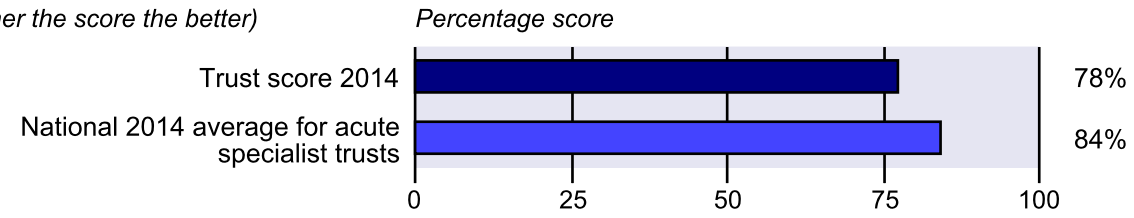
This page highlights the five Key Findings for which Queen Victoria Hospital NHS Foundation Trust compares least favourably with other acute specialist trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

BOTTOM FIVE RANKING SCORES

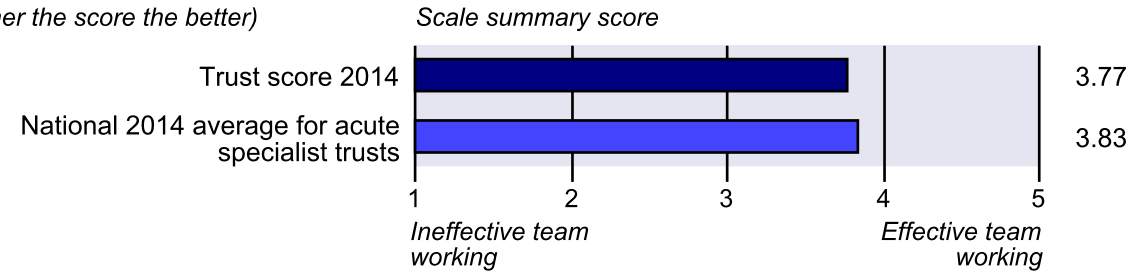
! KF7. Percentage of staff appraised in last 12 months

(the higher the score the better)



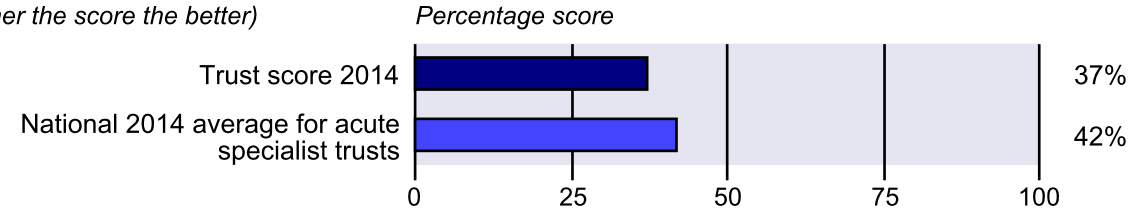
! KF4. Effective team working

(the higher the score the better)



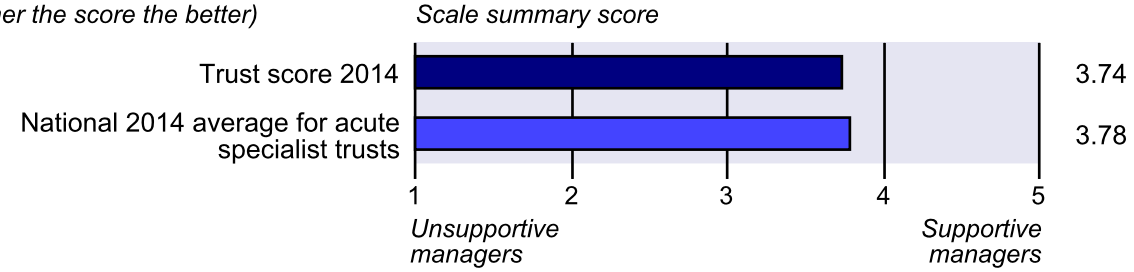
! KF8. Percentage of staff having well structured appraisals in last 12 months

(the higher the score the better)



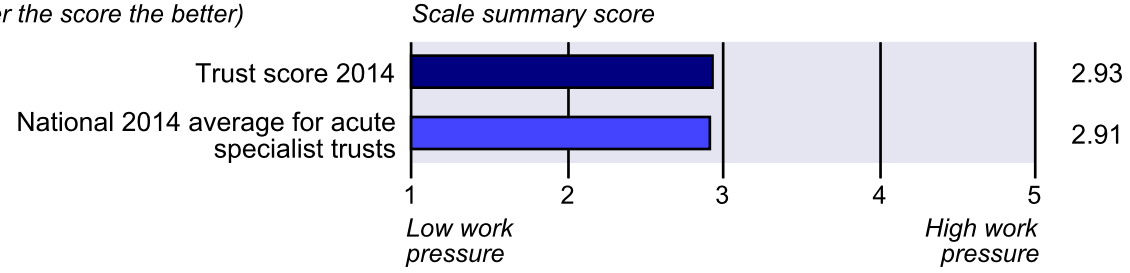
! KF9. Support from immediate managers

(the higher the score the better)



! KF3. Work pressure felt by staff

(the lower the score the better)



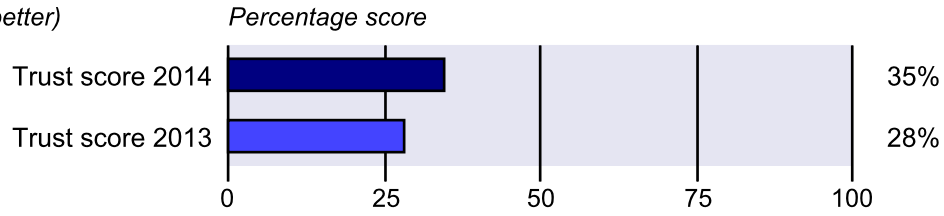
3.2 Largest Local Changes since the 2013 Survey

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

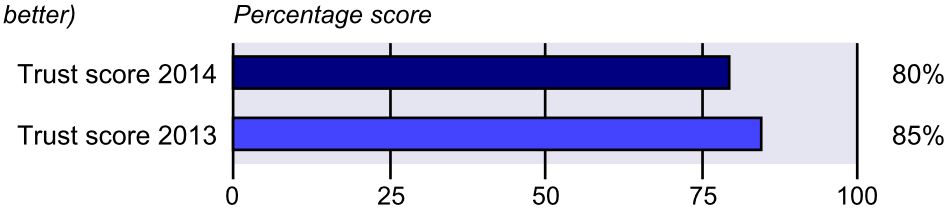
! KF11. Percentage of staff suffering work-related stress in last 12 months

