Queen Victoria Hospital NHS
NHS Foundation Trust

Business Meeting of the Board of Directors

Thursday 21st May 2015

Session in public at 13.00
Session in private at 16.00

The Cranston Suite
East Court
College Lane
East Grinstead
West Sussex
RH19 3LT

Queen Victoria Hospital NHS
NHS Foundation Trust

MEETINGS OF THE BOARD OF DIRECTORS: 21st May 2015

Members (voting):

Chair	-	Beryl Hobson
Senior Independent Director	-	Lester Porter
Non-Executive Directors:	-	Ginny Colwell
	-	Ian Playford
	-	John Thornton (apologies)
Chief Executive:	-	Richard Tyler
Medical Director	-	Stephen Fenlon
Director of Nursing and Quality	-	Joanne Thomas
Interim Director of Finance and Commerce	-	Dominic Tkaczyk

In full attendance (non-voting):

Director of Human Resources & OD	-	Graeme Armitage
Interim Director of Operations	-	Jane Morris
Head of Corporate Affairs & Company Secretary	-	Kathleen Dalby
Deputy Company Secretary	-	Hilary Saunders
Governor Representative:	-	Brian Goode

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Business meeting of the Board of Directors
Thursday 21 May 2015 at 13:00
The Cranston Suite, East Court, College Lane, East Grinstead RH19 3LT

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132-15	Further to paragraph 39.1 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 board to discuss issues of a commercially sensitive nature *Beryl Hobson, Chair*	-

Agenda: session held in private		
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Date of the next meetings		
Board of Directors: **Public**: 25 June at 13:00	**Sub-Committees** **Audit**: 3 June 2015 at 14:00 **F&P:** June 2015 (tbc) **Charity:** 25 June 2015 at 09:00 **Q & R:** 2 July 2015 at 09:00 **N & R:** 30 July 2015 at 09:00	**Council of Governors** **Public**: 09 July 2015 at 15.00

Queen Victoria Hospital NHS
NHS Foundation Trust

Document:	**Minutes (draft and unconfirmed)**	
Meeting:	**Board of Directors (session in public)** **Thursday 30 April 2015, 13.00 – 16.00, The Cranston Suite, East Court, College Lane, East Grinstead RH19 3LT**	
Present:	Beryl Hobson, (BH)	Trust Chair
	Ginny Colwell (GC)	Non-Executive Director
	Steve Fenlon (SF)	Medical Director
	Lester Porter (LP)	Non-Executive Director
	John Thornton (JT)	Non-Executive Director
	Dominic Tkaczyk (DT)	Interim Director of Finance
	Jo Thomas (JMT)	Interim Director of Nursing & Quality
	Richard Tyler (RT)	Chief Executive
In attendance:	Graeme Armitage (GA)	Director of Human Resources & Organisational Development
	Kathleen Dalby (KD)	Head of Corporate Affairs & Co Sec
	Brian Goode (BG)	Governor Representative
	Jane Morris (JM)	Interim Director of Operations
	Hilary Saunders (HS)	Deputy Company Secretary (minutes)
Apologies:	Ian Playford (IP)	Non-Executive Director

WELCOME

84-15 **Welcome, apologies and declarations of interest**
The Chair welcomed one member of the public to today's meeting. Apologies had been received from Ian Playford. There were no new Declarations of Interest.

PATIENT STORY

85-15 **Patient Safety**
JMT recounted a recent example of how staff had worked pro-actively to mitigate the risk of cancellations due to limited capacity within ITU highlighting the amount of work that went into ensuring safe staffing levels were achieved at all times. The Chair commended the work undertaken by those involved and asked that the board's thanks be expressed to all concerned.

STANDING ITEMS

86-15 **Draft minutes of the meeting session held in public on 26th March 2015 for approval**
Partial text from item 72-15 had been inadvertently deleted and would be reinstated. With this amendment, the minutes were **APPROVED** as a correct record of the meeting.

87-15 **Matters Arising & Actions Pending**
The board reviewed the current record of matters arising and actions pending. The update was received and **APPROVED**.

88-15 **Update from the Chief Executive**
RT introduced his monthly report highlighting the following:

- Whilst recently imparting to staff a positive summary of our achievements in 2014-15, RT had also included a note of caution for 2015-16, urging everyone to remain focused in the year ahead;
- At the latest meeting of the Federation of Specialist Hospitals (FSH), RT had apprised Simon Stevens, Chief Executive of NHS England, of the important role QVH plays within trauma

networks. He also urged NHS England to avoid a 'one size fits all' approach to specialised commissioning;
- Sam Jones (instrumental in developing the Dalton model of care work) was to be invited by local GPs to visit East Grinstead. Sam would be asked to support lobbying for QVH to become a vanguard site for new models of care (following a recent unsuccessful bid by the collaborative).
- The new Dean of the Brighton and Sussex Medical School had visited QVH recently and shown particular interest in the trust's growing research practice. He had also expressed a desire to develop closer teaching ties with the medical school. SF suggested it might be helpful for the board to have a clearer understanding of the relationships between the University of Brighton and Sussex and Sussex University and listed the following:
    - The trust had formed a research link with the University of Brighton through the secondment arrangement currently in place at QVH;
    - The trust was also in the early stages of building links with the University of Sussex;
    - The trust has an existing link with the Brighton and Sussex medical school, with undergraduates coming to QVH from time to time; and,
    - Brighton and Sussex medical school is affiliated with both the University of Brighton and the University of Sussex.

BH thanked RT for his report, the contents of which were **NOTED** by the board.

RESULTS AND ACTIONS

89-15 **Patients: safe staffing and quality of care**

JMT presented this month's update. The main themes included:

Safe Staffing:
Safety and quality levels had been maintained in March. However, areas of concern continue to be the rate of vacancies on Canadian-Wing which resulted in the increased use of agency staff (particularly in Burns ITU). JMT again commended the amount of work involved in ensuring safe staffing levels at all times.

Commissioning for Quality and Innovation (CQUINS)
The quarter 4 (Q4) reports on all CQUIN schemes were currently being collated. As a result of strong performance throughout the year, it was anticipated the trust would receive full payment for 2014/15.

Quality & Risk Management:
- Two grade 2 QVH acquired pressure ulcers had been reported in March;
- Two serious incidents (SIs) relating to information governance (IG) were reported in March. The outcome of an investigation into an incident reported in February had led to this being escalated from amber to SI. Whilst there was concern at the number of breaches reported, JMT advised that subsequent investigations had not identified any particular trend. Additional Caldicott training was being provided by the Head of Risk.

Infection Control
Once case of methicillin sensitive staphylococcus aureus (MSSA) was reported in March.

Complaints, Claims and Patient Experience
- Two new complaints had been received during March. These were currently under investigation. Although one complaint was deemed minor and one major, both were categorised as communication issues. JT asked if greater clarity could be provided in future in order to better distinguish between major and minor incident outcomes;**[Action: JMT]**
- The average 'Friends & Family Test' (FFT) percentage scores for patients 'extremely

	likely/likely' to recommend QVH was 99%, a strong indicator of patient satisfaction. Following on from last month's board discussion regarding FFT response rates, JMT reported that 300 children and parents had completed the 2014 national children's inpatient and day case survey. This gave QVH a response rate of 37% which was 10% above the national average. Of the 59 questions which remained the same from the previous year, the trust had performed significantly better than average on 37. It had achieved average scores on 22 questions, but was not significantly worse than average in any of the questions; • As discussed at last month's board, a pilot scheme to enhance rates of pay for nurses had been developed between Nursing, Operations and Human Resources. GC raised concerns in respect of the percentage of patients in MIU 'unlikely or extremely unlikely' to recommend QVH. This currently stood at 4%. JMT felt this was a reasonable score, but agreed the Patient Experience Group could review. **[Action: JMT]** GC drew attention to the rate at which pressure ulcer levels had increased, particularly in the last quarter. JMT explained these were the result of very long theatre sessions and assured the board that particular care was already given to vulnerable patients, including a focus on nutrition. BH commended JMT on the improvement in reporting data in recent months. However, she queried if more could be done to provide assurance that action plans were being implemented effectively. It was agreed BH and JMT would meet to discuss how this could be improved. **[Action: JMT]** Finally, an error under item 19 of the report's cover sheet was highlighted. It was noted that the last sentence of this item should be disregarded. The Chair thanked JMT for her update, the contents of which were **NOTED** by the board.
90-15	**Operational performance: targets, delivery and key performance indicators** JM presented March's report, highlighting the following: • Income from patient activity was on plan; • The trust was compliant at aggregate level for all three 18-week targets and also compliant for all three 18-week performance targets at a speciality level (with the exception of rheumatology and oral surgery). The board noted that as there were less than 20 patients in rheumatology, this would be classed as 'de minimus' and therefore not reportable as a speciality breach. JM advised that a further orthodontic treatment room had opened this month and a locum consultant appointed to support sustainable waiting times within the department; • JM reminded the board that the report circulated last week had forecast a risk with compliance for the admitted 18-week aggregate target, (based on patients booked with non-compliance forecast for both oral surgery and plastics). However, she assured the board this was no longer the case. Further detail would be provided in the weekly update; • One patient's pathway was closed over 52 weeks, due to the patient being unfit for surgery after accepting a reasonable offer. This was not reportable and therefore not liable to fines; • The trust achieved all cancer waiting times in February except for the 62-day target; and, • There had been no urgent operations cancelled and no patients cancelled on the day of admission. The Chair thanked JM and the board **NOTED** the contents of the report.
91-15	**Financial performance: 2014-15 draft outturn** DT reported that the trust had delivered a surplus of £2,253k in 2014-15. Whilst accounts were still subject to audit, auditors had not indicated any concerns at this stage.

	BG highlighted the level of non-pay costs in March. DT reminded him that the budget process for 2015-16 was more robust than last year and would not allow the same degree of overspend. The Chair thanked DT for his report, the contents of which were **NOTED** by the board.
92-15	**Contracts update** DT presented the monthly contract update drawing the board's attention to the following: • In line with the forecast, and as reported throughout 2014-15, income and activity was higher than plan at year-end; • Contract negotiations for 2015-16 had now concluded, with no requirement for arbitration; • The Sussex MSK partnership had extended the trust's existing contract until 31 May. DT reported that unlike other commissioned contracts, this was a sub-contract with significant reporting burdens, and a requirement to operate the enhanced tariff option (ETO) rather than the Default Tariff Rollover (DTR). BH noted that this would in effect require to the trust to operate a two-tariff system; JT asked about the likelihood of reinstatement of CQUIN payments should a new tariff be introduced during 2015/16. DT felt this improbable and advised it was likely that Monitor would refer the issue of the tariff to the Competitions and Markets Authority (CMA) following the general election. Therefore, current provision set aside to mitigate against changes in tariff in 2015/16 would probably not be required. The Chair thanked DT for his update, the contents of which were **NOTED** by the board.
93-15	**Information governance toolkit submission results** DT presented the results of this year's Information governance (IG) toolkit submission. The trust had provided evidence to record satisfactory scores in all 45 requirements of the toolkit, resulting in an overall score of 82%. The board noted that this score matched that of last year and expressed disappointment this had not further improved in the last 12 months. DT explained this would be difficult without additional resources but agreed to raise at the next Information Management and Governance Committee (IM&GC) meeting. RT concurred and suggested that in view of the recent spate of SIs in relation to information governance, the board should task the IM&G group with reviewing failings and improving on current scores. **[Action: DT]**
94-15	**Workforce** The highlights of this month's workforce report were presented as follows: • Both recruitment days held earlier this year had proved successful. A further one was planned for June. • Turnover continued to be above the trust target of 11%. In general, however, stability remained high at 98% and recruitment initiatives would continue to focus on areas where turnover had been highest. GA reported that in April, Canadian Wing had been successful in reducing the number of vacancies. More effort was being made to gather information from exit interviews; • Expanding on JMT's earlier update, GA advised that following reports that a number of staff were opting to work agency shifts elsewhere, the trust had now introduced a 3-month pilot to pay staff overtime for bank shifts. GA confirmed the pilot would be closely monitored to see the impact on pay and bank fill rates. The pilot scheme would also enable the trust to monitor more closely any additional hours worked. This would ensure compliance with the European working time directive, a concern which had been raised at the last board meeting. RT also highlighted the benefits this would bring in providing a greater consistency of care for our

	patients. • Sickness absence rates had remained below 3% for the whole of Q4, providing a firm basis for further improvements through 2015/16, and a new baseline target of 2%. Whilst initially this would be challenging to achieve, GA reminded the board of the additional costs associated with sickness. Initiatives to attain the new target included changes to the level of Occupational Health support and the introduction of a Mindfulness training pilot scheme; • Also included in this month's report was the Q3 staff FFT score. Whilst results were positive in relation to staff recommending the trust as a place to receive treatment, more work would be required to improve the perception by staff of the trust as a good place to work; • Equality and diversity information had highlighted the need to address the trust's profile in relation to its population. GA explained that the current age profile raised a number of issues for the future, which should be addressed through improved workforce planning. RT asked that data pertaining to employee relations be amended to provide greater anonymity to those concerned. **[Action: GA]** JT drew attention to item 9 of the report cover sheet, commenting that management and progress of the areas outlined in the report was the responsibility of all managers and not just the Director of HR/OD. He hoped this was clearly communicated to all concerned. GC noted that workforce criteria on the NHS Choices website should be reflected in future reporting. The Chair thanked GA for his update, the contents of which were **NOTED** by the board.
STRATEGIC PRIORITIES	
95-15	**Quarterly update on delivery of Key Strategic Objective (KSO) 3: Operational Excellence** JM presented a report which summarised progress during the last quarter in respect of delivery of KSO 3. As requested by the board, the programme had been prioritised and incorporated into a 'roadmap' for implementation over the next 5 years. This was included as an appendix to the main report. JM reminded the board that the operational team's focus in 2014-15 on prioritising compliance with the RTT18 targets had impacted on delivery of some of the proposals. It was anticipated that work on these would resume once the new operational structure takes effect. Whilst progress had been made against a number of objectives, there were some main areas of challenge which included: • The introduction of the new national e-referral system (to replace 'Choose and Book'). This had been postponed until June 2015. The lack of electronic document management storage capacity on 'Patient Centre" meant the trust had been unable to implement electronic referrals in 2014/15 as planned; • Problems with the pre-assessment IT system had resulted in significant delays to the project. LP suggested that IT development should be included within the roadmap. JM reminded the board that IT had been categorised as an enabler rather than a distinct priority within the QVH 2020 programme. She cited examples around the trust where IT strategy had been fully integrated into operational plans, in particular via the Information Clinical Advisory Group (ICAG). After protracted discussion, the Chair concluded she was satisfied that the IT strategy was incorporated into the QVH2020 programme. However, she suggested greater evidence was required within the existing governance structure to provide additional board assurance. It was agreed this item would be included on a future board agenda. **[Action: KD]** The Chair drew the board's attention to the number of green ratings within the action plan and

	commended JM for the work undertaken to date. In conclusion, the Chair thanked JM for her progress report, the contents of which were **NOTED** by the board.
96-15	**Annual plan 2015/16: submission to Monitor** DT apprised the board that the trust was required to submit its annual operating plan to Monitor by 14 May. Due to time constraints, the operating plan presented in today's report was in draft narrative form. DT explained that the Chair would be asked to give approval to the final plan prior to submission. DT reminded the board that the content of the plan had been considered at length at its meetings on 12 and 26 March. It was noted by JMT that elements of narrative had been inadvertently duplicated. These included bullet points 60 – 73 which would be deleted in the final version. JMT also requested changes be made to paragraph 5 of the executive summary. Taking these amendments into account, the board **NOTED** the draft narrative for the annual operation plan and agreed that the Chair should give final approval to the plan before submission to Monitor. To ensure full consensus, however, BH requested the final version be circulated to the board for information in advance. **[Action: DT]**
GOVERNANCE	
97-15	**Monitor declaration: Q4 2014/15** The trust was required to submit its quarter 4 (Q4) monitoring return by the end of April. Accordingly, a paper confirming the following statements for Q4 had been presented to the board for approval: • For finance, the declaration that 'the board anticipates the trust will continue to maintain a continuity of service risk rating (COSRR) of a least 3 over the next 12 months' was ***confirmed***. • The COSRR will be submitted as 4: ***no evident financial concerns***; • For governance, the declaration that 'the board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set in appendix A of the risk assessment framework; and a commitment to comply with all known targets going forwards' was **confirmed**; • The governance rating for Q4 was green: ***no evident concerns***; • The declaration 'the board confirms that there are no matters arising in the quarter requiring an exception report to Monitor which have not already been reported' was ***confirmed***; • For consolidated subsidiaries, the response to the question 'the number of subsidiaries included in the finances of this return' was ***nil***. The board **NOTED** the contents of the report and **APPROVED** that the above declarations be submitted to Monitor.
98-15	**Board governance review: progress report** A report providing a general update on the progress of the current board governance review since January had been presented to the board. A diagram summarising the proposed governance structure at board and executive level following implementation was also presented to the board. It was proposed that the governance review group would continue to meet monthly. The next update report will be provided to the board of directors at its meeting in June 2015. The board will be asked to provide final approval of changes arising from the governance review at its meeting in September 2015.

	In the meantime, the board was asked to approve the following proposals contained within the report: • For LP to be appointed chair of the audit committee from 01 June 2015. The board was apprised that whilst main changes to the structure would not be implemented until October 2015, this change would enable the current chair of audit committee to assume responsibility for the proposed Finance and Operational Performance committee (operating in shadow form from June onwards); • The name of the Charitable funds advisory committee to be changed to 'charity committee'; and, • The proposed membership of the board and its sub-committees. It was noted that SF had been included inadvertently as a member of the Nomination & Remuneration committee. Notwithstanding this correction, after due consideration the board **APPROVED** these proposals. BH thanked KD and commended her for the work undertaken to date on the review.

99-15	**Corporate Risk Register**
	JMT presented this month's Corporate Risk Register (CRR) highlighting the following:
	
	• Currently, the trust's top two risks were:
	  • Failure to maintain a continuous Estates service due to staff shortages. As discussed earlier, JMT reminded the board that this had been considered by RT and DT and reviewed with the Head of Estates. It was anticipated that a revised risk rating would be submitted to the May board;
	  • The impact on the trust's decontamination services due to relocation of core surgical services at Synergy healthcare. JMT explained that this risk would be monitored for a further month and then de-escalated if appropriate;
	• One new risk, (rated as 12), relating to failure to meet the trust's medical education strategy had been added since the last report. RT explained the complexities of this issue noting there was little the trust could do to mitigate risk. However, he was assured that consultants would continue to manage relationships with the deanery. JT highlighted this as an example of a risk that should appear on both the CRR and the board assurance framework (BAF) register.
	
