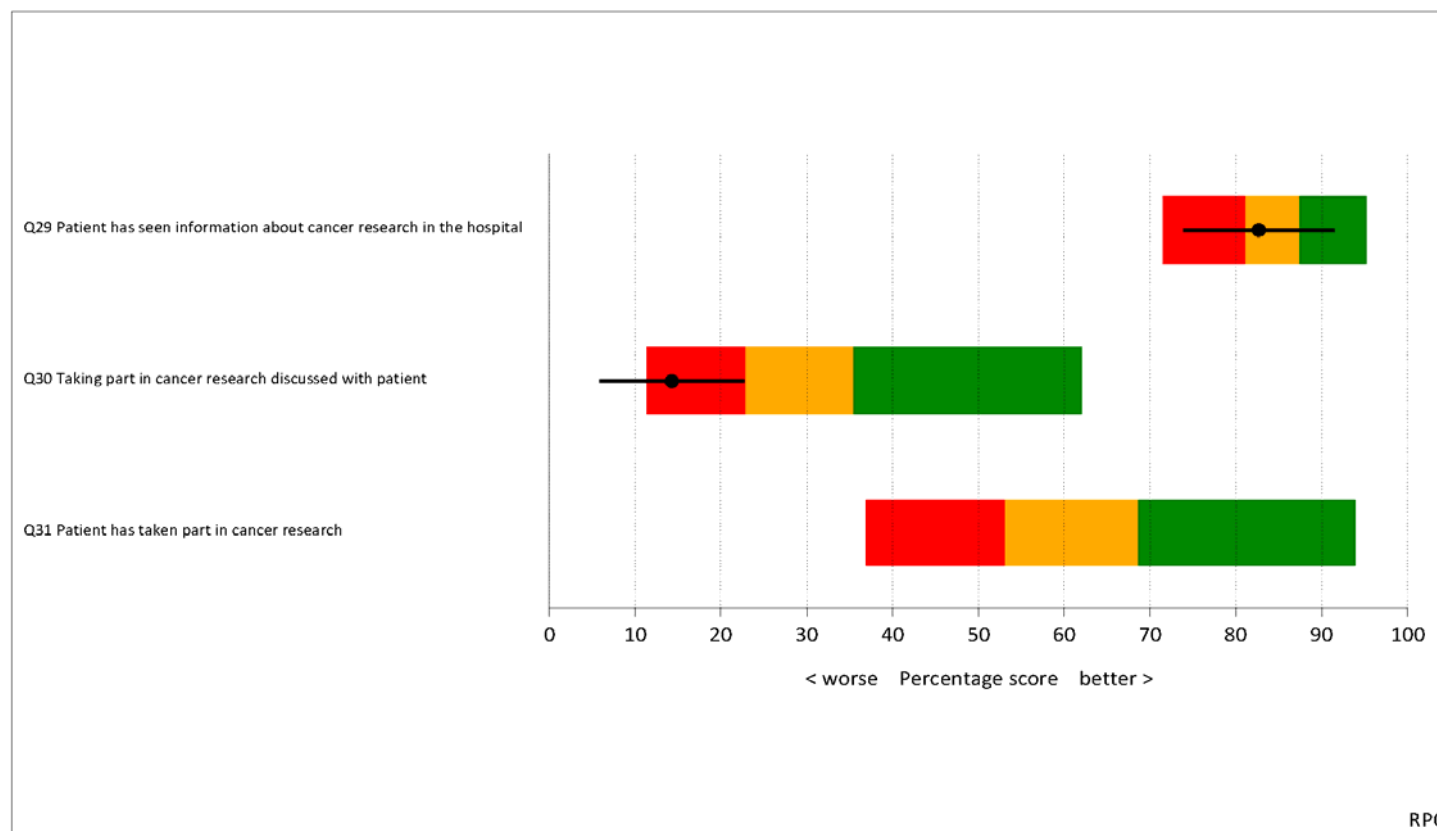
Support for people with cancer



RPC

Question		2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q25	Hospital staff gave information about support groups	90%	83%	73%	94%	79%	85%	93%	48	
Q26	Hospital staff gave information about impact cancer could have on work/education	-	67%	48%	86%	69%	79%	89%	24	+
Q27	Hospital staff gave information on getting financial help	62%	38%	17%	59%	46%	60%	77%	21	+
Q28	Hospital staff told patient they could get free prescriptions	54%	74%	56%	92%	70%	82%	88%	23	

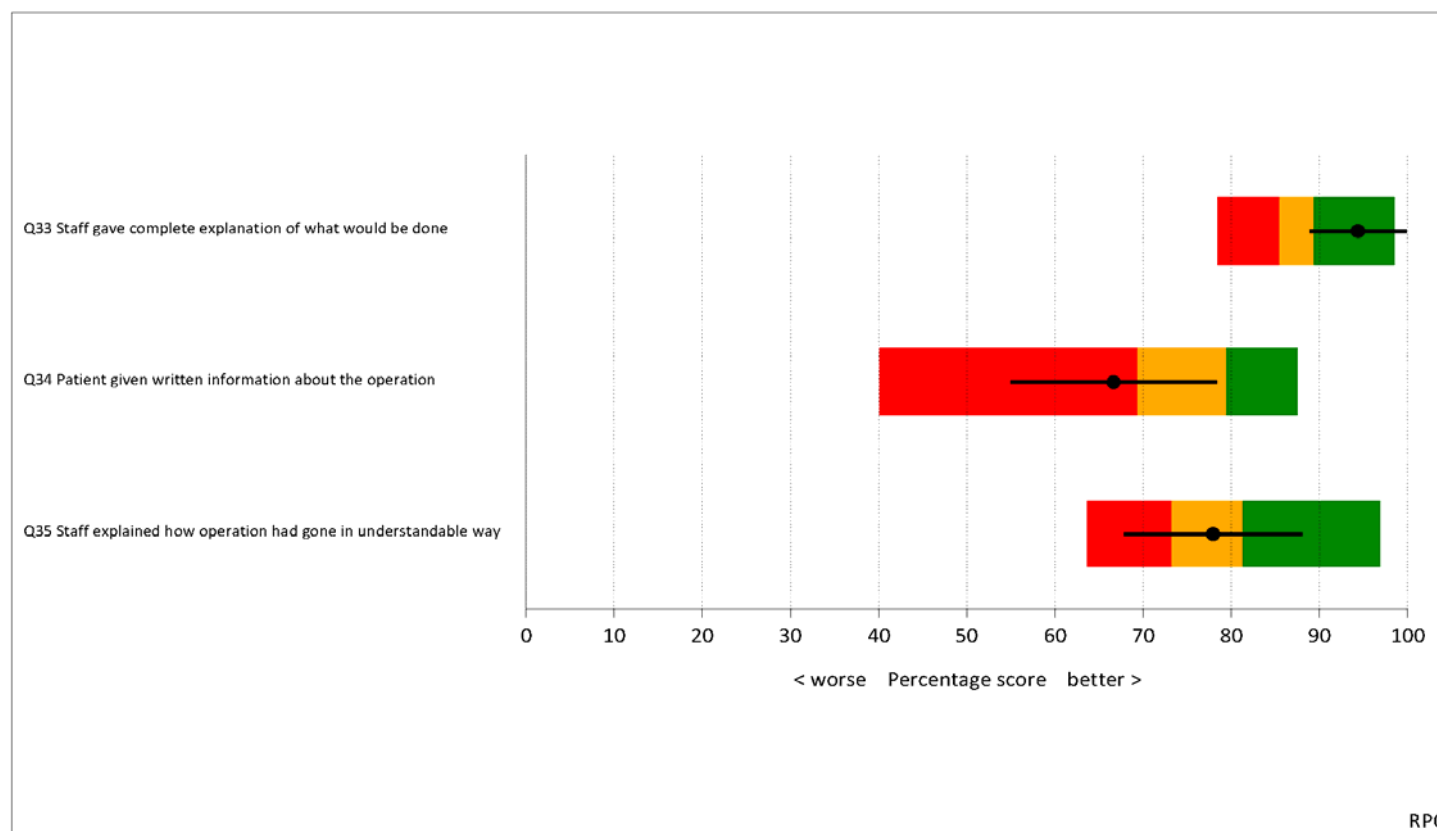
Cancer research



RPC

Question	2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q29 Patient has seen information about cancer research in the hospital	-	83%	74%	91%	81%	87%	95%	75	
Q30 Taking part in cancer research discussed with patient	14%	14%	6%	22%	23%	35%	62%	70	+
Q31 Patient has taken part in cancer research	-	-	-	-	53%	69%	94%	10	