(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

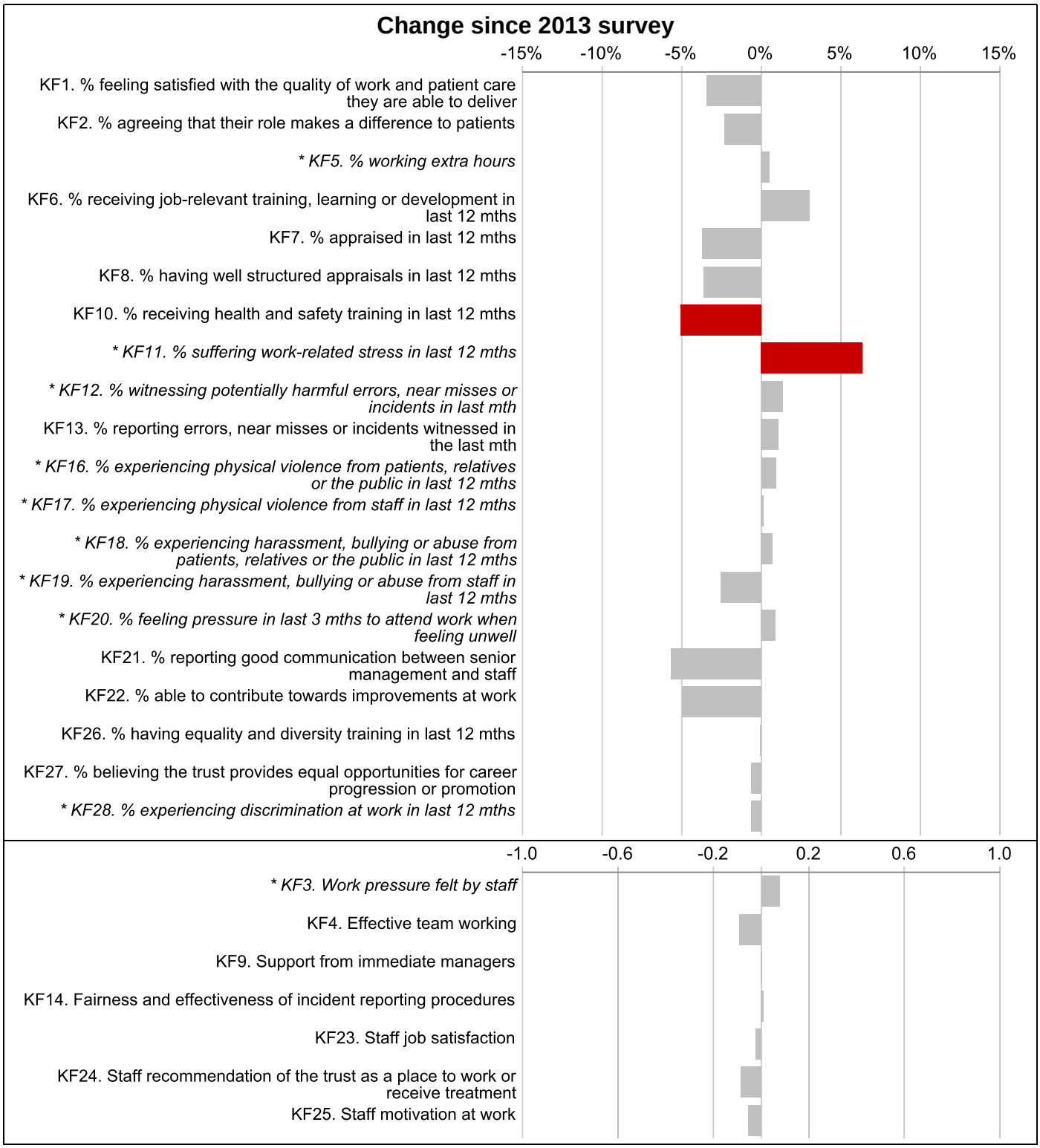
KEY

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 asterix and in *italics*, the lower the score the better.



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

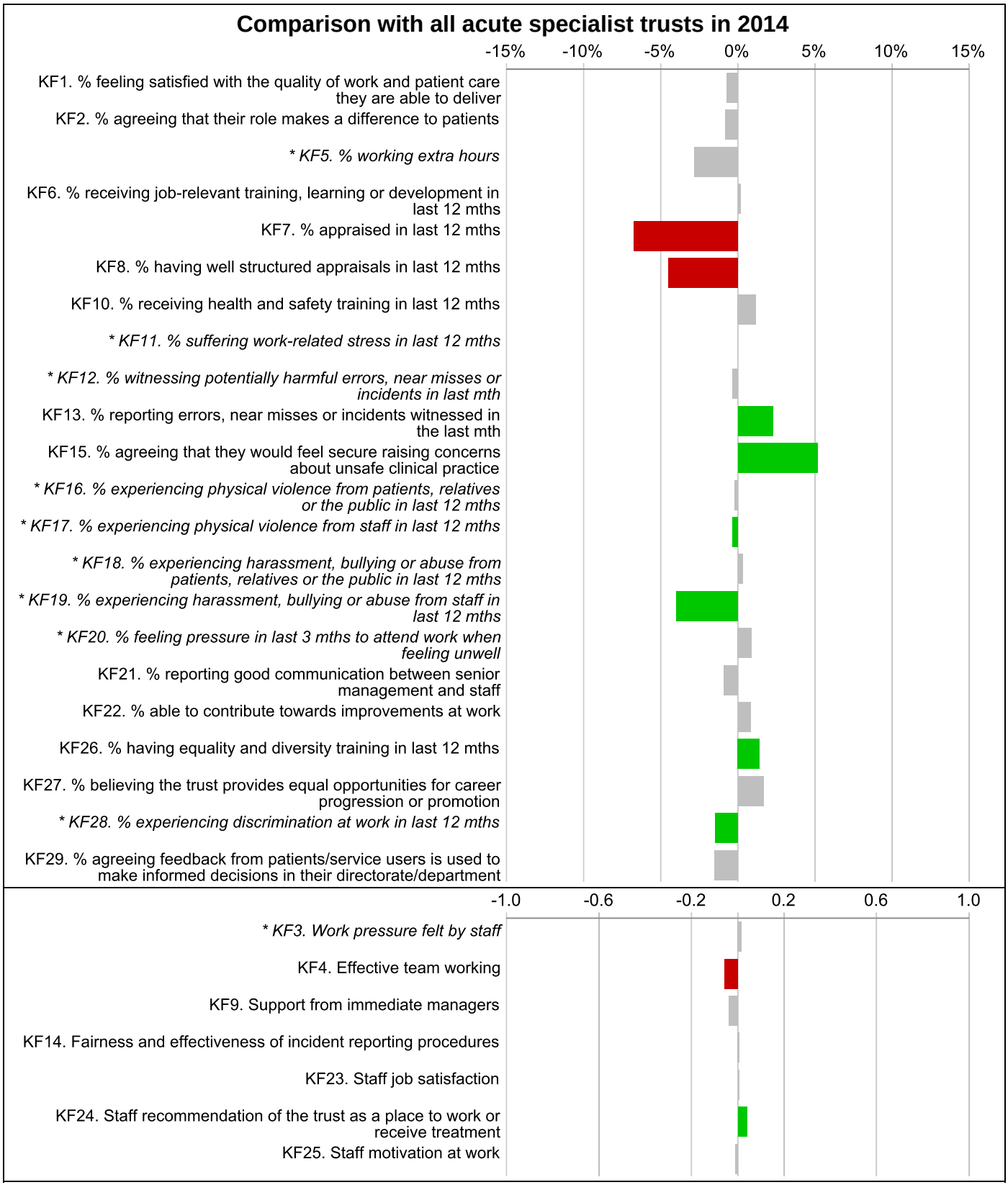
KEY

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

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

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 asterix and in *italics*, the lower the score the better.



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 asterix 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
* *KF3. Work pressure felt by staff*	• No change	• Average
KF4. Effective team working	• No change	! Below (worse than) average
* *KF5. % working extra hours*	• 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
* *KF11. % suffering work-related stress in last 12 mths*	! Increase (worse than 13)	• Average
Errors and incidents		
* *KF12. % witnessing potentially harmful errors, near misses or incidents in last mth*	• 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.

