

MEETING OF THE COUNCIL OF GOVERNORS

**Thursday 9th April 2015
Public session at 3.00pm**

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

Meeting of the Council of Governors

Thursday 9 April 2015, 15:00 – 17:00

Dove Suite, the Ark, Turners Hill, RH10 4RA

AGENDA: MEETING SESSION HELD IN PUBLIC

No.	Item	Papers
STANDING ITEMS		
01-15	Welcome, apologies, declarations of interest and eligibility Beryl Hobson, Chair	-
COUNCIL BUSINESS		
02-15	Draft minutes of the meetings held on 11 December 2014 (for approval) Beryl Hobson, Chair	Attached
03-15	Matters arising and actions pending from previous meeting Beryl Hobson, Chair	-
HOLDING THE NON-EXECUTIVE DIRECTORS TO ACCOUNT FOR THE PERFORMANCE OF THE BOARD		
04-15	Operational planning Richard Tyler, Chief Executive and non-executive directors	Presentation
KNOW YOUR TRUST		
05-15	NHS staff survey results 2014 Graeme Armitage, Director of Human Resources & Organisational Development	Attached and presentation
REPRESENTING THE INTERESTS OF MEMBERS AND THE PUBLIC		
06-15	Quality indicators 2014/15 and quality account priorities 2015/16 Jo Thomas, interim Director of Nursing & Quality and KPMG (external auditors)	Attached and presentation
07-15	Membership strategy: proposed additional actions Kathleen Dalby, Head of Corporate Affairs and Company Secretary	Attached
ANY OTHER BUSINESS		
08-15	By application to the Chair Beryl Hobson, Chair	-
QUESTIONS		
09-15	To receive any questions or comments from members of the foundation trust or members of the public Beryl Hobson, Chair	-

Further to paragraph 21.1 and annex 6 of the trust's constitution, it is proposed that members of the public and representatives of the press shall be excluded from the remainder of the meeting for the purposes of allowing the council to discuss issues of a confidential nature.

AGENDA: MEETING SESSION HELD IN PRIVATE

10-15	Draft minutes of the meeting held on 11 December 2014 (for approval) Beryl Hobson, Chair	Attached
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REPORTS FROM GOVERNOR SUB-COMMITTEES

11-15	Appointments committee: recommendation to appoint a non-executive director Anne Higgins, Chairman – Appointments Committee	Attached
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DATE OF THE NEXT MEETINGS

Public meetings of the Council of Governors:

- Thursday 9 July 2015 at The Dove Suite, The Ark, Turners Hill
- Thursday 8 October 2015 at The Dove Suite, The Ark, Turners Hill
- Thursday 14 January 2016 at The Dove Suite, The Ark, Turners Hill

Document:	Minutes (draft and unconfirmed)	
Meeting:	Council of Governors (session in public) Thursday 11 December 2014, 15:30 – 18:30 The Dove Suite, The Ark, Mount Lane, Turners Hill, West Sussex	
Present:	Beryl Hobson (BH)	Chair Designate and NED
	Brian Beesley (BB)	Public Governor
	Liz Bennett (LB)	Stakeholder Governor (WSCC)
	John Belsey (JEB)	Public Governor
	John Bowers (JB)	Public Governor
	Milton Chimonas (MC)	Public Governor
	Jenny Cunnington (JC)	Public Governor
	John Dabell (JD)	Public Governor
	Robert Dudgeon (RD)	Public Governor
	John Harold (JH)	Public Governor
	Anne Higgins (AH)	Public Governor
	Angela Glynn (AG)	Public Governor
	Tony Martin (TM)	Public Governor
	Moirra McMillan (MM)	Public Governor
	Julie Mockford (JM)	Staff Governor
	Christopher Orman (CO)	Public Governor
	Mansoor Rashid (MR)	Staff Governor
	Louise Reader (LR)	Public Governor
	Andrew Robertson (AR)	Stakeholder Governor (League of Friends)
	Gillian Santi (GS)	Public Governor
	Michael Shaw (MS)	Public Governor
	Shona Smith (SS)	Staff Governor
	Norman Webster (NW)	Stakeholder Governor (EGTC)
	Peter Wickenden (PW)	Public Governor
	In attendance	Ginny Colwell (GC)
Stephen Fenlon (SF)		Medical Director
Lois Howell (LH)		Interim Company Secretary & HoCA
Jane Morris (JM)		Acting Head of Operations
Lester Porter (LP)		Non-Executive and Senior Independent Director
Hilary Saunders (HS)		Deputy Company Secretary (secretariat)
Ali Strowman (AS)		Deputy Director of Nursing & Quality
John Thornton (JT)		Non-Executive Director
Dominic Tkaczyk		Interim Director of Finance & Commerce
Richard Tyler (RT)		Chief Executive
Apologies:	Peter Griffiths (PAG)	Trust Chairman
	Brian Goode (BG)	Public Governor & Governor Representative
	Jenny Cunnington (JC)	Public Governor
	Alan Thomas (AT)	Public Governor
	Glynn Roche (GR)	Public Governor
	Chris Orman (CO)	Vice-Chair
	Amanda Parker (AP)	Director of Nursing & Quality
Observing:	N/A	
STANDING ITEMS		
63-14	Welcome, apologies and declarations of interest and eligibility	
	The Chair opened the meeting, reminding governors that today's agenda was being	

	<p>piloted in response to comments made at the recent governor forum and any feedback would be much appreciated.</p> <p>The Chair introduced Dominic Tkaczyk who would be working as interim Head of Finance (taking over from Stuart Butt) until a substantive appointment was made.</p> <p>Apologies had been received from Peter Griffiths, Brian Goode, Chris Orman, Glynn Roche, Alan Thomas, Jenny Cunnington and Amanda Parker.</p> <p>There were no new declarations of interest or eligibility.</p>
GETTING TO KNOW THE TRUST	
64-14	<p>The outcomes of Governor feedback arising from Compliance in Practice and PLACE inspections</p> <p>Following a request by governors to explain how outcomes of Compliance in Practice (CiP) and Patient Led Assessment of the Care Environment (PLACE) inspections are managed, AS had been invited to address Council. She gave a presentation providing a summary of the CiP process developed to drive continuous improvement in care and services for our patients. Each month a team of three inspectors review all clinical areas, responses are collated and a compliance score calculated (and RAG rated) for each area. Feedback by action plan is given to the team or Ward Manager and Matron, which also includes comments captured by inspectors. AS explained how a recent (relatively) low score of 81% on Canadian Wing had resulted in an action plan from the ward manager, addressing concerns raised.</p> <p>AS observed that staff had been wary of CiP inspections when they were originally introduced, but now fully embraced the process which was seen as useful preparation for a CQC inspection. Council was reminded that CiP inspections were open to all clinical and non-clinical staff, NEDs and governors, and all were encouraged to become involved. LB concurred and commended the process as very rewarding. However, RT cautioned that balance and judgement was required to reduce the negative impact of inspections during busy times. NW asked about objectivity of the process but was assured by AS that the tool had been designed to alleviate concerns. Council was reminded that results were also fed back to the Quality and Risk Committee to enable monitoring of any trends.</p> <p>On behalf of the Hotel Services Manager who had been unable to attend today's meeting, LH gave a presentation on PLACE inspections. Council was reminded that PLACE (Patient Led Assessment in the Care Environment) was introduced in 2012, (replacing earlier PEAT inspections). LH explained that PLACE was an inspection of inpatient healthcare sites and scores designed to demonstrate how well providers felt they were performing in key areas such as food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, and floors). Inspections focused entirely on the care environment and did not include observation of clinical care or staff competence. Teams comprise staff from Hotel Services, Estates, Infection Control, Risk Management, Matrons and Patients. Whilst PLACE is an annual assessment, the trust undertakes various inspections throughout the year to ensure effective monitoring, (these include audits undertaken by Alan Thomas, governor lead for PLACE).</p>

	<p>National scores are usually published in September. RT explained that due to staff shortages within the domestic team, scores for infection control fell slightly by 1% this year; however, teams were now working at full establishment and RT was assured scores should improve in 2015.</p> <p>PW observed that some areas of the estate were old and posed a danger to patients; LH assured Council that the trust was aware of the condition of these parts of the estate and a proposal for a future estates' strategy would be presented to the board in January for consideration.</p> <p>In response to a question regarding patient access to food, AS explained this was monitored under the CiP inspections, whilst quality of food was examined under PLACE.</p> <p>LH provided examples of how results had been converted into an action plan, but cautioned that in certain circumstances it wouldn't be possible to provide an immediate solution (for example, in respect of Privacy & Dignity areas within the confines of the MIU department). JEB sought clarification with regard to analysis of PLACE results, and it was agreed this would be followed up at a later stage [Action: LH]</p> <p>LH suggested to Council that any additional questions should be directed to either Anita Trinick, Hotel Services Manager on 01342 306628/ Anita.Trinick@qvh.nhs.uk or Sharron Phillips, Hotel Services Team Leader on 01342 306627/ Sharron.Phillips@qvh.nhs.uk</p> <p>The Chair thanked AS and LH for their helpful updates, the contents of which were NOTED by Council</p>
COUNCIL BUSINESS	
65-14	<p>Draft minutes of the meeting held on 11 September 2014 (for approval)</p> <p>The draft minutes of the public meeting held on 11 September 2014 were APPROVED as a correct record.</p>
66-14	<p>Matters arising and actions pending from the previous meeting</p> <p>MS asked how the trust intended to keep governors apprised of the status of foundation trust membership under the new format; LH explained the purpose of the GSG had been revised to allow governors to identify agenda items for the Council meetings; therefore this particular item could be discussed under 'representing the interests of members of the public' if deemed necessary. In the meantime, the trust would include a quarterly update of headline figures within the Governors' Monthly Update newsletter. LH reminded Council that an annual update was also provided at the AGM.</p>
67-14	<p>Update on Executive appointments</p> <p>In response to a request from governors, RT provided a verbal update on the current executive appointment process, differentiating between planned and reactive changes. He assured governors that all planned changes had been reviewed and approved in advance by the Nomination and Remuneration Committee. An interim operational structure had been introduced in May to allow a review of current systems and processes. It was anticipated that a new structure would be implemented in April 2015, dependent upon outcomes of the current consultation exercise. Interviews were now underway for a new Director of Finance but in the meantime, interim Dominic Tkaczyk would be providing assurance for the finance function until a substantive appointment took up post.</p>

	<p>Reactive changes included the departure of the Director of Nursing, Amanda Parker and Deputy Director of Nursing, Ali Strowman. RT explained that, whilst disappointing, both were leaving to take up opportunities in larger organisations which a trust the size of QVH was unable to provide. Changes were also planned for the Nursing Directorate role and a secondee would be appointed whilst a consultation exercise took place. (Interviews for a secondee were scheduled for 23rd December).</p> <p>BH drew Council's attention to a question which PW had tabled earlier in the week and suggested that this could be addressed as part of the current debate. This was as follows: <i>'with the proposed quite radical re-organisation of the management of the Trust, the loss of the Director and Deputy Director of Nursing, the loss of two Senior Consultants, a new Director of Finance being sought, a change in the Company Secretary and a new Chairman all being in the offing there is a potential risk to the Trust's capabilities, what stress tests have the NEDs applied to ensure that the impact of these far reaching changes to the Management of the Trust have minimal impact upon our ongoing Services'</i>.</p> <p>JT acknowledged these changes presented risks but was confident metrics were already in place to ensure the situation was being closely monitored; in the meantime, he was assured that RT's proposals mitigated adequately the level of risk. LP observed it would not be unusual to see a level of discomfort within any organisation experiencing an operational restructure concurrent to the departure of several members of the executive team; he was satisfied however that the executive team was managing and communicating the situation effectively throughout the organisation. (As an aside, RT noted that a 50% 'hit' rate had been recorded since launching the current 'Ask Richard' platform demonstrating staff were engaging well with the process). JT felt this was an opportunity to build the team going forward and suggested not all change should be construed as negative. GC concurred and also reminded governors that QVH was very strong at Ward and Matron level so would be less affected by current changes than a less resilient organisation.</p> <p>Citing the 18 week wait target and 'never events' as examples, JEB suggested it was important to ensure new members to the senior team be brought up to speed with recent issues so they were fully apprised before taking any decisions.</p> <p>BH thanked PW for his question, commending it as a clear of example of governors holding NEDs to account.</p> <p>RT was also thanked for his update, the contents of which were NOTED by Council.</p>
68-14	<p>Update on Governance Review</p> <p>The Chair updated governors on the current corporate governance review, established to ensure the trust's governance structure was effective and fit for purpose. To date the group had undertaken a benchmarking exercise, evaluating best practice amongst other Foundation Trusts. An interim report would be brought to the board in January with a view to implementing proposals in April 2015.</p> <p>Council NOTED the contents of the verbal update.</p>
69-14	<p>Amendment to the Constitution concerning election rules</p>

	<p>LH reported that as a result of recent changes to legislation, it was now possible for members to vote in governor elections either by post, online, by telephone, or by text, (or a combination of polling methods), She assured governors that it would be sometime before the trust could consider abandoning postal ballots and confirmed it was for the trust to determine the most appropriate method to be made available to its own membership, but welcomed the flexibility that online voting would offer.</p> <p>Following JEB's query in respect of one of the Electoral Reform Services rules; LH reminded Council that at its forum in October, it had been agreed a Governor Issue Log be developed to address queries raised between meetings. She proposed queries raised today be addressed via the log which would be circulated with the GMU on a monthly basis. [Action: LH]</p> <p>LH asked Council to note that, (contrary to today's report), as per section 15.3 of the trust's Constitution, any subsequent variation of the Model Election Rules by the Department of Health did not constitute a variation of the terms of the Constitution for the purposes of paragraph 53 of this Constitution (Amendment of the Constitution). Therefore adoption of the new model election rules did not require approval, merely noting.</p> <p>Accordingly the Council of Governors NOTED the adoption of the Revised Model Election rules for governor elections to be incorporated into the trust's Constitution.</p>
REPORTS FROM GOVERNOR SUB-COMMITTEES	
70-14	<p>Governors Steering Group: Revision of Terms of Reference</p> <p>LH reminded Council that following discussions at the October Forum, it had been agreed the purpose of the Governors' Steering Group (GSG) would be modified to focus on determining Council meeting agendas, thereby enabling governors to fulfill statutory duties, (rather than operating as a vehicle to oversee organisational operations, as previously). Governors were assured of the many ways they could identify areas of concern; these included the Chief Executive's monthly board report, and minutes of board meetings and monthly board papers all of which were published to the website.</p> <p>LH reviewed changes to the current Terms of Reference (ToRs) which had been highlighted in the supporting report. GSG meetings would now take place on a quarterly basis in the month preceding the full Council meeting; a flow chart illustrating the process was also included in the report.</p> <p>After due consideration, Council APPROVED adoption of the Revised Terms of Reference</p>
71-14	<p>Appointments Committee</p> <p>AH provided a verbal update of the Committee meeting which had immediately preceded today's Council meeting; the main focus had been on the recruitment process for a new Non-Executive Director. The next meeting scheduled for 9th February 2015 would consider long-listing of candidates. It was anticipated the new appointment would be in place by April 2015.</p> <p>Also at the meeting, the Committee's Terms of Reference had been reviewed and approved for a further year.</p> <p>Council NOTED the contents of the verbal update.</p>