## Operations

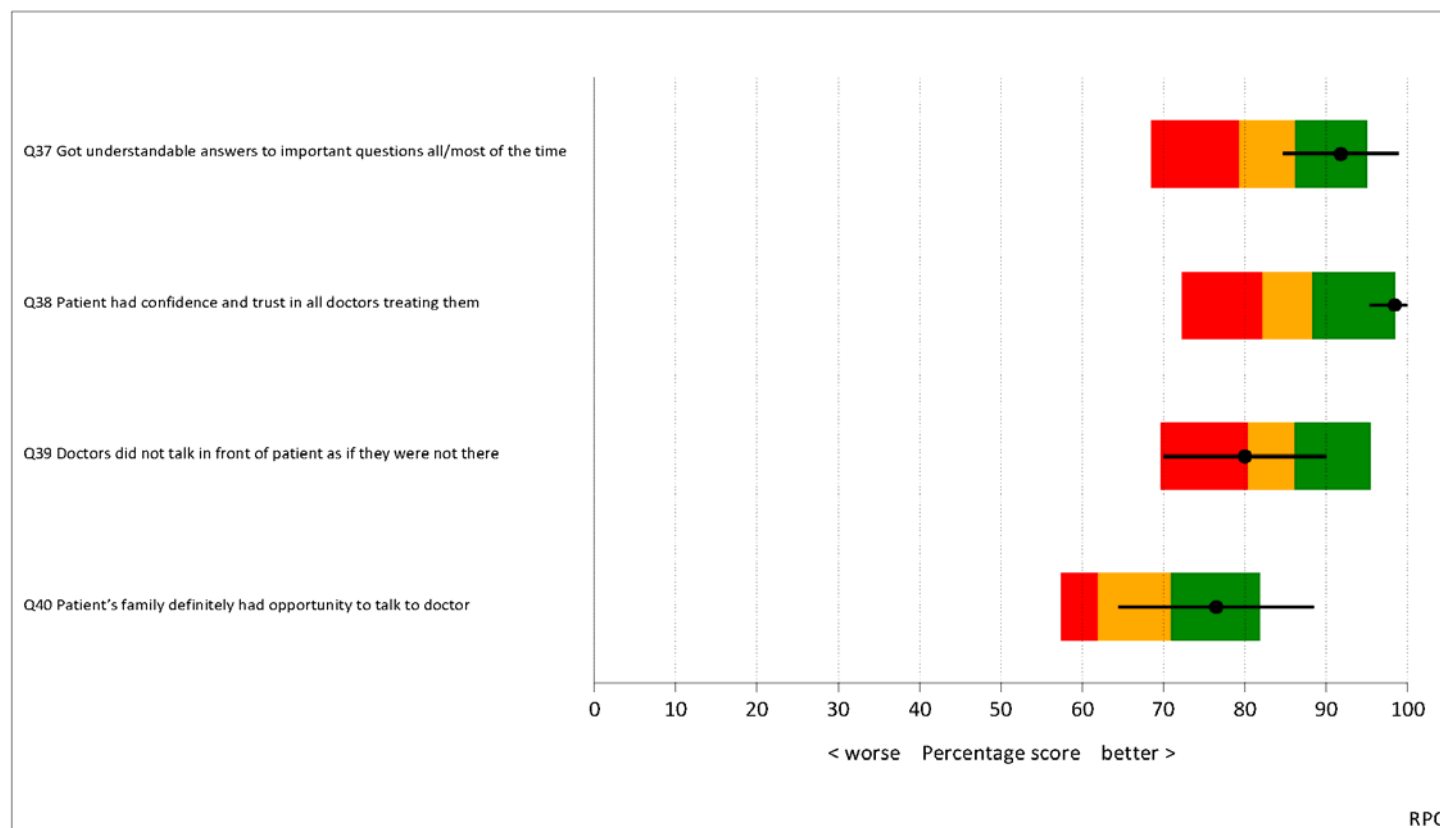


RPC

Question		2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q33	Staff gave complete explanation of what would be done	90%	94%	89%	100%	85%	89%	99%	71	
Q34	Patient given written information about the operation	78%	67%	55%	78%	69%	79%	88%	66	+
Q35	Staff explained how operation had gone in understandable way	82%	78%	68%	88%	73%	81%	97%	68	



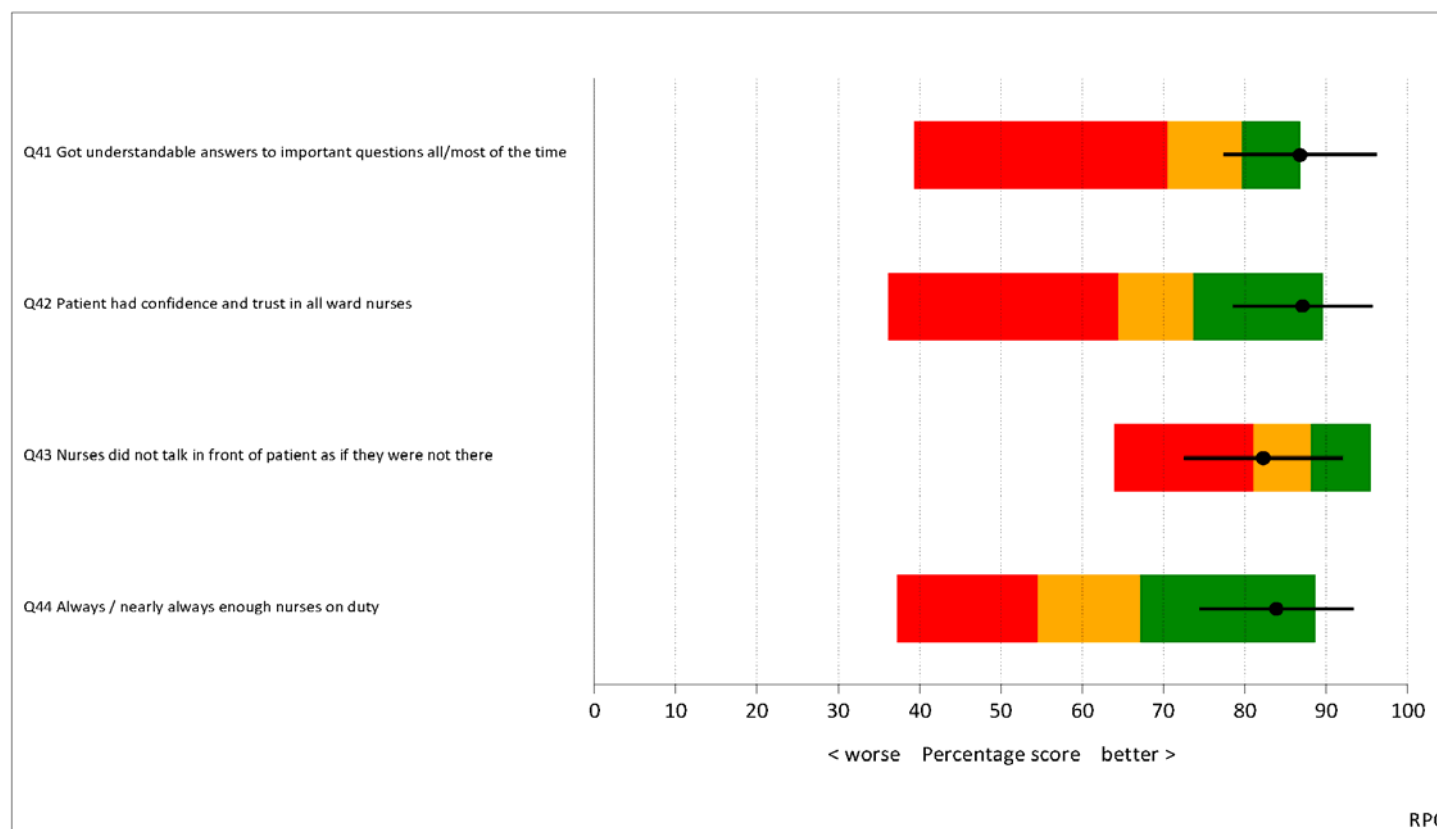
## Hospital doctors



RPC

Question	2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q37 Got understandable answers to important questions all/most of the time	89%	92%	85%	99%	79%	86%	95%	61	
Q38 Patient had confidence and trust in all doctors treating them	93%	98%	95%	100%	82%	88%	99%	65	
Q39 Doctors did not talk in front of patient as if they were not there	85%	80%	70%	90%	80%	86%	96%	65	+
Q40 Patient's family definitely had opportunity to talk to doctor	71%	76%	65%	88%	63%	71%	82%	51	

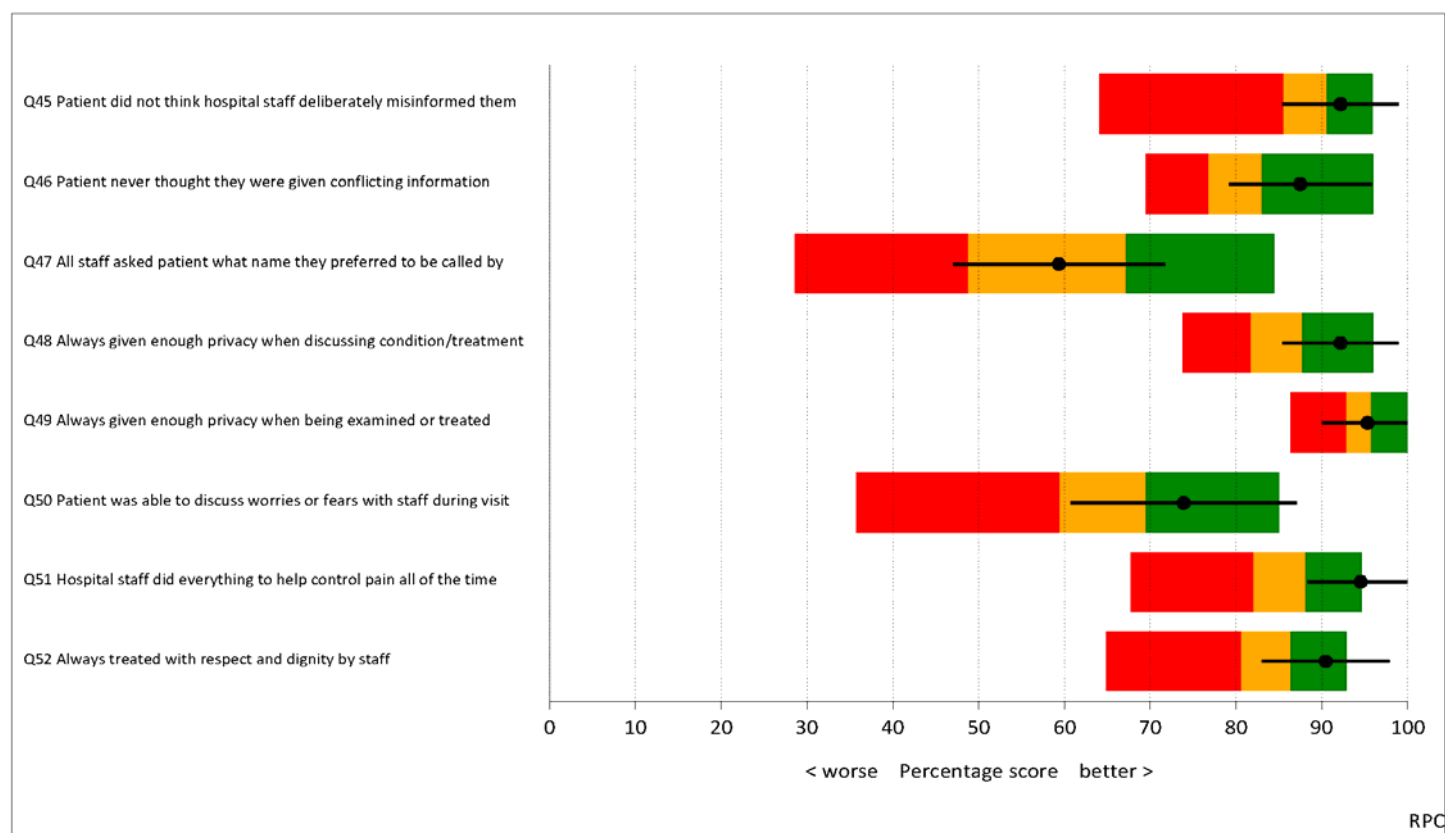
Ward nurses



RPC

Question	2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q41 Got understandable answers to important questions all/most of the time	85%	87%	78%	96%	71%	80%	87%	53	
Q42 Patient had confidence and trust in all ward nurses	78%	87%	79%	95%	64%	74%	90%	62	
Q43 Nurses did not talk in front of patient as if they were not there	92%	82%	73%	92%	81%	88%	96%	62	
Q44 Always / nearly always enough nurses on duty	88%	84%	75%	93%	54%	67%	89%	62	