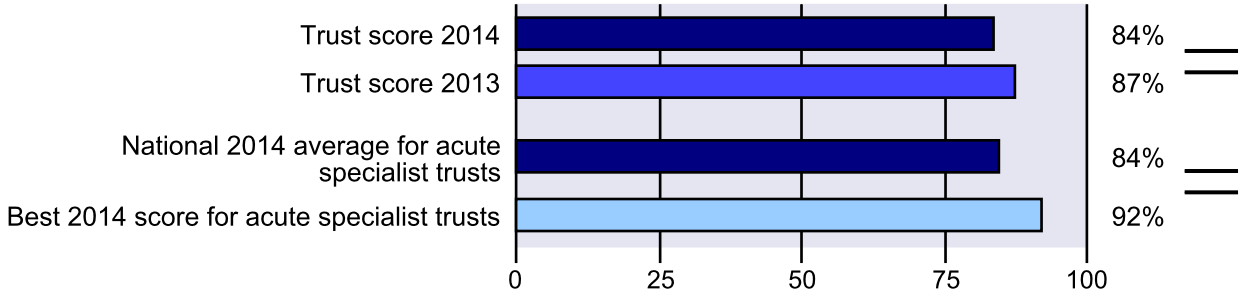
This section presents each of the 29 Key Findings, using data from the trust's 2014 survey, and compares these to other acute specialist trusts in England and to the trust's performance in the 2013 survey. The findings are arranged under six headings – the four staff pledges from the NHS Constitution,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

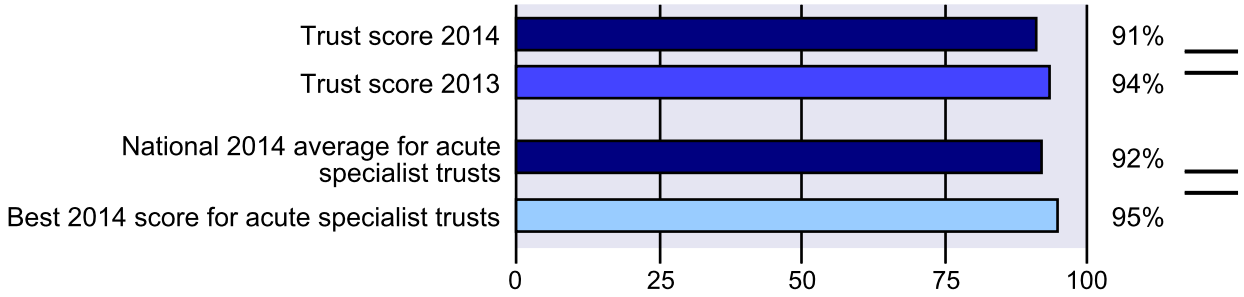
KEY FINDING 1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver

(the higher the score the better) *Percentage score*



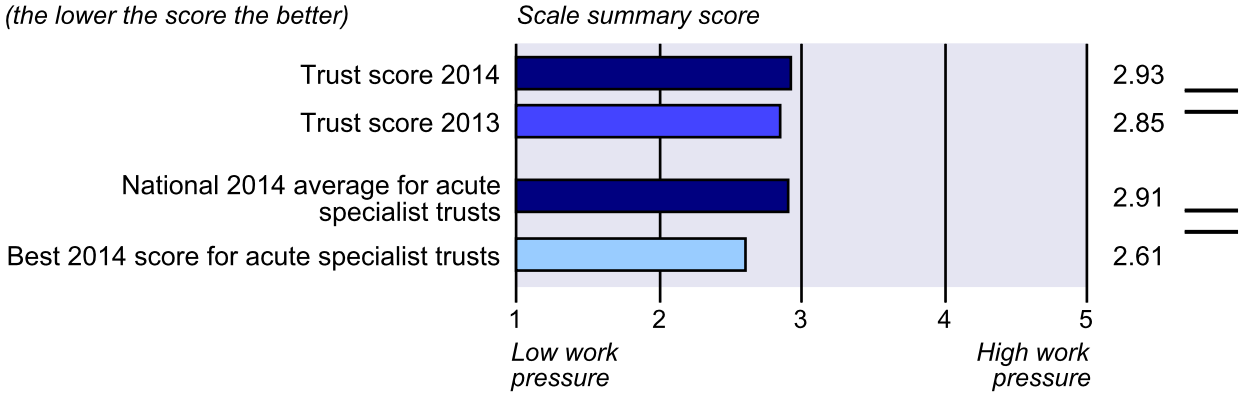
KEY FINDING 2. Percentage of staff agreeing that their role makes a difference to patients

(the higher the score the better) *Percentage score*

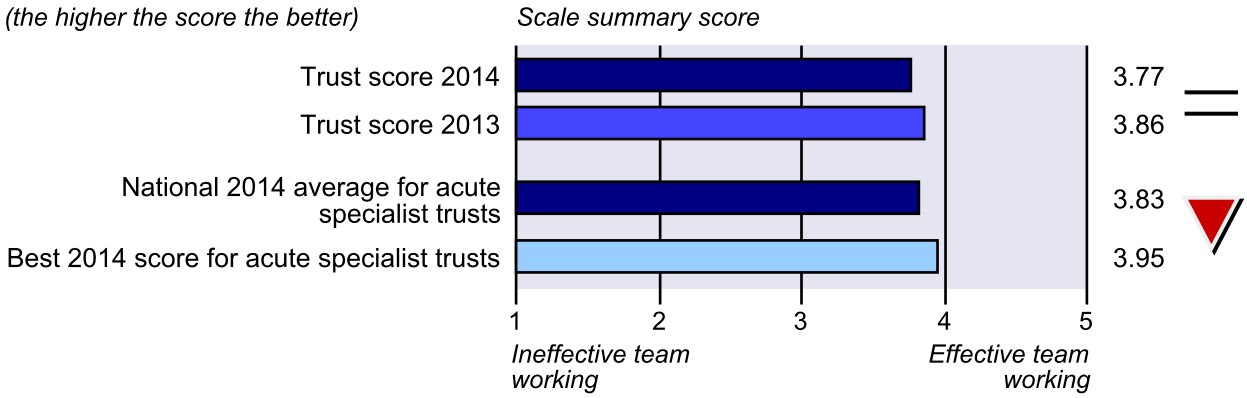


[1]Questionnaires were sent to all 904 staff eligible to receive the survey. This includes only staff employed directly by the trust (i.e. excluding staff working for external contractors). It excludes bank staff unless they are also employed directly elsewhere in the trust. When calculating the response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

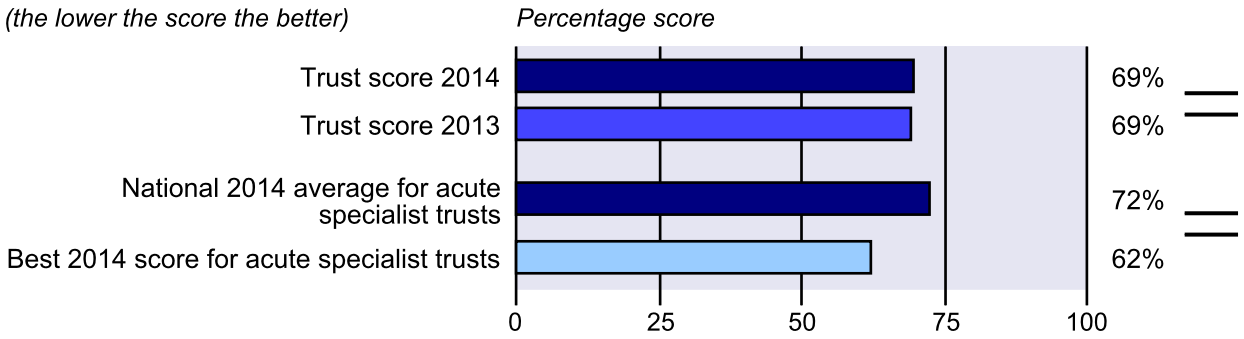
KEY FINDING 3. Work pressure felt by staff