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HOLDING THE NON-EXECUTIVE DIRECTORS TO ACCOUNT FOR PERFORMANCE OF THE BOARD	
72-14	<p>Addressing the challenges of meeting 18-week targets</p> <p>JT opened by reiterating that the new legislation required governors to hold NEDs to account for the performance of the board, (and not the hospital). With this in mind, and following a request from governors, he had agreed to apprise Council of the ways in which the challenges of meeting 18-week targets had been addressed.</p> <p>JT provided a brief explanation of the causes leading to issues in respect of "Referral to Treatment" target time of 18 weeks (RTT18) and explained that whilst targets had been flagged as 'green' up until January 2014, problems had been taking hold up to nine months earlier as pressure built and demand for services increased, creating a backlog. This was exacerbated by a lack of resources and inefficient operating methods. Moreover, whilst the plan had predicted activity would increase, additional capacity planned to support this did not materialise in time.</p> <p>Notwithstanding the fact that the trust was failing to deliver to patients, there were also financial and rating implications in failing to meet targets over an extended period of time.</p> <p>In deciding the best approach, the executive team was emphatic it would not manipulate waiting lists in order to achieve targets, and that patients waiting the longest would be the priority. Last April, the CEO invited the Department of Health Intensive Support Team (IST) to work with the Trust's operational team to help them develop an appropriate action plan. Weekly meetings were held with the Executive to monitor numbers (and a detailed report continues to be circulated to the board each month).</p> <p>Between May and September weekend working was introduced, and consultant engagement improved as the implications of what was happening became clear. Whilst this led to an improvement in September, the trust still failed to achieve its targets. As a result, the CEO developed a detailed action plan which was presented to the board in October; this entailed weekend working throughout November, including paid overtime; additional staff costs would be offset by the Clinical Commissioning Group's agreement to waive any fines which might otherwise be incurred. JT was pleased to report that as a result of concerted efforts, the trust was now confident it would meet its targets in December.</p> <p>JT advised that once targets were back on track, the Audit Committee would be undertaking a review of the current RTT18 process. He accepted that the trust's forecasting had not been good in the past but was confident of a more robust planning process for the next financial year, including earlier engagement in the process. There would always be unpredictability due to fluctuations in demand, but improvement in forecasting would help to mitigate this.</p> <p>JT conceded that one of the lessons learned would be for NEDs to challenge EDs earlier in the process to ensure teams had everything they required to deliver, including appropriately skilled staff.</p> <p>In response to a question from PW, JT advised that plans to introduce an internal 15-week target were not entirely straightforward but would be an aspiration for the future.</p> <p>Following a query from NW, JM explained how referrals could be received either from a</p>

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	<p>hospital or a referral management system, and there would always a risk of breaches with referrals from those off-site clinics experiencing difficulty in managing their own patient pathways. However, she assured Council that tools developed in conjunction with the IST would better support future waiting lists and felt confident that forecasting data was much improved on previous years.</p> <p>The Chair thanked JT for his presentation, the contents of which were NOTED by Council.</p>
73-14	<p>Staff Recruitment</p> <p>GC had been invited by the Governors' Steering Group to provide an update to Council on staff recruitment levels. She opened by reporting that recruitment of appropriate nursing, non-clinical and medical staff had been identified on the Corporate Risk Register for some time now and that, due in part to requests from the non-executive directorate, reporting of workforce metrics had been refined and enhanced to enable the board to remain better apprised of the situation.</p> <p>Recruitment and retention were crucial to the success of any organisation and continued to be a priority. GC provided a recap of information contained within board reports and reminded governors of some of the initiatives now in place to address staff shortages. These included the establishment of a Recruitment Task and Finish Strategy group which was developing a local recruitment action plan and considering innovative ways to recruit (other than using traditional advertising route.) In addition, eRostering was now being used more effectively to provide up to date information about staffing levels.</p> <p>In the meantime, however, the trust continued to experience high levels of vacancies within ITU, Burns, Corneo, Theatres and Canadian Wing, and bank and agency staff had been brought in to cover establishment vacancies, maternity leave and long-term sickness. GC asked Council to note that other trusts were also facing recruitment shortages of registered nursing staff, and that a high number of NHS organisations were already using international recruitment to fill these gaps. Due to the specialist nature of the nursing care provided at QVH however, overseas recruitment of general nurses would not be appropriate at this stage, although in response to a question raised by NW, both GC and AS concurred that they would welcome global recruitment between specialist organisations.</p> <p>Although QVH has strong core stability, a small number of posts are turning over quickly. Turnover had fallen slightly to just under 15% which, although above the target of 11% is now closer to the same level for this period last year (13.5%) and showing signs of moving back towards the target. In her summary, GC also explained how the bi-annual rotation of medical and dental staff the figures could skew figures during the year.</p> <p>An on-line exit questionnaire had been launched recently to ask each leaver to complete a survey outlining reasons for leaving and asking for comments on QVH as an employer; it was hoped that results would help evaluate future trends, in alignment with the staff attitude survey and Friends and Family test work.</p> <p>Sickness absence rates were continuing to fluctuate across the trust and remained above the overall target rate of 3% (at 3.34%); however this was an improvement on previous levels during the year (and on a par with previous years).</p> <p>GA explained how the newly launched Leadership and Management framework would</p>

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	<p>encourage the recruitment and development of managers with appropriate competencies; a pilot stage was due to be completed shortly and the system would be implemented by the end of the month.</p> <p>The Chair commended the useful exchange of views between NEDs and governors and thanked GC for her presentation, the contents of which were NOTED by Council.</p>
REPRESENTING THE INTERESTS OF MEMBERS OF THE PUBLIC	
74-14	<p>Community Services Feasibility</p> <p>In response to a request from governors, RT gave a presentation on the feasibility of providing Community Services on the QVH site. He opened by apprising Council that approximately 80,000 people lived closer to QVH than any other acute hospital, of which 15,000 are aged 65 and over; the local population is currently served by three main acute hospitals, with approximately 40% of admissions for this population being to Surrey and Sussex Hospitals.</p> <p>In recent months the trust has tested opportunities to extend the range and scope of the services provided to local people. RT reported that commissioners and local GPs are looking for services and support to help manage patients in the community. Examples of how QVH could be involved included provision of improved support for frail elderly people and those living with Long Term Conditions, local provision of urgent care, and access to a range of services to support primary care.</p> <p>RT explained how the tariff structure means there is potential for QVH to generate surplus through the expansion of its diagnostic services. However, he cautioned that “frailty” services would be more likely to be commissioned on a block contract basis which would result in limited opportunities to generate surplus.</p> <p>Whilst community services would generate income for the trust, the key financial benefit to QVH would result from increased referrals to the trust from local GPs; however, investment would be required to develop a primary care facility on site.</p> <p>In concluding, RT suggested there were realistic opportunities for QVH to increase its community services in order to better meet the needs of local people, GPs and commissioners. However, there would always be a need to balance provision of community services with provision of specialist services. In order to continue exploring community opportunities the next step would be to develop strategic partnerships with both an acute provider (eg. Surrey and Sussex Hospitals NHS Trust) and a community provider (eg. Sussex Community Trust).</p> <p>The Chair thanked RT for his presentation, the contents of which were NOTED by Council.</p>
75-14	<p>Quality Account initial discussions</p> <p>On behalf of Amanda Parker (who was unable to attend today's meeting), the Chief Executive noted the concerns of governors who had requested clearer focus on the annual Quality Account process than in previous years; with this in mind a long list of potential topics would be circulated shortly and RT encouraged as many governors as possible to respond with their views. [Action: LH]</p>

	Council NOTED the contents of the verbal update.
ANY OTHER BUSINESS	
76-14	<p>The Chair reminded governors that feedback following today's revised agenda would be very welcome; LH asked governors to note that the format was still very much a work in progress which would be further refined over the coming months.</p> <p>BH advised that next year's Staff Awards evening was scheduled for Thursday 12th March 2015, and would be the last formal event which Peter Griffiths would be attending in his capacity as Trust Chairman; governors were invited to come along to the event to say farewell in person.</p> <p>BH noted that this would be LH's last full Council meeting as she would be stepping down when Kathleen Dalby returned from maternity leave in February 2015. On behalf of Council, BH expressed her thanks to LH for her support over the last 12 months. Gratitude was also expressed to Stuart Butt, Amanda Parker and Ali Strowman who were also due to leave the trust shortly.</p>
QUESTIONS FROM THE PUBLIC	
77-14	There were none.
78-14	Further to paragraph 21.1 and annex 6 of the Trust's Constitution, it was agreed that members of the public and representatives of the press shall be excluded from the remainder of the meeting for the purposes of allowing the Council to discuss issues of a confidential nature.

Chair:..... Date:.....

Report to: Council of Governors
Meeting date: 9th April 2015
Reference number: 05-15
Report from: Graeme Armitage, Director of HR & Organisational Development
Author: Graeme Armitage, Director of HR & Organisational Development
Report date: 3rd April 2015
Appendices: A: 2014 Staff Survey Results

QVH Staff Survey Results - 2014

Key issues

1. Attached at Appendix A is the summary report compiled by the Department of Health. The report compares our results since 2013 and therefore forms a basis for actions to be taken forward during 2015/16. The 2014 Staff Survey results continue to show QVH to be one of the top performing Trusts based on the feedback from our staff through the survey. Whilst this is the case, there are sufficient areas where our results need to improve if we are to achieve greater levels of staff satisfaction within the organisation.
2. The national context with regard to the 2014 results also needs to be taken into consideration as across the NHS results have deteriorated in the following areas:-

- Staff recommending there Trust as a place to work
- Staff experiencing an increase in in work pressures
- More staff saying they have suffered work related stress
- Staff experiencing bullying, harassment and abuse from work colleagues

With regard to other areas little has changed with the exception of an increase in the number of staff feeling safe about raising concerns about clinical practice and knowing how to raise those concerns within their organisation.

3. In addition, the 2014 results are reflective of a number of other external factors namely, 3 years of pay freeze (this has been addressed in 2015 and likely to have a positive impact for the 2015 survey), the first Francis report and the Saville report. The latter have spurned later reports and recommendations which are intended to improve patient care by developing a more open culture within the NHS however, they have also caused a short term negative impact on staff moral with all Trusts being required to examine their practices.
4. The areas for immediate consideration for QVH are:
 - Appraisals and their effectiveness
 - Improvements in team working
 - Health and Safety training *
 - Managing work related stress **

NB: * this is due to the impact of the changes to mandatory training refresh rates.

** since the survey in October 2014 sickness related stress has dropped significantly.

5. HR/OD will be developing an improvement action plan however, in order to move ahead a more detailed review of the survey results over the last 5 years is necessary. This will include more analysis of staff responses by service and staff group over that period and will provide a more accurate assessment of the changes in approach we need to take. As an example, the wide ranging staff engagement sessions associated with the recent management restructure were well received by all staff and were used to demonstrate their opinion is genuinely taken into account.

2014 National NHS staff survey

Brief summary of results from Queen Victoria Hospital NHS Foundation Trust

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4: Full description of 2014 Key Findings for Queen Victoria Hospital NHS Foundation Trust (including comparisons with the trust's 2013 survey and with other acute specialist trusts)	13

1. Introduction to this report

This report presents the findings of the 2014 national NHS staff survey conducted in Queen Victoria Hospital NHS Foundation Trust.

In section 2 of this report, we present an overall indicator of staff engagement. Full details of how this indicator was created can be found in the document ***Making sense of your staff survey data***, which can be downloaded from www.nhsstaffsurveys.com.

In sections 3 and 4 of this report, the findings of the questionnaire have been summarised and presented in the form of 29 Key Findings.

These sections of the report have been structured around 4 of the seven pledges to staff in the NHS Constitution which was published in March 2013 (<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution>) plus three additional themes:

- Staff Pledge 1: To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- Additional theme: Staff satisfaction
- Additional theme: Equality and diversity
- Additional theme: Patient experience measures

Please note that the NHS pledges were amended in 2014, however the report has been structured around 4 of the pledges which have been maintained since 2009. For more information regarding this please see the “Making Sense of Your Staff Survey Data” document.

As in previous years, there are two types of Key Finding:

- percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions
- scale summary scores, calculated by converting staff responses to particular questions into scores. For each of these scale summary scores, the minimum score is always 1 and the maximum score is 5

A longer and more detailed report of the 2014 survey results for Queen Victoria Hospital NHS Foundation Trust can be downloaded from: www.nhsstaffsurveys.com. This report provides detailed breakdowns of the Key Finding scores by directorate, occupational groups and demographic groups, and details of each question included in the core questionnaire.

Your Organisation

The scores presented below are un-weighted question level scores for questions Q12a - 12d and the un-weighted score for Key Finding 24. The percentages for Q12a – Q12d are created by combining the responses for those who “Agree” and “Strongly Agree” compared to the total number of staff that responded to the question.

Q12a, Q12c and Q12d feed into Key Finding 24 “Staff recommendation of the trust as a place to work or receive treatment”.