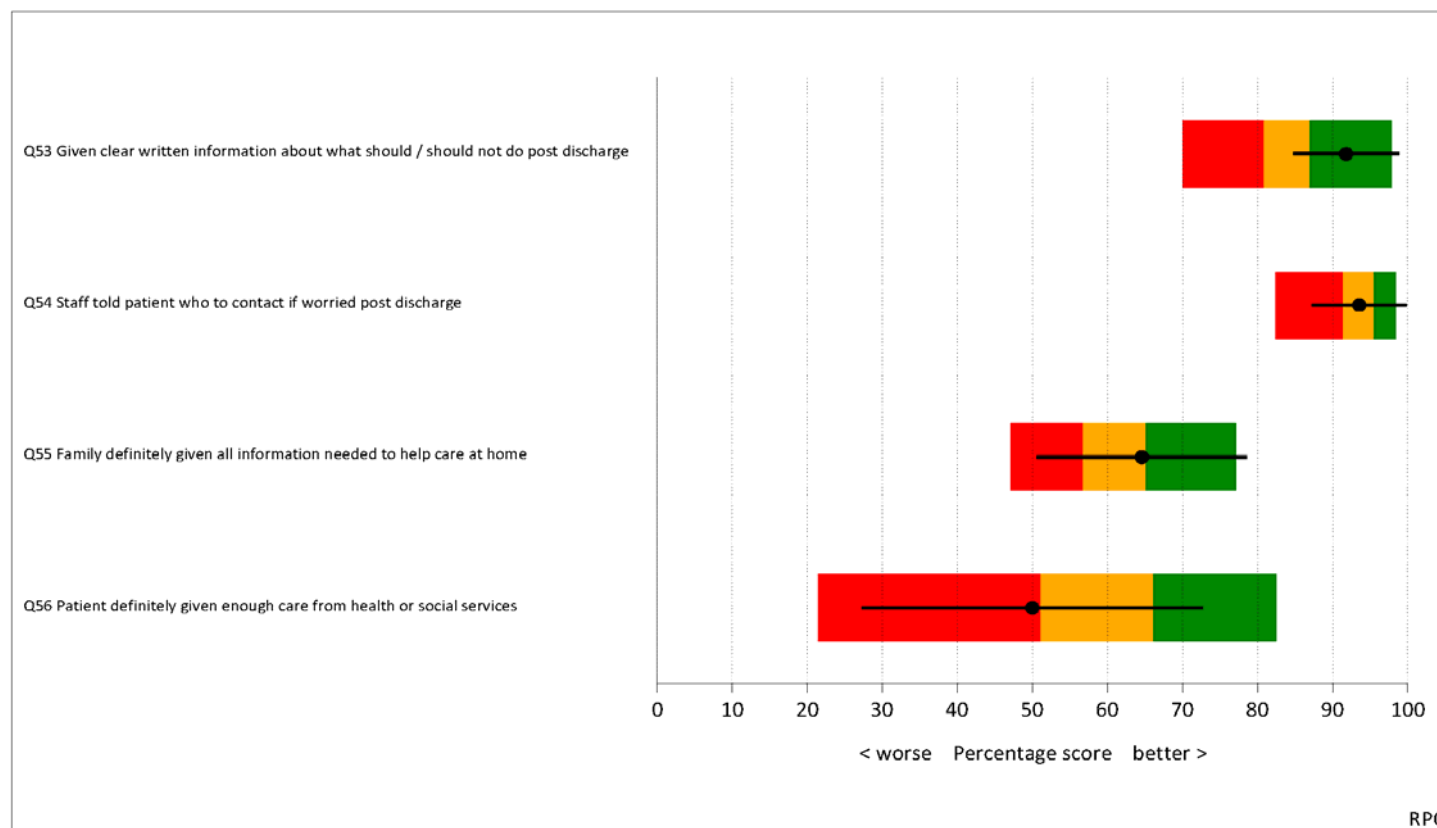
Hospital care and treatment



RPC

Question	2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q45 Patient did not think hospital staff deliberately misled them	93%	92%	86%	99%	86%	90%	96%	64	
Q46 Patient never thought they were given conflicting information	80%	88%	79%	96%	77%	83%	96%	64	
Q47 All staff asked patient what name they preferred to be called by	57%	59%	47%	71%	49%	67%	84%	64	
Q48 Always given enough privacy when discussing condition/treatment	84%	92%	86%	99%	82%	88%	96%	64	
Q49 Always given enough privacy when being examined or treated	97%	95%	90%	100%	93%	96%	100%	64	
Q50 Patient was able to discuss worries or fears with staff during visit	81%	74%	61%	87%	59%	69%	85%	46	
Q51 Hospital staff did everything to help control pain all of the time	93%	95%	89%	100%	82%	88%	95%	55	
Q52 Always treated with respect and dignity by staff	93%	90%	83%	98%	81%	86%	93%	63	

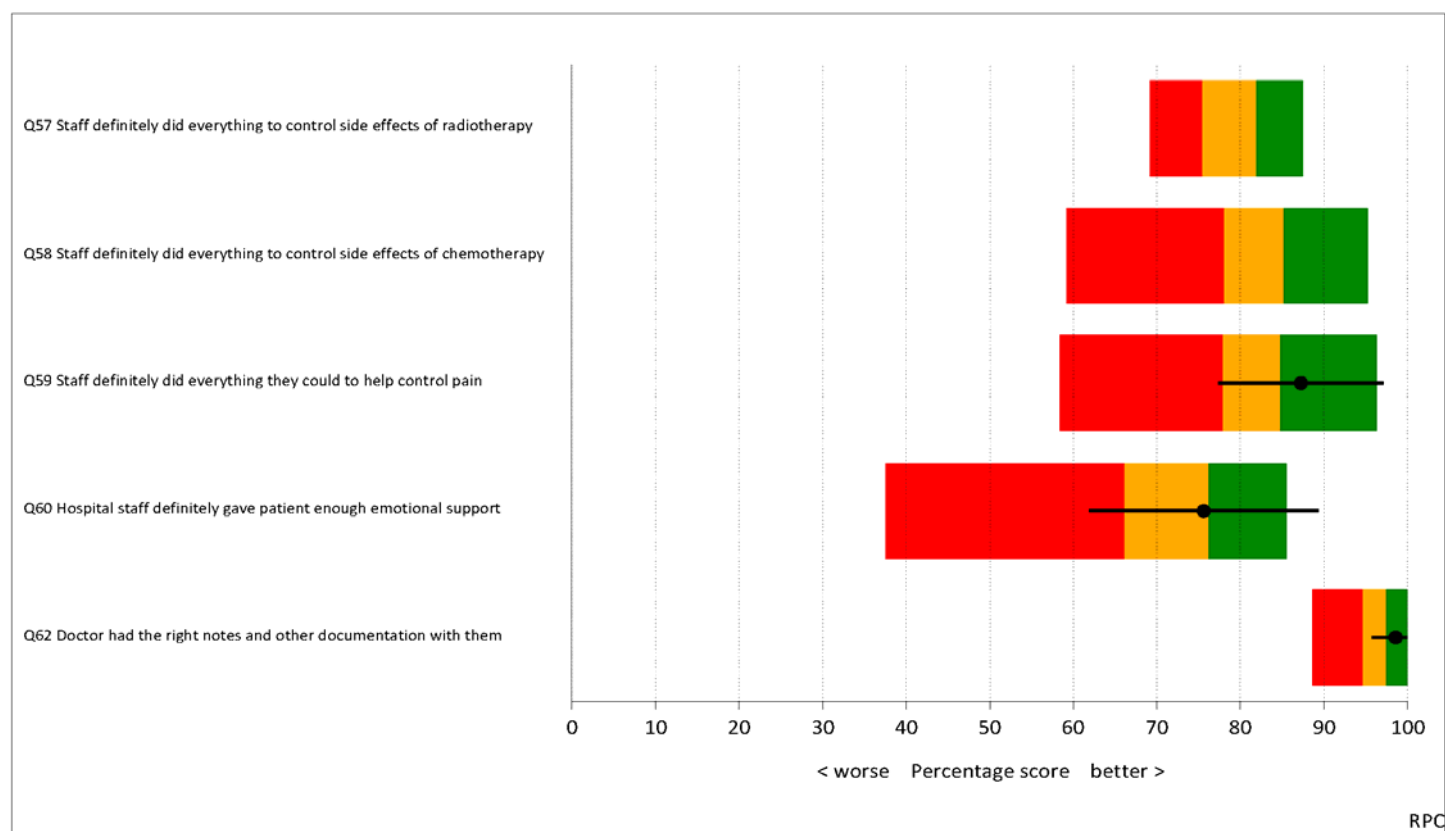
Information given to you before leaving hospital and home support