KEY FINDING 4. Effective team working

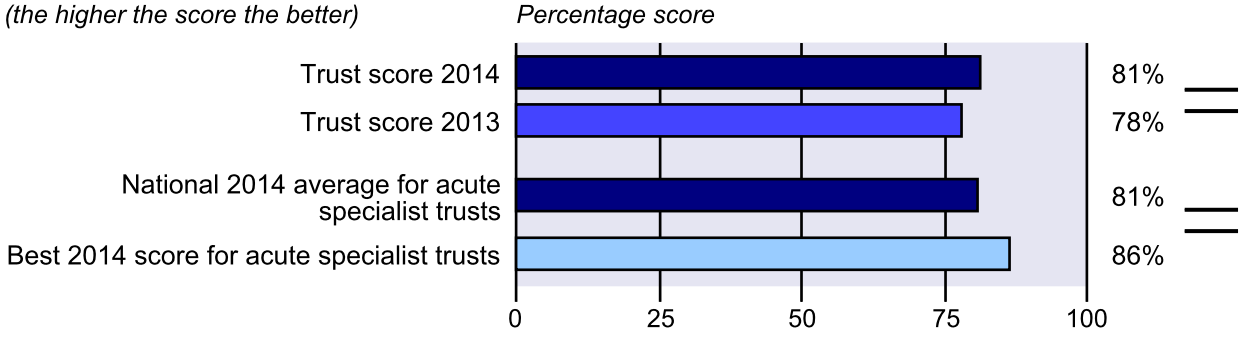


KEY FINDING 5. Percentage of staff working extra hours



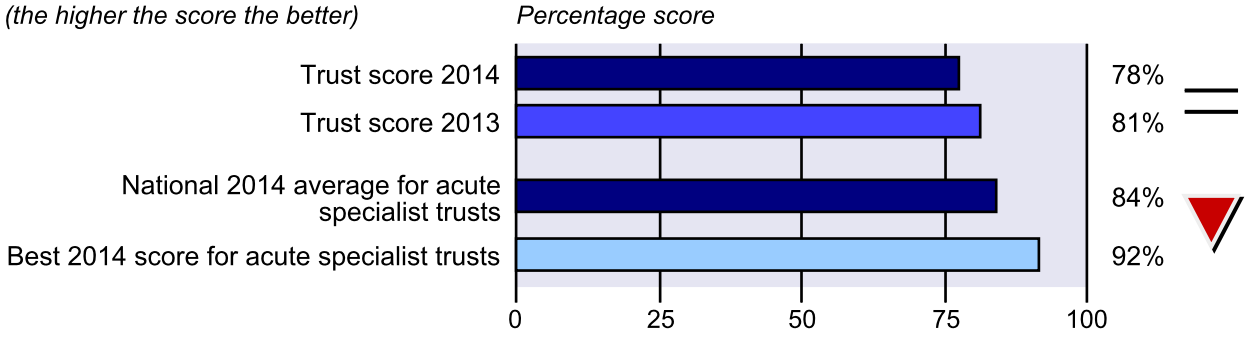
STAFF PLEDGE 2: To provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential.

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



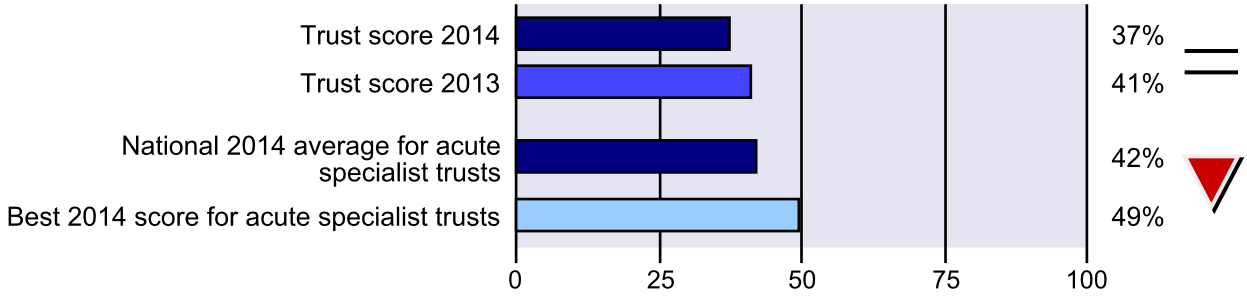
KEY FINDING 7. Percentage of staff appraised in last 12 months

(the higher the score the better)



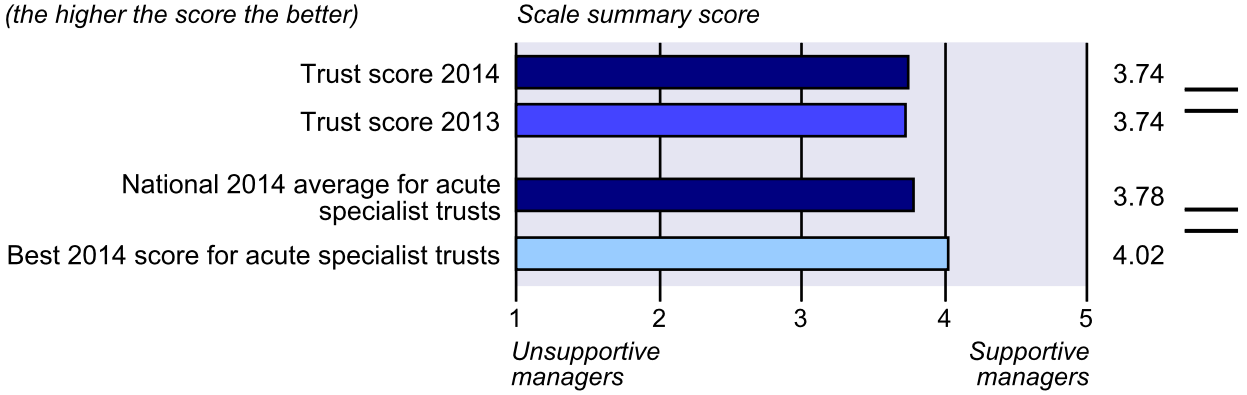
KEY FINDING 8. Percentage of staff having well structured appraisals in last 12 months

(the higher the score the better)



KEY FINDING 9. Support from immediate managers

(the higher the score the better)

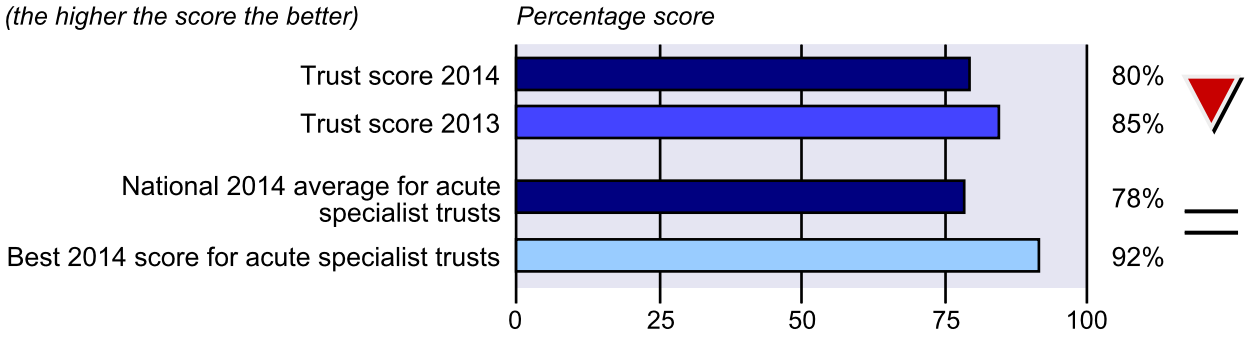


STAFF PLEDGE 3: To provide support and opportunities for staff to maintain their health, well-being and safety.