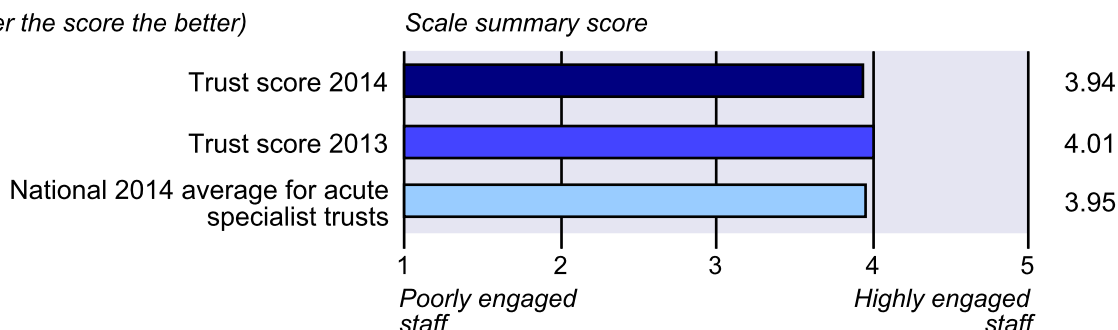
		Your Trust in 2014	Average (median) for acute specialist trusts	Your Trust in 2013
Q12a	"Care of patients / service users is my organisation's top priority"	84	84	88
Q12b	"My organisation acts on concerns raised by patients / service users"	85	83	87
Q12c	"I would recommend my organisation as a place to work"	74	73	81
Q12d	"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	91	89	94
KF24.	Staff recommendation of the trust as a place to work or receive treatment (Q12a, 12c-d)	4.16	4.12	4.26

2. Overall indicator of staff engagement for Queen Victoria Hospital NHS Foundation Trust

The figure below shows how Queen Victoria Hospital NHS Foundation Trust compares with other acute specialist trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. The trust's score of 3.94 was average when compared with trusts of a similar type.

OVERALL STAFF ENGAGEMENT

(the higher the score the better)



This overall indicator of staff engagement has been calculated using the questions that make up Key Findings 22, 24 and 25. These Key Findings relate to the following aspects of staff engagement: staff members' perceived ability to contribute to improvements at work (Key Finding 22); their willingness to recommend the trust as a place to work or receive treatment (Key Finding 24); and the extent to which they feel motivated and engaged with their work (Key Finding 25).

The table below shows how Queen Victoria Hospital NHS Foundation Trust compares with other acute specialist trusts on each of the sub-dimensions of staff engagement, and whether there has been a change since the 2013 survey.

	Change since 2013 survey	Ranking, compared with all acute specialist trusts
OVERALL STAFF ENGAGEMENT	• No change	• Average
KF22. Staff ability to contribute towards improvements at work <i>(the extent to which staff are able to make suggestions to improve the work of their team, have frequent opportunities to show initiative in their role, and are able to make improvements at work.)</i>	• No change	• Average
KF24. Staff recommendation of the trust as a place to work or receive treatment <i>(the extent to which staff think care of patients/service users is the Trust's top priority, would recommend their Trust to others as a place to work, and would be happy with the standard of care provided by the Trust if a friend or relative needed treatment.)</i>	• No change	✓ Above (better than) average
KF25. Staff motivation at work <i>(the extent to which they look forward to going to work, and are enthusiastic about and absorbed in their jobs.)</i>	• No change	• Average

Full details of how the overall indicator of staff engagement was created can be found in the document ***Making sense of your staff survey data.***

3. Summary of 2014 Key Findings for Queen Victoria Hospital NHS Foundation Trust

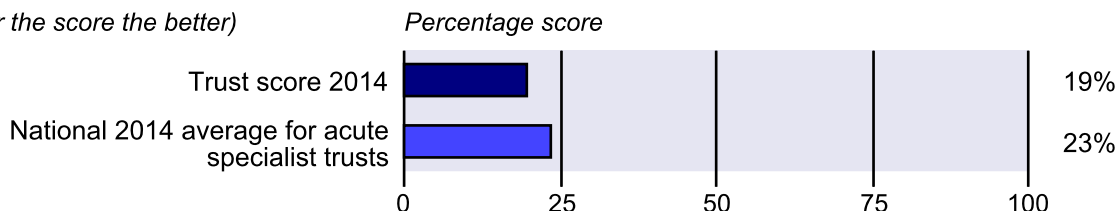
3.1 Top and Bottom Ranking Scores

This page highlights the five Key Findings for which Queen Victoria Hospital NHS Foundation Trust compares most favourably with other acute specialist trusts in England.

TOP FIVE RANKING SCORES

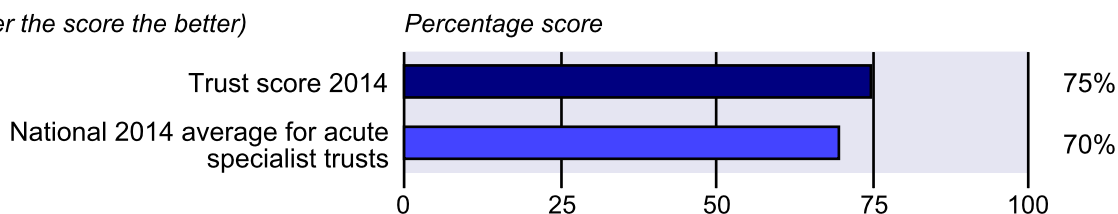
✓ KF19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

(the lower the score the better)



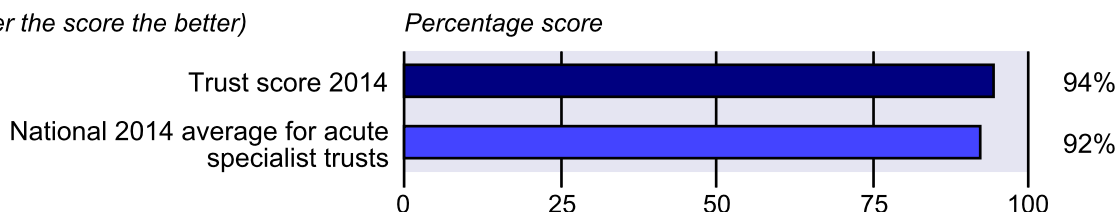
✓ KF15. Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice

(the higher the score the better)



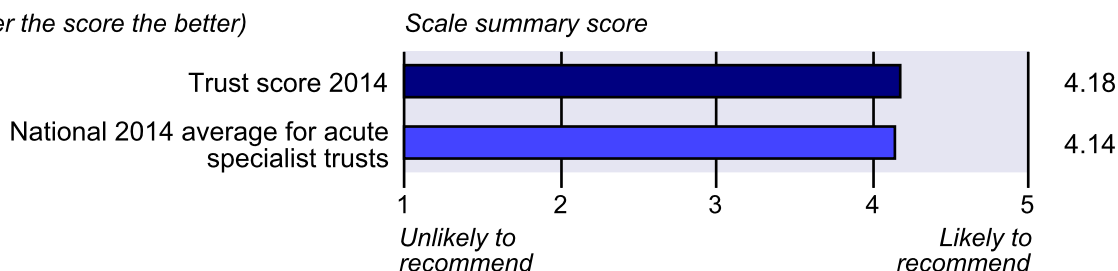
✓ KF13. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



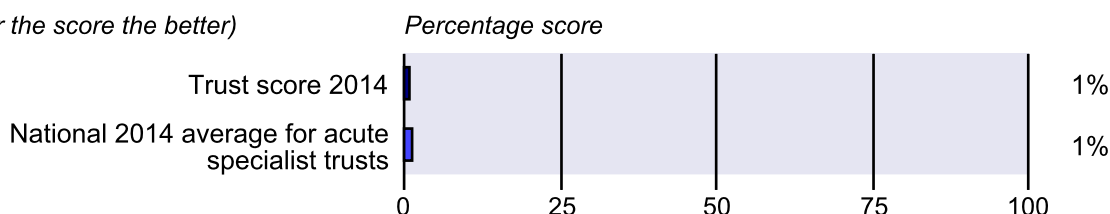
✓ KF24. Staff recommendation of the trust as a place to work or receive treatment

(the higher the score the better)



✓ KF17. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)

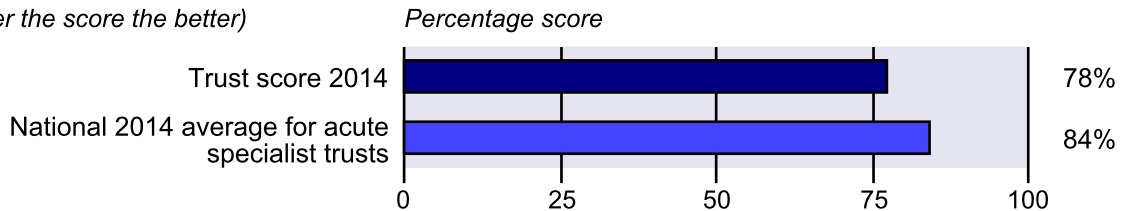


This page highlights the five Key Findings for which Queen Victoria Hospital NHS Foundation Trust compares least favourably with other acute specialist trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

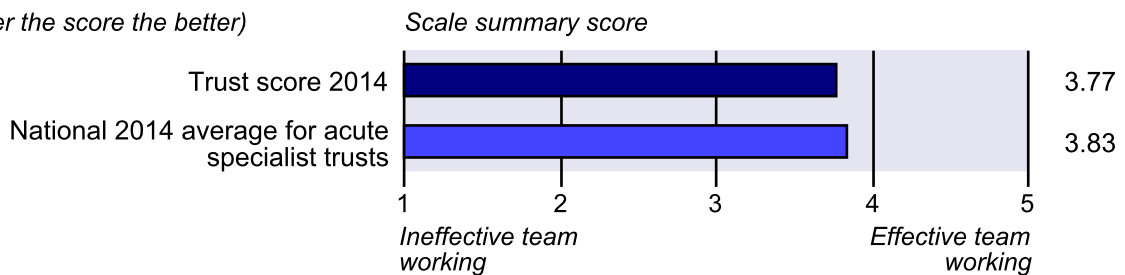
! KF7. Percentage of staff appraised in last 12 months

(the higher the score the better)



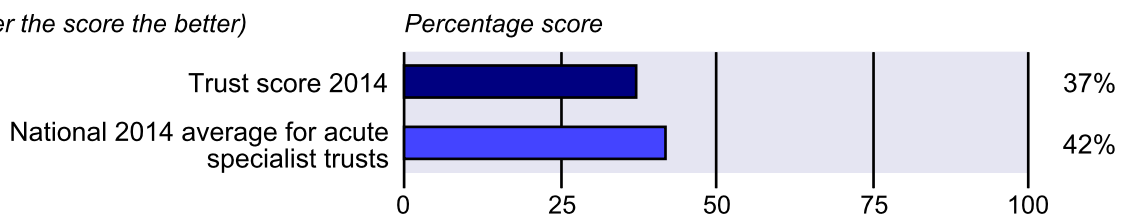
! KF4. Effective team working

(the higher the score the better)



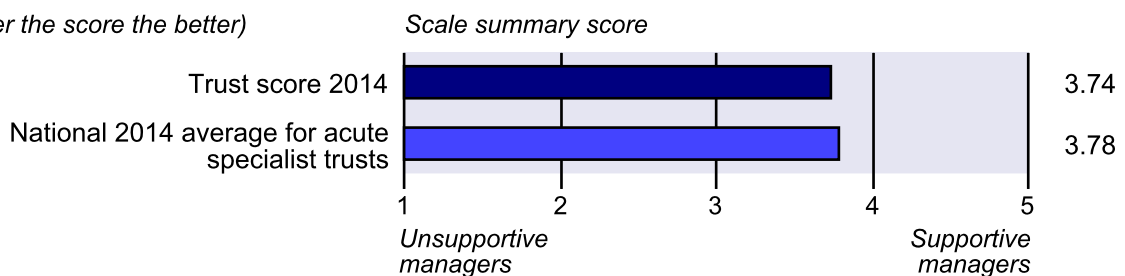
! KF8. Percentage of staff having well structured appraisals in last 12 months

(the higher the score the better)



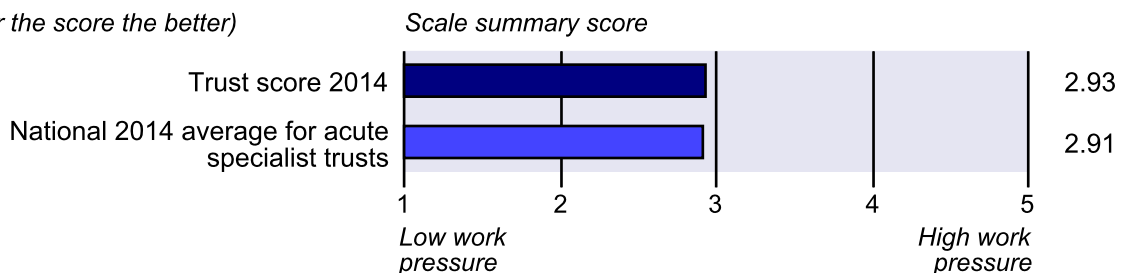
! KF9. Support from immediate managers

(the higher the score the better)



! KF3. Work pressure felt by staff

(the lower the score the better)



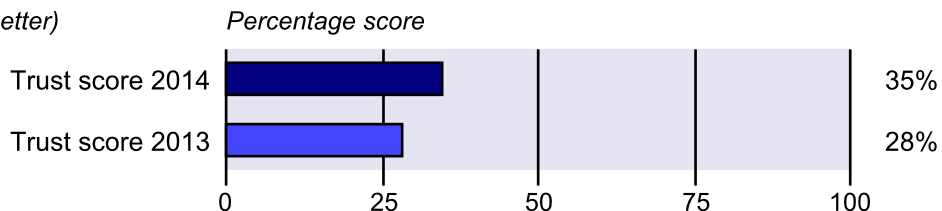
3.2 Largest Local Changes since the 2013 Survey

This page highlights the two Key Findings where staff experiences have deteriorated since the 2013 survey. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

WHERE STAFF EXPERIENCE HAS DETERIORATED

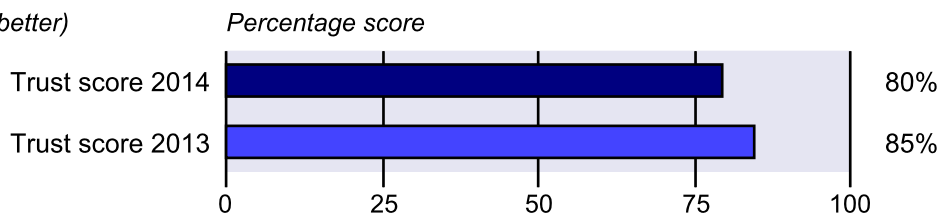
! KF11. Percentage of staff suffering work-related stress in last 12 months