RPC

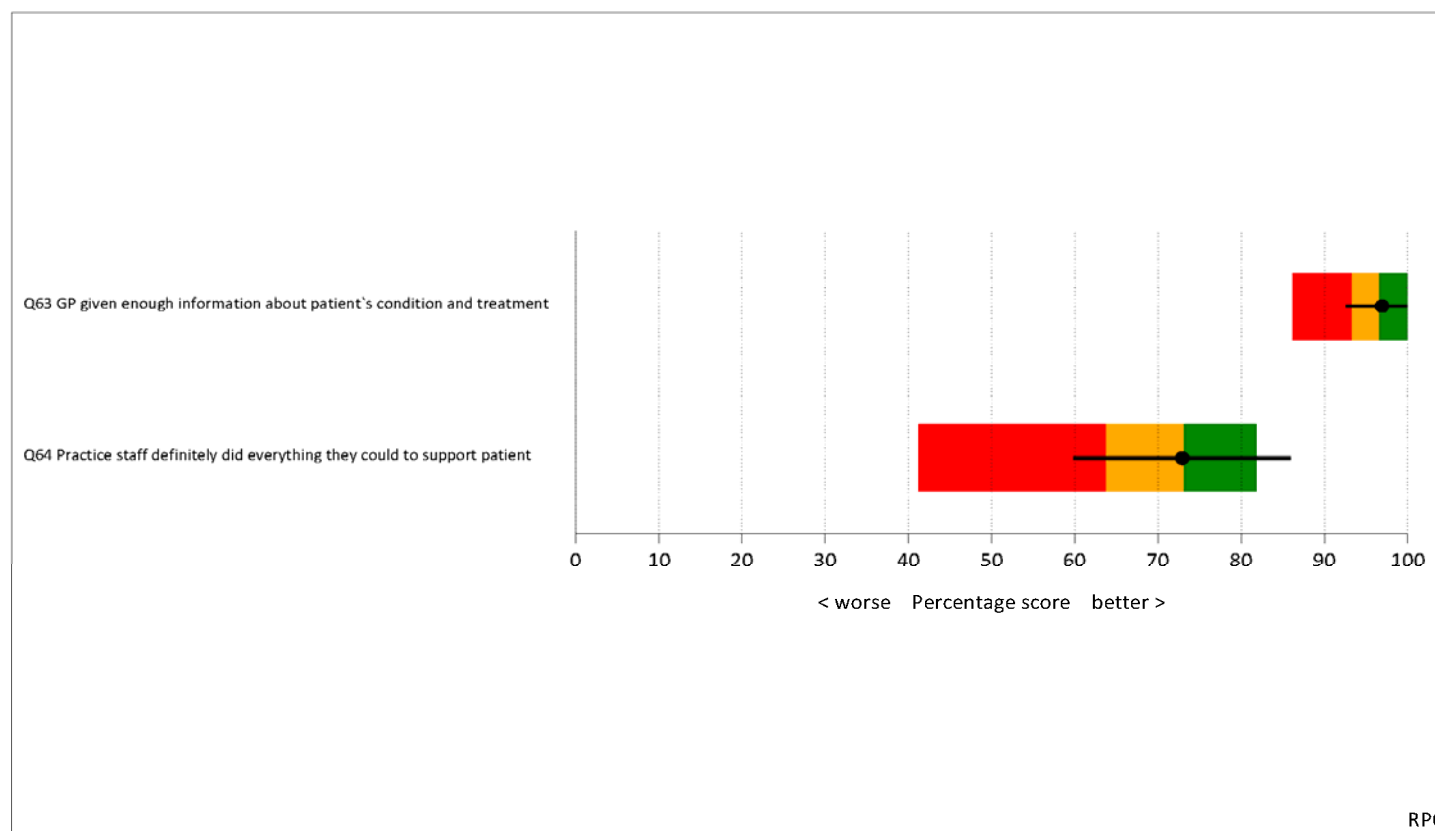
Question		2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q53	Given clear written information about what should / should not do post discharge	88%	92%	85%	99%	81%	87%	98%	61	
Q54	Staff told patient who to contact if worried post discharge	100%	94%	87%	100%	92%	95%	99%	62	
Q55	Family definitely given all information needed to help care at home	64%	65%	51%	78%	57%	65%	77%	48	
Q56	Patient definitely given enough care from health or social services	60%	50%	29%	71%	51%	66%	83%	22	+

Hospital care as a day patient / outpatient



Question	2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q57 Staff definitely did everything to control side effects of radiotherapy	-	-	-	-	75%	82%	87%	11	
Q58 Staff definitely did everything to control side effects of chemotherapy	-	-	-	-	78%	85%	95%	5	
Q59 Staff definitely did everything they could to help control pain	78%	87%	78%	97%	78%	85%	96%	47	
Q60 Hospital staff definitely gave patient enough emotional support	76%	76%	62%	89%	66%	76%	86%	41	
Q62 Doctor had the right notes and other documentation with them	95%	99%	96%	100%	95%	97%	100%	70	

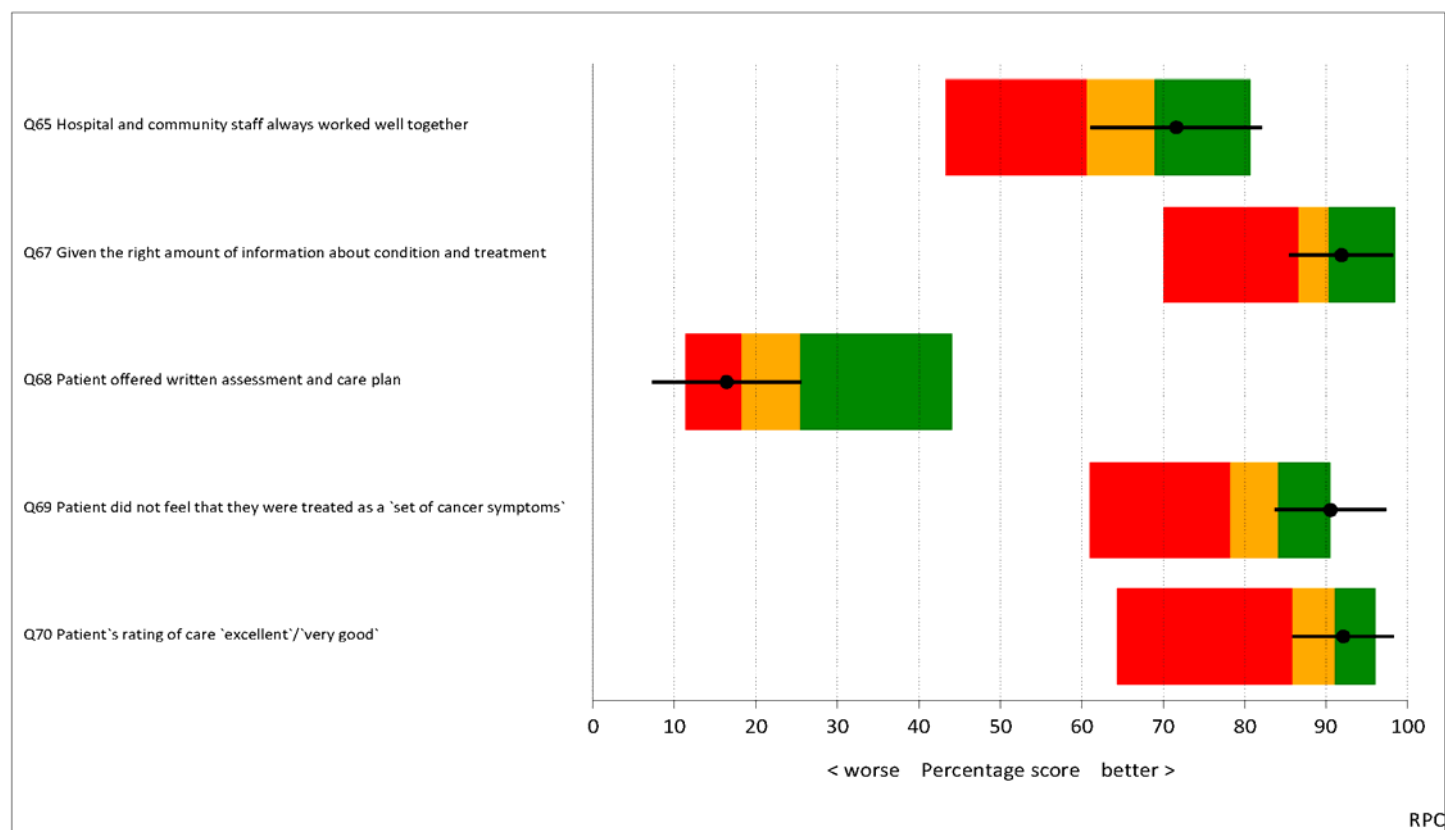
Care from your general practice



RPC

Question		2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q63	GP given enough information about patient's condition and treatment	97%	97%	93%	100%	93%	97%	100%	65	
Q64	Practice staff definitely did everything they could to support patient	71%	73%	60%	85%	64%	73%	82%	48	

Your overall NHS care



RPC

Question	2011/12 Percentage for this Trust	2012/13 Percentage for this Trust	Lower 95% confidence interval	Upper 95% confidence interval	Threshold for lowest scoring 20% of all Trusts	Threshold for highest scoring 20% of all Trusts	Highest Trust's percentage score	Number of responders for this Trust	Scored % in lowest 20% of Trusts 2012/13
Q65 Hospital and community staff always worked well together	69%	72%	61%	82%	61%	69%	81%	74	
Q67 Given the right amount of information about condition and treatment	88%	92%	86%	98%	87%	90%	99%	74	
Q68 Patient offered written assessment and care plan	24%	16%	8%	25%	18%	26%	44%	67	+
Q69 Patient did not feel that they were treated as a 'set of cancer symptoms'	84%	91%	84%	97%	78%	84%	91%	74	
Q70 Patient's rating of care 'excellent'/'very good'	94%	92%	86%	98%	86%	91%	96%	76	

## Comparisons by tumour group for this Trust

The following tables show the Trust and the national percentage scores for each question broken down by tumour group. Where a cell in the table is blank this indicates that the number of patients in that group was below 20 and too small to display.

### Seeing your GP

Cancer type	Q1. Saw GP once/twice before being told had to go to hospital		Q2. Patient thought they were seen as soon as necessary		Q4. Patient's health got better or remained about the same while waiting	
	This Trust	National	This Trust	National	This Trust	National
Breast						
Colorectal / Lower Gastro						
Lung						
Prostate						
Brain / CNS						
Gynaecological						
Haematological						
Head & Neck						
Sarcoma						
Skin	96%	90%	87%	87%	96%	94%
Upper Gastro						
Urological						
Other Cancers						
<b>All cancers</b>	<b>94%</b>	<b>74%</b>	<b>87%</b>	<b>84%</b>	<b>95%</b>	<b>80%</b>



## Diagnostic tests

Cancer type	Q6. Staff gave complete explanation of purpose of test(s)		Q7. Staff explained completely what would be done during test		Q8. Given easy to understand written information about test		Q9. Given complete explanation of test results in an understandable way	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin	82%	88%	93%	89%	89%	90%	89%	85%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>	<b>86%</b>	<b>84%</b>	<b>93%</b>	<b>87%</b>	<b>93%</b>	<b>88%</b>	<b>91%</b>	<b>78%</b>

## Finding out what was wrong with you

Cancer type	Q11. Patient told they could bring a friend when first told they had cancer		Q12. Patient felt they were told sensitively that they had cancer		Q13. Patient completely understood the explanation of what was wrong		Q14. Patient given written information about the type of cancer they had	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin	58%	63%	82%	88%	77%	81%	83%	81%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>	<b>63%</b>	<b>74%</b>	<b>82%</b>	<b>84%</b>	<b>75%</b>	<b>73%</b>	<b>77%</b>	<b>71%</b>