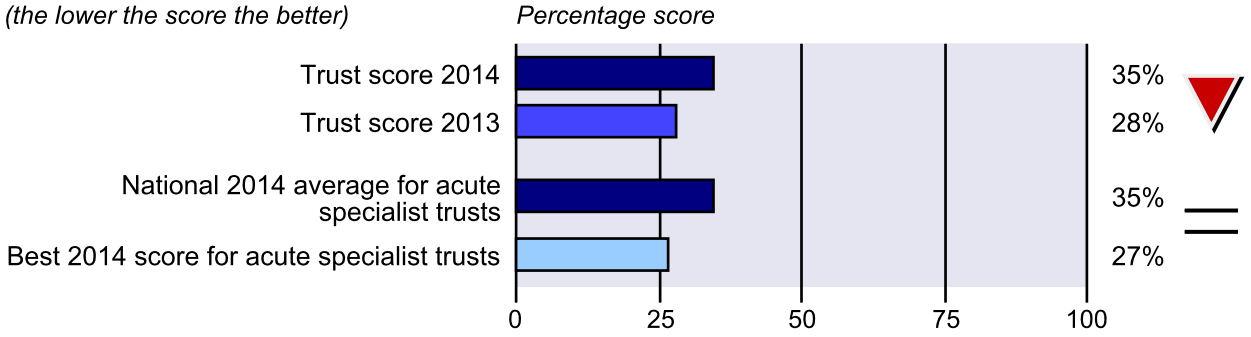
Occupational health and safety

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

(the higher the score the better)

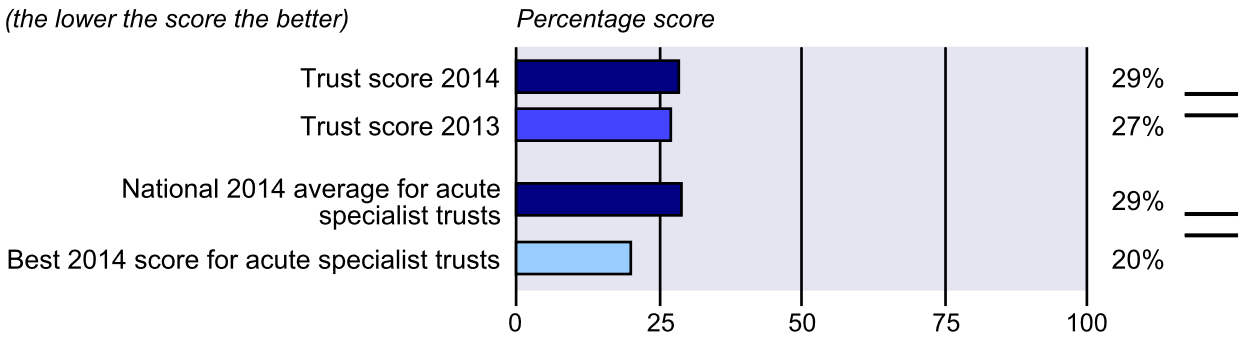


KEY FINDING 11. Percentage of staff suffering work-related stress in last 12 months

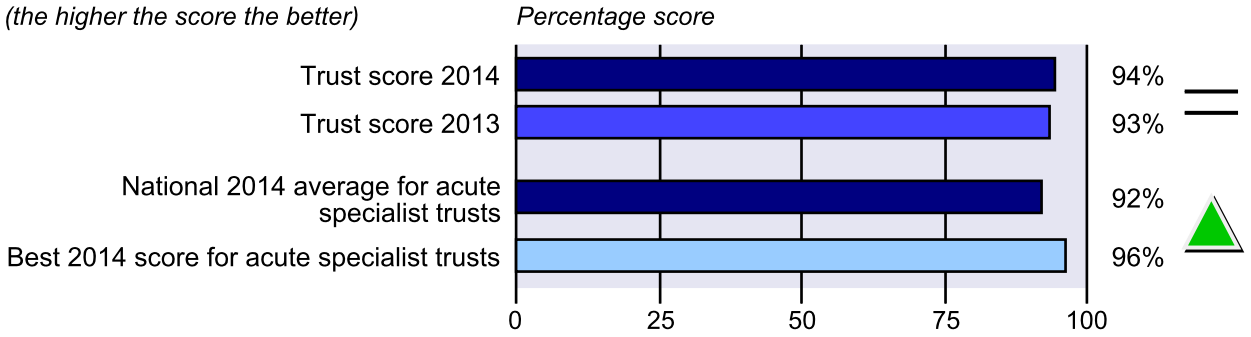


Errors and incidents

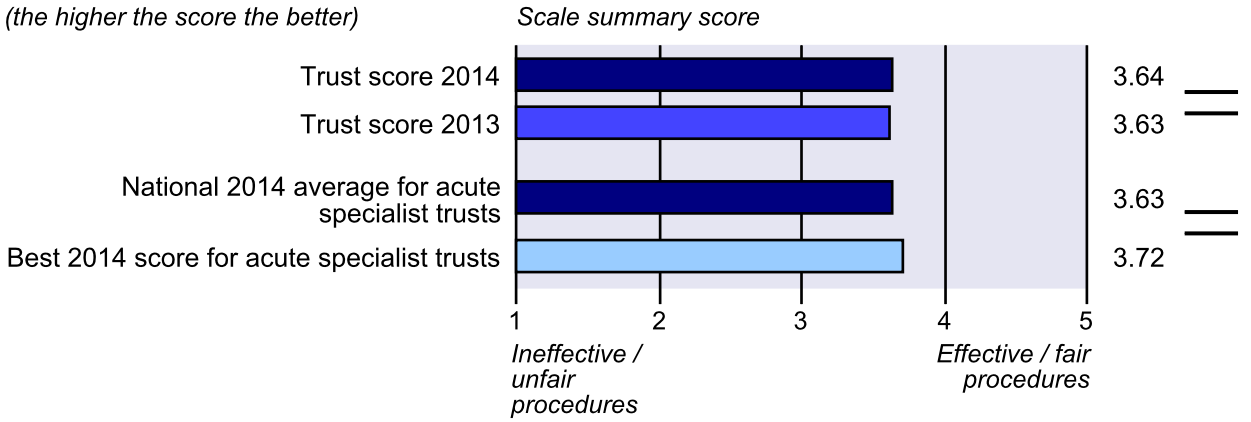
KEY FINDING 12. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month