(the lower the score the better)



! KF10. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)



3.3. Summary of all Key Findings for Queen Victoria Hospital NHS Foundation Trust

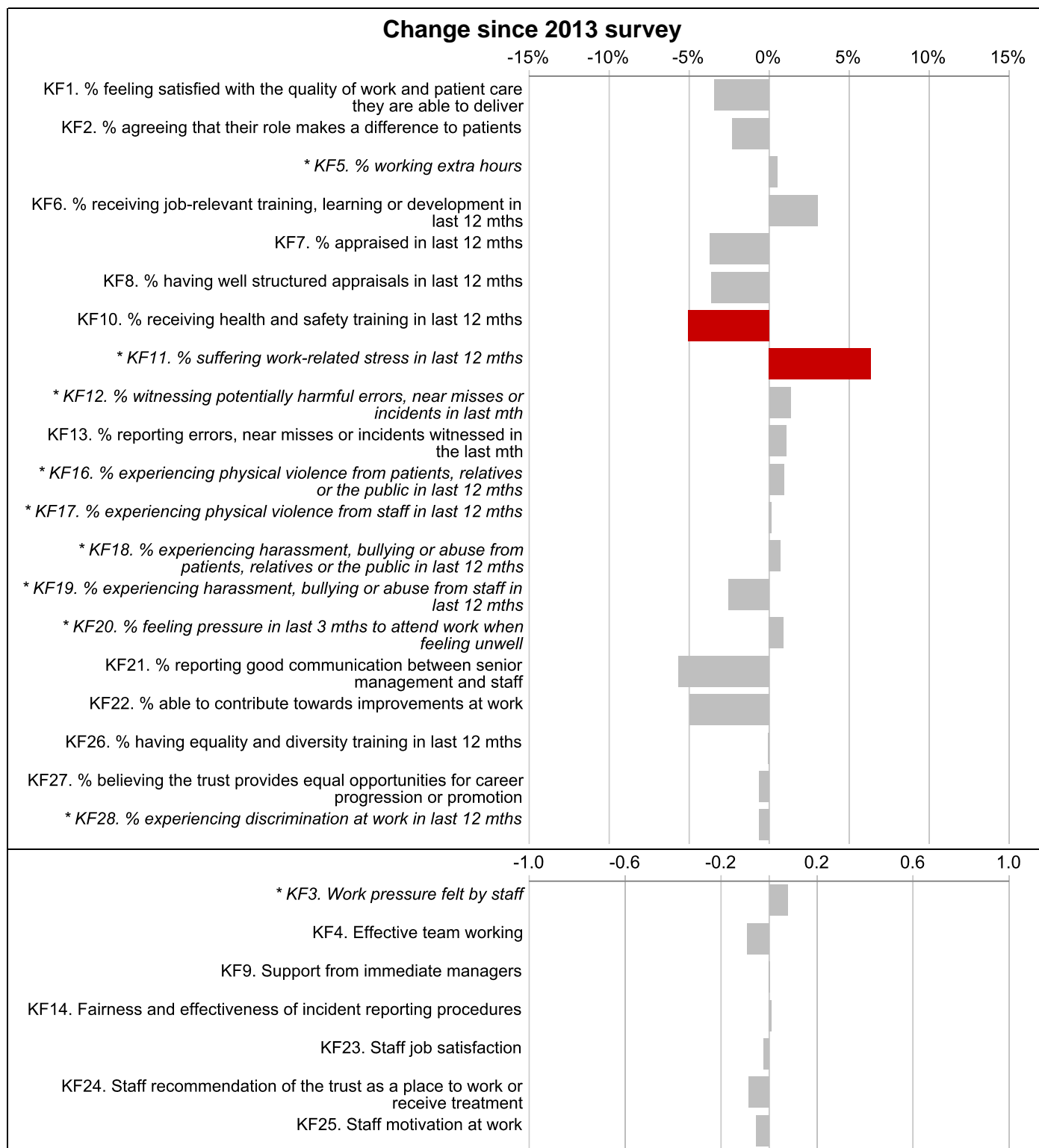
KEY

Green = Positive finding, e.g. there has been a statistically significant positive change in the Key Finding since the 2013 survey.

Red = Negative finding, e.g. there has been a statistically significant negative change in the Key Finding since the 2013 survey.

Grey = No change, e.g. there has been no statistically significant change in this Key Finding since the 2013 survey.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.



3.3. Summary of all Key Findings for Queen Victoria Hospital NHS Foundation Trust

KEY

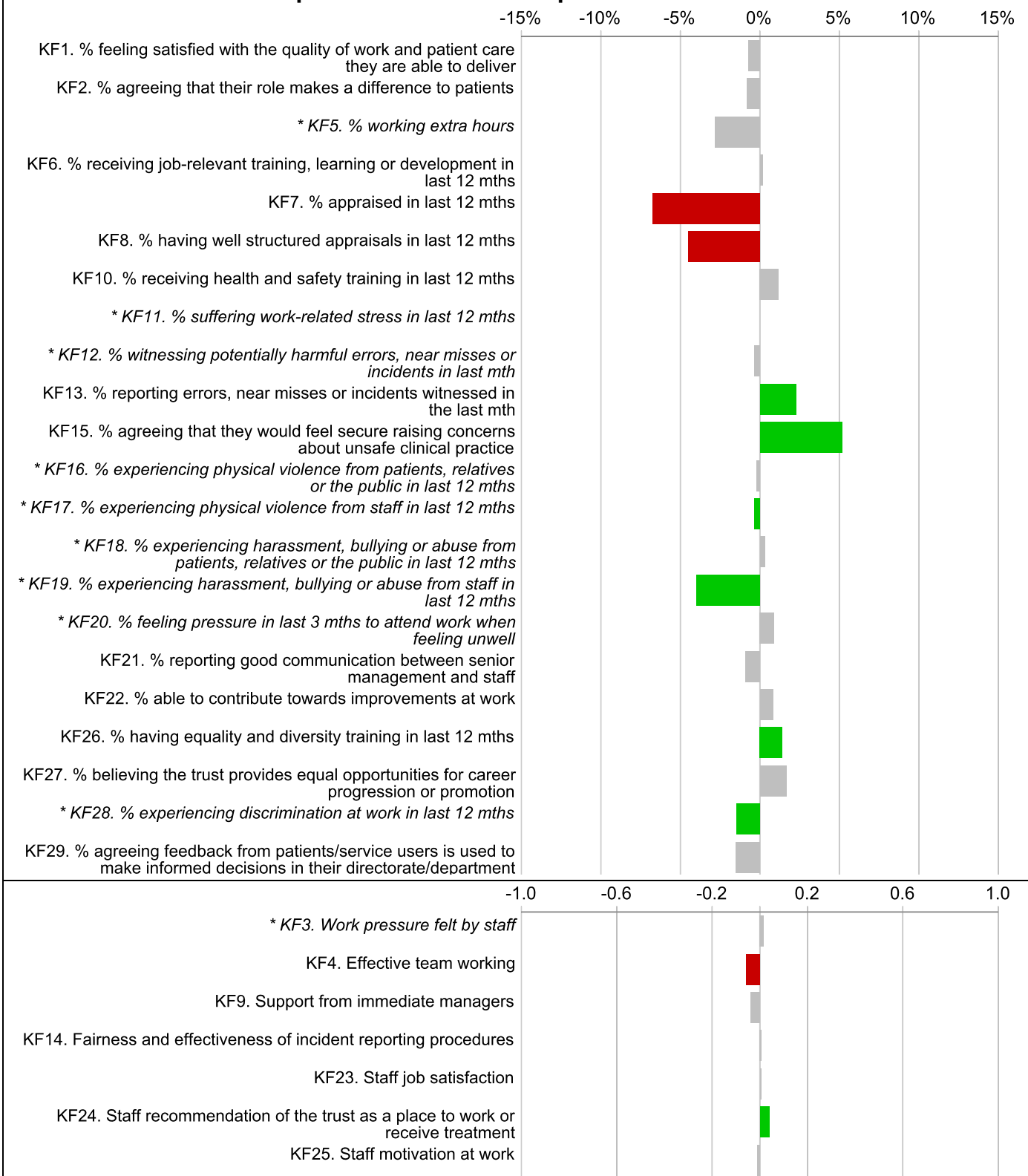
Green = Positive finding, e.g. better than average.

Red = Negative finding, e.g. worse than average.

Grey = Average.

For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Comparison with all acute specialist trusts in 2014



3.4. Summary of all Key Findings for Queen Victoria Hospital NHS Foundation Trust

KEY

✓ Green = Positive finding, e.g. better than average, better than 2013.

! Red = Negative finding, e.g. worse than average, worse than 2013.

'Change since 2013 survey' indicates whether there has been a statistically significant change in the Key Finding since the 2013 survey.

-- Because of changes to the format of the survey questions this year, comparisons with the 2013 score are not possible.

* For most of the Key Finding scores in this table, the higher the score the better. However, there are some scores for which a high score would represent a negative finding. For these scores, which are marked with an asterisk and in *italics*, the lower the score the better.

Change since 2013 survey Ranking, compared with
all acute specialist trusts
in 2014

STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

KF1. % feeling satisfied with the quality of work and patient care they are able to deliver	• No change	• Average
KF2. % agreeing that their role makes a difference to patients	• No change	• Average
* <i>KF3. Work pressure felt by staff</i>	• No change	• Average
KF4. Effective team working	• No change	! Below (worse than) average
* <i>KF5. % working extra hours</i>	• No change	• Average

STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

KF6. % receiving job-relevant training, learning or development in last 12 mths	• No change	• Average
KF7. % appraised in last 12 mths	• No change	! Below (worse than) average
KF8. % having well structured appraisals in last 12 mths	• No change	! Below (worse than) average
KF9. Support from immediate managers	• No change	• Average

STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Occupational health and safety

KF10. % receiving health and safety training in last 12 mths	! Decrease (worse than 13)	• Average
* <i>KF11. % suffering work-related stress in last 12 mths</i>	! Increase (worse than 13)	• Average

Errors and incidents

* <i>KF12. % witnessing potentially harmful errors, near misses or incidents in last mth</i>	• No change	• Average
KF13. % reporting errors, near misses or incidents witnessed in the last mth	• No change	✓ Above (better than) average
KF14. Fairness and effectiveness of incident reporting procedures	• No change	• Average
KF15. % agreeing that they would feel secure raising concerns about unsafe clinical practice	--	✓ Above (better than) average

3.4. Summary of all Key Findings for Queen Victoria Hospital NHS Foundation Trust (cont)

	Change since 2013 survey	Ranking, compared with all acute specialist trusts in 2014
Violence and harassment		
* KF16. % experiencing physical violence from patients, relatives or the public in last 12 mths	• No change	• Average
* KF17. % experiencing physical violence from staff in last 12 mths	• No change	✓ Below (better than) average
* KF18. % experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 mths	• No change	• Average
* KF19. % experiencing harassment, bullying or abuse from staff in last 12 mths	• No change	✓ Below (better than) average
Health and well-being		
* KF20. % feeling pressure in last 3 mths to attend work when feeling unwell	• No change	• Average
STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.		
KF21. % reporting good communication between senior management and staff	• No change	• Average
KF22. % able to contribute towards improvements at work	• No change	• Average
ADDITIONAL THEME: Staff satisfaction		
KF23. Staff job satisfaction	• No change	• Average
KF24. Staff recommendation of the trust as a place to work or receive treatment	• No change	✓ Above (better than) average
KF25. Staff motivation at work	• No change	• Average
ADDITIONAL THEME: Equality and diversity		
KF26. % having equality and diversity training in last 12 mths	• No change	✓ Above (better than) average
KF27. % believing the trust provides equal opportunities for career progression or promotion	• No change	• Average
* KF28. % experiencing discrimination at work in last 12 mths	• No change	✓ Below (better than) average
ADDITIONAL THEME: Patient experience measures		
Patient/Service user experience Feedback		
KF29. % agreeing feedback from patients/service users is used to make informed decisions in their directorate/department	--	• Average

4. Key Findings for Queen Victoria Hospital NHS Foundation Trust

503 staff at Queen Victoria Hospital NHS Foundation Trust took part in this survey. This is a response rate of 56%¹ which is above average for acute specialist trusts in England, and compares with a response rate of 61% in this trust in the 2013 survey.

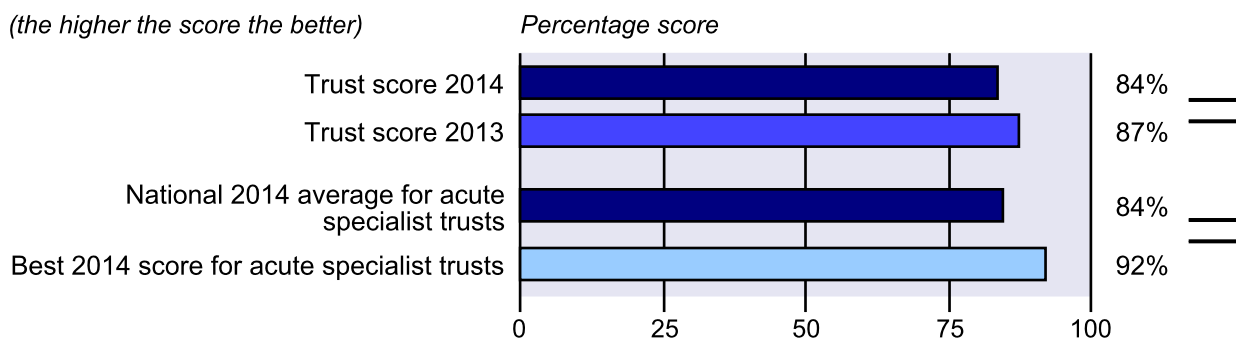
This section presents each of the 29 Key Findings, using data from the trust's 2014 survey, and compares these to other acute specialist trusts in England and to the trust's performance in the 2013 survey. The findings are arranged under six headings – the four staff pledges from the NHS Constitution, and the three additional themes of staff satisfaction, equality and diversity and patient experience measures.