## Deciding the best treatment for you

Cancer type	Q15. Patient given a choice of different types of treatment		Q16. Patient's views definitely taken into account by doctors and nurses discussing treatment		Q17. Possible side effects explained in an understandable way		Q18. Patient given written information about side effects	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin	0%	88%	76%	77%	76%	75%	57%	68%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>	<b>63%</b>	<b>85%</b>	<b>77%</b>	<b>71%</b>	<b>78%</b>	<b>75%</b>	<b>65%</b>	<b>82%</b>

Cancer type	Q19. Patient definitely told about treatment side effects that could affect them in the future		Q20. Patient definitely involved in decisions about care and treatment	
	This Trust	National	This Trust	National
Breast				
Colorectal / Lower Gastro				
Lung				
Prostate				
Brain / CNS				
Gynaecological				
Haematological				
Head & Neck				
Sarcoma				
Skin	62%	57%	73%	79%
Upper Gastro				
Urological				
Other Cancers				
<b>All cancers</b>	<b>65%</b>	<b>55%</b>	<b>76%</b>	<b>72%</b>

## Clinical Nurse Specialist

Cancer type	Q21. Patient given the name of the CNS in charge of their care		Q22. Patient finds it easy to contact their CNS		Q23. CNS definitely listened carefully the last time spoken to		Q24. Get understandable answers to important questions all/most of the time	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin	76%	84%	72%	82%	92%	94%	86%	93%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>	<b>78%</b>	<b>88%</b>	<b>70%</b>	<b>75%</b>	<b>93%</b>	<b>91%</b>	<b>91%</b>	<b>91%</b>

## Support for people with cancer

Cancer type	Q25. Hospital staff gave information about support groups		Q26. Hospital staff gave information about impact cancer could have on work/education		Q27. Hospital staff gave information on getting financial help		Q28. Hospital staff told patient they could get free prescriptions	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin	78%	85%	57%	76%	31%	52%	67%	56%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>	<b>83%</b>	<b>82%</b>	<b>67%</b>	<b>74%</b>	<b>38%</b>	<b>54%</b>	<b>74%</b>	<b>76%</b>

## Cancer research

Cancer type	Q29. Patient has seen information about cancer research in the hospital		Q30. Taking part in cancer research discussed with patient		Q31. Patient has taken part in cancer research	
	This Trust	National	This Trust	National	This Trust	National
Breast						
Colorectal / Lower Gastro						
Lung						
Prostate						
Brain / CNS						
Gynaecological						
Haematological						
Head & Neck						
Sarcoma						
Skin	76%	80%	4%	18%		
Upper Gastro						
Urological						
Other Cancers						
<b>All cancers</b>	<b>83%</b>	<b>85%</b>	<b>14%</b>	<b>32%</b>	<b>30%</b>	<b>64%</b>

## Operations

Cancer type	Q33. Staff gave complete explanation of what would be done		Q34. Patient given written information about the operation		Q35. Staff explained how operation had gone in understandable way	
	This Trust	National	This Trust	National	This Trust	National
Breast						
Colorectal / Lower Gastro						
Lung						
Prostate						
Brain / CNS						
Gynaecological						
Haematological						
Head & Neck						
Sarcoma						
Skin	94%	91%	67%	68%	73%	80%
Upper Gastro						
Urological						
Other Cancers						
<b>All cancers</b>	<b>94%</b>	<b>87%</b>	<b>67%</b>	<b>74%</b>	<b>78%</b>	<b>77%</b>

## Hospital Doctors

Cancer type	Q37. Got understandable answers to important questions all/most of the time		Q38. Patient had confidence and trust in all doctors treating them		Q39. Doctors did not talk in front of patient as if they were not there		Q40. Patient's family definitely had opportunity to talk to doctor	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin	95%	88%	100%	91%	88%	88%	74%	74%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>	<b>92%</b>	<b>83%</b>	<b>98%</b>	<b>85%</b>	<b>80%</b>	<b>83%</b>	<b>76%</b>	<b>66%</b>



## Ward Nurses

Cancer type	Q41. Got understandable answers to important questions all/most of the time		Q42. Patient had confidence and trust in all ward nurses		Q43. Nurses did not talk in front of patient as if they were not there		Q44. Always / nearly always enough nurses on duty	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin	84%	80%	87%	77%	82%	89%	84%	74%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>	<b>87%</b>	<b>75%</b>	<b>87%</b>	<b>69%</b>	<b>82%</b>	<b>85%</b>	<b>84%</b>	<b>61%</b>

## Hospital care and treatment

Cancer type	Q45. Patient did not think hospital staff deliberately misinformed them		Q46. Patient never thought they were given conflicting information		Q47. All staff asked patient what name they preferred to be called by		Q48. Always given enough privacy when discussing condition or treatment	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin	95%	93%	85%	87%	60%	53%	95%	90%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>	<b>92%</b>	<b>88%</b>	<b>88%</b>	<b>79%</b>	<b>59%</b>	<b>58%</b>	<b>92%</b>	<b>84%</b>

Cancer type	Q49. Always given enough privacy when being examined or treated		Q50. Patient was able to discuss worries or fears with staff during visit		Q51. Hospital staff did everything to help control pain all of the time		Q52. Always treated with respect and dignity by staff	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin	95%	95%	69%	74%	91%	87%	87%	88%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>	<b>95%</b>	<b>94%</b>	<b>74%</b>	<b>64%</b>	<b>95%</b>	<b>85%</b>	<b>90%</b>	<b>83%</b>

## Information given to you before you left hospital and home support

Cancer type	Q53. Given clear written information about what should / should not do post discharge		Q54. Staff told patient who to contact if worried post discharge		Q55. Family definitely given all information needed to help care at home		Q56. Patient definitely given enough care from health or social services	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin	89%	87%	95%	95%	61%	64%	58%	61%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>	<b>92%</b>	<b>84%</b>	<b>94%</b>	<b>94%</b>	<b>65%</b>	<b>61%</b>	<b>50%</b>	<b>60%</b>

## Hospital care as a day patient / outpatient

Cancer type	Q57. Staff definitely did everything to control side effects of radiotherapy		Q58. Staff definitely did everything to control side effects of chemotherapy		Q59. Staff definitely did everything they could to help control pain		Q60. Hospital staff definitely gave patient enough emotional support	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin					83%	84%	72%	74%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>					<b>87%</b>	<b>82%</b>	<b>76%</b>	<b>70%</b>

Cancer type	Q62. Doctor had the right notes and other documentation with them	
	This Trust	National
Breast		
Colorectal / Lower Gastro		
Lung		
Prostate		
Brain / CNS		
Gynaecological		
Haematological		
Head & Neck		
Sarcoma		
Skin	100%	96%
Upper Gastro		
Urological		
Other Cancers		
<b>All cancers</b>	<b>99%</b>	<b>96%</b>

## Care from your general practice

Cancer type	Q63. GP given enough information about patient's condition and treatment		Q64. Practice staff definitely did everything they could to support patient	
	This Trust	National	This Trust	National
Breast				
Colorectal / Lower Gastro				
Lung				
Prostate				
Brain / CNS				
Gynaecological				
Haematological				
Head & Neck				
Sarcoma				
Skin	95%	96%	77%	76%
Upper Gastro				
Urological				
Other Cancers				
<b>All cancers</b>	<b>97%</b>	<b>95%</b>	<b>73%</b>	<b>68%</b>

## Your overall NHS care

Cancer type	Q65. Hospital and community staff always worked well together		Q67. Given the right amount of information about condition and treatment		Q68. Patient offered written assessment and care plan		Q69. Patient did not feel that they were treated as 'a set of cancer symptoms'	
	This Trust	National	This Trust	National	This Trust	National	This Trust	National
Breast								
Colorectal / Lower Gastro								
Lung								
Prostate								
Brain / CNS								
Gynaecological								
Haematological								
Head & Neck								
Sarcoma								
Skin	71%	70%	92%	93%	22%	20%	90%	88%
Upper Gastro								
Urological								
Other Cancers								
<b>All cancers</b>	<b>72%</b>	<b>64%</b>	<b>92%</b>	<b>88%</b>	<b>16%</b>	<b>22%</b>	<b>91%</b>	<b>81%</b>

Cancer type	Q70. Patient's rating of care 'excellent'/'very good'	
	This Trust	National
Breast		
Colorectal / Lower Gastro		
Lung		
Prostate		
Brain / CNS		
Gynaecological		
Haematological		
Head & Neck		
Sarcoma		
Skin	90%	90%
Upper Gastro		
Urological		
Other Cancers		
<b>All cancers</b>	<b>92%</b>	<b>88%</b>



The National Cancer Patient Experience Survey was undertaken by Quality Health, which specialises in measuring patients' experiences of hospital, primary care and mental health services, using this information to improve the quality of health care and the responsiveness of health services to patients and service users' needs.

Quality Health works with all acute hospitals in England, all independent providers of hospital care, all Health Boards in Scotland, Wales and Northern Ireland using rigorous survey methods to evaluate the quality of services to patients, the outcomes of operative procedures and health gain, and establish the views of NHS staff. Quality Health also works for international healthcare Providers on 5 continents.

Quality Health is an approved contractor for the Care Quality Commission survey programmes of patients and staff in the NHS and also undertakes data collection and survey systems for the National Patient Reported Outcomes programme on behalf of NHS England. Quality Health has headquarters in North Derbyshire.

Further information on the National Cancer Patient Experience Survey programme and the 2012/13 survey can be obtained at [www.quality-health.co.uk](http://www.quality-health.co.uk)

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<b>Report to:</b>	<b>Council of Governors</b>
<b>Meeting date:</b>	<b>12 December 2013</b>
<b>Agenda item reference:</b>	<b>75-13</b>
<b>Author:</b>	<b>Amanda Parker, Director of Nursing and Quality</b>
<b>Date of report:</b>	<b>20 November 2013</b>

**MID-STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY:  
QVH ACTION PLAN (UPDATE)**

1. The attached report was provided to the Quality and Risk Committee on 25 November 2013.
2. Attached is the October update of the trust's action plan. The plan identifies the inquiry recommendations that the trust is acting upon to improve its current practice and includes a progress report for each.
3. The plan will be reviewed again in the light of the recently released Government response to the recommendations.
4. The Council is asked to **NOTE** the content of the report.



### Francis Report Recommendations - Action Plan (October 2013)

This document has been updated by all leads with the exception of corporate affairs, where actions taken are known these have been reflected. In some instances target dates have been amended to meet timescales that have been out of the control of QVH in a waiting for a national response.