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

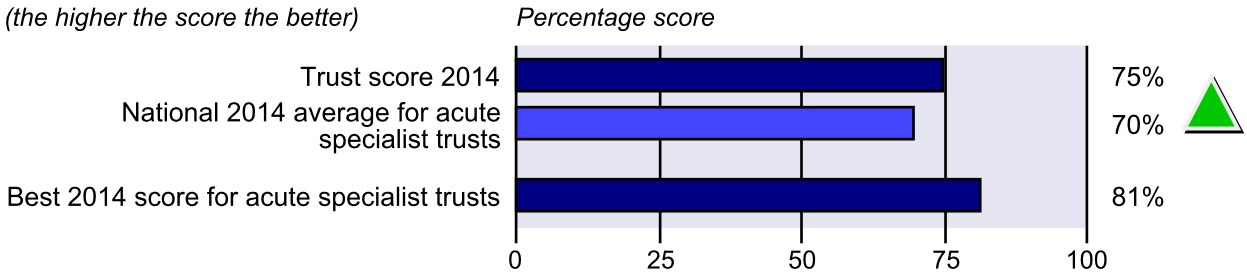


KEY FINDING 14. Fairness and effectiveness of incident reporting procedures



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

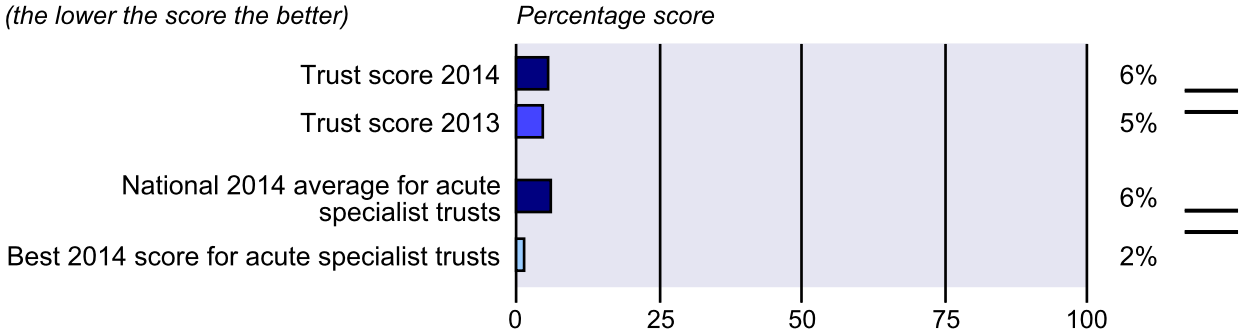
(the higher the score the better)



Violence and harassment

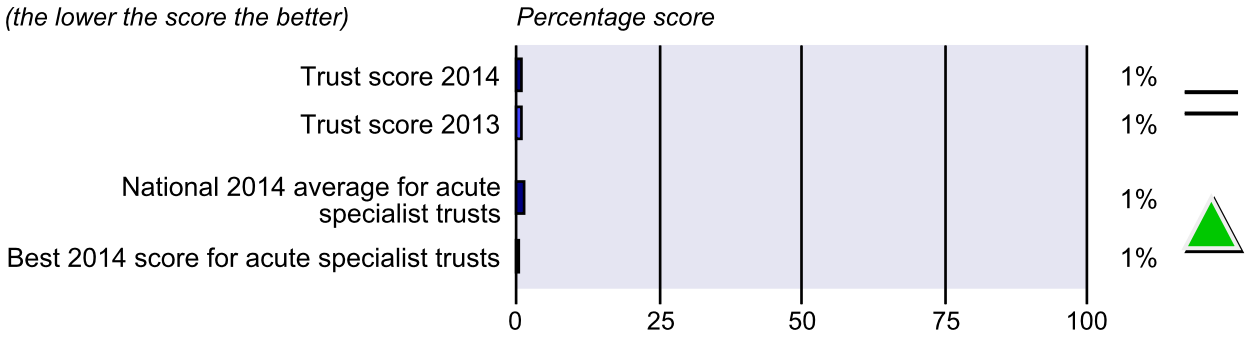
KEY FINDING 16. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

(the lower the score the better)



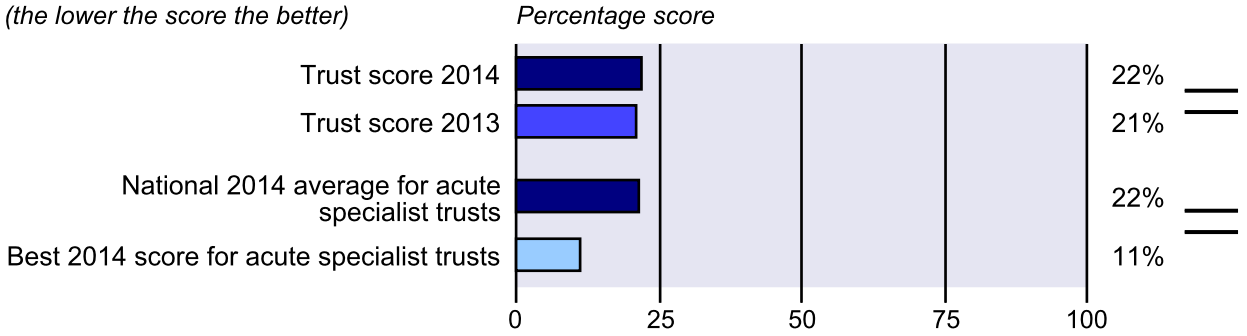
KEY FINDING 17. Percentage of staff experiencing physical violence from staff in last 12 months

(the lower the score the better)



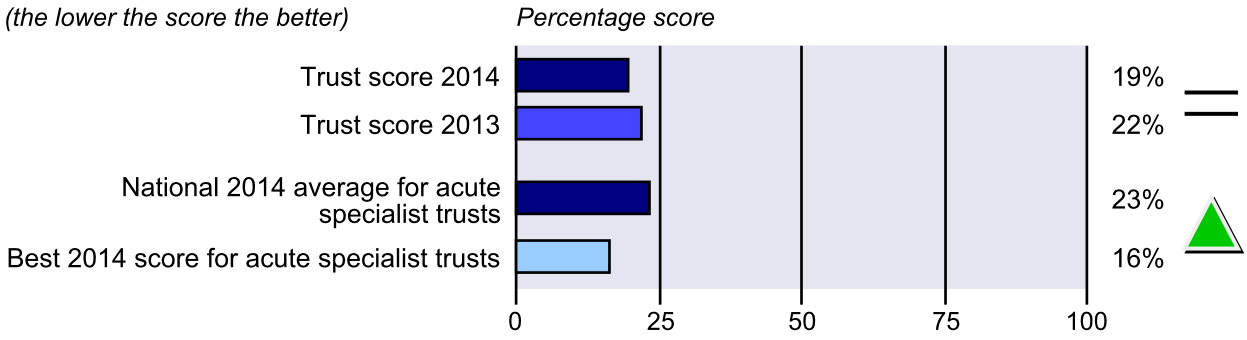
KEY FINDING 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

(the lower the score the better)