Positive findings are indicated with a **green arrow** (e.g. where the trust is better than average, or where the score has improved since 2013). **Negative findings** are highlighted with a **red arrow** (e.g. where the trust's score is worse than average, or where the score is not as good as 2013). An equals sign indicates that there has been no change.

STAFF PLEDGE 1: To provide all staff with clear roles, responsibilities and rewarding jobs.

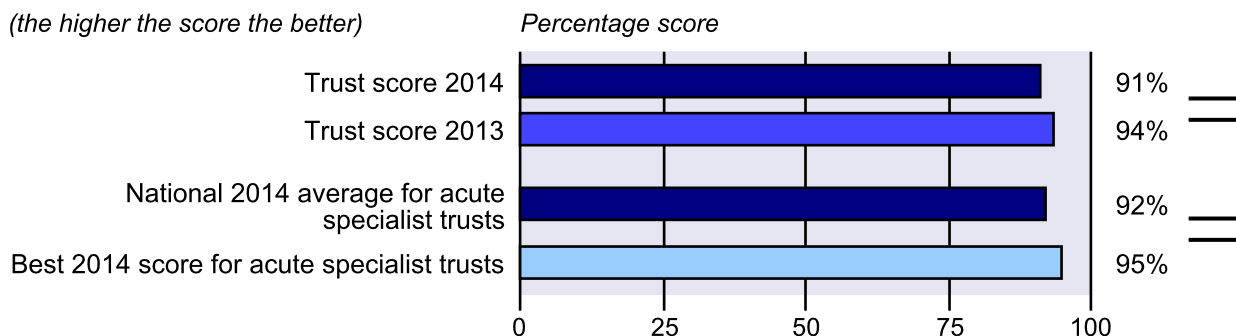
KEY FINDING 1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver

(the higher the score the better)



KEY FINDING 2. Percentage of staff agreeing that their role makes a difference to patients

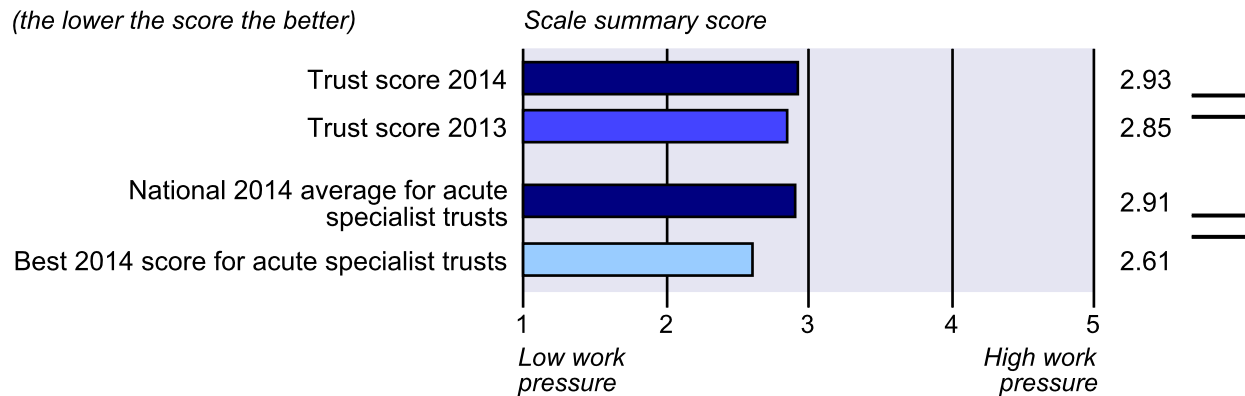
(the higher the score the better)



¹Questionnaires were sent to all 904 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response rate, questionnaires could only be counted if they were received with their ID number intact, by the closing date.

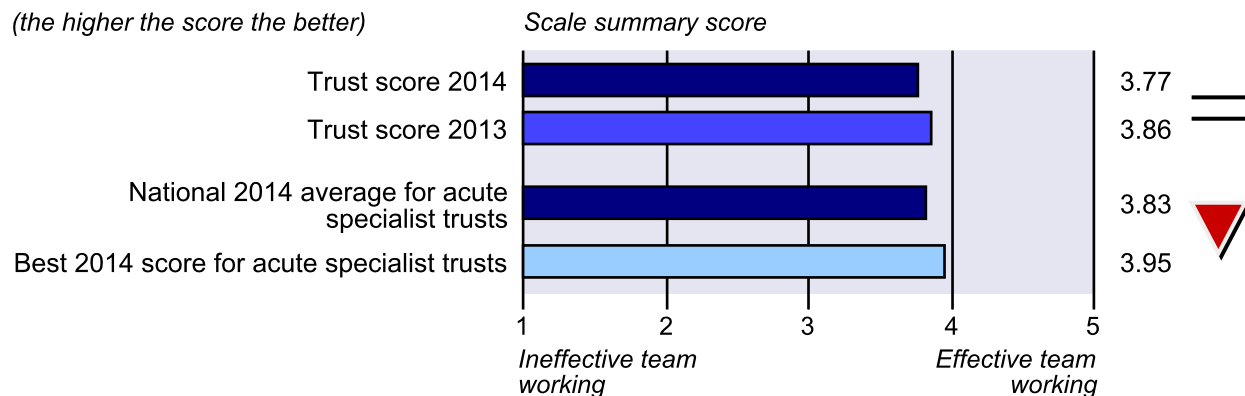
KEY FINDING 3. Work pressure felt by staff

(the lower the score the better)



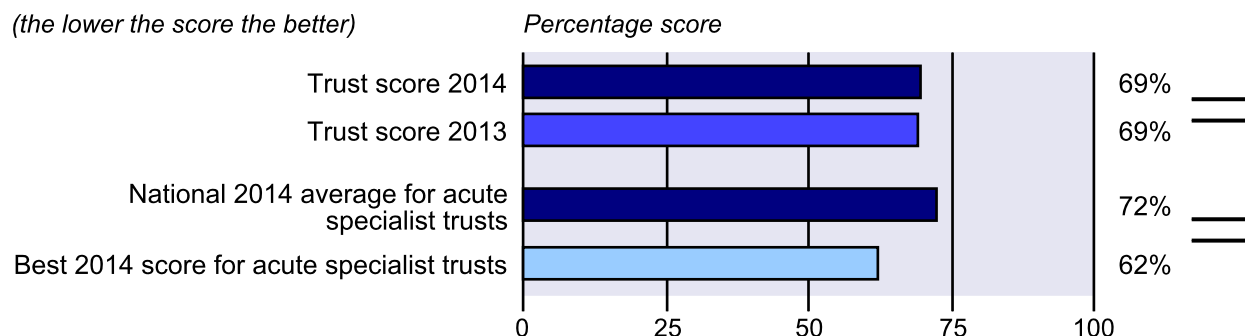
KEY FINDING 4. Effective team working

(the higher the score the better)



KEY FINDING 5. Percentage of staff working extra hours

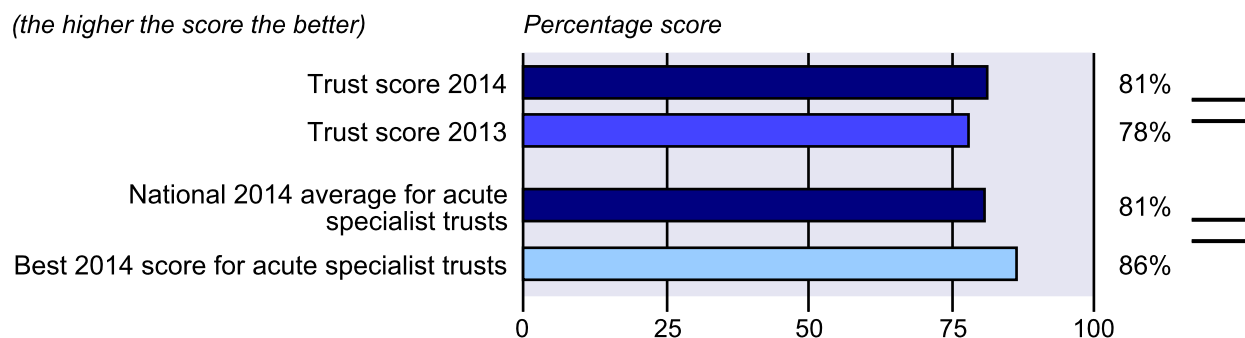
(the lower the score the better)



STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

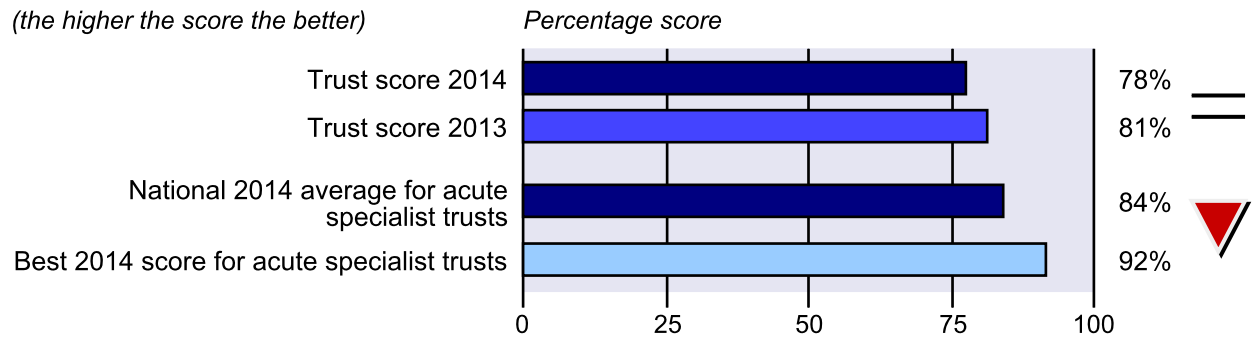
KEY FINDING 6. Percentage of staff receiving job-relevant training, learning or development in last 12 months

(the higher the score the better)



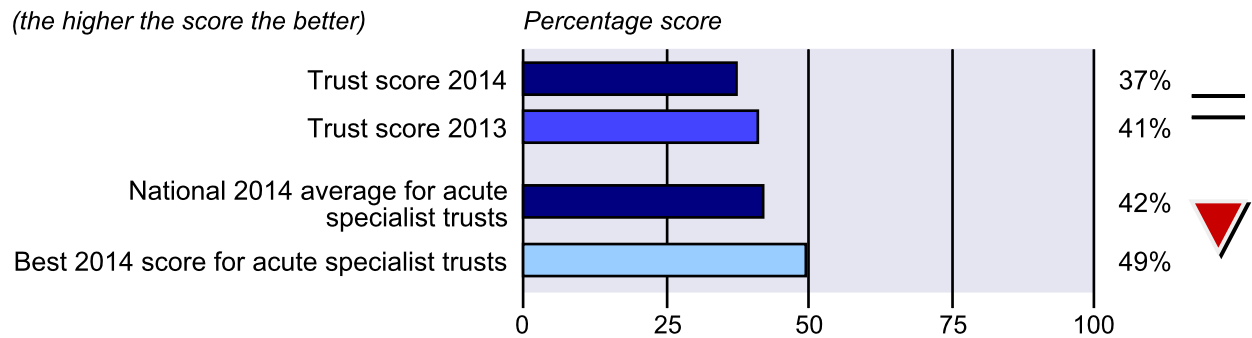
KEY FINDING 7. Percentage of staff appraised in last 12 months

(the higher the score the better)



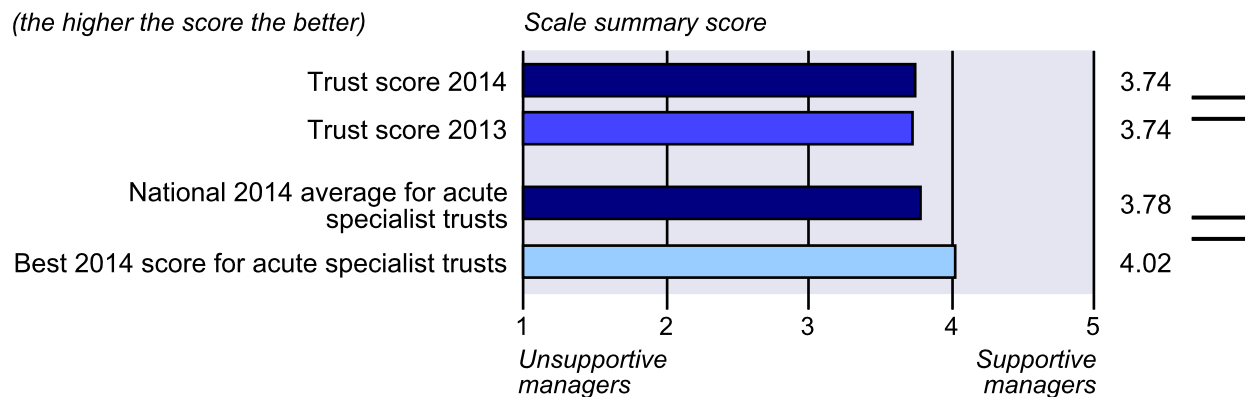
KEY FINDING 8. Percentage of staff having well structured appraisals in last 12 months

(the higher the score the better)



KEY FINDING 9. Support from immediate managers

(the higher the score the better)