	BH queried why the risk relating to theatre doors had not been updated. JMT agreed to review and revise as appropriate **[Action: JMT]**
	
	JT asked if risks within the register could be grouped more appropriately. He agreed to liaise with JMT to agree how reporting could be further enhanced. **[Action: JMT]**

100-15	**Annual declarations by directors** KD reminded the board that the trust's constitution required its members to make annual declarations of interest (DoI) for inclusion in the register of interest maintained by the company secretary. Declarations are sought from directors at the beginning of each financial year (or upon appointment) and were now due for 2015/16. Since 2014, the additional requirement of the 'fit and proper person test' (FPPT) had been imposed on health service bodies. This regulation aimed to ensure that all board level appointments were fit and proper individuals to carry out their roles. In order to provide the board with assurance of good governance in respect of declarations, KD proposed that the trust's current DoI be expanded to incorporate the FPPT declaration. An

	amended pro-forma to this effect had been circulated to the board. After due consideration the board **APPROVED** it for immediate use. On this basis, it was agreed that KD would contact directors individually with regard to completion and return of the Annual declaration form. **[Action: KD]** KD advised she would also be working with GA to develop an integrated procedural document which would describe the steps the trust takes to assure itself that its directors are fit and proper persons. It was suggested that this form could also incorporate the current Directors Representation form. **[Action: KD]** A draft document would be submitted to the board at its meeting in June 2015 **[Action: KD]**
REPORTS FROM THE CHAIRS OF THE SUB-COMMITTEES TO THE BOARD	
101-15	**Clinical Cabinet** RT had nothing to add to his written report. There were no further questions and the board duly **NOTED** the report's contents.
102-15	**Audit Committee** JT explained that responsibility for ratifying the Whistleblowing policy now lay with the Quality and Risk Committee. The Audit Committee would in future be responsible for providing assurance that the Whistleblowing process was fit for purpose and working effectively as required by the board. Following concerns raised last year, stock management audits had been undertaken in Theatres and the Sleep Disorder Unit. A positive report with full assurance indicated significantly improved controls within both areas. At its last meeting, the Audit Committee had expressed concern that the current process for monitoring internal audit actions was not providing sufficient clarity on the accountability for these actions and the progress made. JT summarised the actions implemented to address this. RT reported he had now met with the trust's new internal auditors, Mazars. As part of discussions, RT had commended they take a more stringent approach to audit going forward. The Committee's terms of reference (ToRs) had been amended to reflect the change of accountability for the Whistleblowing policy. In addition, a few other minor changes were proposed. One outstanding area requiring clarification concerned identifying the 'Clinical Performance Committee' as referred to in the original ToRs. The board delegated KD and RT to resolve this point. **[Action: KD]**. Notwithstanding this, the board **APPROVED** the revised TORs. BH thanked JT for his update and the board **NOTED** the Committee's actions and findings.
103-15	**Charitable Funds advisory Committee** LP drew attention to a proposition to restructure the current approach to managing charitable funds. This would include replacing the current £10k directorate funds. The proposal was to divide the existing fund into separate funds for patients, staff and paediatrics, plus a general fund for unspecified use donations. As a new tracking system was now in place for donations, it should be possible to ensure that donations with specific requests attached could be allocated for that particular purpose. LP emphasised the importance of communicating these changes effectively throughout the organisation. There were no further questions and the board duly **NOTED** the contents of the update.

NEXT MONTH'S AGENDA	
104-15	Next month's draft agenda was presented for comment. It was noted that this meeting would take place a week earlier than normal to facilitate the annual report and account deadlines. BH acknowledged that many of the monthly reports would provide high level information only, and asked that fuller versions be circulated to the board via email, once available. **[Action: ALL]**
STAKEHOLDER AND STAFF ENGAGEMENT	
105-15	**Feedback from events and other engagement with staff and stakeholders** • JT attended a recent audit conference held by the HFMA. He reported that BAF risk monitoring and clinical audit appeared to be common themes throughout many organisations. Auditing of clinical data was complex and, by its nature, would always have to be audited by the doctors themselves; • GC and BH attended a recent Guinea Pig reception at the East Grinstead museum. GC and BH both highlighted the importance of managing partnerships with the Guinea Pig Club, (and the League of Friends and Blond McIndoe); • RT had attended a recent meeting of the Local Transformational Board. He had pointed out that approximately 80,000 people live closer to QVH than to another acute hospital and highlighted the needs of the local health community; • Following a recent exit interview with one of the medical secretaries, RT was assured that staff were now much clearer about their roles and responsibilities when managing the 18-week Referral to Treatment targets.
MEMBERS OF THE PUBLIC	
106-15	**Observations from members of the public** Before leaving the meeting, the one member of the public in attendance expressed appreciation at the clarity of the board's discussions today.
107-15	Further to paragraph 39.1, and annex 6 of the Trust's Constitution, it was agreed that members of the public should be excluded from the remainder of the meeting in order to enable the board to discuss confidential information concerning the trust's finances and matters of a commercially sensitive nature

Chair …… Date ……

MATTERS ARISING FROM THE BOARD OF DIRECTORS (BoD) MEETINGS						
ITEM	**REF.**	**AGREED ACTION**	**OWNER**	**DUE**	**UPDATE**	**STATUS**
April 2015 meeting						
1	**89-15**	Greater clarity to be provided in future Complaints, Claims and Patient Experience reports in order to better distinguish categorisation of outcomes.	**JMT**	May	Contained within May report	**Complete**
2	**89-15**	Patient Experience Group to review reasons for the 4%percentage of patients in MIU currently 'unlikely or extremely unlikely' to recommend QVH under the FFT scheme.	**JMT**	May	On May Patient Experience Group meeting agenda	**Complete**
3	**89-15**	Additional evidence to be presented to provide the board with assurance that action plans are being implemented effectively.	**JMT**	May	Meeting between BH and JMT now arranged to progress	**Complete**
4	**93-15**	Information Management & Governance Group to be tasked with improving IG toolkit submission scores	**DT**		This will be part of the IM&G's work programme for 2015/16.	**On going**
5	**94-15**	Data relating to employee relations to be better anonymised within Workforce reporting.	**GA**	May		
6	**95-15**	Evidence of IT integration within the QVH2020 programme to be enhanced within the current governance structure. The board to consider this at a future meeting.	**KD**	TBA		
7	**95-15**	Final version of 2015/16 Annual Plan to be circulated to the board prior to sign-off by the Chair	**DT**	May	Chair "signed off" on 13th May. Plan submitted to Monitor on 14th May as per the timetable. Complete	**Complete**
8	**99-15**	Risks rating and narrative relating to theatre doors to be reviewed and updated.	**JMT**	May	JMT has asked DT to provide update at May board	**Pending**
9	**99-15**	Presentation/grouping of CRR risks to be revised.	**JMT**	May	Done by risk score and risk lead – no further action required	**Complete**
10	**100-15**	Annual DoI forms to be circulated to board for completion and return	**KD**	May		**Pending**
11	**100-15**	Integrated procedural document to be drafted which will provide evidence that QVH directors meet the Fit and Proper Person test criteria. This will be submitted to the board for approval in June	**KD**	June		**On June agenda**

12	**102-15**	Audit committee ToRs to be clarified prior to amendment	**KD**	June		**Pending**
March 2015 meeting						
	71-15	Improved tracking on progress against new and existing strategic priorities to be introduced.	**RT**	June	**30.04.2015** Quarterly updates to continue. In the meantime, RT to review with respective KSO owners	**Complete**
	73-15	Action plan to be developed to tackle areas of concern highlighted in the Staff Survey.	**GA**	May	On board agenda for May 2015	**Pending**
	73-15	As part of the current governance review, the group to reconsider establishing a board workforce sub-committee in order to improve board and corporate level focus on staff wellbeing.	**BH**		**30.04.2015** Today's agenda to include details of latest review	**Complete**
	74-15	Risk rating with regard to maintaining continuous Estates services to be reviewed as a result of actions in place to mitigate risks.	**RT**	June	**30.04.2015** DT and RT to meet and discuss with Head of Estates. Revised risk register to be presented to board in May	**Pending**
	79-15	SF to update board on 'Repeated behaviours to be found within successful organisations' as identified by Richard Bonher, visiting fellow of the King's Fund.	**KD**	TBC	**30.04.2015** Presentation to be programmed into board work programme for 2015/16	**Pending**
February 2015 meeting						
	034-15	Whistleblowing policy to undergo further evaluation to incorporate new recommendations following *Freedom to Speak up* and returned to BoD for review in April.	**GA**	April	**21.04.2015** The changes incorporated following the Freedom to Speak up review need to be agreed at the Quality and Risk Committee before this policy returns to the Board for ratification. The next meeting of the Q&R committee is the 7th May 2015.	**Pending**
	035-15	Future Safe Staffing reporting to include quality matrix for Theatres	**JMT**	March	**26.03.2015** This will be included no later than May	**Pending**
	035-15	Board to receive update on progress for CQC inspection once visit is confirmed.	**JMT**	June	**26.03.2015** This will be scheduled for May **11 05 2015** BH and RT agreed this will now be scheduled for June	**On June agenda**

	037-15	Board to be apprised how best the trust might to achieve sustainable waiting lists in the long term.	**RT**	June	**30.04.2015** RT undertaking broader review of demand and capacity. Will provide board with an update in June.	**On June board agenda**
	051-15	Recommendations following spoke site review to be implemented	**RT**	June	**30.04.2015** Ongoing. Update to be provided at June board.	**On June board agenda**
December 2014 meeting						
	331-14	Board to be apprised of criteria used when approving locations for off-site activity	**RT**	June	**30.04.2015** Update to be provided at June board.	**On June board agenda**
	338-14	C-Wing Action plan to be returned to board for review in June 2015	**KD**	June	Now incorporated into 2015/16 work programme	**On June agenda**
July 2014 meeting						
	181-14	Further consideration as to which directorate risk management should sit under, as part of wider review of Executive workload.	**RT**	~~Oct~~ ~~Dec~~ TBA	This will form part of the wider organisational review which will start in October 2014 **21.10.14:** Review has commenced, not expected to conclude until December **18.12.14** Review still underway	**Pending**
May 2014 meeting						
	136-14	Monitor's "Well-Led" assessment framework to be implemented as part of the governance review. LH to liaise with RT regarding next steps, and board to be updated accordingly.	~~**LH**~~ **KD**	~~Aug~~ ~~Oct~~ ~~Dec~~ Mar	**08.07.14:** Presentation to be made to October Nomination & Remuneration Committee **15.09.14:** Well Led Review template to be used as framework for Board self-assessment commencing at December away day. **21.10.14:** Current Governance Review led by Chair Designate to be based on Well – Led Framework **01 02 2015** As LH has now left the trust this will be picked up by KD	**Pending**

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	21 May 2015
Reference number:	116-15
Report from:	Director of Nursing
Author: Jo Thomas	Jo Thomas
Report date: 13th May2015	13 May 2015
Appendices:	1. Safe staffing 2. Patient experience, complaints and claims

Patients: safe staffing and quality of care

Key issues

1. This report provides information on:

    a. Safe staffing and whether safe staffing levels are being achieved as per national recommendation and information on how safe and well led each ward is (appendix 1).
    b. Quality and risk management with information provided on quality and safety metrics.
    c. Infection prevention and control issues and actions.
    d. Information on new and closed complaints, claims and patient experience feedback (appendix 2).

Safe staffing

2. Safe staffing levels were achieved throughout March.

3. Areas of concern continue to be the vacancy rates on Canadian wing however there has been a small decrease in vacancy rate (18%) and new staff have been recruited and are starting on ward from now through to end of September. A further verbal update on staffing will be given as not all metrics were available at the time of the report being written. A new safe staffing template has been included in this report which is only partially populated due to earlier May board.

CQUIN

4. The CCG has confirmed payment in full for 2014/15 Q4 CQUIN schemes; QVH has achieved all the quality improvements and will receive the full payment of £1,335,738.

Quality and risk management

5. Of the 65 incidents relating to patients in April, 59 graded as no harm or were near misses, 6 graded as minor harm and no moderate or severe harm.
6. Two grade 2 QVH acquired pressure ulcer developed in April.
7. Falls continue to decrease with 2 falls reported in April.
8. No serious incidents occurred in April.
9. Quality metrics that have not achieved their target have been addressed with the relevant staff groups.

Infection control

10. No cases of MRSA, CDI or MSSA have been reported in April.

Complaints, claims and patient experience

11. Four new complaints were opened in April 2015. Two related to medical communication one graded as potentially moderate, conversation about life expectancy and one as minor. There was one complaint about the standard of surgery and complications graded as potentially moderate and one complaint about prescribing incorrect of antibiotics due to an allergy graded as moderate. Investigations are underway on all four complaints.

12. There were two complaints closed one about communication which was upheld and a full apology given to the patient and one about therapy post-surgery which was partially upheld and the patient has received the full RCA investigation report.

13. The average FFT percentage for patients extremely likely/likely to recommend was 99%.

Implications of results reported

14. Additional agency and bank staff are being used above ward establishment in some ward areas.

Action required

15. Clarify with matrons what were the reasons for increased temporary staff usage.

Link to key strategic objectives (KSOs)

- Outstanding patient experience
- World class clinical services
- Operational excellence
- Financial sustainability
- Organisational excellence

16. The issue raised can potentially adversely affect all of the trusts KSO's however many also support the KSO's and demonstrate that the trust is proactive in reporting and investigating incidents and complaints to improve care to patients.

Implications for the board assurance framework or corporate risk register

17. No new implications for BAF or corporate risk register.

Regulatory impact

18. No new issues have occurred in April which adversely impact on our ability to comply with CQC registration or our Monitor governance risk rating.

Recommendation

19. The Board is recommended to **NOTE** the content of the report.

Patients: Safe Staffing and Quality of Care May Report (April 2015 data)

Introduction

The attached report provides an update on the quality performance of the trust in respect of safety, effectiveness and patient experience. Key national, regional and local metrics are reported within the trust dashboard which is attached within relevant sections of the report along with the monthly complaints report that provides the detail around complaints raised. Performance is described on an exceptional basis with a RAG (red/amber/green) rating used for guidance to highlight areas of concern.

Since the last board report I have spent some clinical time working on Ross Tilley ward and in Corneoplastic out patients department working alongside our ward and departmental teams, caring for patients and speaking to relatives. The information from CIP is consistent with my finding from the ward that there is a good standard of compassionate care, the wards areas are very clean and staff are approachable. There is evidence of staff actively encouraging patients to complete FFT questionnaires. Corneoplastic outpatients department is extremely busy and the waiting area is relatively small. The team are looking at ways to improve patients experience whilst they wait, this include rearranging the seating area to improve privacy, introducing a patient recall system displayed on the televisions in the Hurricane restaurant so patients can utilise the café facilities, provision of free beverages if clinics overrun and are scoping the feasibility of children's only clinics. Specific feedback has been given directly to the ward managers.

Safe Staffing

1. During April all areas were deemed to have safe staffing levels, where shifts were unfilled due to short notice sickness or in some instances failure of agency staff to attend staff were redistributed and the site practitioner and trauma co-coordinators utilised to ensure safe levels of staffing.

2. The new safe staffing charts have been included in this report in Appendix 1. They are not fully populated due to the earlier board date in May. A further verbal report will be given at board on staffing once validation of April data has been completed.

SAFE STAFFING - % of staff actually on duty against those planned	Margaret Duncombe Registered staff Day shift	103%		99%												
	Margaret Duncombe Support staff Day shift	98%		98%												
	Margaret Duncombe Registered staff Night shift	99%		97%												
	Margaret Duncombe Support staff Night shift	99%		95%												
	Ross Tilley Registered staff Day shift	96%		99%												
	Ross Tilley Support staff Day shift	94%		103%												
	Ross Tilley Registered staff Night shift	95%		99%												
	Ross Tilley Support staff Night shift	89%		100%												
	Peanut Registered staff Day shift	98%		98%												
	Peanut Support staff Day shift	99%		92%												
	Peanut Registered staff Night shift	97%		97%												
	Peanut Support staff Night shift	100%		100%												
	Burns Registered staff Day shift	96%		98%												
	Burns Support staff Day shift	101%		94%												
	Burns Registered staff Night shift	99%		98%												
	Burns Support staff Night shift	104%		100%												
	ITU Registered staff Day shift	96%		98%												
	ITU Support staff Day shift	103%		100%												
	ITU Registered staff Night shift	95%		103%												
	ITU Support staff Night shift	100%		100%												

Commissioning for Quality and Innovation (CQUIN)

3. The CCG have confirmed payment in full for 2014/15 Q4 CQUIN schemes as QVH has achieved the quality improvements and will receive the full payment of £1,335,738.

4. As previously reported we have chosen the Default Tariff Option (DTR) and QVH is not eligible for CQUIN income for the entirety of 2015/16. There are three national CQUINs applicable to QVH and we identified two local schemes:

- Acute Kidney Injury
- Mental Health, Dementia
- Sepsis
- Human Factors training
- Mental Health support for trauma patients

The five CQUIN schemes remain important to the Trust and the intention to drive quality improvements in all of these remains despite there being no financial incentive for undertaking these developments. Review of the schemes has taken place and the Interim Director of Nursing and the Medical Director have reset achievable milestones within the resources available. A detailed quarterly report will be produced for the Quality and Governance Committee and a shorter update for the Board. We will continue to share progress against the initiatives with the commissioners and our stakeholders.

CQUINS	Dementia >75 trauma asked indicative question	93%	90%	87%												
	Dementia >75 having diagnostic assessment	95%	90%	100%												
	Dementia >75 referred for further diagnostic advice	100%	90%	100%												
	Dementia training for staff	87%	65%	92%												
	Dementia strategy	_	NA	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			
	AK1 Acute Kidney Injury	NEW		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			
	Sepsis	NEW		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			
	Human factors training	NEW		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			
	Improving patients with mental health experience of trauma pathways at QVH	NEW		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			

Quality Account

5. The final draft of the 2014/15 quality account is attached in the private section of the board pack. Subject to board approval the only other changes will be the insertion of the final value CQUIN payment (p11), unexpected readmission to QVH in 28 days data (p18), responsiveness to inpatients needs data (p32) and cancer data (p38). We also await comments from West Sussex Health and Adult Social Care Select Committee (HASC), Crawley, Horsham and Mid Sussex Clinical Commissioning Groups and the Council of Governors. Positive comments from Healthwatch West Sussex have been received and are in the quality account.

6. The quality account demonstrates areas of quality improvement and sustained performance. While we have performed well, we must keep the focus on continuous improvement in 2015/16 for our key priorities and all areas of or work to drive quality in order to further improve our patients' care and hospital experience.

7. KPMG are currently auditing our quality account and the initial findings are as expected and in line with other health care providers. A further verbal update will be presented at board.