Preventing problems			Action	Progress	Target date	Achieved
Subject to anonymisation, a summary of each upheld complaint relating to patient care, in terms agreed with the complainant, and the trust's response should be published on its website. In any case where the complainant or, if different, the patient, refuses to agree, or for some other reason publication of an upheld, clinically related complaint is not possible, the summary should be shared confidentially with the Commissioner and the Care Quality Commission.	N&Q Pt Exp manager	A	Include sharing of complaints in updated policy	Contacted colleagues to enquire how they are managing this requirement. Awaiting responses and national review recommendations.	Jan-14	
Healthcare providers should be encouraged by incentives to develop and deploy reliable and transparent measures of the cultural health of front-line nursing workplaces and teams, which build on the experience and feedback of nursing staff using a robust methodology, such as the "cultural barometer".	AP + H Resource	A	Consider introducing Person centred Index tool to wards this measures stress, job satisfaction, culture etc Newly constituted Wellbeing and Culture committee will take forward regular staff surveys to review staff opinion / temperature	Well being and culture group established - group to consider the person centred index tool the introduction of the tool has been held back pending the national staff survey, feedback from this will help to determine the use of the tool or if the approach can be more effectively managed through our own online surveys	Jan-14	
Consideration should be given to the creation of a status of Registered Older Person's Nurse.	DN	G	Safeguarding lead and perioperative matron to act as trust champion	New practice educator appointed as adult safeguarding lead. Perioperative matron acts as lead dementia champion for trust.	Jun-13	Completed
Commissioning arrangements should require provider organisations to ensure by means of identity labels and uniforms that a healthcare support worker is easily distinguishable from that of a registered nurse.	DN + Hresources	A	Uniform under review, consider how theatre staff are addressed	Clinical staff uniform in place - looking into different colour scrubs / badges / for theater staff	Jan-14	

### Francis Report Recommendations - Action Plan (October 2013)

This document has been updated by all leads with the exception of corporate affairs, where actions taken are known these have been reflected. In some instances target dates have been amended to meet timescales that have been out of the control of QVH ie a waiting a national response.

<p>Regular interaction and engagement between nurses and patients and those close to them should be systematised through regular ward rounds:</p> <ul style="list-style-type: none"> <li>* All staff need to be enabled to interact constructively, in a helpful and friendly fashion, with patients and visitors.</li> <li>* Where possible, wards should have areas where more mobile patients and their visitors can meet in relative privacy and comfort without disturbing other patients.</li> <li>* The NHS should develop a greater willingness to communicate by email with relatives.</li> <li>* The currently common practice of summary discharge letters followed up some time later with more substantive ones should be reconsidered.</li> <li>* Information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and, where appropriate, those close to them, who must be included in the therapeutic partnership to which all patients are entitled.</li> </ul>	Medical Director	A	EDN alone for discharge use rather than follow up letters as well?	EDN copies provided to patients or their carer at the time of discharge	Dec-13	
<p>The recording of routine observations on the ward should, where possible, be done automatically as they are taken, with results being immediately accessible to all staff electronically in a form enabling progress to be monitored and interpreted. If this cannot be done, there needs to be a system whereby ward leaders and named nurses are responsible for ensuring that the observations are carried out and recorded.</p>	DN / DoF (as IT lead)	A	Cannot be recorded automatically except in a few instances - Information Clinical Advisory Group to confirm required specification for system (eg Vital Pac or equivalent product ), IT and Procurement to support introduction.	Proposal provided to DOF re development of current systems (ORSOS) to deliver on observation recording - already occurs within recover area. However there are now doubts about the long term support for ORSOS system so other options are being identified. Will form part of business planning discussions.	Mar-14	

### Francis Report Recommendations - Action Plan (October 2013)

This document has been updated by all leads with the exception of corporate affairs, where actions taken are known these have been reflected. In some instances target dates have been amended to meet timescales that have been out of the control of QVH in a waiting for a national response.

<p>There is a need for all to accept common information practices, and to feed performance information into shared databases for monitoring purposes. The following principles should be applied in considering the introduction of electronic patient information systems:</p> <ul style="list-style-type: none"> <li>* Patients need to be granted user friendly, real time and retrospective access to read their records, and a facility to enter comments. They should be enabled to have a copy of records in a form useable by them, if they wish to have one. If possible, the summary care record should be made accessible in this way.</li> <li>* Systems should be designed to include prompts and defaults where these will contribute to safe and effective care, and to accurate recording of information on first entry.</li> <li>* Systems should include a facility to alert supervisors where actions which might be expected have not occurred, or where likely inaccuracies have been entered.</li> </ul> <p><del>&amp; Systems should, where practicable and proportionate, be capable of</del></p>	<p>DN / DoF (as IT lead)</p>	<p>R</p>	<p>ICAG to determine specification of required system(s). . IT and Procurement to support introduction.</p>	<p>EPR is part of medium term IT strategy. Not clear whether the type of system described here exists or is aspirational. Bid for funding for Electronic Document Management has been submitted and is progressing through national evaluation process. No decision yet made. Still not clear whether system described in recommendation is currently available anywhere.</p>	<p>Mar-14</p>	
<ul style="list-style-type: none"> <li>* Systems must be designed by healthcare professionals in partnership with patient groups to secure maximum professional and patient engagement in ensuring accuracy, utility and relevance, both to the needs of the individual patients and collective professional, managerial and regulatory requirements.</li> </ul> <p>Systems must be capable of reflecting changing needs and local requirements over and above nationally required minimum standards.</p>		<p>R</p>	<p>ICAG to determine specification of required system(s). . IT and Procurement to support introduction. Data Quality group to review gaps in current data collection</p>	<p>EPR is part of medium term IT strategy. Not clear whether the type of system described here exists or is aspirational.</p>	<p>Mar-14</p>	

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<p>All healthcare provider organisations, in conjunction with their healthcare professionals, should develop and maintain systems which give them:</p> <ul style="list-style-type: none"> <li>* Effective real-time information on the performance of each of their services against patient safety and minimum quality standards;</li> <li>* Effective real-time information of the performance of each of their consultants and specialist teams in relation to mortality, morbidity, outcome and patient satisfaction.</li> </ul> <p>In doing so, they should have regard, in relation to each service, to best practice for information management of that service as evidenced by recommendations of the Information Centre, and recommendations of specialist organisations such as the medical Royal Colleges.</p> <p>The information derived from such systems should, to the extent practicable, be published and in any event made available in full to commissioners and regulators, on request, and with appropriate explanation, and to the extent that is relevant to individual patients, to assist in choice of treatment.</p>	Medical director / DN	A	Increasing the outcome data available for consultants is a trust objective - linked to quality account priority 4 for 2013/14	Further draft devised that is providing monthly data from September 2013. Includes a summary of clinical outcomes collected by clinicians	Mar-14	
<p>It must be recognised to be the professional duty of all healthcare professionals to collaborate in the provision of information required for such statistics on the efficacy of treatment in specialties.</p>	MD/DN / Audit lead	A	M&M and outcome information by specialist being pursued to become business as usual	Meetings occurring, minutes of M&M meetings to go routinely to clinical audit committee for actions to be noted and follow up identified / monitored.	Mar-14	
<p>Resources must be allocated to and by provider organisations to enable the relevant data to be collected and forwarded to the relevant central registry.</p>	DoF	A	Future Business Planning to ensure consideration given to data collection requirements. Current budgets already make allowance for both personnel and capital requirements identified. Data Quality needs further improvement	CHKS have presented their ability to collect and present data to lead staff. However there is clearly a cost attached and other options will be explored as part of business planning.	Mar-14	

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The only practical way of ensuring reasonable accuracy is vigilant auditing at local level of the data put into the system. This is important work, which must be continued and where possible improved.	Audit lead	A	Expansion of audit to ensure covers trust specialties and outcome data	This is covered by the provision of consultant specific information	Apr-14	
National guidance should set out standard methodologies for approaching the certification of the cause of death to ensure, so far as possible, that similar approaches are universal.	Medical Director	G	Could we review our own processes/policy in the meantime and how Dr's are trained.	All death certificates to be completed by consultant in association with medical director or clinical lead - policy updated	Jul-13	Completed
<b>Detecting problems quickly</b>						
Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon. Staff are entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.	Risk	A	Proactive reporting on areas incident rate reporting and identification of areas where reporting could improve	Risk team to flag at clinical policy committee and DN to raise at directorate meetings	Jun-13	
The recommendations and standards suggested in the Patients Association's peer review into complaints at the Mid Staffordshire NHS Foundation Trust should be reviewed and implemented in the NHS.	N&Q Pt Exp manager	A	review to confirm we are fully following all standards as suggested by the patients association. Include any amendments in updated complaints policy	Awaiting national recommendations to support policy update	Jan-14	
The General Medical Council should amend its standards for undergraduate medical education to include a requirement that providers actively seek feedback from students and tutors on compliance by placement providers with minimum standards of patient safety and quality of care, and should generally place the highest priority on the safety of patients.	HResources	A	Discuss with the Deanery and GMC any outline proposals on this area before implementing anything locally. Once clarified will then structure into appraisal process for student placements. This should be applied to all staff not just medical staff.	Deanery have been approached for further information on this survey for medical students and trainees and awaiting feedback. As yet there has been no feedback but this is being picked up within Medical Education	Dec-13	
Surveys of medical students and trainees should be developed to optimise them as a source of feedback of perceptions of the standards of care provided to patients. The General Medical Council should consult the Care Quality Commission in developing the survey and routinely share	HResources	A	Discuss with the Deanery and GMC any outline proposals on this area before implementing anything locally. Once clarified will then structure into	Deanery have been approached for further information on this survey for medical students and trainees	Dec-13	