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

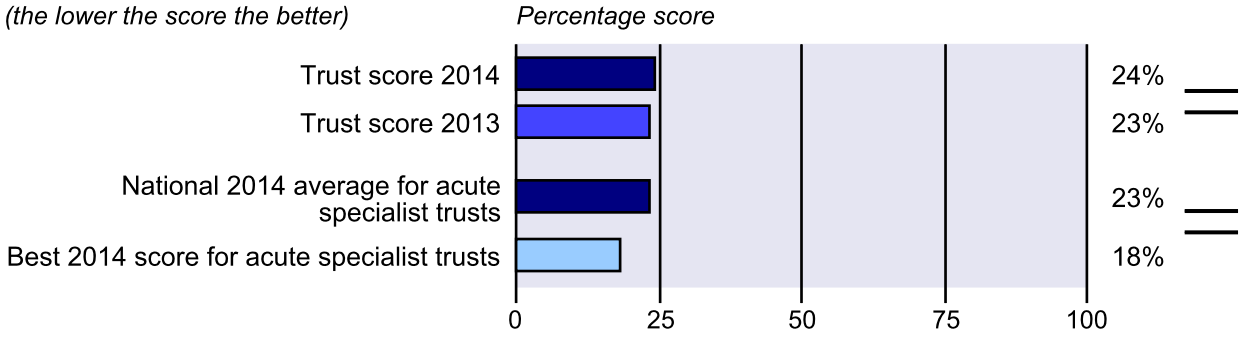
(the lower the score the better)



Health and well-being

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

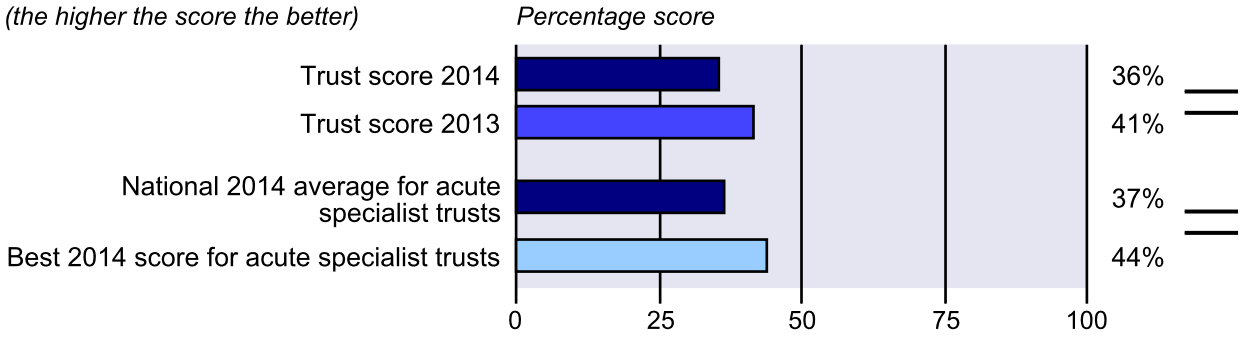
(the lower the score the better)



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.

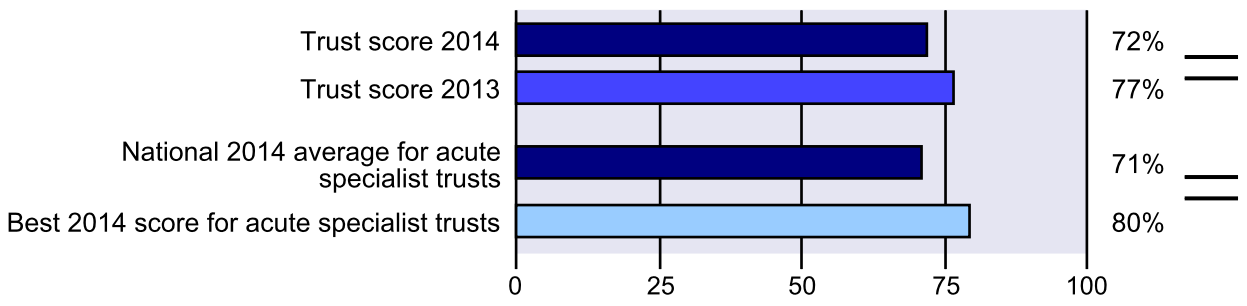
KEY FINDING 21. Percentage of staff reporting good communication between senior management and staff

(the higher the score the better)



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

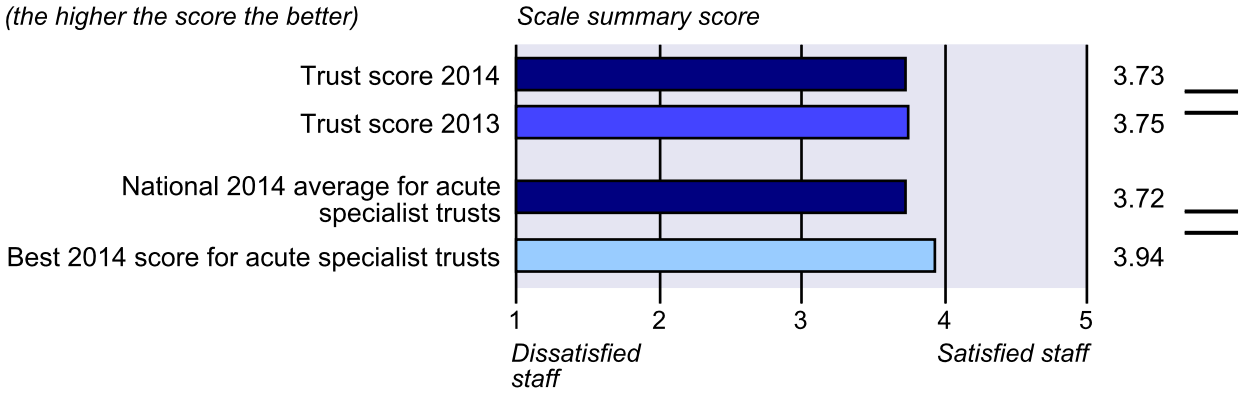
(the higher the score the better)



ADDITIONAL THEME: Staff satisfaction

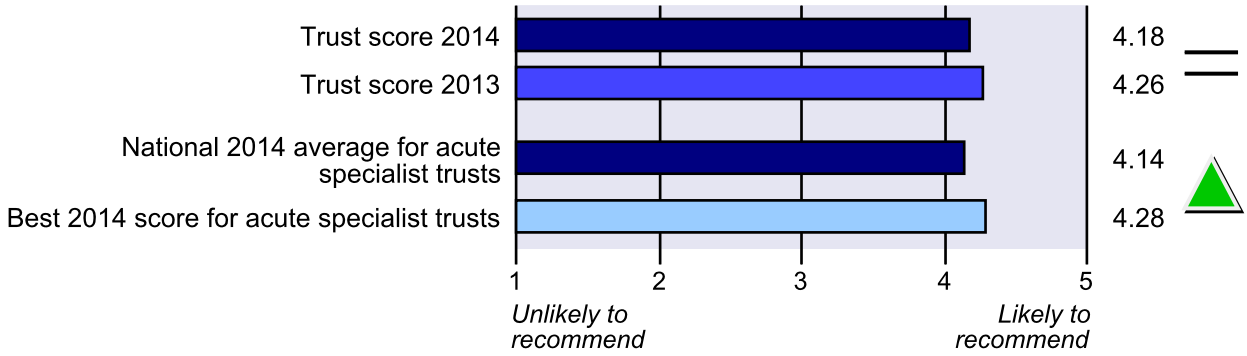
KEY FINDING 23. Staff job satisfaction

(the higher the score the better)