Patient Experience

8. There were four new complaints opened in April 2015 .Two related to medical communication one graded as potentially moderate , conversation about life expectancy and one as minor. There was one complaint about the standard of surgery and complications graded as potentially moderate and one complaint about prescribing incorrect of antibiotics due to an allergy graded as moderate. Investigations are underway on all four complaints. There were two complaints closed one about communication which was upheld and a full apology given to the patient and one about therapy post-surgery which was partially upheld and the patient has received the full RCA investigation report.

9. There was one new claim opened in April 2015 as yet there are very limited details and one claim was closed due to patient withdrawing the claim. A more detailed summary is contained within the patient experience report in appendix 2.

10. We continued to sustain our FFT recommendation from patients that they would recommend us at 99%.

Patient Safety

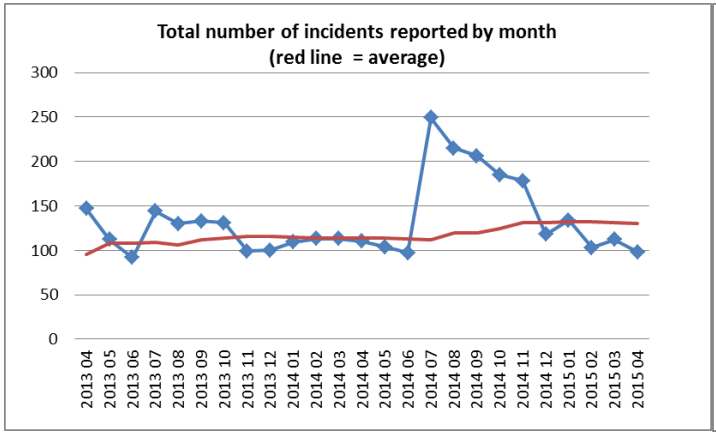
11. There were ninety eight incidents reported during April which shows a decreasing trend in the number of incidents reported. There is currently some analysis of this information in progress to better understand what this means. Of the total reported incidents sixty four related to patients, fifty nine were graded as near miss or no harm, six were graded as minor harm and none were graded as moderate or serious harm.

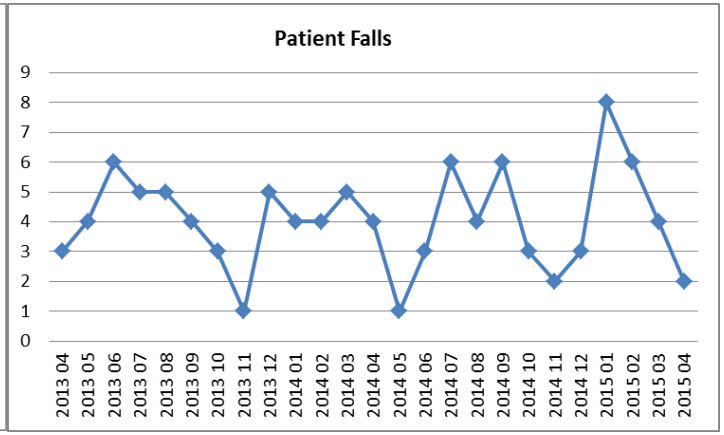
12. There were two grade 2 pressure ulcers acquired at QVH during April. One of these occurred on Margaret Duncan ward, sacral pressure damage and one on Ross Tilly ward, friction from NG tube. New tape and patches are being trialled by ward to see if this reduces pressure damage from friction. A root cause analyses is being undertaken on both cases

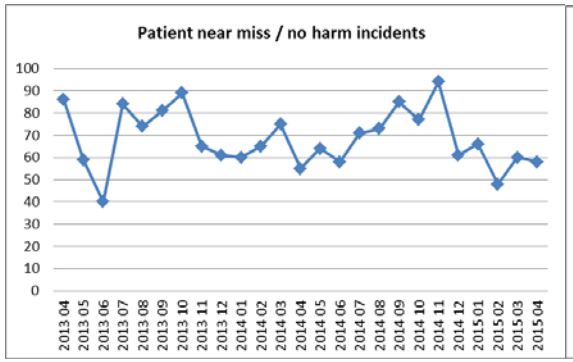
13. There were two patient falls in April. One was a trip which occurred on Ross Tilly ward causing minor injury and one was a slip in outpatients resulting in no harm.

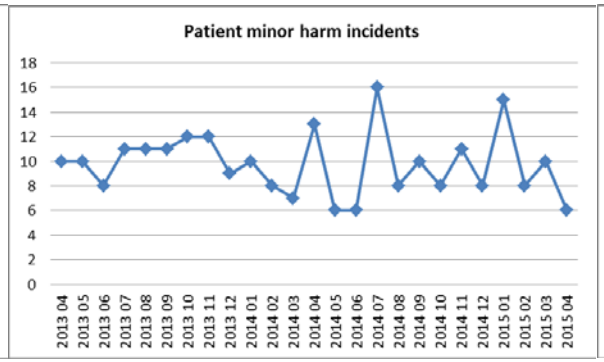
14. No Serious incidents occurred in April.

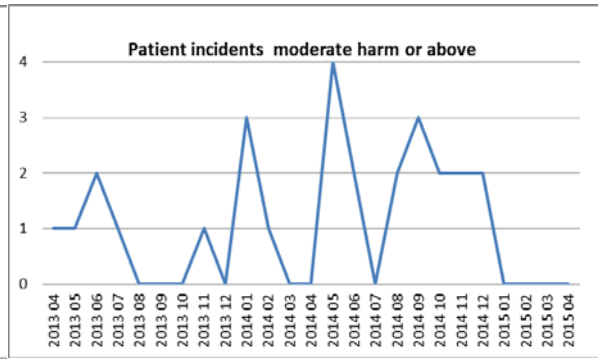
Patient Safety	Safety Thermometer	Safety thermometer data submission	100%	Y/N	Y												
		Harm free care rate (NATIONAL) - one month delay?	NEW														
		Harm free care rate (QVH)	97%	>95%	97%												
		New harm free care rate (acquired at QVH)	99%	>95%	97%												
		VTE initial assessment (Safety Thermometer)	100%	>95%	100%												
		Patient Falls assessment completed within 24 hrs of admission	90%	>95%	100%												
		% of completed nutritional screening assessments (MUST) within 24 hours of admission	99%	>95%	100%												
		% of patients who have had a (MUST) reassessment after 7 days	92%	>95%	86%												
		Patient Falls resulting in no or low harm	49	—	2												
		Patient Falls resulting in moderate or severe harm or death	1	—	0												
		Number of Pressure ulcer development Grade 2 or over acquired at QVH	11		2												
		Serious Incidents	10		0												
		Never Events	2		0												
		Total number of incidents involving drug / prescribing errors	210														
		No & Low harm incidents involving drug / prescribing errors	209														
		Moderate, Severe or Fatal incidents involving drug / prescribing errors	1														
		Medication administration errors per 1000 spells	2.2														
	Consent	To take consent for elective surgery prior to the day of surgery (Total)	74%	75%	67.1%								#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		To take consent for elective surgery prior to the day of surgery (Max Fax)	70%		73.9%								#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		To take consent for elective surgery prior to the day of surgery (Plastics)	72%		61.5%								#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		To take consent for elective surgery prior to the day of surgery (Corneo)	84%		83.3%								#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
		Number of outstanding CAS alerts	2		0												
		Number of reported incidents relating to fraud, bribery and corruption	1		0												
	Theatres	Perioperative patient thermoregulation management	NEW														
		Pressure ulcer management	NEW														
		Reducing nil by mouth times	NEW														
		WHO Checklist compliance - Qualitative (100% compliance is CCG target)			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			
		WHO Checklist compliance - Quantitative (100% compliance is CCG CQUIN)	96%	>95%	_												











Staff Safety

15. Verbal update will be given on staff incidents at board

Staff Safety	Staff incidents causing harm	96		7											
	RIDDOR (Patients & Staff)	2		1											
	Mandatory training attendance	78%	80%	70%											
	Flu vaccine uptake	53%	60%	Not due till October											

Infection Control

16. Hand hygiene audit compliance is lower in medical staff. Staff have been reminded that any staff declining to take the correct hand hygiene precautions must be challenged in real time and any repeat non-compliance escalated to appropriate manager.

17. Cleaning standards continue to be monitored closely some evidence of improving standards. This was also validated by the recent PLACE visit with the informal feedback very positive about the cleanliness of the site.

18. There has been evidence of mice in Blond McIndoe building. This resulted in immediate action and pest control experts on site. Our eye bank facilities are based in this building; work on human tissue stopped as soon as the problem was identified. Traps were set and the whole department deep cleaned. Assurance was sought from our QVH Human Tissue Lead regarding the viability of the organs stored in the department. Following review of the human tissue regulations and guidance no further action was required, the organs are stores in sealed containers in sealed incubators in a separate room from where the infestation was discovered and no evidence of infestation was found after thorough checking in the organ room.

Infection Control & Prevention	MRSA Bacteraemia acquired at QVH post 48 hrs after admission	0	0	0												
	Clostridium Difficile acquired at QVH post 72 hours after admission	1	0	0												
	E-coli bacteraemia	0	0	0												
	MSSA bacteraemia	1	0	0												
	MRSA screening - elective	96%	>95%	99%												
	MRSA screening - trauma	97%	>95%	97%												
	Trust hand hygiene compliance	98%	>95%	99%												

Care Quality Commission (CQC)

19. Inspections by the CQC are now being announced on a monthly basis giving Trusts a 20 week notice period. QVH does not have a date yet for inspection the earliest the CQC could undertake booked inspection would be October 2015.

20. The CQC self-assessment is underway. The deadline for completion of this initial assessment and return of actions plan was 27 April, most of the assessments were returned within this time frame and we are now correlating this information to identify gaps specific to wards and departments and gaps applicable to the Trust.

21. A revised CQC Hospital Intelligent Monitoring report is expected; QVH is currently rated 6 with an overall risk score of 2.

Appendix 1

SAFE STAFFING DATA – April 2015

CANADIAN WING (MD & RT)																		
Staff Utilisation	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Vacancies wte Est = 62.88 (hrs)													7.5%					See Margaret Duncombe for joint C-Wing vacancy, temp staffing & sickness data.
Temp staffing Bank exc RMN Agency													10% 235.8+ vac					
Sickness (%)													2%					
Shift meets est (%) RN	99%												95%				*	
Day HCA	103%																*	
Shift meets est (%) RN	99%												95%				*	
Night HCA	100%																*	
Training / Appraisal	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
MAST Compliance (%)													85%					
Appraisals (%)													85%					
Drug Assessments (%)	100%												95%				*	
Patient FFT Score (%)	98.0%												95%				*	
Staff FFT Score (%)	_																*	
Budget (K)													>0					

MARGARET DUNCOMBE 2015 / 2016	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	DoN Rating					
Safe Care	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Pressure Ulcers	2												0					
Falls	0												0					
Medication Errors													0					
MRSA / C. diff	0/0												0 / 0					
Incidents Reported (Datix)																		
Elective Surgery Cancellations																		
VTE reassessment (%)	100%												95%					
Nutrition MUST assessment	100%												95%					
7 day review	100%																	
Activity	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Bed occupancy (10am)													90%					
Patient numbers	146												N/A					

ROSS TILLEY 2015 / 2016	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	DoN Rating					
Safe Care	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Pressure Ulcers	1												0					
Falls	1												0					
Medication Errors													0					
MRSA / C. diff	0/0												0 / 0					
Incidents Reported (Datix)																		
Elective Surgery Cancellations																		
VTE reassessment (%)	100%												95%					
Nutrition MUST assessment	100%												95%					
7 day review	100%																	
Activity	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Bed occupancy (10am)													90%					
Patient numbers	170												N/A					

BURNS WARD 2015 / 2016	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	DoN Rating					
Staff Utilisation	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Vacancies wte	2.07												7.5%	6.8%				Vacancy rate at 6.8%. Establishment information not available for 2015/16
Est = (hrs)	337.30																	
Temp staffing Bank	464.2												10%	62.50%				Over used by 62.5% on bank and agency hours compared to vacancies. Vacancy =337.30 hrs (used 548.15)
exc RMN Agency	84																	
Sickness (%)	NA												2%					Data not available due to early Board Report
Shift meets est (%) RN	98%												95%					
Day HCA	94%																	
Shift meets est (%) RN	98%												95%					
Night HCA	100%																	
Training / Appraisal	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
MAST Compliance (%)													85%					
Appraisals (%)	64.5%												85%	-20%				
Statutory & Mandatory	83.9%												85%	-1%				
Drug Assessments (%)	100%												95%					
Patient FFT Score (%)	100%												95%					
Staff FFT Score (%)	_																	
Budget (K)													>0					

BURNS WARD 2015 / 2016	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	DoN Rating					
Safe Care	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Pressure Ulcers	0												0					
Falls	0												0					
Medication Errors													0					
MRSA / C. diff	0/0												0 / 0					
Incidents Reported (Datix)																		
Elective Surgery Cancellations																		
VTE reassessment (%)	100%												95%					
Nutrition MUST assessment	100%												95%					
7 day review	50%																	
Activity	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Bed occupancy (10am)													90%					
Patient numbers	21												N/A					

BURNS ITU 2015 / 2016	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	DoN Rating					
Staff Utilisation	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Vacancies wte	0												7.5%	0.0%				Erostering shows no vacancies outstanding.Establishment information not available yet for 2015/16
Est = (hrs)	0																	
Temp staffing Bank	191												10%					Over used on bank and agency hours compared to vacancies. Vacancy = 0 hrs (used 548.15)
exc RMN Agency	504																	
Sickness (%)	N/A												2%					Data not available due to early Board Report
Shift meets est (%) RN	98%												95%					
Day HCA	100%																	
Shift meets est (%) RN	103%												95%					
Night HCA	100%																	
Training / Appraisal	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
MAST Compliance (%)													85%					
Appraisals (%)	66.7%												85%	-18%				
Statutory & Mandatory	71.9%												85%	-13%				
Drug Assessments (%)	87%??												95%					
Patient FFT Score (%)	_												95%					
Staff FFT Score (%)	_																	
Budget (K)													>0					

BURNS ITU 2015 / 2016	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	DoN Rating					
Safe Care	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Pressure Ulcers	0												0					
Falls	0												0					
Medication Errors													0					
MRSA / C. diff	0/0												0 / 0					
Incidents Reported (Datix)																		
Elective Surgery Cancellations																		
VTE reassessment (%)	100%												95%					
Nutrition MUST assessment	100%												95%					
7 day review	100%																	
Activity	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Bed occupancy (10am)													90%					
Patient numbers													N/A					

PEANUT WARD 2015 / 2016	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	DoN Rating					
Staff Utilisation	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Vacancies wte	1.75												7.5%	7.0%				Establishment information not available yet for 2015/16
Est = (hrs)	285.16																	
Temp staffing Bank	240.5												10%	*9%				Over used on bank and agency hours compared to vacancies. Vacancy = 285.16 hrs (used 311.75)
exc RMN Agency	71.3																	
Sickness (%)	N/A												2%					Data not available due to early Board Report
Shift meets est (%) RN	98%												95%					
Day HCA	92%																	
Shift meets est (%) RN	97%												95%					
Night HCA	100%																	
Training / Appraisal	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
MAST Compliance (%)													85%					
Appraisals (%)	80.0%												85%	-5%				
Statutory & Mandatory	82.0%												85%	-3%				
Drug Assessments (%)	100%												95%					
Patient FFT Score (%)	100%												95%					
Staff FFT Score (%)	_																	
Budget (K)													>0					

PEANUT WARD 2015 / 2016	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	DoN Rating					
Safe Care	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Pressure Ulcers	0												0					
Falls	0												0					
Medication Errors													0					
MRSA / C. diff	0/0												0 / 0					
Incidents Reported (Datix)																		
Elective Surgery Cancellations																		
VTE reassessment (%)	N/A												95%					
Nutrition MUST assessment	N/A												95%					
7 day review	N/A																	
Activity	No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Bed occupancy (10am)													90%					
Patient numbers	10												N/A					

Appendix 2 patient experience report

Queen Victoria Hospital NHS
NHS Foundation Trust

Monthly patient experience report

1 April 2015 – 30 April 2015

Monthly patient experience report

1 April 2015 – 30 April 2015

Complaints

Open complaints: There were 4 complaints opened during this period. All Complaints received are acknowledged, investigated and responded to. Actions identified are monitored for completion by the monthly clinical governance group.

Plastic Surgery

1. **In-patient - Medical – clinical care/communication** – Following surgery patient was re-admitted as an emergency. The patient claims that the doctor asked the patient whether they had contacted their family as they 'only had minutes to live'. Patient feels that this term should not have been used as the patients entire family were worried by this. Patients has advised us that they have discussed their case with the Ombudsman who have advised the patient that they had a valid point in that this should not have been said. Patient would like this matter reviewed. **Investigating lead – Consultant and Clinical Lead**

   Initial risk grading: **Moderate** Likelihood of recurrence as**: Possible**
   Comment/Action – Still undergoing investigation.

2. **Outpatient - Medical – communication -** Felt that the consultant was stressed and lacked concentration and made mistakes when making notes about medical history. When patient asked who would be performing surgery, consultant said 'that it probably wouldn't be him as he is moving on.' Consultant appeared vague about the experience of the surgeon that would be taking over from him. Patient would like reassurance that any future surgery is performed by a surgeon with experience in hand joint replacement surgery. **Investigating lead – Clinical Lead**

   Initial risk grading: **Minor** Likelihood of recurrence as**: Possible**
   Comment/Action – Still undergoing investigation.

3. **Inpatient - Medical – clinical care -** Following hand surgery the patient is undergoing further surgery due to complications. Patient feels that initial surgery was inadequately performed and would like a full explanation. **Investigating lead – Clinical Lead**

   Initial risk grading: **Moderate** Likelihood of recurrence as**: Possible**
   Comment/Action – Still undergoing investigation.

4. **Inpatient - Medical/Nursing – Prescribing issue –** Patient was written up and given penicillin based antibiotics. Patient is allergic to penicillin (rash appears on neck) and was wearing a red bracelet. There were also alerts within the patient's health records. **Investigating lead – Matron/Clinical Lead**

Initial risk grading: **Moderate.** Likelihood of recurrence as: **Possible**
Comment/Action – Still undergoing investigation and awaiting comments.

Closed complaints: There were 2 complaints closed during this period. The Trust triages all complaints in line with the Department of Health guidance to ensure that proportionate investigations take place.