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A proactive system for following up patients shortly after discharge would not only be good "customer service", it would probably provide a wider range of responses and feedback on their care.	DN	A	FFT to be rolled out to DSU and Outpatients	Rolled out into outpatient areas on;y DSU and therapy areas remaining - a more automated process is required	Mar-14	
Both the bereaved family and the certifying doctor should be asked whether they have any concerns about the death or the circumstances surrounding it, and guidance should be given to hospital staff encouraging them to raise any concerns they may have with the independent medical examiner.	Medical Director	G	Formalise process for consulting family and certifying doctor. All staff encouraged to ask if they have concerns and seek advice from MD or DN as appropriate	All death certificates to be completed by consultant in association with medical director or clinical lead - policy updated to include link to Being open	Dec-13	Completed
<b>Taking prompt actions</b>						
Arms-length independent investigation of a complaint should be initiated by the provider trust where any one of the following apply: * A complaint amounts to an allegation of a serious untoward incident; * Subject matter involving clinically related issues is not capable of resolution without an expert clinical opinion; * A complaint raises substantive issues of professional misconduct or the performance of senior managers; * A complaint involves issues about the nature and extent of the services commissioned	N&Q Pt Exp manager	A	To be included within the complaints policy	Update of policy currently in progress however awaiting the publication of the latest complaint review by the DoH.	Jan-14	
Where meetings are held between complainants and trust representatives or investigators as part of the complaints process, advocates and advice should be readily available to all complainants who want those forms of support.	N&Q Pt Exp manager	A	Include within an updated policy on complaints management	Update of policy currently in progress however awaiting the publication of the latest complaint review by the DoH.	Jan-14	
<b>Ensuring robust accountability</b>						

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<p>The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires:</p> <ul style="list-style-type: none"> <li>* A common set of core values and standards shared throughout the system;</li> <li>* Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards;</li> <li>* A system which recognises and applies the values of transparency, honesty and candour;</li> <li>* Freely available, useful, reliable and full information on attainment of the values and standards;</li> <li>* A tool or methodology such as a cultural barometer to measure the</li> </ul>	HR	A	<ul style="list-style-type: none"> <li>-Look to introduce a cultural barometer for use by departments</li> <li>-Introduce values and cultures into trust induction in a more meaningful way</li> </ul>	<p>Induction programme currently being reviewed. Revised induction programme now in place emphasising the Trust values; the new appraisal system also incorporates the values and competencies required to deliver high quality patient care and this is linking to the leadership and management development framework now drafted for</p>	Dec-13	
<p>The NHS Constitution should be the first reference point for all NHS patients and staff and should set out the system's common values, as well as the respective rights, legitimate expectations and obligations of</p>	C Affairs DN	A	<ul style="list-style-type: none"> <li>-Look to introduce a cultural barometer for use by departments</li> <li>-Introduce values and cultures into</li> </ul>	<p>Induction programme currently being reviewed</p>	Dec-13	
<p>The core values expressed in the NHS Constitution should be given priority of place and the overriding value should be that patients are put first, and everything done by the NHS and everyone associated with it</p>	C Affairs DN	A	<ul style="list-style-type: none"> <li>-Look to introduce a cultural barometer for use by departments</li> <li>-Introduce values and cultures into</li> </ul>	<p>Induction programme currently being reviewed</p>	Dec-13	
<p>In reaching out to patients, consideration should be given to including expectations in the NHS Constitution that:</p> <ul style="list-style-type: none"> <li>*Staff put patients before themselves;</li> <li>*They will do everything in their power to protect patients from avoidable harm;</li> <li>*They will be honest and open with patients regardless of the consequences for themselves;</li> <li>*Where they are unable to provide the assistance a patient needs, they will direct them where possible to those who can do so;</li> <li>*They will apply the NHS values in all their work.</li> </ul>	C Affairs DN	A	<ul style="list-style-type: none"> <li>-Look to introduce a cultural barometer for use by departments</li> <li>-Introduce values and cultures into trust induction in a more meaningful way</li> </ul>	<p>Induction programme currently being reviewed</p>	Dec-13	

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<p>All NHS staff should be required to enter into an express commitment to abide by the NHS values and the Constitution, both of which should be incorporated into the contracts of employment.</p>	HRResources	A	<ul style="list-style-type: none"> <li>-Look to introduce a cultural barometer for use by departments</li> <li>-Introduce values and cultures into trust induction in a more meaningful way</li> <li>- Review contracts of employment to incorporate the requirement for a values and culture commitment</li> <li>- Build into induction programme and information pack for new starters (linking to NHS Constitution)</li> </ul>	<p>Induction programme currently being reviewed. Additionally appraisal system review is underway first meeting with staff representatives took place on 28/5/13 and actions agreed; values will be a feature of the performance management framework. Appraisal process being piloted until 31st Dec and then full roll out in Jan 2014</p>	Dec-13	
<p>Healthcare professionals should be prepared to contribute to the development of, and comply with, standard procedures in the areas in which they work. Their managers need to ensure that their employees comply with these requirements. Staff members affected by professional disagreements about procedures must be required to take the necessary corrective action, working with their medical or nursing director or line manager within the trust, with external support where necessary. Professional bodies should work on devising evidence-based standard procedures for as many interventions and pathways as possible.</p>	HRResources	G	<p>Revised and updated appraisal process building in value and culture requirements</p> <p>More focussed training needs analysis linking personal development to leadership and development programmes</p>	<p>New Induction programme has been implemented along with the piloting of the revised appraisal system. Both have an emphasis and inclusion of the Trust values which now form part of the performance management arrangements. The new process ensures job descriptions accurately reflect the main role requirements and managers will then be required to set stretch objectives for each member of their team to review annually.</p>	completed	Completed



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The Council of Governors and the board of each foundation trust should together consider how best to enhance the ability of the council to assist in maintaining compliance with its obligations and to represent the public interest. They should produce an agreed published description of the role of the governors and how it is planned that they perform it. Monitor and the Care Quality Commission should review these descriptions and promote what they regard as best practice.	C Affairs	A	This will be planned into the programme of work for the board of directors and council of governors.	Q3 depending on outputs from Monitor and CQC		
Arrangements must be made to ensure that governors are accountable not just to the immediate membership but to the public at large – it is important that regular and constructive contact between governors and	C Affairs	A	The trust's membership strategy is under review and will be considered again in the light of this	Q2	Dec-13	
There should be a requirement that all directors of all bodies registered by the Care Quality Commission as well as Monitor for foundation trusts are, and remain, fit and proper persons for the role. Such a test should include a requirement to comply with a prescribed code of conduct for directors.	C Affairs	A	Review in collaboration with relevant colleagues and advisors to establish wider best practice recommendations and update all policies and procedures accordingly. Incorporate the principles and criteria in good time for existing recruitment plans.	Q2 to link with work on QVH codes of conduct and recruitment of new NEDs.	Dec-13	
Consideration should be given to including in the criteria for fitness a minimum level of experience and/or training, while giving appropriate latitude for recognition of equivalence.	C Affairs	A	Consideration will be given as part of the actions described at line 53.	Q2 to link with work on QVH codes of conduct and recruitment of new NEDs.	Dec-13	

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<p>Large-scale failures of clinical service are likely to have in common a need for:</p> <ul style="list-style-type: none"> <li>* Provision of prompt advice, counselling and support to very distressed and anxious members of the public;</li> <li>* Swift identification of persons of independence, authority and expertise to lead investigations and reviews;</li> <li>* A procedure for the recruitment of clinical and other experts to review cases;</li> <li>* A communications strategy to inform and reassure the public of the processes being adopted;</li> <li>* Clear lines of responsibility and accountability for the setting up and oversight of such reviews.</li> </ul> <p>Such events are of sufficient rarity and importance, and requiring of coordination of the activities of multiple organisations, that the primary responsibility should reside in the National Quality Board.</p>	N&Q Pt Exp manager	A	Note responsibility within updated risk policy		Sep-13	
<p>GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services. They should be an independent, professionally qualified check on the quality of service, in particular in relation to an assessment of outcomes. They need to have internal systems enabling them to be aware of patterns of concern, so that they do not merely treat each case on its individual merits. They have a responsibility to all their patients to keep themselves informed of the standard of service available at various providers in order to make patients' choice reality. A GP's duty to a patient does not end on referral to hospital, but is a continuing relationship. They will need to take this continuing partnership with their patients seriously if they are to be successful commissioners.</p>	DN	A	Aim is to provide outcome data by speciality and consultant and for this to be available on the trust website	Ap collating draft information	Apr-14	

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<p>The commissioner is entitled to and should, wherever it is possible to do so, apply a fundamental safety and quality standard in respect of each item of service it is commissioning. In relation to each such standard, it should agree a method of measuring compliance and redress for non-compliance. Commissioners should consider whether it would incentivise compliance by requiring redress for individual patients who have received sub-standard service to be offered by the provider. These must be consistent with fundamental standards enforceable by the Care Quality Commission.</p>	DN	A	Need to clarify with Programme Board their expectations	DJ working on quality metric measures with CCG	Sep-13	
<p>In addition to their duties with regard to the fundamental standards, commissioners should be enabled to promote improvement by requiring compliance with enhanced standards or development towards higher standards. They can incentivise such improvements either financially or by other means designed to enhance the reputation and standing of clinicians and the organisations for which they work.</p>	AP	A	Need to clarify with Programme Board their expectations	DJ working on quality metric measures with CCG	Sep-13	
<p>"Gagging clauses" or non disparagement clauses should be prohibited in the policies and contracts of all healthcare organisations, regulators and commissioners; insofar as they seek, or appear, to limit bona fide disclosure in relation to public interest issues of patient safety and care.</p>	HResources	A	Review of HR policies to ensure restrictive clauses relating to patient care/safety etc are not present. HoHR/OD to review any compromise agreements or similar arrangements to ensure compliance		Dec-13	
<p>It should be made a criminal offence for any registered medical practitioner, or nurse, or allied health professional or director of an authorised or registered healthcare organisation:</p> <ul style="list-style-type: none"> <li>* Knowingly to obstruct another in the performance of these statutory duties;</li> <li>* To provide information to a patient or nearest relative intending to mislead them about such an incident;</li> <li>* Dishonestly to make an untruthful statement to a commissioner or regulator knowing or believing that they are likely to rely on the statement</li> </ul>	HResources	A	Need the addition to investigation process that police will be involved where appropriate		Dec-13	

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A common code of ethics, standards and conduct for senior board-level healthcare leaders and managers should be produced and steps taken to oblige all such staff to comply with the code and their employers to enforce it.	C Affairs	A	The trust has a policy for standards of business conduct for all staff and a code of conduct for the board of directors. Both will be reviewed, taking account of this recommendation.		Sep-13
The leadership framework should be improved by increasing the emphasis given to patient safety in the thinking of all in the health service. This could be done by, for example, creating a separate domain for managing safety, or by defining the service to be delivered as a safe and effective service.	HResources	A	Build in to the revised leadership development programme	Arranging meeting with the KSS Leadership Academy to dovetail local management and leadership programmes to those available through the academy. This will provide a robust seamless development programme and create management and leadership capability for the medium to long term.	Dec-13
A list should be drawn up of all the qualities generally considered necessary for a good and effective leader. This in turn could inform a list of competences a leader would be expected to have.	HResources	A	This will be part of the development programme for managers and future managers	Arranging meeting with the KSS Leadership Academy to dovetail local management and leadership programmes to those available through the academy. This will provide a robust seamless development programme and create management and leadership capability for the medium to long term. Leadership and Management Development Framework now drafted for approval and is on track for launch in February 2014.	Feb-14