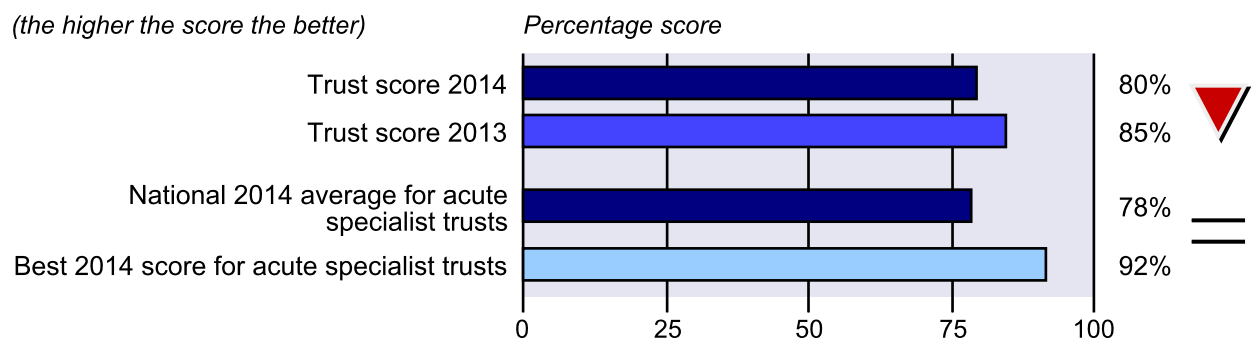


STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

Occupational health and safety

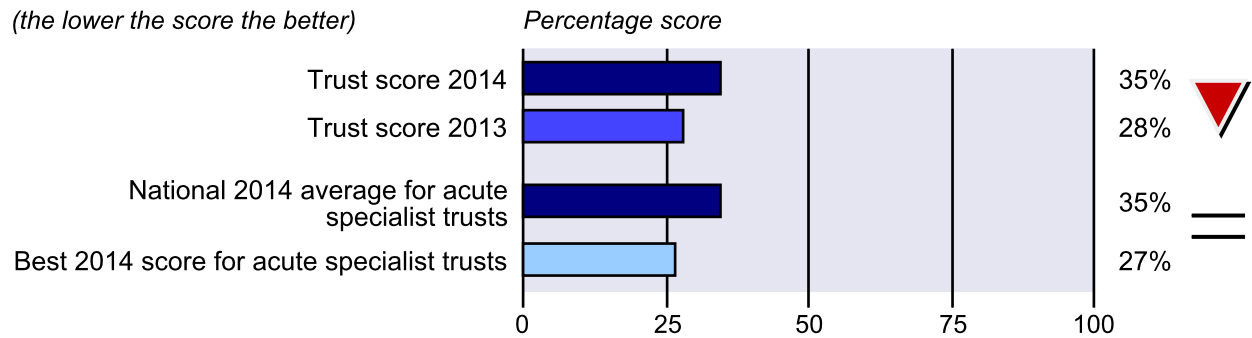
KEY FINDING 10. Percentage of staff receiving health and safety training in last 12 months

(the higher the score the better)



KEY FINDING 11. Percentage of staff suffering work-related stress in last 12 months

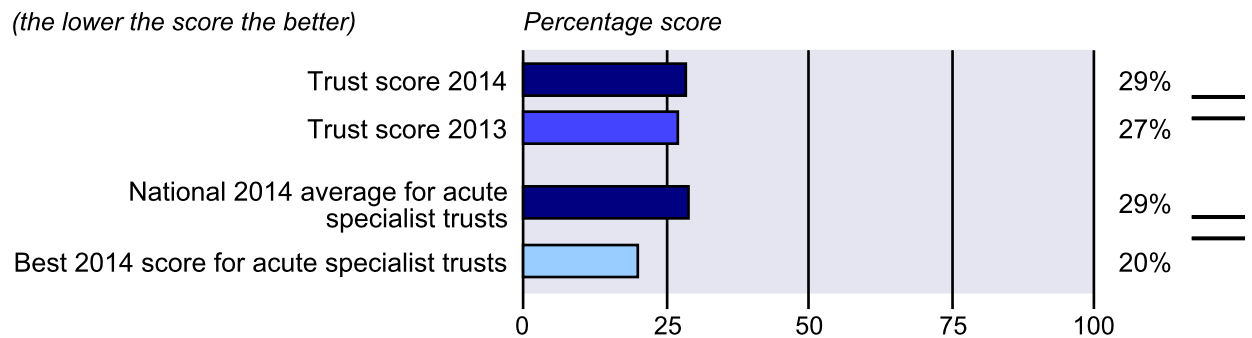
(the lower the score the better)



Errors and incidents

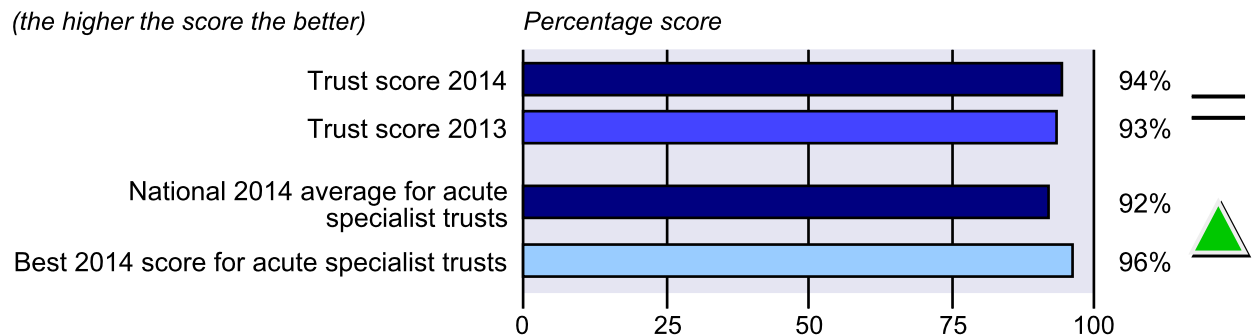
KEY FINDING 12. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month

(the lower the score the better)



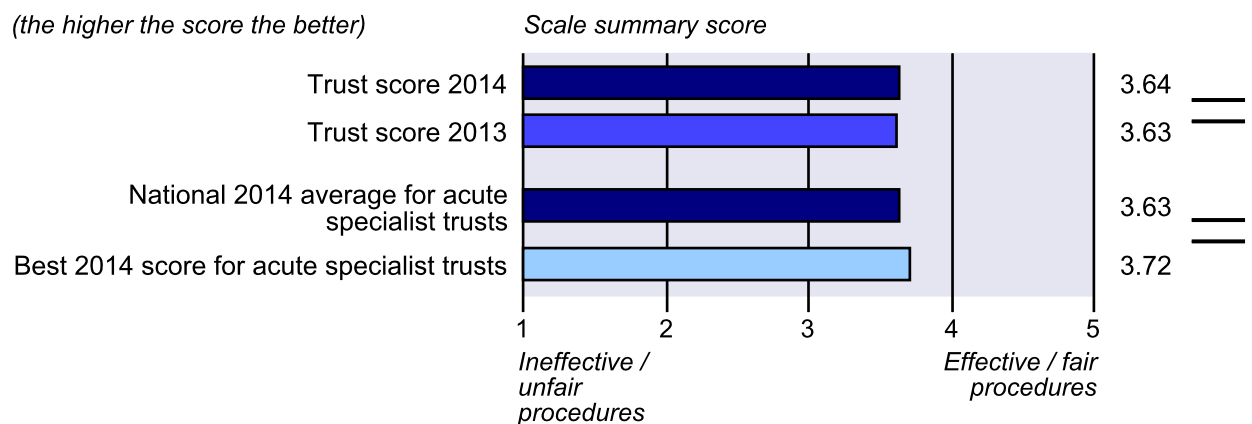
KEY FINDING 13. Percentage of staff reporting errors, near misses or incidents witnessed in the last month

(the higher the score the better)



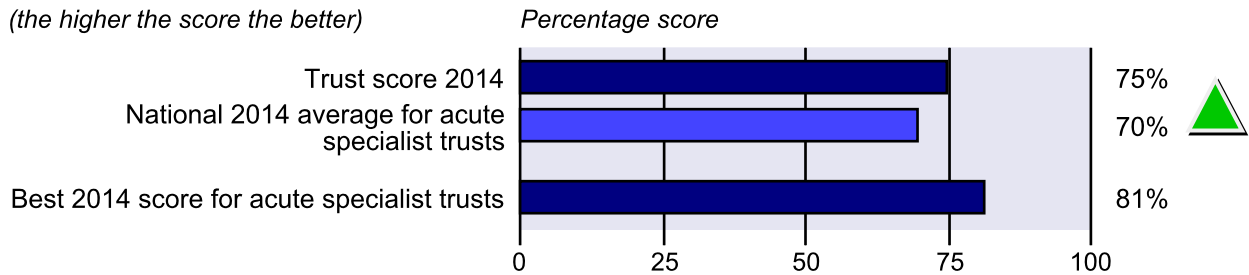
KEY FINDING 14. Fairness and effectiveness of incident reporting procedures

(the higher the score the better)



KEY FINDING 15. Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice

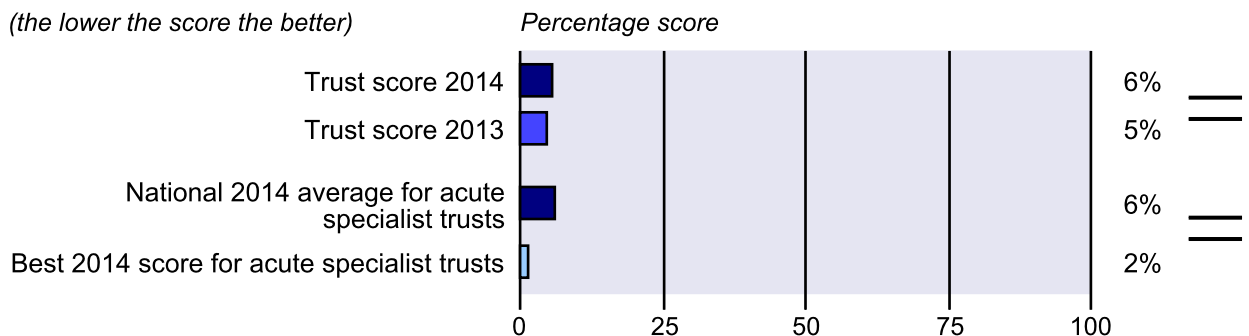
(the higher the score the better)



Violence and harassment

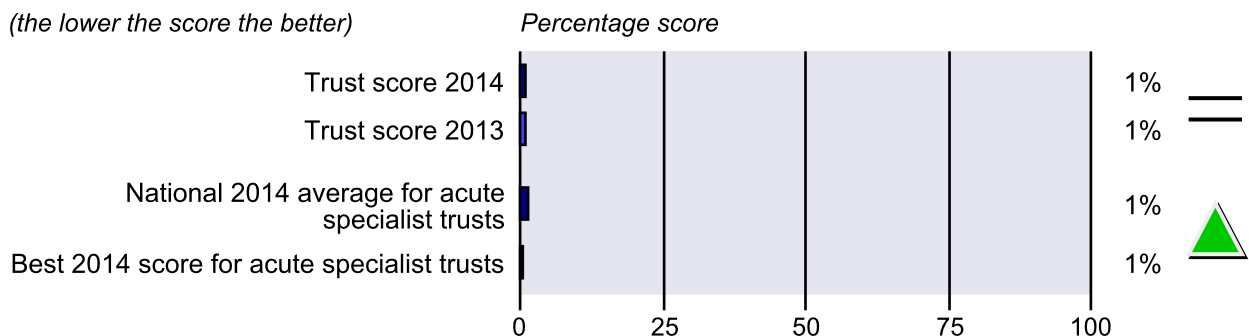
KEY FINDING 16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



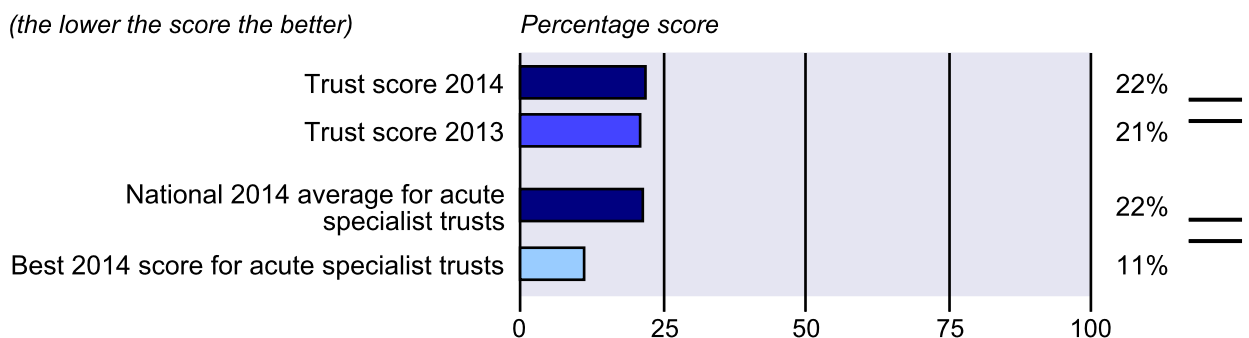
KEY FINDING 17. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



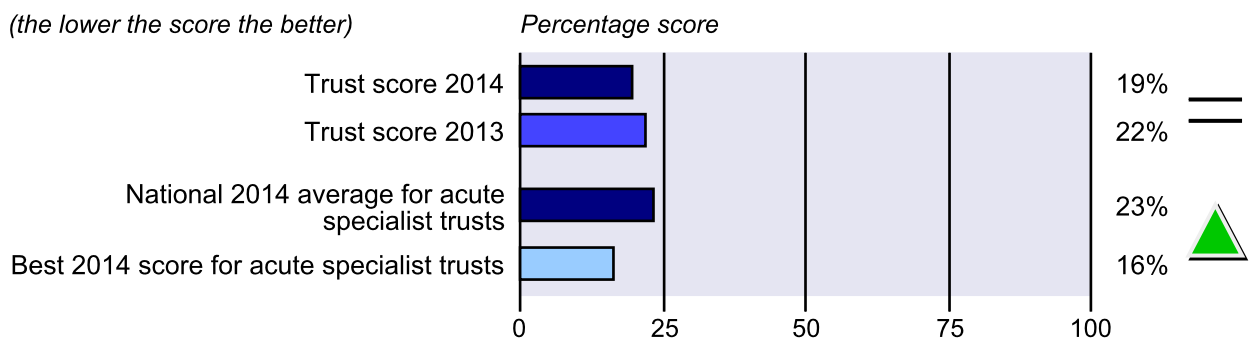
KEY FINDING 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