Theatres

1. **Inpatient - Theatre staff/admin – communication –** The patient arrived for their operation at 12:45pm and was taken through at 3:30pm. There was a lack of communication from the staff in relation to giving the patient a full explanation as to the delay and also in keeping the patient/relative fully updated. **Investigating lead – Matron**

   Initial risk grading: **Moderate** Likelihood of recurrence as**: Possible**

   Comment/Action – It was fully acknowledged that there was a lack of communication and we are looking at ways that this can be improved upon within the theatre area. The Patient Experience Manager and Matron are due to meet with the staff to discuss better ways of communicating with patients. **Outcome – upheld**

2. **Inpatient - Theatre staff – communication –** This case relates to the incident regarding SYNERGY. The patient considers that the way they were personally contacted was insufficient and that all patients should have been given the option to undergo additional tests.

   Initial risk grading: **High.** Likelihood of recurrence as: **Unlikely**

   Comment/Action – A copy of the Root Cause Analysis Report has been shared with the patient. Although all patients were telephoned, more detail on the voicemail on who to contact should have been given. With this particular patient they only had the name of the person to call but did not know that they were calling from QVH. This has been taken on board should a similar issue arise (upheld). We were advised by NHS Public Health not to offer patients the option of being tested and therefore the patients that were contacted were not offered this based upon the advice that we were given. **Outcome – upheld in part.**

Claims

Open claims: There was 1 new claim opened during this period. Overall there are 51 claims. A quarterly report is provided to the Quality and Risk Committee on claims paid, lessons from claims are disseminated through the Joint Hospital Audit meeting each quarter.

Incident date	Claim date	Directorate	Specialty	Description
n/k	01/04/15	N/K	N/K	Limited information given about nature of claim other than that it I being made against QVH, King's College Hospital and Medway NHS Foundation Trust.

Closed claims: During this period 1 new claim was closed.

Incident date	Claim date	Directorate	Specialty	Description	Outcome
27/03/2012	22/06/2013	Plastic Surgery	Medical	Patient had initially made a complaint and went to BBC Southeast who covered the story in a local news item. Concerns raised about the type and outcome of breast reconstruction surgery.	Claim independently withdrawn by patient.

Patient comments, surveys & Friends and Family Test

Patient feedback is actively sought by the trust through the friends and family test and patients can actively feedback to the trust through NHS Choices, PALS, twitter or email.

There were no new comments posted onto the NHS Choices/Patient Opinion websites this month.

National Children's inpatient and day case survey 2014

The results presented here are from the Inpatient Survey 2014, carried out by Picker Institute Europe on behalf of the Queen Victoria Hospital NHS Foundation Trust. This survey is part of a series of annual surveys required by the Care Quality Commission for all NHS Acute trusts in England. The Picker Institute was commissioned by 69 UK trusts and one private provider to undertake the Children's Inpatient & Day Case 2014 Survey. A sample of 300 paediatric inpatients and day case patients that were discharged between July and August was submitted.

A total of 300 patients from your Trust were sent a questionnaire. 297 were eligible for the survey, of which 111 returned a completed questionnaire, giving a response rate of 37% (average response rate 27%).

Key facts about the 111 who responded to the survey:

- 45% of returned questionnaires were the parent/carer version (0-7 years), 15% were the children's survey (8-11 years), and 40% were the young person's questionnaire (12-15 years).
- 38% of admissions were emergency whereas 62% of attendances were planned.
- 92% had an operation or procedure during their stay.
- 59% of young patients were male; 41% were female.
- 92% stated their ethnic background as White; 4% Mixed; 2% Asian/Asian British; 2% Black/Black British; 1% other ethnic group.

This survey has highlighted the many positive aspects of the patient experience.

Some key results:

- **Overall:** 98% of parents rated care 7 or more out of 10.
- **Overall:** 95% of children and young people rated care 7 or more out of 10.
- **Hospital ward:** 100% of parents felt their child (aged 0-7 years) was always safe on the ward, and 95% of children and young people (aged 8-15 years) always felt safe.
- **Hospital ward:** 94% of parents of children aged 0-7 years stated there were definitely appropriate things for their child to play with on the ward, whereas 48% of young people aged 12-15 years felt there was a lot for their age group to do.
- **Hospital staff:** 92% of children and young people (aged 8-15 years) stated that someone at the hospital spoke with them about their worries, and 92% felt that the people looking after them always listened to them.
- **Hospital staff:** 98% of parents always had confidence and trust in the members of staff treating their child (0-15 years)
- **Overall:** 100% of parents stated they were always treated with dignity and respect by the people looking after their child (0-7 years)

How do we compare to other trusts?

The survey showed that QVH Trust is:

- Significantly BETTER than average on 37 questions
- Significantly WORSE than average on 0 questions
- The scores were average on 22 questions

Friends and Family Test

The role out of FFT is a national CQUIN by the end of 2014/15 we are required to achieve a return rate of 40% for inpatient returns and 20% for MIU. I am pleased to report that our return rate for the CQUIN at year end was achieved at **54.4%.**

The Trust wide FFT scores for in-patients in April was **99%** of our patients would recommend us. 213 inpatients out of a possible **347** inpatients completed the questionnaire which is a **response rate of 61.4%.** We are making vast improvements with our scoring for FFT by having meetings with frontline staff to outline the importance of patient feedback and how this can be achieved. We are also looking to

add additional information to the media screens i.e. informing patients about the FFT the questionnaires and where the forms are located within the outpatient departments.

The following are the specific area/wards FFT score, % score for extremely likely/likely and return rate, which are considered to be very disappointing with the response rate scores for some areas:

Area	Total Responses	Total Eligible	Response rate	Percentage recommended	Percentage Not recommended
MD ward	95	146	65.1%	97%	0%
RT ward	100	170	58.8%	98%	1%
Peanut ward	8	10	80.0%	100%	0%
Burns ward	10	21	47.6%	100%	0%
Sleep centre	109	150	72.7%	97%	0%
MIU	1027	217	21.1%	93%	2%
Trauma	591	138	23.4%	89%	6%
OPD	714	10757	6.6%	96%	2%
DSU	94	603	15.6%	99%	0%

The following chart is a comparison of specialist hospitals and their FFT scores for March 2014 (please note that NHS England publishes their statistics 1 month behind).

Trust	Total Responses	Total Eligible	Response Rate	Percentage recommended	Percentage Not recommended
Moorfields Eye Hospital NHS Foundation Trust	61	77	79.22%	100%	0%
Papworth Hospital NHS Foundation Trust	643	1034	62.19%	98%	1%
Queen Victoria Hospital NHS Foundation Trust	179	340	52.65%	98%	0%
The Royal Marsden NHS Foundation Trust	228	538	42.38%	98%	0%
Royal National Orthopaedic Hospital NHS Trust	335	547	61.24%	97%	1%
Stoke Mandeville Hospital	176	966	18.22%	98%	1%

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to: Board of Directors
Meeting date: 20 May 2015
Reference number: 117-15
Author: Jane Morris, Interim Director of Operations
Report date: 12 May 2015
Appendices: none

Operational performance: targets, delivery and key performance indicators

Key performance indicators

1. Income from patient activity for month 1 was not available at the time of the writing of this report. A verbal update will be given at the meeting of the board of director.

2. The trust is forecasting compliance at an aggregate level for all three 18 week targets for April 2015.

3. Speciality level information for April is still subject to validation and will be confirmed at the meeting of the board of directors following submission of the data to the Department of Health on 20 May.

4. The trust continues to forecast compliance with all three targets for May as planned.

5. There are no breaches of 52 weeks forecast for April.

6. The trust achieved all cancer waiting times in March except for 62 days - total of 4 breaches. It should be noted that one patient has been incorrectly allocated to QVH. We are currently in the process of contacting the trust concerned to amend the 'open Exeter' system; however even with this patient excluded the trust would still have failed this target for March.

7. The trust achieved all cancer waiting times for quarter 4 except for 62 days, with a total of 9.5 breaches of this standard reported between January and March, with the majority recorded in February.

8. There were no urgent operations cancelled for a second time in April.

9. There were no operations cancelled on the day of admission in April.

10. The exact MIU performance in April was not available at the time of writing this report however the trust has consistently been performing above 95%.

11. The exact performance for the diagnostic target for April was not available at the time of writing this report. A verbal update on the reported position will be given at the meeting of the board of directors.

Implications of results reported

18 weeks

12. The trust has continued to sustain the national and Monitor requirement to be compliant at an aggregate level for all three 18 week performance targets.

Cancer

13. The trust has not met the national and Monitor requirement to be compliant with the cancer waiting times for Q4.

Actions being taken to sustain compliance

18 weeks

14. Key actions in place:
    - The operational control centre is now fully embedded and meets three times a week. This group focuses on providing targeted lists of patients to be booked by secretaries, waiting list progress as well as addressing immediate operational issues so that backlog continues to reduce as per trajectories.
    - Information provided to the above is now fully embedded to support the operational team.
    - Weekly forecast update is being provided to the board.
    - Extra operating sessions are being organised as required ensure the trust continues to maintain compliance.
    - The trust has opened another orthodontic treatment room this month alongside the appointment of a locum consultant to support the achievement of sustainable waiting times within the department.
    - The trust is still securing extra capacity at Centre for Sight for the more complex corneal patients who cannot currently be treated at QVH as well as continuing with Saturday operating twice a month. An additional locum consultant ophthalmologist is being recruited to further improve the capacity within the speciality to meet demand.
    - Extra clinics are being held to reduce waiting times at off sites particularly for oral surgery.

Cancer

15. Main risks to achieving compliance with cancer waiting times are as follows:
    - The trust's cancer waiting time performance is particularly sensitive to any changes in activity due to low levels of patients treated at QVH, complex multi-organisational pathways and late secondary referrals.
    - Late referrals from off sites.
    - Administrative errors at QVH due to shortages of staff / incorrect listing as routine when added to waiting list.

16. Actions being taken to mitigate the risks include:
    - Liaising with management teams off site to improve processes.
    - Training of admin teams and reinforcing to junior doctors about the correct listing of patients.
    - Contacting individual trusts when an immediate breast breach has occurred due to unavailability of visiting consultant and asking them to review systems.
    - New data collection process surrounding cancer waiting times and COSD has now been introduced using Infoflex as the single cancer database source for waiting times within the trust which will be supported with a revised tracking system in the next few months.

Link to key strategic objectives (KSOs)

- Outstanding patient experience
- Operational excellence
- Financial sustainability

17. The performance in month contributes to the financial sustainability objective however there will be penalties applied for failing the 62 day cancer target for Q4.

18. More relevant is the adverse impact on patient experience and operational excellence of the 18 week and cancer breaches as well as urgent cancelled operations.

Implications for the board assurance framework or corporate risk register

19. Risks associated with this paper are already included within the corporate risk register.

Regulatory impact

20. Currently the performance reported in this paper does not impact on our CQC authorisation, however there may be a risk to our current Monitor governance risk rating due to the fact that we failed Q4 for cancer.

Recommendation

21. The Board is recommended to **NOTE** the contents of the report.

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	21 May 2015
Reference number:	120-15
Report from:	Graeme Armitage, Director of HR & Operational Development
Author:	Graeme Armitage, Director of HR & Operational Development
Report date:	12 May 2015

Workforce report

Key issues

1. This report provides the board of directors with an update on the workforce key performance indicators and highlighted below are the main themes emerging during April 2015. As a consequence of the meeting being brought forward it has not been possible to update some of the data.

2. Turnover/vacancies: turnover at the start of Q1 is at 15.58% and whilst this is above the trust target of 11% the position remains stable. This has been a priority for the HR team for the last 12 months and the benefits of initiatives put in place to address this will start to show signs of improvement towards the end of Q1. The steps taken to date include the bank/overtime initiative, recruitment open days and improved exit interview/data collection.

3. Pay, bank and agency: reported bank and agency is 2 months in arrears and the figures in the report are those for March 2015. The increase in the use of bank and in particular agency is expected as this was prior to the bank/overtime initiative coming into effect. The impact of this is being closely monitored and in the first month of operation there has already been a significant shift back towards bank rather than agency use. The ratio of bank to agency use prior to the initiative was 1:1 in the in-patient areas and is now running at 2:1. There has also been an improvement in bank shift fill rates whilst the number of requested bank shifts over agency shifts has also increased. The situation will continue to be closely monitored and meetings are being scheduled to create a new single ‘overtime’ payment to replace the current arrangements at the end of the pilot.

4. Vacancies: the gap between the funded establishment wte and the in post wte (i.e. currently 66.92 wte) improved throughout Q4 with advertised vacancies rising to 49% from 25% earlier in the year. Successful recruitment to vacancies on C Wing will impact positively on sickness and bank/agency use in that area throughout Q1 and Q2; a further appointment has been made in medical photography following the January 2015 recruitment day.

5. Sickness absence: It has not been possible to update the sickness data due to the timing of the board meeting in May 2015.

6. Statutory and mandatory training: the compliance rates continue to improve across all aspects of statutory and mandatory training. Compliance stands at 77% including those who are booked to attend courses but more importantly the figure for those staff who are compliant in line with their profession is now at 72% the highest this has been since formal reporting began.

Implications of results reported

7. The report provides the board with assurance against the workforce elements of the trust strategy.

8. The information contained within the report will be available to our commissioners and the general public.

Action required

9. Management and progress of the areas outlined in this report is the responsibility of the director of HR/OD. Consequently, day to day delivery is addressed through the HR and learning and development teams as part of their individual and team objectives. A system of monthly update meetings has been introduced to monitor progress closely.

10. In addition to the above progress within the trust is monitored by the clinical cabinet and quarterly updates to the board of directors.

Link to key strategic objectives (KSOs)

- Outstanding patient experience
- World class clinical services
- Operational excellence
- Financial sustainability

Implications for the board assurance framework or corporate risk register

11. The issues raised at paragraphs 1 – 6 above are not so serious as to merit inclusion on the corporate risk register or board assurance framework at this stage, although the potential for matters to escalate will be monitored and recommendations will be made if appropriate.

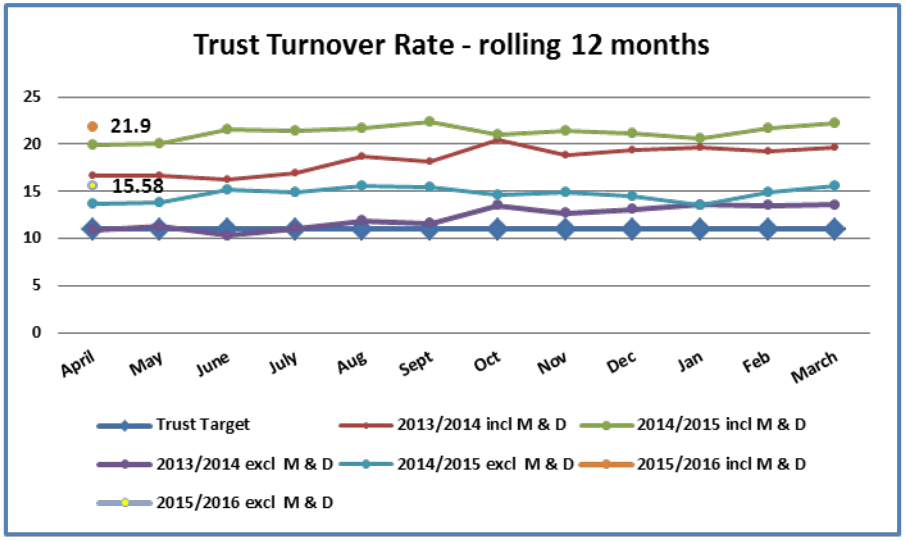
Regulatory impacts

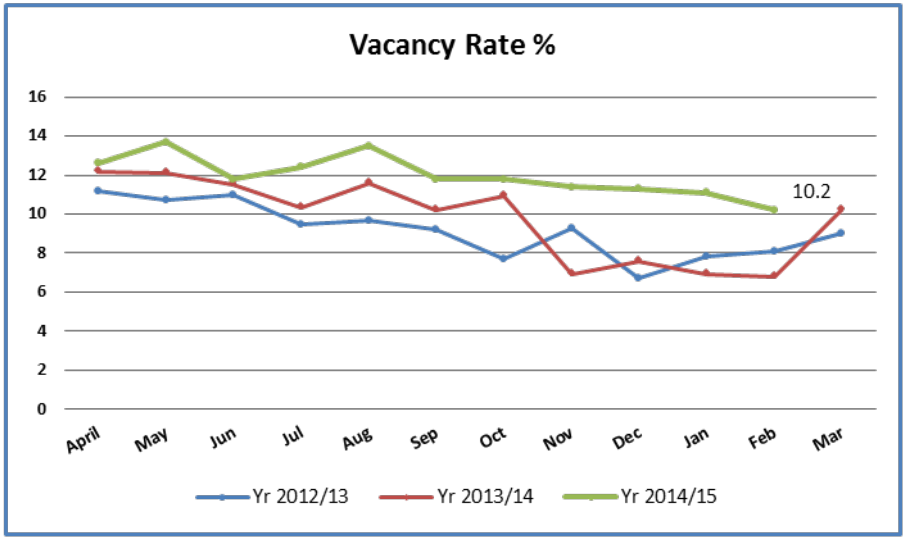
12. Progress to date is sufficient to assure the board that good progress is being made in all areas and there is unlikely to be any adverse implications for the trust's delivery of high quality patient care. Consequently there is no adverse impact for regulatory compliance.