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So far as is practicable, the responsibility for certifying the cause of death should be undertaken and fulfilled by the consultant, or another senior and fully qualified clinician in charge of a patient's case or treatment.	Medical Director	G	Audit and confirm current death certification rate by consultant - add to LCP audit	Added to LCP audit	Jun-13	Completed
Impact and risk assessments should be made public, and debated publicly, before a proposal for any major structural change to the healthcare system is accepted. Such assessments should cover at least the following issues: * What is the precise issue or concern in respect of which change is necessary? * Can the policy objective identified be achieved by modifications within the existing structure? * How are the successful aspects of the existing system to be incorporated and continued in the new system? * How are the existing skills which are relevant to the new system to be transferred to it? * How is the existing corporate and individual knowledge base to be preserved, transferred and exploited? * How is flexibility to meet new circumstances and to respond to experience built into the new system to avoid the need for further structural change?	C Affairs	A	Introduce quality impact assessments		Oct-13	
<b>Ensuring staff are trained and motivated</b>						

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<p>There should be an increased focus in nurse training, education and professional development on the practical requirements of delivering compassionate care in addition to the theory. A system which ensures the delivery of proper standards of nursing requires:</p> <ul style="list-style-type: none"> <li>* Selection of recruits to the profession who evidence the: <ul style="list-style-type: none"> <li>- Possession of the appropriate values, attitudes and behaviours;</li> <li>- Ability and motivation to enable them to put the welfare of others above their own interests;</li> <li>- Drive to maintain, develop and improve their own standards and abilities;</li> <li>- Intellectual achievements to enable them to acquire through training the necessary technical skills;</li> </ul> </li> <li>* Training and experience in delivery of compassionate care;</li> <li>* Leadership which constantly reinforces values and standards of compassionate care;</li> <li>* Involvement in, and responsibility for, the planning and delivery of compassionate care;</li> <li>* <del>Constant support and incentivisation which values nurses and the work</del></li> </ul>	DN / Practice development	A	Induction to be broadened to reinforce culture and values for care	Draft changes in progress	Sep-13	
<p>Without introducing a revalidation scheme immediately, the Nursing and Midwifery Council should introduce common minimum standards for appraisal and support with which responsible officers would be obliged to comply. They could be required to report to the Nursing and Midwifery Council on their performance on a regular basis.</p>	DN + H Resource	A	Following changes to agenda for change appraisal process to be reviewed and will enable demonstration of achievement of objectives and levels of care delivered	Additionally appraisal system review is underway first meeting with staff representatives took place on 28/5/13 and actions agreed; values will be a feature of the performance management framework. The new process will ensure job descriptions accurately reflect the main role requirements and managers will then be required to set stretch objectives for each member of their team to review annually.	Nov-13	

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<p>As part of a mandatory annual performance appraisal, each Nurse, regardless of workplace setting, should be required to demonstrate in their annual learning portfolio an up-to-date knowledge of nursing practice and its implementation. Alongside developmental requirements, this should contain documented evidence of recognised training undertaken, including wider relevant learning. It should also demonstrate commitment, compassion and caring for patients, evidenced by feedback from patients and families on the care provided by the nurse. This portfolio and each annual appraisal should be made available to the Nursing and Midwifery Council, if requested, as part of a nurse's revalidation process. At the end of each annual assessment, the appraisal and portfolio should be signed by the nurse as being an accurate and true reflection and be maintained by their supervising manager as being such.</p>	DN + H Resource	A	Newly designed paperwork for appraisal to reflect CPD for professional groups - nursing, therapy etc	Additionally appraisal system review is underway first meeting with staff representatives took place on 28/5/13 and actions agreed; values will be a feature of the performance management framework. The new process will ensure job descriptions accurately reflect the main role requirements and managers will then be required to set stretch objectives for each member of their teams	Nov-13
<p>Training and continuing professional development for nurses should include leadership training at every level from student to director. A resource for nurse leadership training should be made available for all NHS healthcare provider organisations that should be required under commissioning arrangements by those buying healthcare services to arrange such training for appropriate staff.</p>	AP + H Resource	A	The programmes for leadership development are under review and will be updated in year	Arranging meeting with the KSS Leadership Academy to dovetail local management and leadership programmes to those available through the academy. This will provide a robust seamless development programme and create management and leadership capability for the medium to long term. Leadership and Management Development Framework now drafted for approval and is on track for	Feb-14
<p>There should be a common set of national standards for the education and training of healthcare support workers.</p>	DN + Practice Dev Cco	A	Review HCA roles and those who have NVQ and how many have done no additional training other than mandatory - from this develop plan for future HCA development	Review undertaken - future plan to be agreed	Nov-13
<p>A training facility could provide the route through which an accreditation scheme could be organised. Although this might be a voluntary scheme, at least initially, the objective should be to require all leadership posts to be filled by persons who experience some shared training and obtain the</p>	HResources	A	Our own internal leadership pack and licence to lead programme shows commitment to developing our leaders	Arranging meeting with the KSS Leadership Academy to dovetail local management and leadership programmes to	Feb-14

<b>Report to:</b>	<b>Council of Governors</b>
<b>Meeting date:</b>	<b>12 December 2013</b>
<b>Agenda item reference:</b>	<b>76-13</b>
<b>Author:</b>	<b>Amanda Parker, Director of Nursing and Quality</b>
<b>Date of report:</b>	<b>20 November 2013</b>

### **OPPORTUNITIES FOR PATIENT ENGAGEMENT AND ASSURANCE**

1. The attached report was provided to the Patient Experience Group on 12 November 2013.
2. The paper summarises the opportunities available for governors, non-executive directors and others such as Healthwatch to be able to work alongside trust staff in assessing the quality of care provided to patients.
3. Attendance by governors and non-executives will provide them with opportunities to assure themselves of the care that patients receive.
4. The Council is asked to **NOTE** the contents of the report.



## **Patient Engagement and Assurance Opportunities**

A number of individuals require the opportunity to observe and meet with patients. This may be to support the organisation in gaining broader information on patients' views or to assure themselves or external groups of standards of care. Individuals this may impact on are non-executive Directors, Governors and Healthwatch link personnel. QVH aims to facilitate this engagement in a manner that is meaningful to both the individual and the organisation. The following opportunities have been identified;

### **Sit and See:**

Safeguarding is a term used to describe a variety of activity from empowerment, prevention investigation to protection. A recurring theme in most investigations into neglect in the NHS indicates that low level concerns about the quality of care and compassion were evident, but were not noticed until large scale concerns were identified and investigated. Also the small things that make a difference to a person's hospital stay may not be whether their operation was successful, but it may be that the staff were kind, helpful, supportive and showed a sense of humour. Furthermore, these positive care traits may indicate a more person-centred approach to the patient. The healthcare professional is not only concerned with the technical, medical treatment but whether the person feels cared for. This person-centred practice is the opposite of institutionalised practice, the type of practice most likely to lead to institutional abuse and neglect of fundamental care.

The Care, Kindness and Compassion observation can be one aspect of the monitoring process for both patient experience and patient safety and can be triangulated with information from a number of other sources to give an overall picture of safety and experience. Individuals would observe alongside a QVH staff member, there is documentation that supports each visit and allows a score for the area visited to be calculated. This visit allows the opportunity to observe staff whilst they work and to observe their interactions with patients.

### **15 Step challenge:**

The 15 Steps Challenge is a series of toolkits which are part of the resources available for the Productive Care workstream. They have been co-produced with patients, service users, carers, relatives, volunteers, staff, governors and senior leaders, to help look at care in a variety of settings through the eyes of patients and service users, to help capture what good quality care looks, sounds and feels like.

*"I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward"*

### **The purpose of the 15 Steps Challenge is:**

- to help staff, patients, service users and others to work together to identify improvements that can enhance the patient or service user experience

- to provide a way of understanding patients' and service users' first impressions more clearly
- a method for creating positive improvements and dialogue about the quality of care.

Currently QVH is planning on rolling out the 15 step challenge across a number of areas and individuals could support the observation process that identifies areas of change that would benefit patients and their overall experience of care.

**Compliance in practice:**

Compliance in practice audits occur in our clinical areas each month and are completed in order to provide the trust assurance against the Care Quality Commission essential standards of care. The audits comprise of interviews with staff members, interviews with patients, observation of equipment and areas and a review of health record documentation. Individuals will support a team of three that are carrying out the audit process. Results are provided back to the clinical areas and to the Quality and Risk committee.

**Meet the matron:** Proposed for discussion

Meet the matron is a new initiative for 2013/14 and follows a review of our strategy for enhancing a patient and their families' experience. This would provide an opportunity to meet with the matron of an area and discuss care under her remit of control.

**Walk around:**

General walk arounds are carried about by the Director of Nursing to observe all areas of the trust. Individuals are invited to contact her PA and to join her in a walk around – one day a month is booked as an accompanied meeting.

<b>Report to:</b>	<b>Council of Governors</b>
<b>Meeting date:</b>	<b>12 December 2013</b>
<b>Agenda item reference no:</b>	<b>79-13</b>
<b>Author:</b>	<b>Ian Stewart, Vice-Chairman</b>
<b>Date of report:</b>	<b>5 December 2013</b>

## **Report from the Vice-Chairman of the Council of Governors**

### **1. Planning**

Now is the time we are planning for the new financial year. Governors are asked to contribute their ideas and suggestions in two important areas.

#### **1.1. Quality Account Priorities.**

Each year the Trust identifies four key priorities on which it will concentrate. The current priorities for 2013/14 cover improving the outpatient experience, increasing the percentage of consent taken before the day of surgery, increasing the completeness of data required as part of the Cancer Outcomes Dataset and producing consultant outcome measures.

Amanda Parker has asked governors to suggest what priorities they would like to see in 2014/5. It may be that some of the current priorities will carry into the new year but all possibilities need to be considered. Please pass any suggestions to me and I will present a list of them to Amanda for consideration.

#### **1.2. Business Plan for 2014/5.**

Richard Hathaway is in the early stages of preparing the business plan for next year. He has asked governors to provide input to the plan. Please consider any comments you may like to make. All areas of activity can be covered from capital and revenue expenditure to strategic direction and tactical initiatives. Again, if you could channel them through me I will consolidate them for Richard.

### **2. Recommendation**

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