KEY FINDING 19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

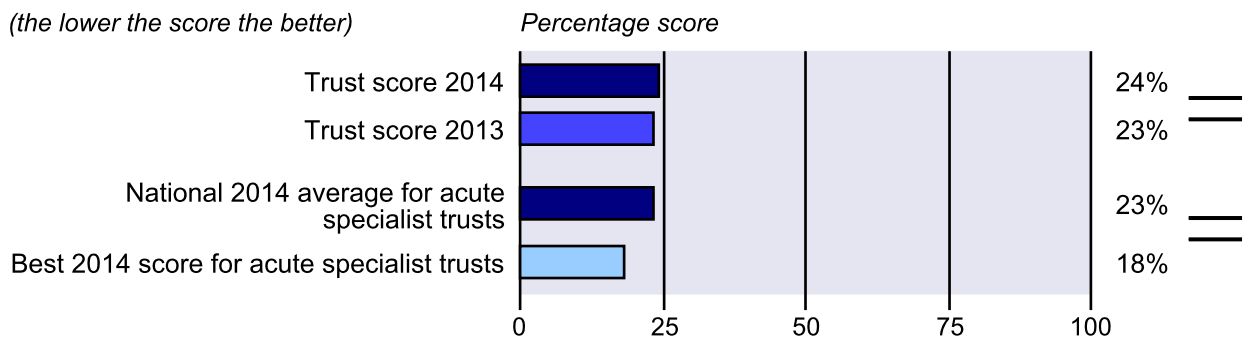
(the lower the score the better)



Health and well-being

KEY FINDING 20. Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell

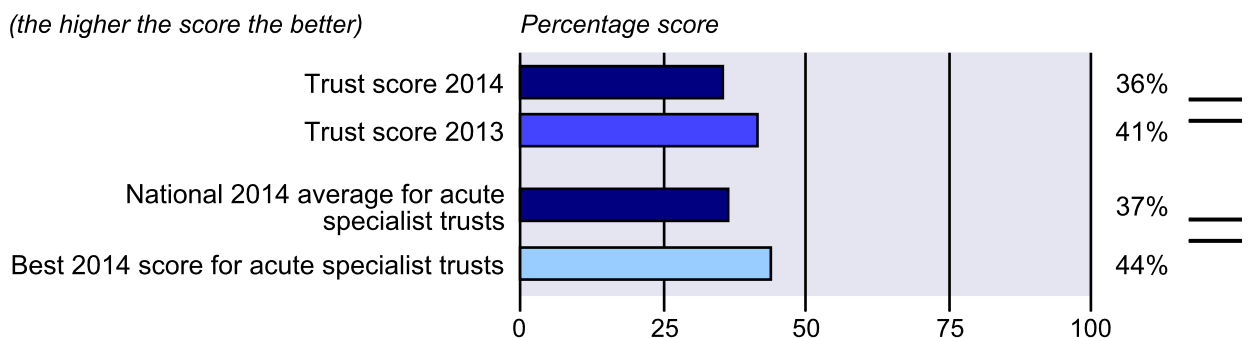
(the lower the score the better)



STAFF PLEDGE 4: To engage staff in decisions that affect them, the services they provide and empower them to put forward ways to deliver better and safer services.

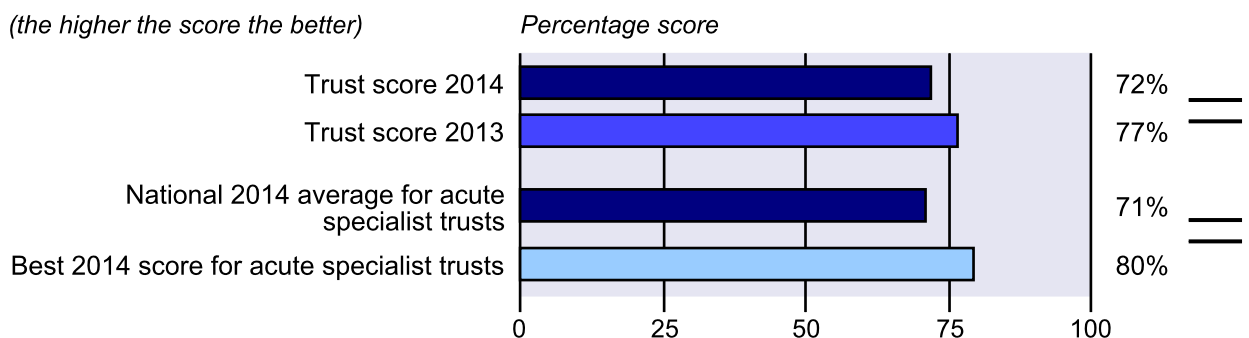
KEY FINDING 21. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



KEY FINDING 22. Percentage of staff able to contribute towards improvements at work

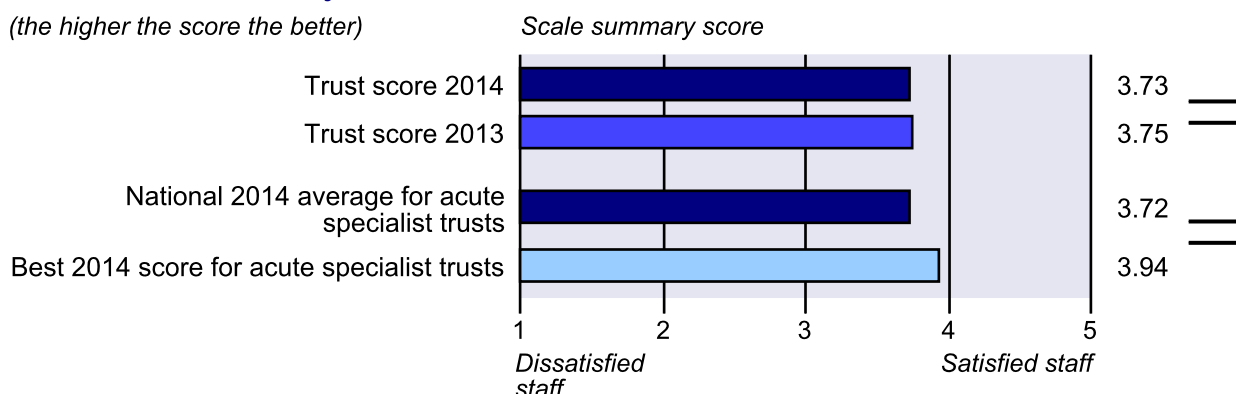
(the higher the score the better)



ADDITIONAL THEME: Staff satisfaction

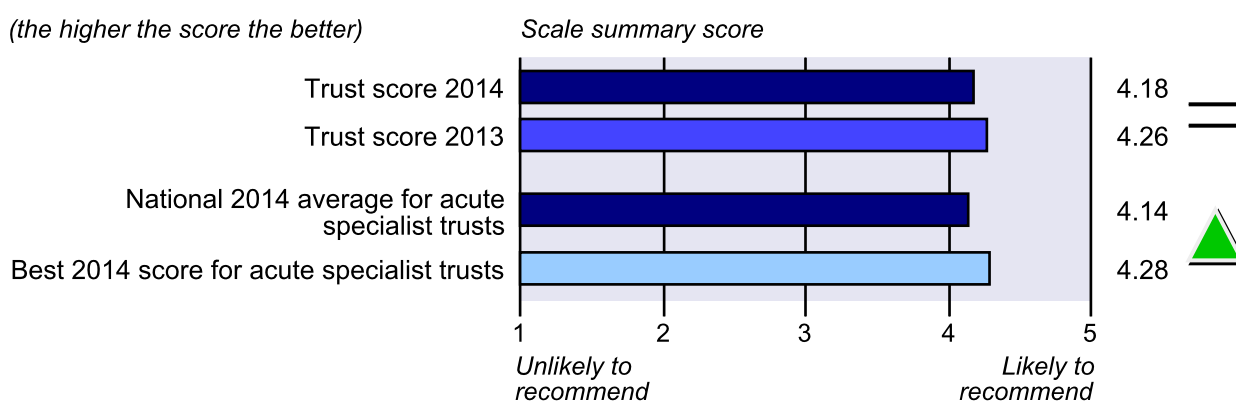
KEY FINDING 23. Staff job satisfaction

(the higher the score the better)



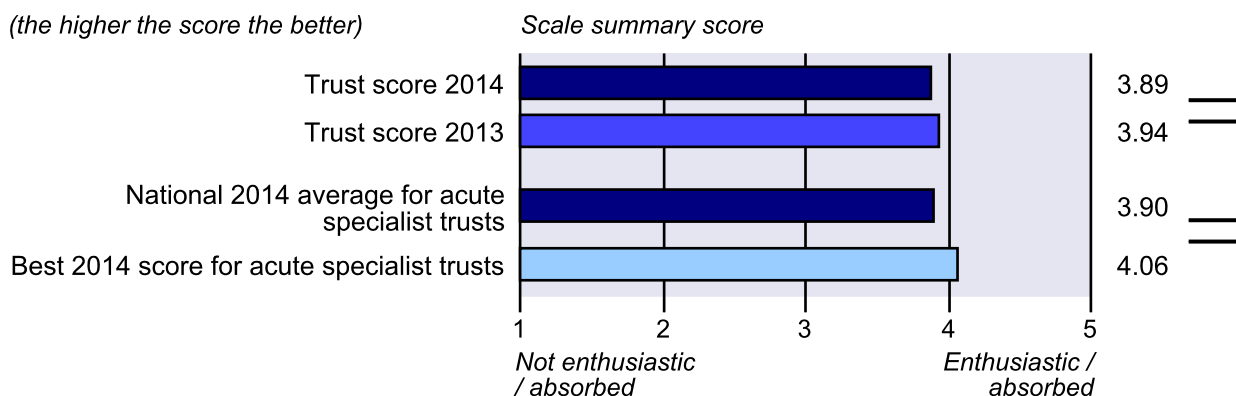
KEY FINDING 24. Staff recommendation of the trust as a place to work or receive treatment

(the higher the score the better)



KEY FINDING 25. Staff motivation at work

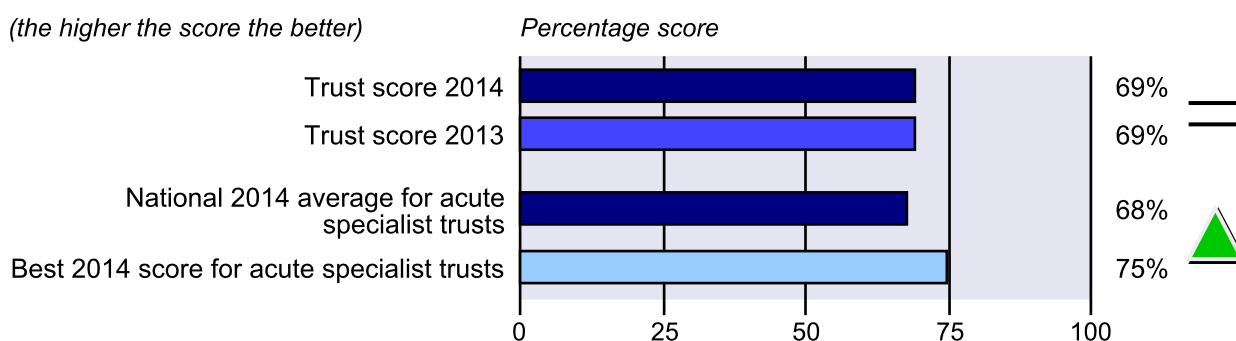
(the higher the score the better)



ADDITIONAL THEME: Equality and diversity

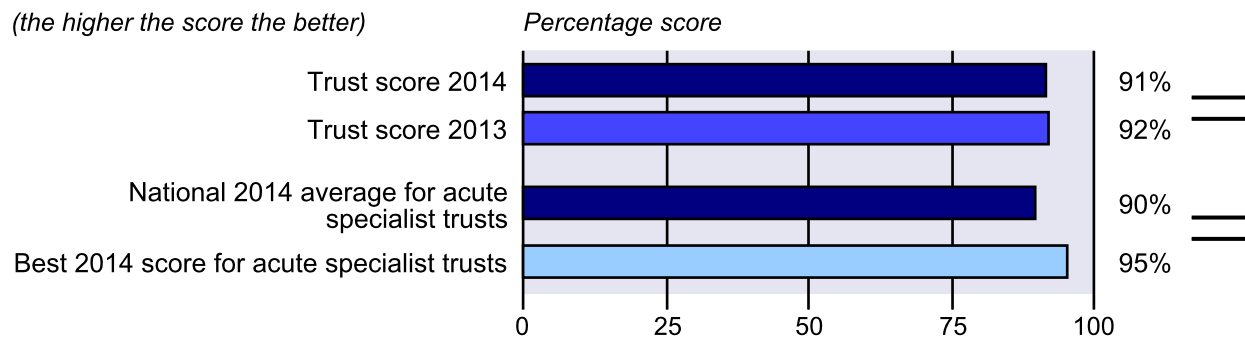
KEY FINDING 26. Percentage of staff having equality and diversity training in last 12 months

(the higher the score the better)



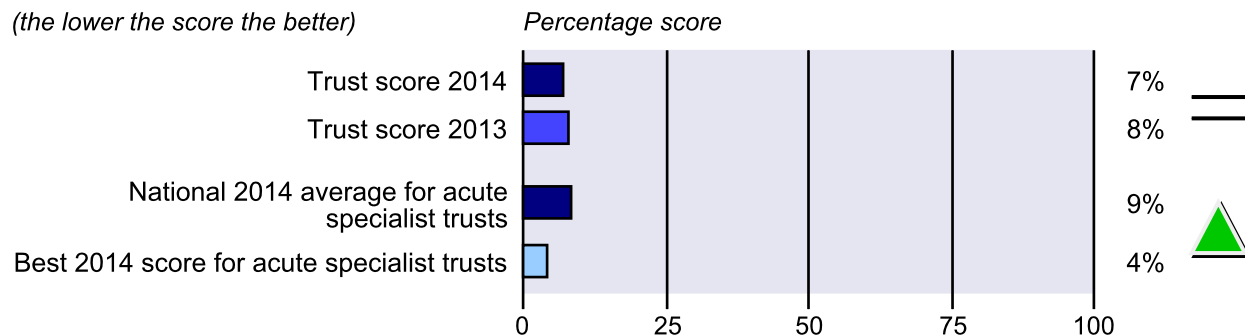
KEY FINDING 27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion

(the higher the score the better)



KEY FINDING 28. Percentage of staff experiencing discrimination at work in last 12 months

(the lower the score the better)

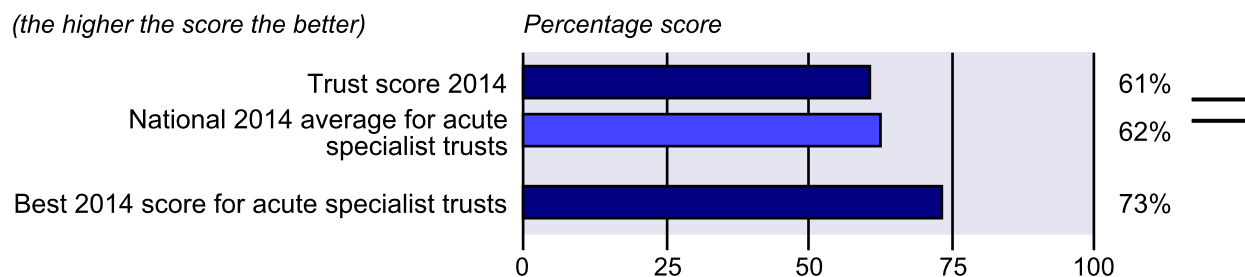


ADDITIONAL THEME: Patient experience measures

Patient/Service user experience Feedback

KEY FINDING 29. Percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department

(the higher the score the better)



Quality Priorities, National and Local Quality Indicators for Quality Account

Quality Priorities for 2015/16

Proposals for the 2015/16 quality account priorities have been sought from staff, commissioners and the Council of Governors. These were further informed by feedback from the strategic review *QVH 2020 Delivering Excellence* and have been discussed at Clinical Cabinet in January and February 2015 and at Board in January and March 2015.