Recommendation

13. The Board is recommended to **NOTE** the content of the report.

HEADLINE HR KPIs May 2015





Staff Movements

	Apr 14	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb15	Mar 15	Apr 15
Headcount	966	966	967	965	957	961	965	966	965	973	965	979	978
WTE in Post	816.86	816.07	816.78	816.79	816.79	812.47	816.49	818.86	818.48	825.73	820.25	832.99	830.22
WTE Funded Establishment	897.51	897.51	897.51	897.51	897.51	897.51	897.18	897.14	897.14	897.14	897.14	897.14	N/A
New Hires	10	7	19	10	23	24	23	12	8	15	26	16	10
Leavers	9	9	21	12	44	17	17	12	12	7	33	19	7
Maternity Leave	19	20	17	16	19	20	18	16	16	13	13	12	14
Vacancy Rate	12.6%	13.7%	11.8%	12.4%	13.5%	11.8%	11.8%	11.4%	11.3%	11.1%	10.2%	N/A	N/A
Turnover Rate Headcount	1.04%	1.04%	2.18%	1.35%	4.62%	1.77%	1.76%	1.24%	1.24%	0.72%	3.42%	1.94%	0.72%
Turnover Rate (FTE)	0.93%	0.93%	2.07%	1.24%	4.49%	1.69%	1.66%	1.14%	1.15%	0.66%	3.60%	1.96%	0.64%

Rolling 12 Monthly Turnover Figures

	Apr 14	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov14	Dec14	Jan 15	Feb 15	Mar 15	Apr 15
12 Month Turnover (including Medical & Dental)	19.94%	20.15%	21.55%	21.45%	21.66%	21.61%	20.97%	21.47%	21.09%	21.70%	21.84%	22.24%	21.90%
12 Month Turnover (Excluding Medical & Dental)	13.67%	13.79%	15.19%	14.93%	15.57%	14.87%	14.74%	14.96%	14.50%	14.95%	15.15%	15.61%	15.58%

HEADLINE HR KPIs

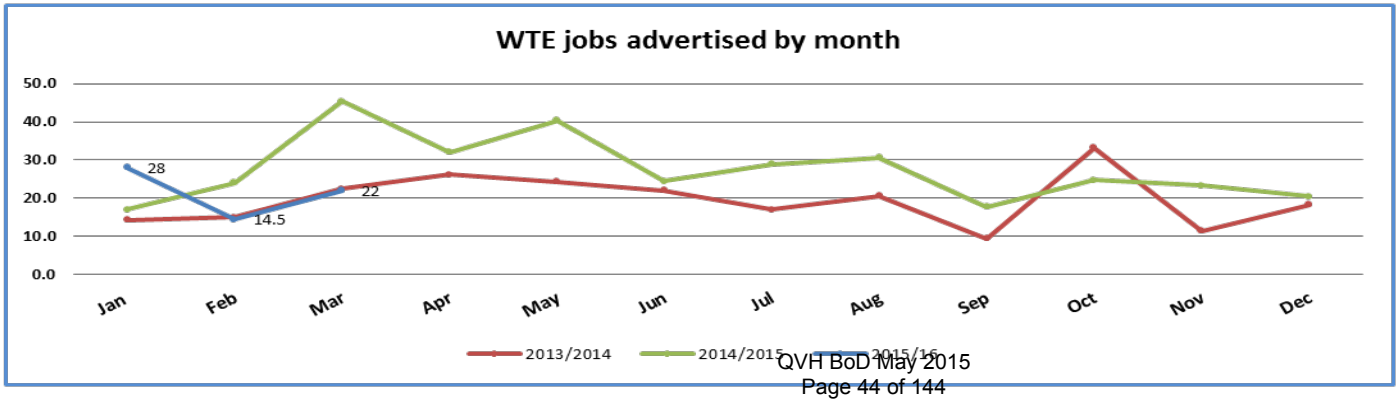
Turnover (12 month rolling turnover)

Staff turnover in the Trust for the last 12 month rolling period ending April 2015 (excluding Medical and Dental) was 15.58%. Staff turnover has seen an increase of 2.0% when compared with the 12 month rolling period ending April 2014 and remain a priority for the HR team.

There were 7 leavers (5.32 FTE) in April 2015, a monthly turnover rate of 0.72 % representing a decrease of 1.22% compared to March 2015. The Leavers for April 2015 came from Nursing, Admin and Clerical and Additional Clinical Services. The reasons for leaving included 3 members of staff who retired, 2 of these were flexi-retirements and the members of staff will be returning to the Trust in May. It should noted that the flexi-retirement individuals will be returning to posts on a part time basis or to a post at a lower band. There were 3 voluntary resignation, which included 1 -promotion to another Trust, 1 -better reward package within the private sector and 1 – reason unknown. Medical and Dental had 1 leaver which was due to the end of their fixed-term contract.

It is important that HR&OD monitor and collect information from leavers so that the trust is able to put into place mechanisms to reduce the levels so that the target of 11% is achieved. To address the high levels of turnover, all leavers will now be asked to either complete an online leavers survey, or as an alternative have an interview with HR or a designated manager. HR will analyse the feedback to address concerns raised and share with managers where appropriate. It is anticipated that the choice given to leavers will result in higher numbers of staff providing valuable feedback.

Although the turnover rate is higher than the target of 11%, staffing stability is currently at 99.49% whilst the number of posts being advertised in month is at the same level as 2014/15 which indicates that



RAG Rating

HEADLINE HR KPIs

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Recruitment

There were 32.86 WTE vacant positions advertised in April 2015 which included, 7.0 WTE Nursing posts 2.96 Admin and Clerical posts and 11.0 WTE Medical and Dental posts.

There were 24 job offers of employment made in April, of these one internal promotion in Physiotherapy from a Band 5 to a Band 6. One of the offers made includes 1 Medical Photography Band 5 who attended the January Open Recruitment Day. This demonstrates that the Trust is starting to build effective contacts for recruitment, with individuals who attend our recruitment events.

Nursing

- ITU although having offered two posts had one candidate withdraw for a London job so continue to advertise for the remaining 3.0 WTEs unfilled
- Corneo Nursing – have offered one of the 5 vacancies this month but are still struggling to attract applicants for interview.
- This month the Recruitment Team have re-advertised for Corneo Nursing, Staff Nurse – Outpatients Maxillofacial, Dental Nurse and the Trainee Peri-operative Associate Practitioner due to initial lack of response

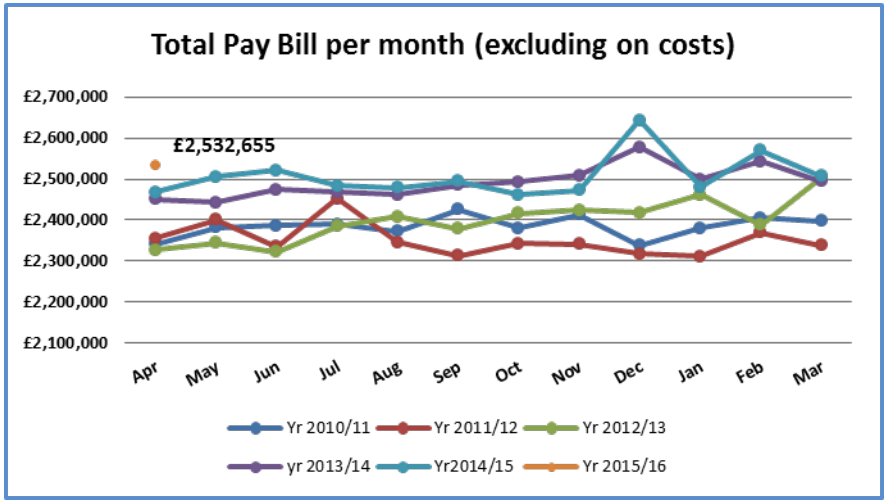
The planned Nursing recruitment open day on 24 June 2015 is aimed at addressing some of the difficulties experienced in recruiting nurses.

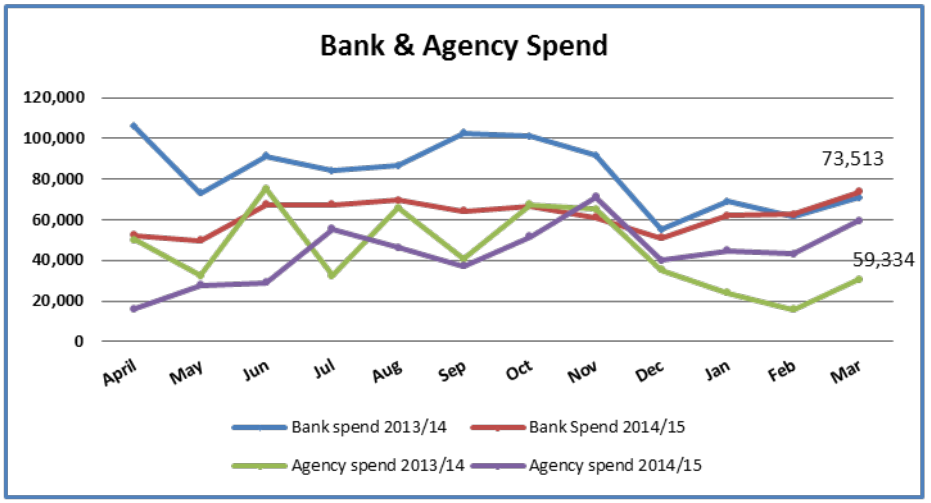
The recruitment team operate a 5 week target to complete pre-employment checks after the offer of employment has been made. This target is under review and the HR&OD team is looking to reduce the number of weeks to around 3. During April there were two breaches against the target, one breaching by 9 days due to difficulties obtaining accurate reference information and the second breaching by a day caused by the candidate not providing full paperwork.

Actions

- Twitter has been used for the first time to further promote the difficult to recruit Corneo Nursing posts.
- A meeting is scheduled with nursing teams from a number of specialties to agree a Rotational Nursing Post which is most likely to cover Canadian Wing/Corneo/Burns/ITU and Maxillofacial nursing looking to again address some of the more difficult to recruit nursing posts
- Recruitment are planning to advertise on the Associate for Peri-operative Practitioners website to attract more ODP and Theatre nurses ahead of the Trauma Theatre expansion.

HEADLINE HR KPIs





Pay Bill – (1 months in arrears) reported pay does not include on costs. Pay for April 2015 has increased slightly by £25,518 to £2,532,655, this increase is in line with the Agenda for Change Staff Pay Arrangements from 1st April 2015. There was a general increase of 1% and incremental increases for all staff Band 7 and below.

A breakdown of the split between the total WTE (Whole Time Equivalent) staff paid in the Trust and the WTE for bank/agency/overtime paid is reported 2 months in arrears. For February 2015 this showed that the WTE staff in post was 820.25. However the total WTE paid includes 37.85 WTE Bank Staff, 37.83 WTE Agency Workers (excluding RMNs) and 2.87 WTE of over-time hours worked was 898.80 WTE. The Budgeted establishment inclusive of temporary staffing is budgeted at 902.71, currently the paid WTE inclusive of temporary staffing is at 898.80, which indicates that the paid WTE is under budgeted establishment by 3.91 WTE for February.

Payroll

All staff were paid on time and in accordance with the agreed timetable and pay advices (slips) were all distributed on time. All payments were made to correct bank accounts and employees. Payroll accuracy remains at 99.98% month on month. No complaints were received in the period.

There were 3 new overpayments for April 2015, the volume increasing from 2 to 3 for April 2015. The overpayment was due to incorrect calculation of Tax and National Insurance and set up error for a new starter. A recovery plan is in place for one of the overpayments, we are still to receive notification of a plan for the other. Interim payments increased from 2 to 5 and payroll errors remained at 0.

RAG Rating

HEADLINE HR KPIs

Bank and Agency usage – (figures are 2 month in arrears)
Bank expenditure for March 2015 has seen a sharp increase of 15% to £73,513, this is a similar trend as that seen in March 2014. Agency expenditure (excluding RMN) has increased by 27% to £59,334, this is significantly higher than the same period last year (March 2014). The increase in agency expenditure is due to patient demand and establishment vacancies. It is also in line with the vacancy factor rates.

The Bank fill rate for March 2015 is at 85.8%, and in total 10,981 hours were requested, 6,772 hours were filled by bank and 2,910 were filled by agency, resulting in 1,299 hours that were not filled. The unfilled hours were either not required after all or covered by overtime or additional hours worked by part time staff.

In order to reduce agency costs it has been agreed for a temporary 3 month pilot whereby nursing staff in our inpatient areas will be offered overtime pay for carrying out bank shifts (with effect from 13th April 2015). The 3 month period will enable Operations management to monitor the staffing situation to see if this has any impact on the amount of agency expenditure we incur and also the number of shifts we are able to fill. The trial period will also allow us to review alternative payments which can be introduced again to improve our internal temporary staffing levels. During the pilot, bank and agency fill rates are being monitored to assess whether this change brings about an increase in our own staff carrying out additional work. The first review indicated that the shift in the ratio between Bank and Agency expenditure has moved from 1:1 to 2:1 i.e. twice as many bank shifts being filled with bank staff instead of agency staff.

The top three highest users of bank and agency expenditure for March 2015 were:

•Canadian Wing which saw a rise in expenditure for bank and agency staff, with a combined amount of £38,332. This is an increase of 22% over bank and agency expenditure for February 2015. The increased use of bank and agency usage was due to establishment vacancies.

•Corneo nursing saw a slight decrease in expenditure for both bank and agency staff, with a combined expenditure of £12,347. Bank and agency expenditure was due to additional clinics and establishment vacancies.

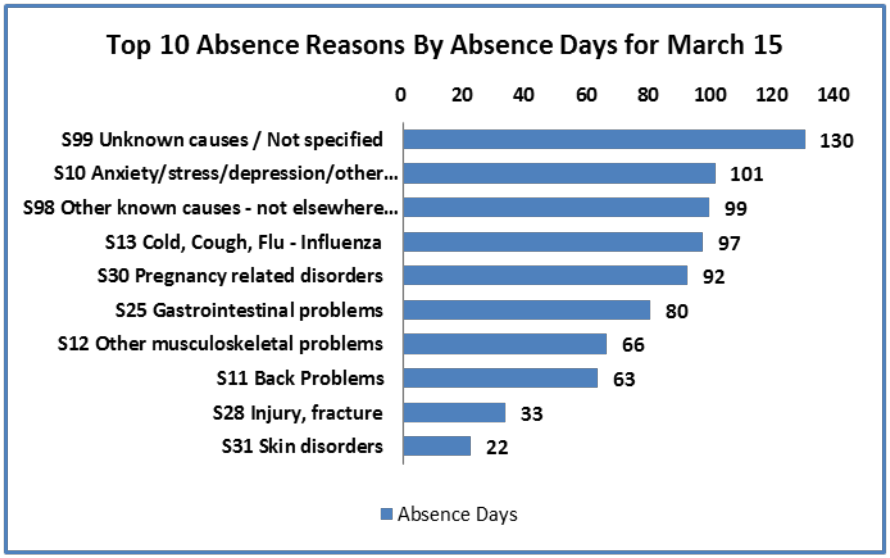
•Burns Ward which saw a slight rise in expenditure for bank staff, but this was balanced with the decrease in agency usage with a combined amount of £10,000. The bank and agency expenditure was due to maternity leave establishment vacancies and sickness.

Actions

•Monitor controls put in place and review in month by month.
•Senior managers to sign off before any bank or agency agreed to avoid unnecessary use of bank/agency workers.
•Tighter financial controls on departments budgeted establishment

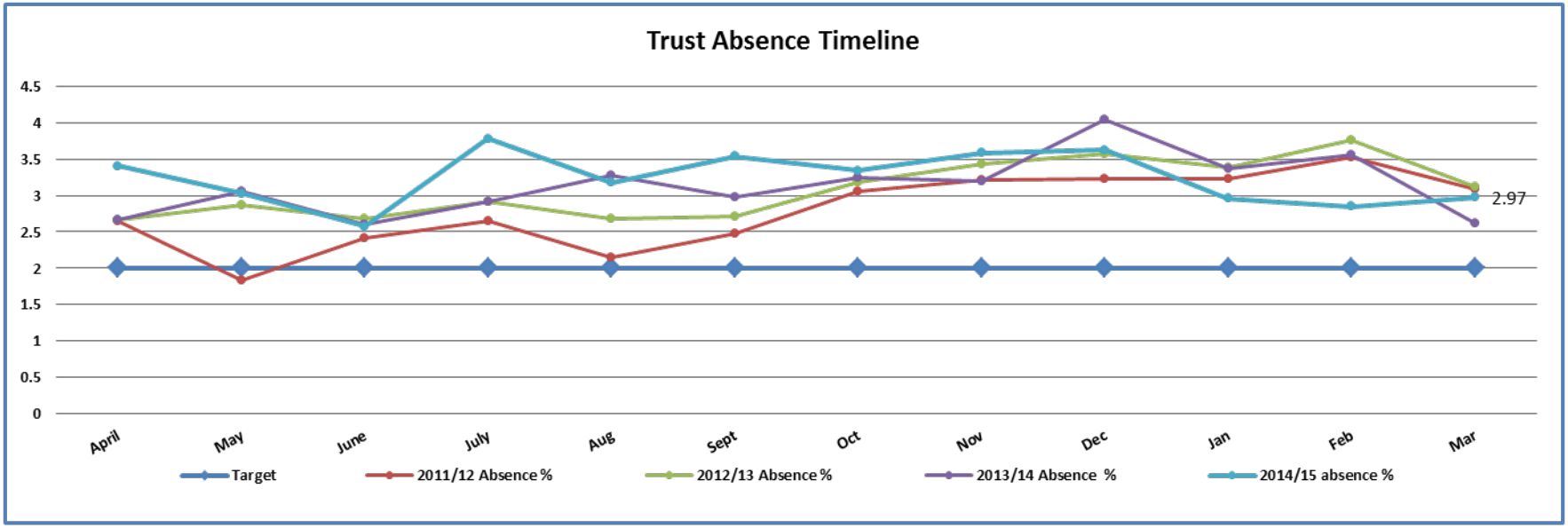
RAG Rating

HEADLINE HR KPIs



Absence Estimated Cost & Absence Days Lost (March broken down into staff groups)

Staff Group	Absence days lost	Estimated Cost
Add Prof Scientific and Technical	109.13	£8,930
Additional Clinical Services	122.72	£7,797
Administrative and Clerical	100.02	£7,251
Allied Health Professionals	34.60	£3,741
Estates and Ancillary	98.55	£5,161
Healthcare Scientists	0	0.0
Medical and Dental	65.50	£8,282
Nursing and Midwifery Registered	229.50	£22,030
Total	760.04	£63,192



HEADLINE HR KPIs

Sickness/Absence –this is the same information reported at the previous board meeting. Due to the early schedule of the May board meeting

Sickness absence within the Trust has seen a slight rise in March to 2.97%. The last 3 months has seen sickness below 3% this is similar to the sickness levels seen in March 2014. The majority of reported sickness is now short-term related and over the last couple of months main reasons recorded were cough, colds and flu. Now that the summer months are approaching we anticipate sickness rates to fall closer to the Trust target of 2%.

March saw 148 episodes of short-term sickness, with the highest number of short-term sickness cases for the second month running being Cough, Cold and Flu, of which 97 calendar days were lost equating to 21% of all short-term sickness reported . Gastrointestinal problems being the second highest level of short-term sickness, equating to 59 days lost and 19.5% of all short-term sickness recorded.

Long-term sickness cases which are continuous absence of 28 days or more have increased from 10 to 16 for March. However 10 of those long term sickness cases are due to return to work this month and 1 due to be dismissed under the Capability Procedure due to ill health. Whilst long-term sickness remained high for the first two quarters of 2014/15 subsequent training and support to managers has seen long-term sickness decline over the last four months, however March has seen as slight rise again with the main cause being Stress, Anxiety and Depression. The work with managers and additional training will need to continue and the impact closely monitored.

There were 855 absence days lost (760.04 WTE) due to sickness. The average WTE days lost to sickness for March was 6.50 days with a cost to the Trust of £63,192. Monday was the highest first day absent for a continuing month, a recurring trend for the Trust – work is being undertaken to identify any individuals who take sickness absence on a Monday.

There are no reported sickness cases this month due to disciplinary or capability procedures.