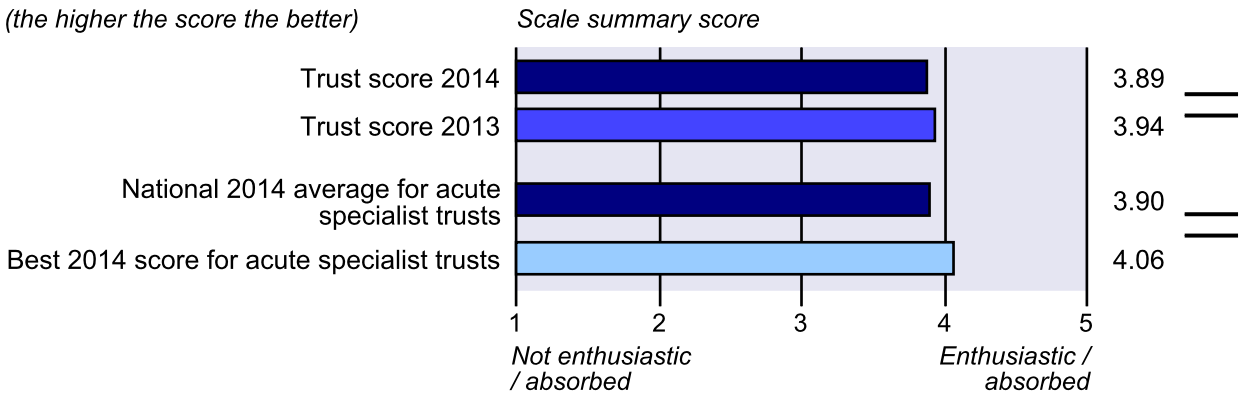
KEY FINDING 24. Staff recommendation of the trust as a place to work or receive treatment

(the higher the score the better)



KEY FINDING 25. Staff motivation at work

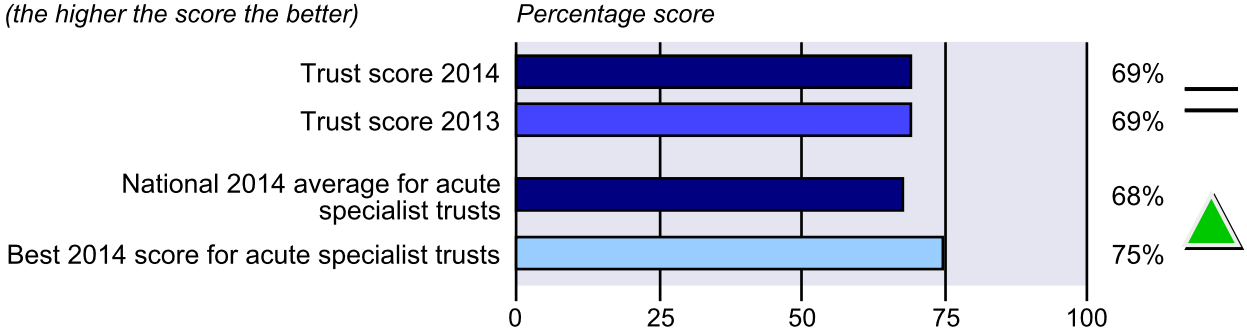
(the higher the score the better)



ADDITIONAL THEME: Equality and diversity

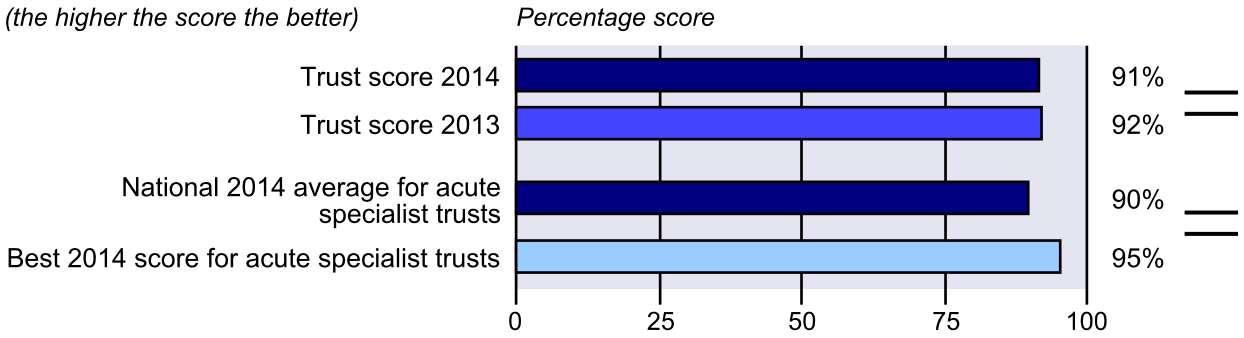
KEY FINDING 26. Percentage of staff having equality and diversity training in last 12 months

(the higher the score the better)



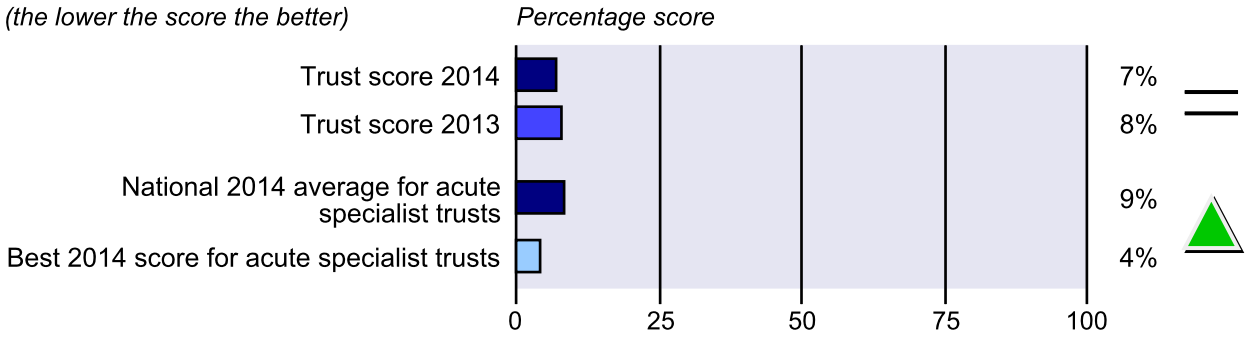
KEY FINDING 27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion

(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)

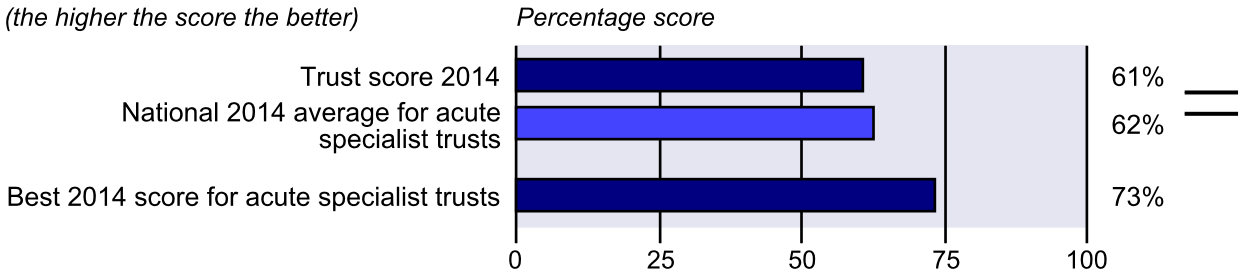


ADDITIONAL THEME: Patient experience measures

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 Holtye 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.

KPMG

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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 in 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.

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 *Clostridium difficile* 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

Queen Victoria Hospital NHS
NHS Foundation Trust

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.