Following discussion of the quality improvement priorities at the December 2014 Council of Governors. The interim Head of Corporate Affairs circulated a list of the 2014/15 priorities and some information on previous quality priorities to help shape your thoughts on priorities for 2015/16. The full list of suggestions received is attached for information in appendix 1.

Each of the priorities was discussed at Clinical Cabinet and a consensus sought on the key priorities. Three of the suggestions were already work in progress so were not selected as quality account priorities. These included, histopathology waiting times, improving outpatient department experience and elective consent taken before the day of surgery. There is also some initial work in progress to look at levelling the floors and possible heating solutions for the walkways from ward to theatres and the sliding doors on the main street to hotel services.

The agreed priorities are:

1. **Scheduling of elective surgery**

For patients knowing their planned surgery date is a key priority as it allows them to plan their personal arrangements accordingly. The national guidance on managing waiting lists identifies that all elective patients should be given reasonable offer of date for surgery at least 3 weeks in advance. This does not apply to cancer patients as organisations are required to meet shorter timescales for this group and at QVH for some of our more complex patients we have to plan their surgery dates around the availability of donor tissue required for surgery.

For the end of 2014/15 QVH aimed that we would schedule 80% of elective surgical patients with at least three weeks' notice of their planned operation date. A number of actions were taken during 2014/15, however these did not impact on the amount of notice we give, as much as we would have liked. Therefore our objective for 2015/16 will be to continue the work started the year before, with some further targeted work with specific teams to improve providing earlier notice/confirmation to patients of their surgery date, with an aim that the percentage of patients booked with at least 3 weeks' notice increases in a phased manner during Q2 and Q3 in order to reach 80% by the end of 2015/16.

Current baseline: Month 1-10; average 57.8%

Target for patients knowing their surgery date 3 weeks in advance:

Q1 60% Q2 70% Q3 80% Q4 80%

2. Expand trauma capacity to reduce waiting time for patients waiting for trauma surgery

QVH prides itself on providing a good patient experience for all our services. Whilst this is generally true, further improvements can be made. One such area is our current QVH trauma service, which in the last year has reached a maximum level of capacity and is on average turning away up to 4 referrals a week. There have also been occasions where elective patients have been cancelled, or some trauma cases have to wait long lengths of time to be treated and are being operated on out of hours all of which are not seen to be in line with best practice. Therefore the vision for trauma services at QVH includes creating additional capacity to further improve these services. This will enable the organisation to reduce waiting times following injury by offering one stop treatment services as well as provide increased access and support to lower leg trauma within the region.

Therefore a priority for the Trust during 2015/16 is to increase available theatre capacity for trauma patients from Q1. This will ensure that QVH can provide a service that enables 90% of cases to be treated within 24 hours of admission and almost eradicate the need to operate on cases out of hours between 10pm – 1am. In addition to these two measures we will monitor the overall patient's waits for treatment, number of attendances and length of stay.

- a) % of patients treated within 24hours of admission currently 88% by Q3 we will ensure 90% of all patients are treated within 24 hours and aim to achieve 92% by the end of Q4.
- b) % Patients operated on OoH's i.e. after 10pm reduced by 50% for example December there were 6 so 50% reduction would be 3 patients.

3. Improving patient experience of food provided at meal times and snacks throughout the 24 hours period, 7 days a week

The challenge to provide appetising, nutritious food to a wide range of patients at varying levels of recovery in hospital is always going to be a difficult one. However, we must listen and learn from the feedback of our patients and strive to improve the way we produce, choose and serve meals to our patients. Responses to some of the food questions from the 2014 Picker Institute inpatient survey showed QVH scores to be significantly worse than the previous survey. The aggregate score for FFT food scores in Quarter 3 was 34% of patients rated their food as fair or poor compared with 56% of patients rating their food as very good or good for the same period. Following some further patient and public engagement our aim is to see a decrease in the FFT scores of patients rating food as fair or poor decrease to less than 20%.using the FFT food score feedback tool.

Current baseline Q3 2014/15: 'Fair' and 'Poor' rating 23% and of this 11% rated as 'Poor'.

Q1 Engagement exercise and fair and poor ratings <30 %

Q2 fair or poor ratings <25 %

Q3fair or poor rating<20%

Q4 sustain fair or poor ratings at <20% with poor ratings not above 5%

National and Local quality indicators for external audit of 2014/15 quality account

For 2014/15 the Trust is required to provide assurance from external auditors on 2 mandated indicators included in the quality report have been reasonably stated. The 2 national mandated indicators for QVH which have been agreed at the Audit and Assurance Committee and with external auditors KPMG are:

- Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.

In addition the Trust is required to provide assurance from external auditors that a local quality indicator included in the quality report and selected by the governors of the Trust

The Senior Management team have prepared a short list of options for the Governors to select a local indicator, which has also been discussed with KPMG:

1. Indicator: Cancelled operations

Description: All patients who have had operations cancelled on or after the day of admission (including the day of surgery) for non-clinical reasons to be offered another binding date within 28 days of surgery or the patients treatment to be funded at the time and hospital of the patients choice.

2. Indicator: Pressure ulcers identified between grade2-4

Description: Number of Trust –acquired pressure ulcers determined as having severity between grades 2-4

3. Indicator: Percentage first response received by the complainant within agreed time

Description: Number of formal complaints (those complaints received by letter, email or phone) that have received a first response within the agreed time as negotiated between the client and the Patient Experience Team at the start of the complaint (30 days per Complaints policy unless otherwise agreed):

Recommendation

The Governors are asked to note the 2015/16 quality account priorities and the national indicators for external audit of the 2014/15 quality account.

The Governors are asked to select a local indicator for local audit of the 2014/15 quality account.

Appendix 1

Long List Quality Account Priorities 2015/16

There were 7 new recommendations made and one continuation of a current quality account priority: scheduling of elective surgery. These were:

- Histopathology turnaround times. Suggested by QVH clinician
- Improving the Out-Patient Department (OPD) experience: carry out a review of the use of Waiting areas 1, 2 and 3. When clinics are running behind time, there is no flexibility in the 'Check in' system to call patients to another waiting area. Thus creating overcrowding in one particular area with a lack of seating, leaving patients standing for some considerable time. Suggested by Council of Governors
- Increase Parking facilities for Patients / Visitors.
We all know that Parking is an issue at most Hospitals, QVH being included. I would like to see the Board make this item a very high priority. Additional Parking can be provided within the existing footprint of the Estate, by providing a mezzanine level over the existing Car Park and/or providing Car Parking spaces on the land between the old Jubilee ward and the boundary with Holtze Road. Suggested by Council of Governors.
- Improve the safety of the Walkways in the covered way from Hotel Service through to the sliding doors on the Main Street. Suggested by the Council of Governors
- Expand trauma capacity to reduce waiting time for patients waiting for trauma surgery. Suggested by the Clinical Commissioning Group)
- Food improvement from patient's perspective. Multiple recommendations received as well as being identified as a problem in the inpatient survey 2014 published in February 2015.
- Elective consent taken prior to day of surgery. Suggested by Clinical Cabinet
- Scheduling of elective Surgery. Suggested by clinical cabinet as the progress made in 2014/15 has not yet reached the outcome standard.



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External Audit Briefing 2014/15

Queen Victoria Hospital
NHS Foundation Trust

External Audit 2014/15

9 April 2015

External audit briefing to the Governors

2014/15 Quality Report

Background

On 20 February 2015 Monitor released its final quality report guidance “*Detailed requirements for quality reports 2014/15*”.

As an FT the Trust is required to publish an Annual Report that includes a Quality Report. Monitor then places a requirement on the Trust to secure a limited assurance opinions on specific aspects of its Quality Report.

Our responsibilities as your external auditor

We are required to:

- *Issue a public limited assurance opinion on the content of the Trust’s 2014/15 Quality Report:* to discharge this responsibility we will review the content of the Quality Report to ensure that it complies with Monitor’s guidance and is not inconsistent with other specified information.
- *Issue a public limited assurance opinion on two of three mandated performance indicators:* to discharge this responsibility we will undertake data quality testing on the two mandated performance indicators that Management selects from the choice of .
- *Issue a private limited assurance opinion on one locally selected performance indicators:* to discharge this responsibility we will undertake data quality testing on the locally selected performance indicator.

Mandated performance indicators for 2014/15

Management is required to select two of three mandated performance indicators as set out by Monitor. Management’s selection is shown below:

Mandated performance indicators to be audited	
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period	Selected for audit
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	Selected for audit
Emergency re-admissions within 28 days of discharge from hospital	Not selected

Selecting the local performance indicator for 2014/15

Governors are required to select the local performance indicator to be audited. Management facilitates the Governors in their selection. In making their selection it is important that Governors bear in mind that the audit is retrospective in nature, i.e. we looking at the year ended 31 March 2015, rather than forward looking towards the quality priorities for 2015/16 onwards. It is also important that the Governors select an auditable indicator.

To help the Governors in their selection we have included some examples of locally selected indicators that we have seen used at other FTs.

External audit briefing to the Governors

2014/15 Quality Report

Example local performance indicators

Title	Description
Cancelled operations	All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.
Pressure ulcers identified between grades 2-4 inclusive	Number of Trust-acquired pressure ulcers determined as having severity between grades 2-4.
Percentage first response received by the complainant within agreed time	Number of formal complaints (those complaints received by letter, email or phone) that have received a first response within the agreed time as negotiated between the client and the Patient Experience Team at the start of the complaint (30 days per Complaints policy unless otherwise agreed).
Minimising delayed transfers of care	The number of Delayed Transfers of Care per 100,000 population (all adults – aged 18 plus).
Rate of fractured neck of femur to theatre in 36 hours	The 36 hours begins when the patient arrives in A&E. For inpatients this is measured from the time they are assessed by the trauma team for the fracture. Admission to theatre is taken from the time of the induction of anaesthesia. The NHFD's is the definitive guidance on these measurements.
Mandatory INSET training attendance	All Trust staff working more than 2 sessions (clinical) / 1 day (non clinical) per week are required to attend mandatory INSET training at least once every two years unless they are exempt.
C.Difficile	Number of <i>Clostridium difficile</i> infections, as defined below, for patients aged 2 or more on the date the specimen was taken
Safety incidents resulting in severe injury or death	The percentage of incidents resulting in severe harm or death as a proportion of all incidents

Report to:	Council of Governors
Meeting date:	9 April 2015
Agenda item reference no:	07-15
Author:	Kathleen Dalby, Company Secretary
Date of report:	2 April 2015

Membership strategy: proposed additional actions

1. The trust's membership strategy was re-established in April 2013. It was reviewed by the interim company secretary and presented to governors at the trust's annual membership meeting (AMM) on 11 September 2014.
2. Since returning to the substantive post in February 2015, the company secretary has considered the revised strategy and would like to propose that the following tasks are added to the membership action plan:

a. Engagement

A change in legislation in 2014 allowed new model election rules to apply to NHS foundation trust constitutions and establish online voting for governor elections.

The application of new model election rules to the QVH constitution was approved by the council of governors at its meeting on 11 December 2014. The corporate affairs team is preparing to hold the next elections for public governors to join the council on 1 July 2015 and will, for the first time, offer electronic voting to all members for whom we hold an email address.

As a result we expect to save in the region of £2k on print and postage costs associated with the traditional ballot process. These savings will be invested in proposed additional action b (below).

b. E-membership

Significant efforts to increase the proportion of the membership base for which the trust holds an email address have been very successful thanks to the help and goodwill of a small group of governors.

Given the success of the pilot, the trust will invest approximately £10k with Membership Engagement Services (MES) - its membership database provider and the leading provider of NHS foundation trust recruitment campaigns - to make telephone calls to existing members on behalf of the trust with the aim of increasing e-membership to 50%.

As a result, the trust will save £10k per annum in print and post charges associated with the production and distribution of its bi-annual membership newsletter *QVH News*.

3. The Council of Governors is asked to **APPROVE** the proposed additions to be added to the membership action plan for 2015.
4. The membership strategy agreed in 2013 and updated in 2014 aimed to maintain membership figures at roughly the levels at the time of writing (about 9,300 in April 2013 and 8,900 in August 2014).
5. Despite steadily recruiting members using the methods outlined in the strategy, membership has continued to decline as more members have died or moved out of the

constituencies served by the trust.

6. Since peaking at approximately 11,000 in late 2009, approximately 25% of members have been lost in 5 years.
7. Although it remains the case that the trust's membership figures are acceptable to the regulator, the trust's '2020' vision puts community services at the heart of its strategic aims and objectives for the coming years.
8. For these reasons, the company secretary would like to propose that the trust considers investing in a targeted membership recruitment campaign to replenish the membership base by approximately 2,000 new members.
9. As a guide, a campaign fully managed and delivered by MES would cost approximately £10 per member recruited. If pursued, a campaign would give the trust an opportunity to target individuals currently underrepresented by the existing membership and, potentially, increase the membership reach into areas service by the trust's spoke sites, particularly in Kent. As a result the trust could harness valuable additional support in the main local communities affected by its services and strategies.
10. The Council of Governors is asked to **PROVIDE FEEDBACK** on a potential proposal to invest in a member recruitment campaign.