Nursing Absence

Nursing had the highest sickness absence in March with 45 occurrences of sickness, 7 x long-term cases and 38 short-term sickness cases relating to Cough, Cold and Flu and Gastrointestinal problems. The highest reported sickness within nursing were;

- Paediatrics – 10.58**%** with a total of 7 occurrences totalling 74 days, the main cause of sickness was gastrointestinal problems.
- ITU – 7.14% with a total of 9 occurrences of sickness totalling 35days. There were no main cause of sickness, all various illnesses.
- Canadian Wing – 6.36% with a total of 18 occurrences of sickness totalling 102 days. The main cause of sickness was gastrointestinal problems.

RAG Rating

HEADLINE HR KPIs

Sickness Absence continued

Admin and Clerical

Had the second highest sickness absence levels in March with 38 occurrences of sickness of which 2 are long-term cases and 36 short-term sickness cases, relating to Cough, Cold and Flu and Gastrointestinal problems. The highest reported sickness within admin and clerical were;

•Plastics - Skin – 12.98% with a total of 2 occurrences totalling 79 days, one of which is a long-term sickness. The main cause of sickness was due to Cough, Cold.

•Plastics - Breast– 8.63% with a total of 6 occurrences totalling 119 days, two of which are long-term sickness cases. The main cause of sickness was due to Gastrointestinal problems and Back problems.

•Admissions and Appointments – 5.43% with a total of 4 occurrences totalling 33 days. The main cause of sickness was due to Cough, Cold and Flu and Stress and Anxiety (non work related).

Additional Clinical Services

Has the third highest sickness for March with 32 occurrences of sickness, 2 x long-term sickness and 30 short-term sickness cases relating to Cough, Cold and Flu and Gastrointestinal problems.

•Theatres (Healthcare Assistants) – 13 occurrences of sickness totalling 90 days. The main cause of sickness was Unknown Causes – Not Elsewhere Specified and Gastrointestinal problems.

•Paediatrics (Nursing Auxiliaries) – 4 occurrences of sickness totalling 117 days, two of which are long-term sickness cases. The main cause of sickness is Fracture and Gastrointestinal problems.

Actions

The Managing Sickness Absence Policy and Procedures is currently been reviewed, and it is proposed that the procedures a much more robust approach to managing sickness absence

The HR Advisors are working with managers and occupational health to manage long /short-term sickness in line with Trust policy and procedures. Sickness Absence Policy has been revised and new triggers are proposed to help manage short term absence.

RAG Rating

HEADLINE HR KPIs

Employee Relations –this is the same information that was reported at the previous board meeting. Due to the early schedule of the May board meeting

Formal Conduct - 2 cases of formal conduct currently being investigated. One is concluded and will progress to a disciplinary hearing and the other investigation will conclude in April.

Capability - 2 nursing staff and 1 Domestic.

Probation – 1 on-going case under the probation policy and this will be concluded in April.

Suspension / Redeployment - 1 employee currently redeployed whilst investigation is being carried out.

Employee Relations – Medical Workforce

- **Capability** – 1 case on a fixed term contract until end of October 2015. Remains supervised as part of an a performance plan

- **Formal Conduct** – 1 case with an investigation underway

Case Type	Number of cases
Conduct (formal)	3 (Hotel Services & Appointments & Medical Workforce)
Conduct (informal)	3
Bullying & Harassment	0
Capability	4 (formal) 2 (informal)
Long-term sickness	7
Short-term sickness (formal)	12
Change Management	0
Grievance	0
Whistleblowing	0
Probationary	1
Appeals	0
Suspension / Redeployment	1
Flexible Working	0
Dismissals	0
Total Cases	**32**

RAG Rating

Statutory and Mandatory Permanent Staff Training – 1.5.15

Competency Name	Expired	Expired but BOOKED	Match	Grand Total	Trust Overall (Booked+Match)
276|LOCAL|Emergency Planning - Non-Clinical - 3 Yearly|	12.88%	3.29%	83.84%	100.00%	87.12%
276|LOCAL|Emergency Planning: annual|	16.37%	9.16%	74.46%	100.00%	83.63%
276|LOCAL|PDR - annual|	39.82%	0.00%	60.18%	100.00%	60.18%
NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	32.61%	4.92%	62.47%	100.00%	67.39%
NHS|CSTF|Health, Safety and Welfare - 3 Years|	20.07%	6.80%	73.13%	100.00%	79.93%
NHS|CSTF|Infection Prevention and Control - Level 1 - 1 Year|	46.58%	0.00%	53.42%	100.00%	53.42%
NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	10.85%	2.39%	86.77%	100.00%	89.15%
NHS|CSTF|Infection Prevention and Control - Level 2 - 1 Year|	13.67%	9.59%	76.73%	100.00%	86.33%
NHS|CSTF|Information Governance - 1 Year|	31.58%	1.26%	67.16%	100.00%	68.42%
NHS|CSTF|Moving and Handling - Level 1 - 3 Years|	16.27%	6.07%	77.66%	100.00%	83.73%
NHS|CSTF|Moving and Handling - Level 2 - 1 Year|	31.63%	8.41%	59.96%	100.00%	68.37%
NHS|CSTF|NHS Conflict Resolution (England) - 3 Years|	29.09%	4.24%	66.67%	100.00%	70.91%
NHS|CSTF|Resuscitation - Level 2 - Adult Basic Life Support - 1 Year|	17.13%	12.48%	70.39%	100.00%	82.87%
NHS|CSTF|Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year|	19.09%	13.09%	67.82%	100.00%	80.91%
NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	16.48%	4.81%	78.72%	100.00%	83.52%
NHS|CSTF|Safeguarding Children - Level 1 - 3 Years|	13.39%	3.32%	83.30%	100.00%	86.61%
NHS|CSTF|Safeguarding Children - Level 2 - 3 Years|	25.21%	2.47%	72.32%	100.00%	74.79%
NHS|CSTF|Safeguarding Children - Level 3 - 3 Years|	30.00%	0.00%	70.00%	100.00%	70.00%
Grand Total	**22.94%**	**5.30%**	**71.75%**	**100.00%**	77.06%

Statutory & Mandatory Training Commentary

The matched Trust figure of statutory and mandatory training matching requirements has dropped slightly from 71.90% to 71.75% . Although the Expired but Booked figures has increased this month from 3.91% to 5.30%. The Expired figure has also dropped from 24.18% to 22.94%. The Trust Overall Figure has increased from 75.82% to 77.06%

Fourteen of the competencies have seen their Trust Overall figure increase slightly this month which has helped the grand total overall increase by 2%. The Expired but Booked figure has risen by nearly 2% which should increase the Match total for next month.

122 permanent staff are showing 100% completion of the above competencies.

Exceptions & Actions

Equality, Diversity & Human Rights has as continued to make steady progress 64.57% last month to 67.39% this month.

Nine of the competencies have continued to increase their overall percentage for the last two months.

Three of the competencies have continued to decline for the last two months – PDR (348 not current), Infection Control Level 1 – 1 year (Domestics & Porters in Clinical Areas) the Trust overall is 53.42% and 46.58% have expired which equates to 34 people) , Moving & Handling Level 2 – Clinical Staff – this currently equates to 173 people out of date.

The Staff Group that is showing the least compliance completion rate for permanent staff is Medical & Dental.

L&D will be working with managers over the next few months to identify ways of increasing the compliance rates in areas which are showing decline.

RAG Rating

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	21 May 2015
Reference number:	121-15
Report from:	Graeme Armitage, Director of HR & Operational Development
Author:	Graeme Armitage, Director of HR & Operational Development
Report date:	12 May 2015
Appendices:	Analysis of results RAG spreadsheet

Staff Survey 2014: action plan update

Key issues

1. Following the publication of the 2014 QVH annual staff survey the director of HR/OD commissioned a more detailed analysis of the survey results over the last 3 years. The reason for this was to develop an action plan around the areas of the report, which indicated either a decline in previous years or no marked improvement. The purpose of the 3-year review was to ensure that any potential trends are highlighted and built into the action plan.

2. The full report is attached for information but it is not intended to go through this detail at the meeting in May. The Director of HR/OD will highlight the areas of the report to be included in the action plan, most of which are cover in sections 4.1 to 4.19 of the report. In each area the most significant decline is shown and to which staff groups these are attributable. The action plan will therefore include each relevant area with appropriate actions and time scale assigned to them. Achievement of a number of the actions will be medium to long term and therefore these will be broken down to show the expected in year improvement.

3. It is important to stress that the report by nature focuses on the more negative aspects of the survey results but this needs to be taken in the context of QVH still performing well in comparison to other specialist acute trusts.

4. A heat map across is also provided as a visual indication across all the question areas associated with the survey over the last 3 years. It is clear from this that a greater level of engagement and focus is required for the non-qualified clinical staff, administration staff and estates and facilities staff groups. Addressing their concerns is likely to impact most positively on future results.

Implications of results reported

5. The survey results are an indication of where the staff and patient experience can be improved upon and the associated action plan will be designed to take this forward.

Action required

6. The Director of HR/OD will be responsible for developing the action plan and working with colleagues from the senior management team will ensure progress is made against the areas highlighted in the report.

Link to key strategic objectives (KSOs)

- Outstanding patient experience
- Organisational excellence

Implications for board assurance framework or corporate risk register

7. The issues raised at paragraphs 1 – 4 above are closely monitored where they impact on ensuring safe staffing levels and quality of services provided.

Recommendation

8. The Board is recommended to **NOTE** the contents of the report and in particular the improvement areas highlighted in sections 4.1 to 4.19.

picker Institute Europe

Making patients' views count

Queen Victoria Hospital

A historical analysis on the National NHS Staff Survey results 2012-2014

JAANA KOSUNEN

FINAL REPORT

PICKER INSTITUTE EUROPE

8TH MAY 2015

Picker Institute Europe

Picker Institute Europe is a not-for-profit organisation that makes patients' views count in healthcare. We:

- build and use evidence to champion the best possible patient-centred care
- work with patients, professionals and policy makers to strive continuously for the highest standards of patient experience.

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CONTENTS

1 Executive Summary

- This report presents a year-on-year comparison for Queen Victoria Hospital Trust's results from the National NHS Staff Survey between 2012 and 2014. The National NHS Staff Survey is an NHS mandated annual survey, run to provide the NHS with an accurate look into how staff at each hospital trust feels about their work and their employer.

- Over the last 3 years Queen Victoria Hospitals have reached a response rate of 55.6% at its lowest in 2014, and 62.5% at its highest in 2012. This response rate has always been well above the Picker Acute average, which has tended to stay between 41-47%. This means, that Queen Victoria Hospital Trust's respondents represent more than half of the sampled staff returning a questionnaire and consequently provides robust and representative data about staff impressions of working for the Queen Victoria Hospitals.

- Over the three year period now being examined, Queen Victoria Hospital Trust's scores have improved on 20 questions, remained much the same on 21 questions, and declined on 45 questions.

- Note, that questions 13 and 19 from the 2014 survey have no historical comparisons, however: Question 13 was entirely changed in 2014 as compared to the earlier surveys, making them incomparable. Question 19 was reworded in 2014, making it unreliable for comparisons as well, which is why any developments in this question have been left out.

- The most positive improvement has happened in question 1f: Receiving job relevant training in how to deliver a good patient/service user experience. In 2012 25% had not received such training, this number falling to 20% in both 2013 and 2014. Questions 11d: Senior managers not acting on staff feedback and 21c: Last experience of harassment/bullying/abuse not reported both improved their scores by 3% between 2012 and 2014.

- The most negative decline happened in question 20c: Last experience of physical violence not reported. In 2012 19% had not reported such violence, in 2013 this number had improved by 2% by dropping to 13%, but then declined by increasing to 42% in 2014. Second biggest decline, 10%, was in question14a: My job is not good for my health, with 16% thinking their job was not good for their health in 2012, 21% in 2013 and 26% in 2014.

- The results have also been broken down by staff groups. All other staff groups had data for all 3 years, apart from Medical & Dental, who didn't have data in 2012.

- From the staff groups, most positively when compared to the trust's own 2012 score has tended to score Allied Health Professionals. They have scored more positively than the trust average on 55 questions out of the 92 that can be problem scored. They have mainly scored worse than trust average on questions to

do with finding training helpful, team members having a set of shared objectives, and meeting conflicting demands during working hours.

- Also Medical & Dental and Nursing & Midwifery Registered scored on more positively than the trust average in more questions than they scored more negatively.

- Most negatively when compared to the 2012 trust average scored Estates and Ancillary. Over the last 3 years their scores have been more negative then trust average in about half of the questions. Particularly questions on having clear objectives, having training and learning identified during appraisals, and immediate manager not asking their opinion have been worse than trust average, scores declining further over the past 3 years. Their most positive scores were from question on putting themselves under pressure to come to work ill, where they scored better than trust average each year now examined.

- Also Additional Clinical Services scored worse than trust average in just over third of the questions. Their most negative scores came from questions to do with appraisals, not being able to affect one's own job, and dissatisfaction with how the organisation values their work.

2 Background and survey objectives

- The National NHS Staff Survey is an NHS mandated and the NHS Co-ordination Centre run annual study taking place each Autumn across all NHS hospital trusts; all Acute, Ambulance, Community and Mental Health Trusts are required to take part, but also a number of CCGs choose to run the survey each year to see how their staff feel about working for them.

- The purpose of the survey is to collect staff feedback on working for their NHS organisation. The aim is to allow trusts to improve working conditions for their staff, ultimately helping to improve patient care. An annual survey allows trusts and the NHS to track changes over time, though some changes to questions means this is not possible for every question.

  - Each trusts' results go through two reporting processes: Picker creates its own reports, using frequency tables, RAG-tables, spider charts and any other visuals useful to the client to create overall scores and any number of breakdowns. In these reports each client is compared to other similar client trusts Picker works with.

  - The NHS Co-ordination Centre creates their own reports based on Key Findings, which they have created by grouping questions under specific topics. The NHS collects data from all survey contractors, and then compares each trust to all other similar trusts at a national level.

  - The purpose of the different reports, a set from Picker and others from the NHS Co-ordination Centre, is to allow trusts to break down their results in different ways and down to division/directorate/team/staff group levels. This will hopefully allow them to direct their improvement efforts in areas most in such need. The current 2012-2014 comparative report is based on the Queen Victoria Hospital Trust's survey results over the last 3 years as reported by Picker.

3 Survey methodology and response rates

Survey methodology

- The questionnaire is designed and edited by the NHS. The current questionnaire has been slightly amended year-on-year to ensure that it remains relevant to hospital trusts and staff. Changes have been kept to a minimum, however, to ensure as many of the questions can be compared year-on-year as possible.
- Each trust decides whether to survey a sample of their staff, or a full census. People on long term leaves, students, and bank staff are not eligible to take part, while women on maternity leave were included as of 2014. Blind and people of low vision can fill in their questionnaire via telephone.
- Actual fieldwork is carried out by an approved contractor such as The Picker Institute. The contractor will ensure the whole survey process runs according to the NHS requirements and guarantees respondent confidentiality, as respondent data combined with their responses never reaches the trust. In previous years, only the data from the NHS Co-ordination Centre approved sample was sent to the NHS for their own reporting, but as of 2014 also a full census was allowed for national analysis.
- During fieldwork staff were provided with a Picker Institute telephone number and email address to contact if they had any queries regarding the survey or if they wanted to opt out.
- Queen Victoria Hospital's sample size has grown from 834 to 904 from 2012 to 2014, while response rate has dropped from 62.5% to 55.6% during the same period. The most likely reasons for dropping response rates are that many trusts run multiple surveys each year, this way affecting the response rate of each individual questionnaire. For example the introduction of the quarterly NHS Staff FFT survey in spring 2014 had an immediate effect on response rates on the National NHS Staff Survey as well on a national level. Despite the drop in response rates, Queen Victoria Hospital's rate has still remained well above the acute average, making it possible to confidently generalise the results to the rest of the organisation. The response rates of the years and how they compare to the Picker Acute average are presented in the table below.

Response rates

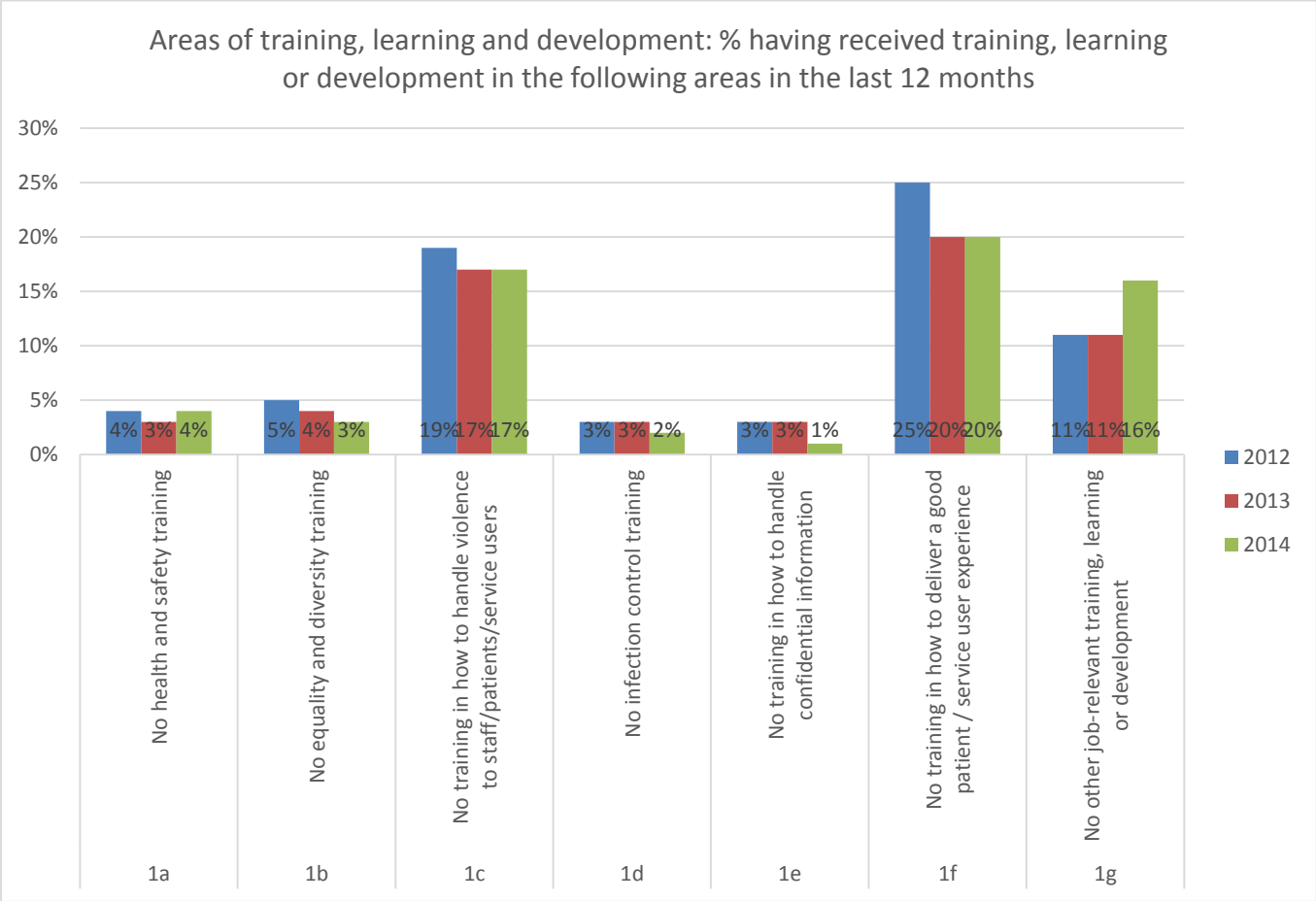
Year	Size of sample	Total reply	Response rate	ACU Average
2012	834	521	62.5%	45.6%
2013	867	529	61.0%	46.9%
2014	904	503	55.6%	41.6%

4 Results

- The following sections presents the results with questions being broken down under specific topics. Year-on-year comparisons of trust's overall scores are shown in graphs. Biggest differences from the tables are also highlighted in text, and the staff groups which scored most positively and negatively in these questions are presented in RAG -tables. Full RAG-tables by each year can be found from Appendix 1. In these RAG-tables each staff group's scores for the 2012-2014 period is compared to the 2012 trust average in order to highlight any developments in the scores; whether the staff groups' scores have improved or declined over the past 3 years.
- Questions 13 and 19 have no historical comparisons, as these questions changed in 2014: Question 13 used to be about hand wash and towels being available to staff and patients, but was in 2014 changed to be about directorates collecting patient feedback. Question 19 had changes to its wording, with malpractice and fraud being replaced with the term unsafe clinical practice. Both changes mean the questions are not comparable over time, so a comparison to other acute trusts has been done instead.

4.1 Areas of training, learning and development

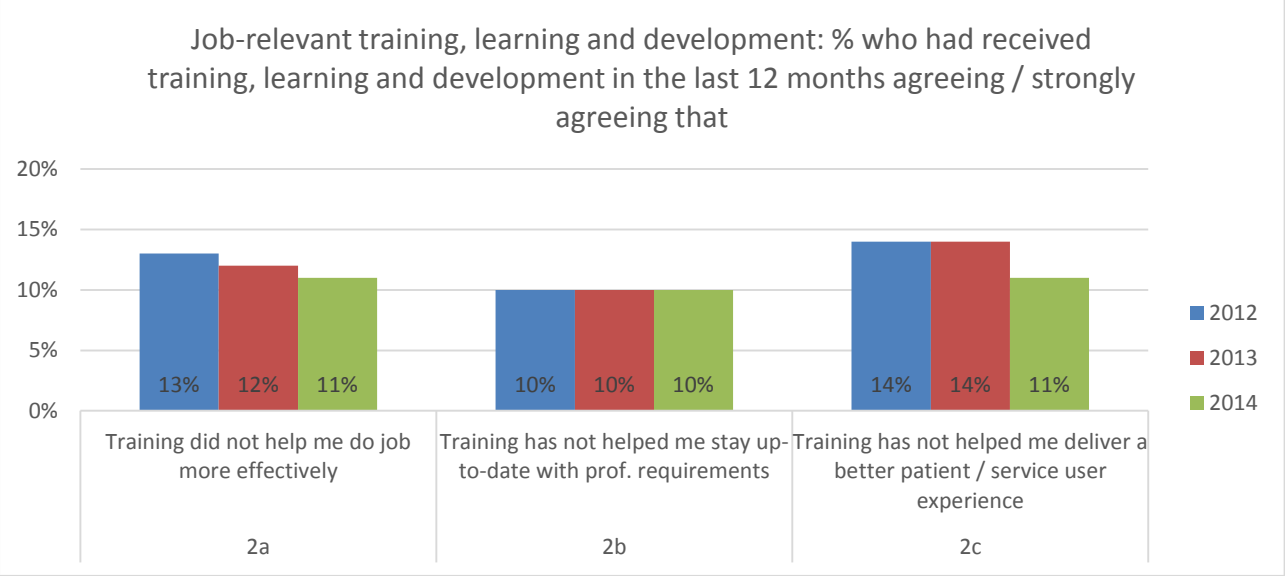
- Questions 1a-1g from the Staff Survey asked respondents about different training topics. Scores show how many people have not had each particular training.
- Training for health and safety and infection control have mainly remained the same over the 3 year period. More people are now in 2014 having training for all the other topics than in 2012. Only question on "No other job-relevant training" received a more negative response in 2014, with 16 (vs 11%) not having had such training.
- Most positively in these question scored Allied Health Professionals, scoring more positively than the trust average on nearly every question, while Estates & Ancillary receiving the most negative scores as compared to the trust average.



Q	Problem Score Text 2014	Trust Average 2012 %	Allied Health Professionals			Estates and Ancillary		
			2012	2013	2014	2012	2013	2014
1a	No health and safety training	4	-	0	0	9	10	8
1b	No equality and diversity training	5	-	0	0	9	12	8
1c	No training in how to handle violence to staff/patients/service users	19	4	8	3	33	12	25
1d	No infection control training	3	-	0	0	6	13	11
1e	No training in how to handle confidential information	3	-	0	0	9	7	11
1f	No training in how to deliver a good patient / service user experience	25	18	15	8	18	19	36
1g	No other job-relevant training, learning or development	11	2	5	3	21	12	44

4.2 Other job-relevant training, learning and development

- Questions 2a–2c asked respondents to evaluate how helpful they had found their training. On question 2b on "Training has not helped me stay up-to-date with professional requirements" scores across the years have remained the same. In the two other questions Queen Victoria Hospitals has improved, with 11% not finding their job helpful in 2014 vs 13% thinking so in 2012, as well as 11% thinking training didn't help them deliver better user experience, while in 2012 14% felt that way about the training.

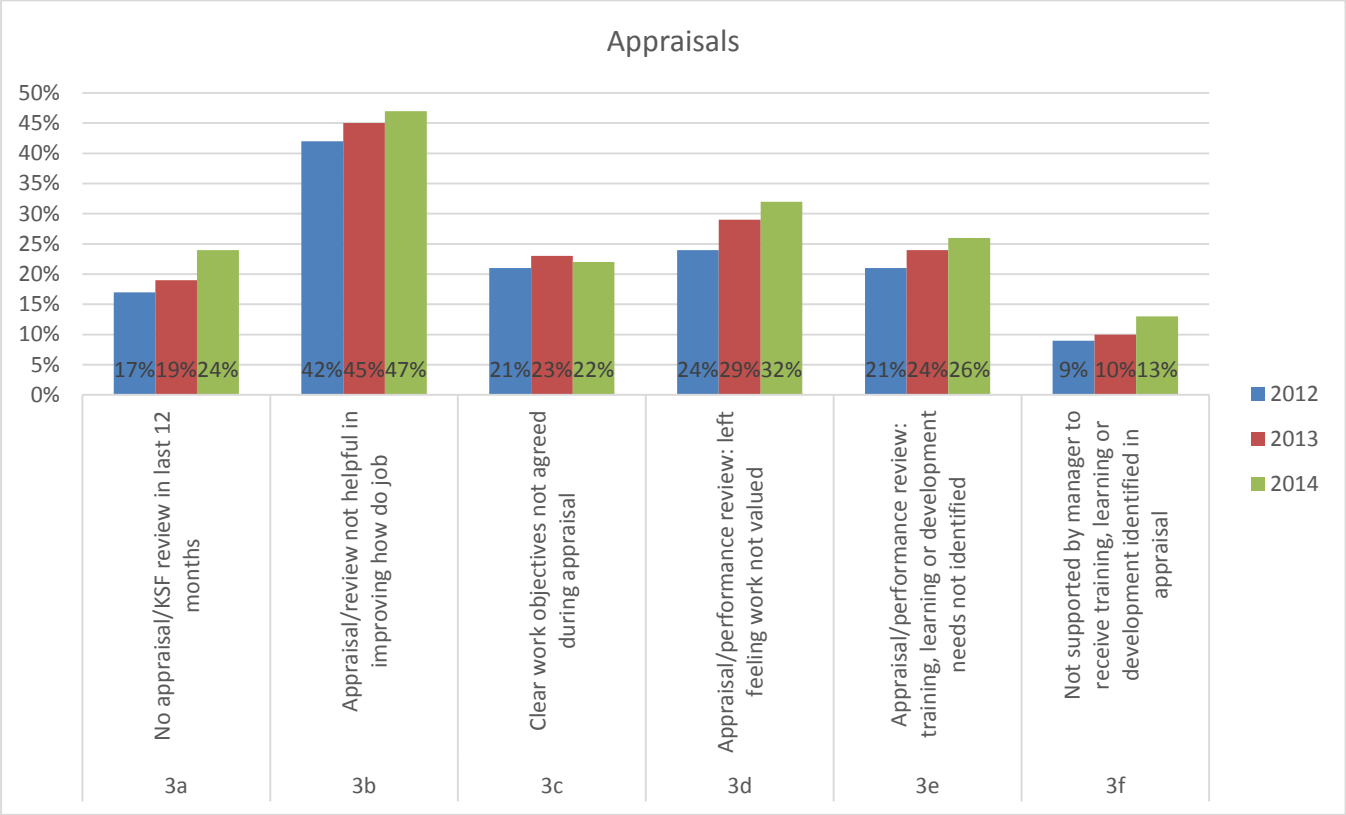


- Most positively in these questions scored Nursing & Midwifery Registered, scoring either on par or better than the trust average on each question and each year. Most negative changes has happened in the Add Prof Scientific & Technic staff group, which in 2012 scored more positively in every question than the trust average, but has since then scored either on par or worse than trust average.

Q	Problem Score Text 2014	Trust Average 2012 %	Add Prof Scientific and Technic			Nursing and Midwifery Registered		
			2012	2013	2014	2012	2013	2014
2a	Training did not help me do job more effectively	13	5	20	10	7	12	7
2b	Training has not helped me stay up-to-date with prof. requirements	10	5	9	17	5	11	6
2c	Training has not helped me deliver a better patient / service user experience	14	5	20	13	8	14	8

4.3 Appraisals

- There has been 6 questions to do with appraisals in the National Staff Survey over the past 3 years. On 5 of these Queen Victoria Hospital's scores have declined over this time period. One question, on clear objectives not being identified during appraisal has remained much the same, between 21–23%.
- The biggest decline in numbers has happened in question 3d: Appraisal/performance review left feeling work not valued, where in 2012 24% of the respondents felt so, while in 2014 this number was 32% of respondents.

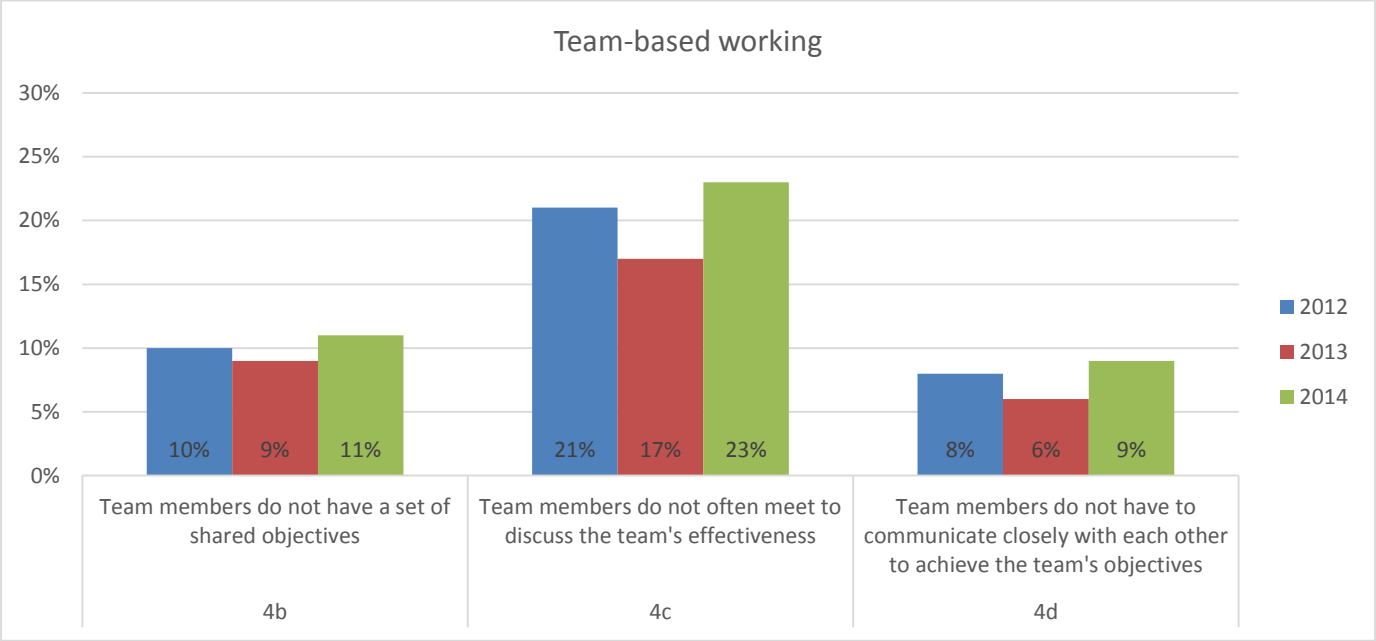


- Staff group breakdown reveals that the most negative scores came from Additional Clinical Services, who have scored below trust average on most questions all three years. Most positively scored Allied Health Professionals, who were on par with trust average on two questions in 2013, but scored more positively on every other question all 3 years. Most positively they did in question 3e: Appraisal/performance review: training, learning or development needs not identified, where 0% didn't feel this way, while the trust average was 21%.

Q	Problem Score Text 2014	Trust Average 2012 %	Additional Clinical Services			Allied Health Professionals		
			2012	2013	2014	2012	2013	2014
3a	No appraisal/KSF review in last 12 months	17	10	21	22	12	18	6
3b	Appraisal/review not helpful in improving how do job	42	59	59	53	18	26	33
3c	Clear work objectives not agreed during appraisal	21	46	37	28	8	10	6
3d	Appraisal/performance review: left feeling work not valued	24	45	47	32	14	23	18
3e	Appraisal/performance review: training, learning or development needs not identified	21	27	27	23	-	0	6
3f	Not supported by manager to receive training, learning or development identified in appraisal	9	19	27	25	-	4	3

4.4 Team-based working

- Questions on working in teams are a routed question, where if people respond with "Yes" in question 4a: Do you work in a team?, they are directed to 3 further questions 4b-d about working in teams. In questions 4b and 4d Queen Victoria's results have remained very similar over the past 3 years, in 4b between 9-11%, and in 4d 6-9%. Question 4c on team members meeting to discuss team's effectiveness has had slightly more changes. In 2012 21% felt teams didn't meet often. In 2013 this number had dropped to 17%, but then increased to 23% in 2014.



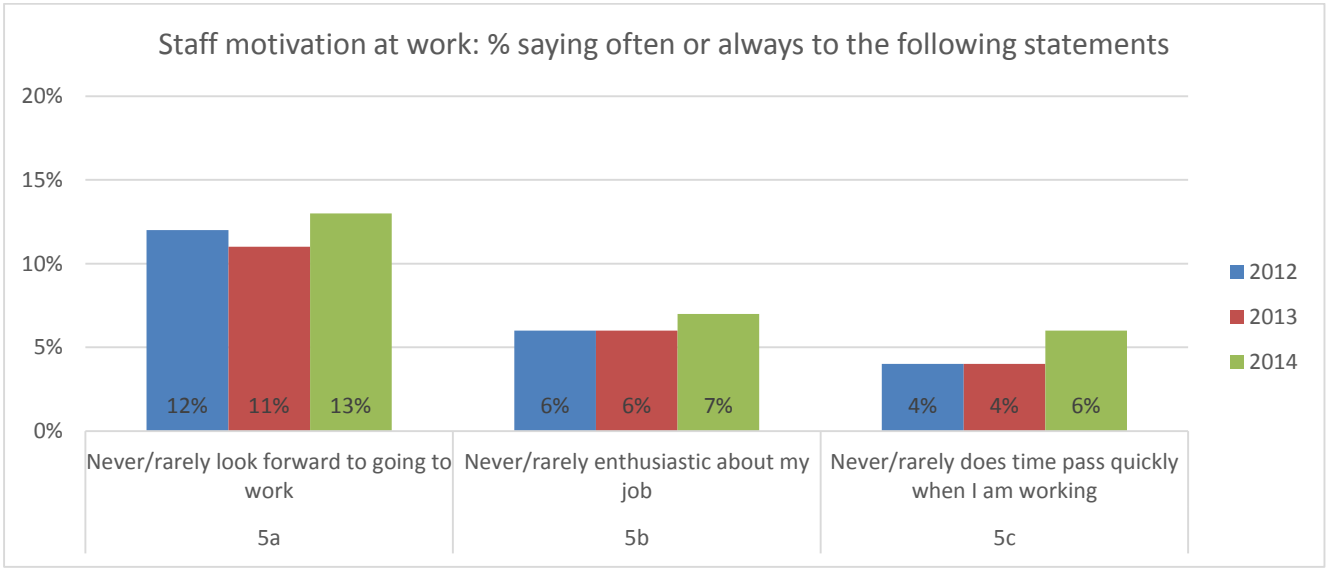
- Staff group breakdown shows, that Medical & Dental as well as Nursing & Midwifery Registered has scored most positively, either on par with the trust average or more positively. Additional Clinical Services, on the other hand, has scored more negatively in most questions over the past 3 years.
- The RAGs for Allied Health Professionals and Estates & Ancillary show much variation from question to question or year-on-year. Allied Health Professionals' scores were either on par or worse than the trust average, but in question 4c on meeting to discuss team's effectiveness, they have scored much more positively each year than the trust average. Estates & Ancillary, on the other hand, have scored worse than trust average on most questions and on par in 2012 and 2014 on question 4b, but in 2013 they scored much more positively than the trust on every question.

			Additional Clinical Services			Medical and Dental		Nursing and Midwifery Registered		
Q	**Problem Score Text 2014**	**Trust Average 2012 %**	**2012**	**2013**	**2014**	**2013**	**2014**	**2012**	**2013**	**2014**
4b	Team members do not have a set of shared objectives	10	16	15	16	2	2	3	5	7
4c	Team members do not often meet to discuss the team's effectiveness	21	29	25	22	12	24	10	13	19
4d	Team members do not have to communicate closely with each other to achieve the team's objectives	8	10	6	13	2	9	4	6	6

Q	Problem Score Text 2014	Trust Average 2012 %	Allied Health Professionals 2012	Allied Health Professionals 2013	Allied Health Professionals 2014	Estates and Ancillary 2012	Estates and Ancillary 2013	Estates and Ancillary 2014
4b	Team members do not have a set of shared objectives	10	14	11	14	13	4	12
4c	Team members do not often meet to discuss the team's effectiveness	21	9	13	9	28	4	33
4d	Team members do not have to communicate closely with each other to achieve the team's objectives	8	12	11	9	14	0	16

4.5 Staff motivation at work

- The scores for questions on motivation have slightly declined from 2012 to 2014. On question 5a on Never/rarely looking forward to going to work, the score drop 1% from 2012 to 2013, but then rose 2% from 2013 to 2014. The score for 5b remained the same 2012-2013, but then declined by 1% in 2014. Question 5c also remained the same for the first two years at 4%, but in 2014 6% felt that time didn't pass quickly when they were working.



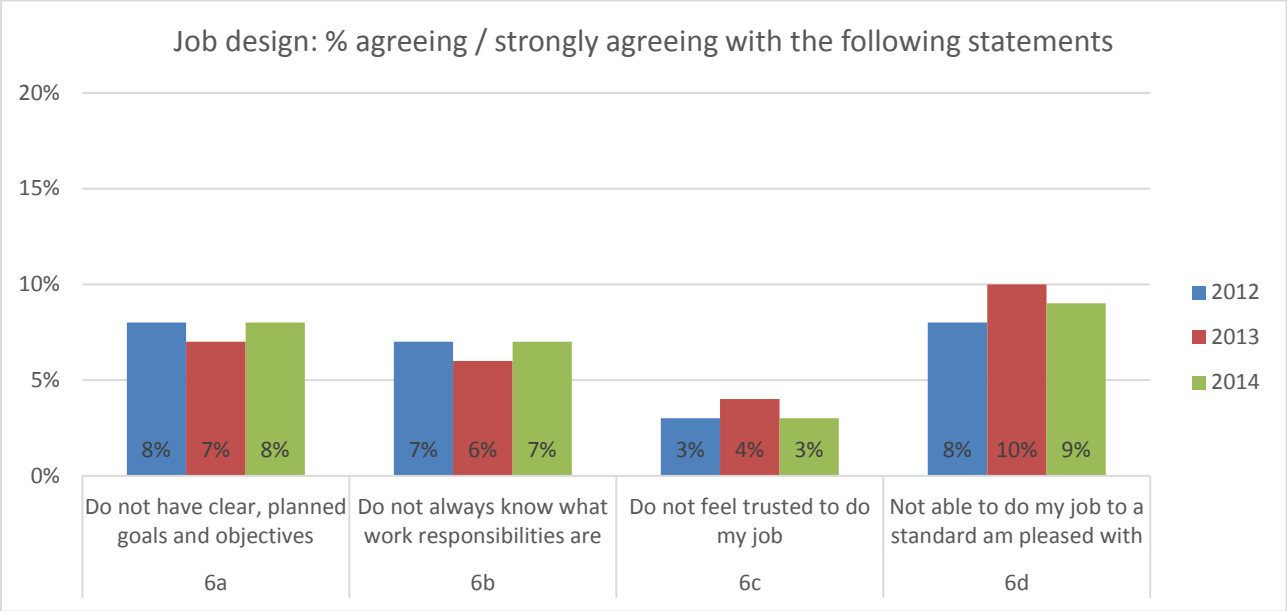
- Most positively out of the staff groups here scored Allied Health professionals, scoring more positively than the trust average on almost every question every year. Most negatively scored Estates & Ancillary, who scored worse than trust average on

questions 5b and 5c all three years, while in question 5a has declined from scoring more positively in 2012, to being on par in 2013 and then worse than average in 2014.

Q	Problem Score Text 2014	Trust Average 2012 %	Allied Health Professionals			Estates and Ancillary		
			2012	2013	2014	2012	2013	2014
5a	Never/rarely look forward to going to work	12	7	0	3	8	13	33
5b	Never/rarely enthusiastic about my job	6	-	0	0	11	13	24
5c	Never/rarely does time pass quickly when I am working	4	4	0	0	11	16	29

4.6 Job design

- Changes in questions to do with job design have been relatively small over the 3 year time period now examined. In questions 6a and 6b the trust's scored improved by 1% from 2012 to 2013, and then declined by the same 1% from 2013 to 2014. In questions 6c and 6d the development has been the opposite: In question 6c on feeling trusted to do one's job 3% didn't fee trusted in 2012, 4% in 2013, and 3% again in 2014. In Question 6d on being able to do one's job to a standard they are happy with, 8% felt so in 2012, this score being worse at 10% in 2013, but then improving by 1% in 2014.
- Staff group analysis shows, that most negatively in these questions scored Administrative & Clerical, scoring either on par or worse than trust average overall, but in question 6d they have scored worse every year. Medical & Dental scored most positively on all other questions each year but 6c, where they were on par with the trust average. Medical & Dental didn't have data in 2012 so this is missing from the table.

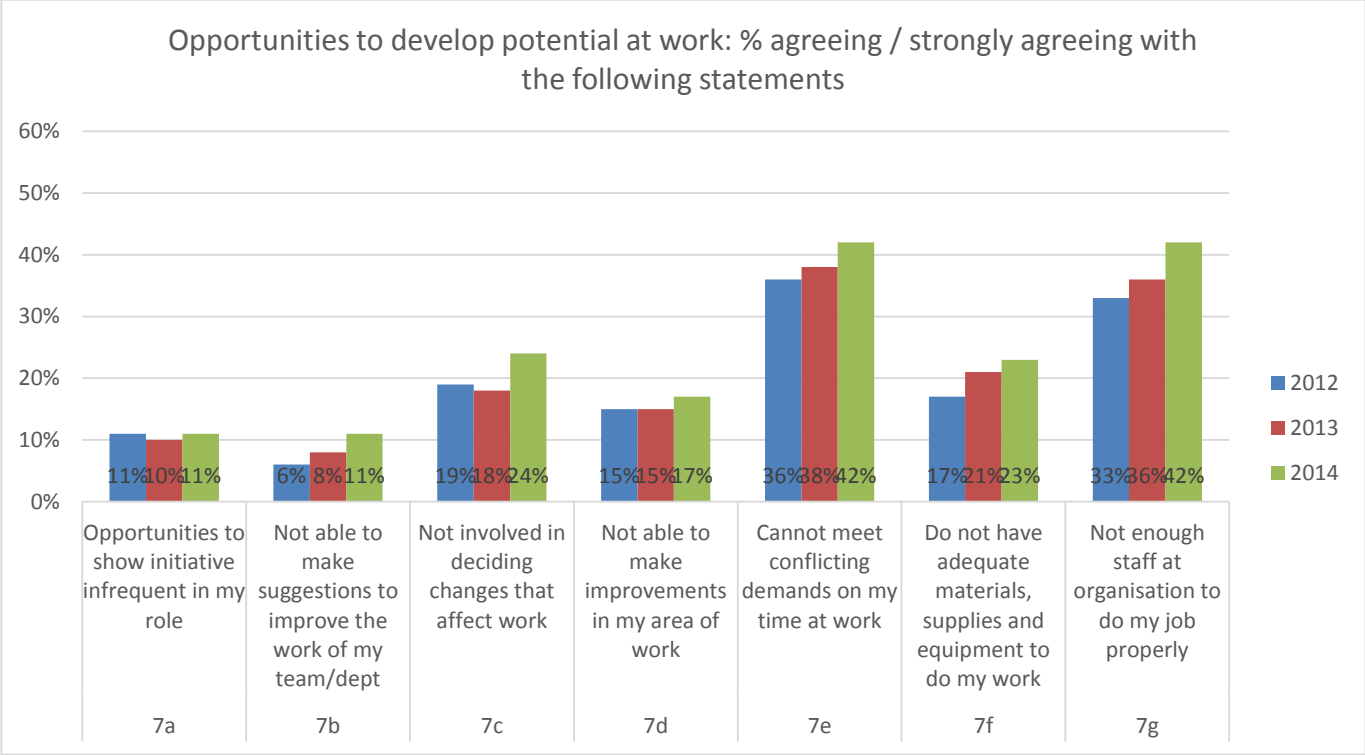


Q	Problem Score Text 2014	Trust Average 2012 %	Administrative and Clerical			Medical and Dental	
			2012	2013	2014	2013	2014
6a	Do not have clear, planned goals and objectives	8	7	10	11	2	0
6b	Do not always know what work responsibilities are	7	5	7	11	2	2
6c	Do not feel trusted to do my job	3	4	4	5	0	2
6d	Not able to do my job to a standard am pleased with	8	14	15	14	2	2

4.7 Opportunities to develop potential at work

- There are 7 questions looking at different aspects of opportunities at work in the National NHS Staff Survey. On question 7a on showing initiative the scores have remained much the same over the examined three year period (between 10-11%), in the other one's the trust's scores have declined slightly. Biggest decline has happened in question 7g: Not enough staff at organisation to do my job properly:

In 2012 a third (33%) of the respondents felt so, in 2013 this score was 36% and in 2014 42%.



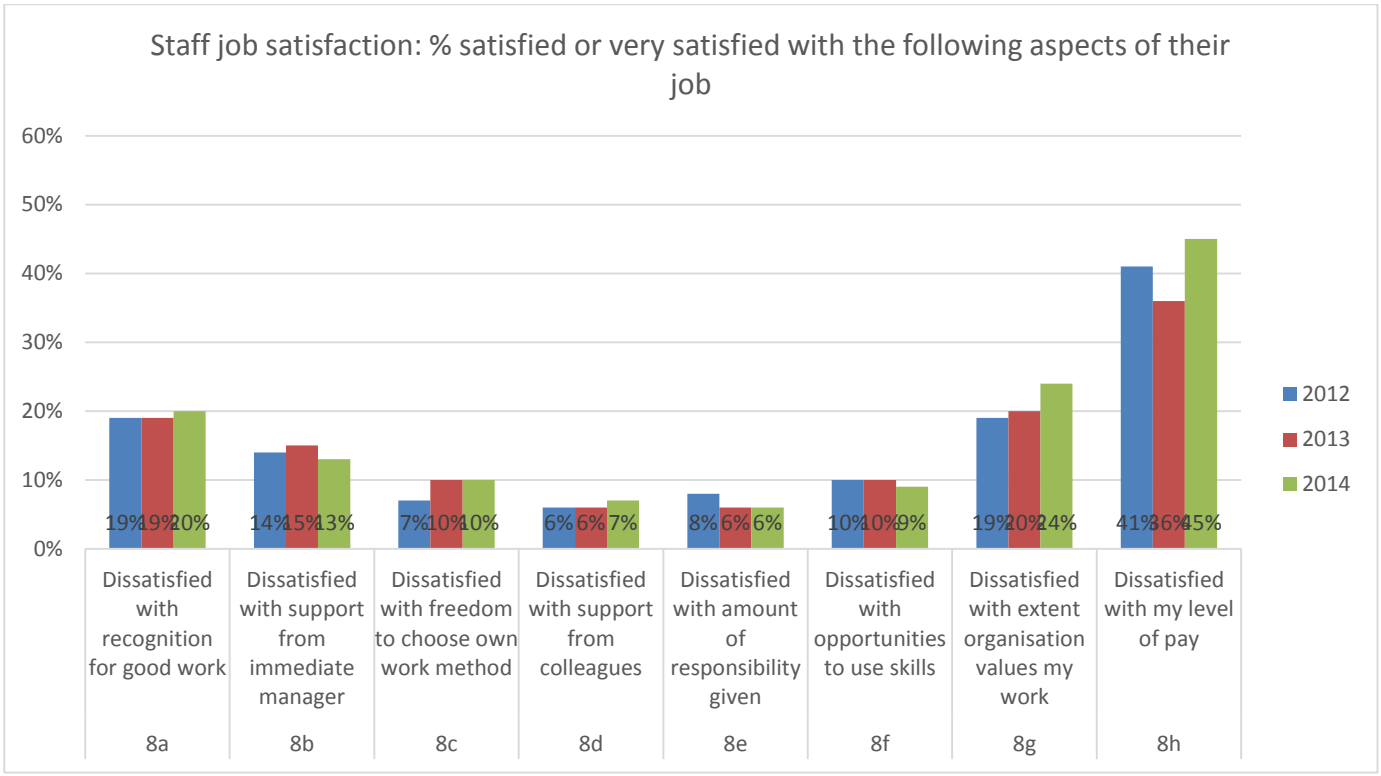
- Most negative scores came from Additional Clinical Services, who scored below trust average in questions 7a–7d each year, and in questions 7f and 7g in 2013–2014. In question 7e on not being able to meet conflicting demands, they did better than trust average the first two years, but on par in 2014. Most positively scored Allied Health Professionals, scoring more positively in 13 cases, but on par and then worse than trust average in question 7e.

Q	Problem Score Text 2014	Trust Average 2012 %	Additional Clinical Services			Allied Health Professionals		
			2012	2013	2014	2012	2013	2014
7a	Opportunities to show initiative infrequent in my role	11	21	16	17	7	3	0
7b	Not able to make suggestions to improve the work of my team/dept	6	13	19	20	4	3	0
7c	Not involved in deciding changes that affect work	19	30	33	29	4	5	8
7d	Not able to make	15	25	25	22	5	3	3

	improvements in my area of work							
7e	Cannot meet conflicting demands on my time at work	36	32	24	35	38	44	44
7f	Do not have adequate materials, supplies and equipment to do my work	17	14	31	25	11	23	14
7g	Not enough staff at organisation to do my job properly	32	35	46	37	27	26	36

4.8 Staff job satisfaction

- On questions to do with job satisfaction 3, questions 8a, 8d and 8f, have remained relatively similar over the years, changing by 1% year-on-year. Biggest change has happened in question 8g: Dissatisfied with extent organisation values my work. In 2012 19% felt that way. In 2013 this number had increased to 20%, and in 2014 to 24%. Also dissatisfaction with level of pay (question 8h) has fluctuated over the years: In 2012 41% were dissatisfied, in 2013 this number was 36% and in 2014 45%.

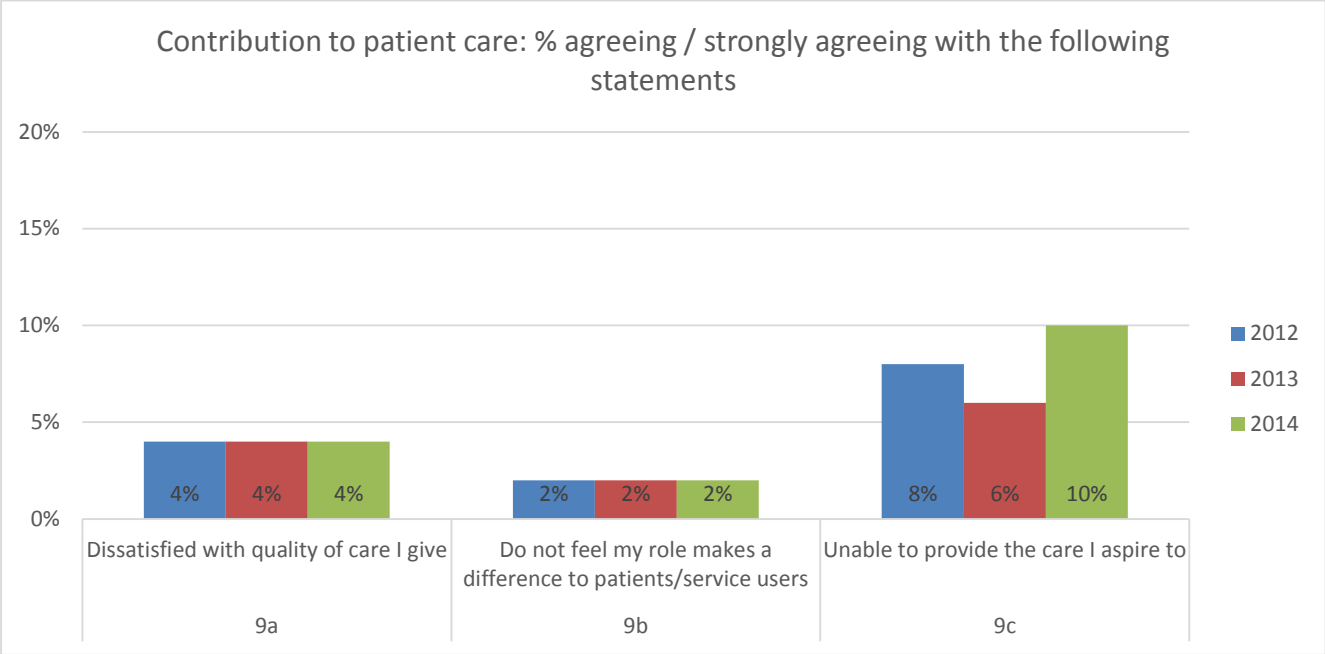


- From staff groups Additional Clinical Services scored most negatively, having worse scores than trust average every year on most questions. Biggest difference in their scores is in question 8b, where between 2012–2013 twice as many people as the trust average were dissatisfied with the support their received from their immediate manager (33–32% vs trust average of 14%). In 2014 this score had improved to being on par with trust average at 14%.
- Most positively from staff groups scored Allied Health Professionals. They scored better than trust average on nearly every question; main difference is in question 8e: Dissatisfied with amount of responsibility given, where their scores have remained on par with trust average over the 3 year period examined.

Q	Problem Score Text 2014	Trust Average 2012 %	Additional Clinical Services			Allied Health Professionals		
			2012	2013	2014	2012	2013	2014
8a	Dissatisfied with recognition for good work	19	35	35	23	11	10	11
8b	Dissatisfied with support from immediate manager	14	33	32	14	2	10	0
8c	Dissatisfied with freedom to choose own work method	7	19	21	17	-	5	3
8d	Dissatisfied with support from colleagues	6	8	13	13	2	0	0
8e	Dissatisfied with amount of responsibility given	8	13	13	6	7	5	6
8f	Dissatisfied with opportunities to use skills	10	14	15	13	7	5	3
8g	Dissatisfied with extent organisation values my work	19	33	38	28	7	5	6
8h	Dissatisfied with my level of pay	41	59	66	56	18	23	36

4.9 Contribution to patient care

- Being dissatisfied with quality of care one can give has remained at 4% over the past 3 years, while not feeling their role makes a difference has remained at 2%. The biggest differences under this topic are in question 9c: Unable to provide the care I aspire to: In 2012 8% felt this way. In 2013 this score had improved by 2% and dropped to 6%, but then declined again in 2014 to 10% feeling they cannot provide the care they'd want to.

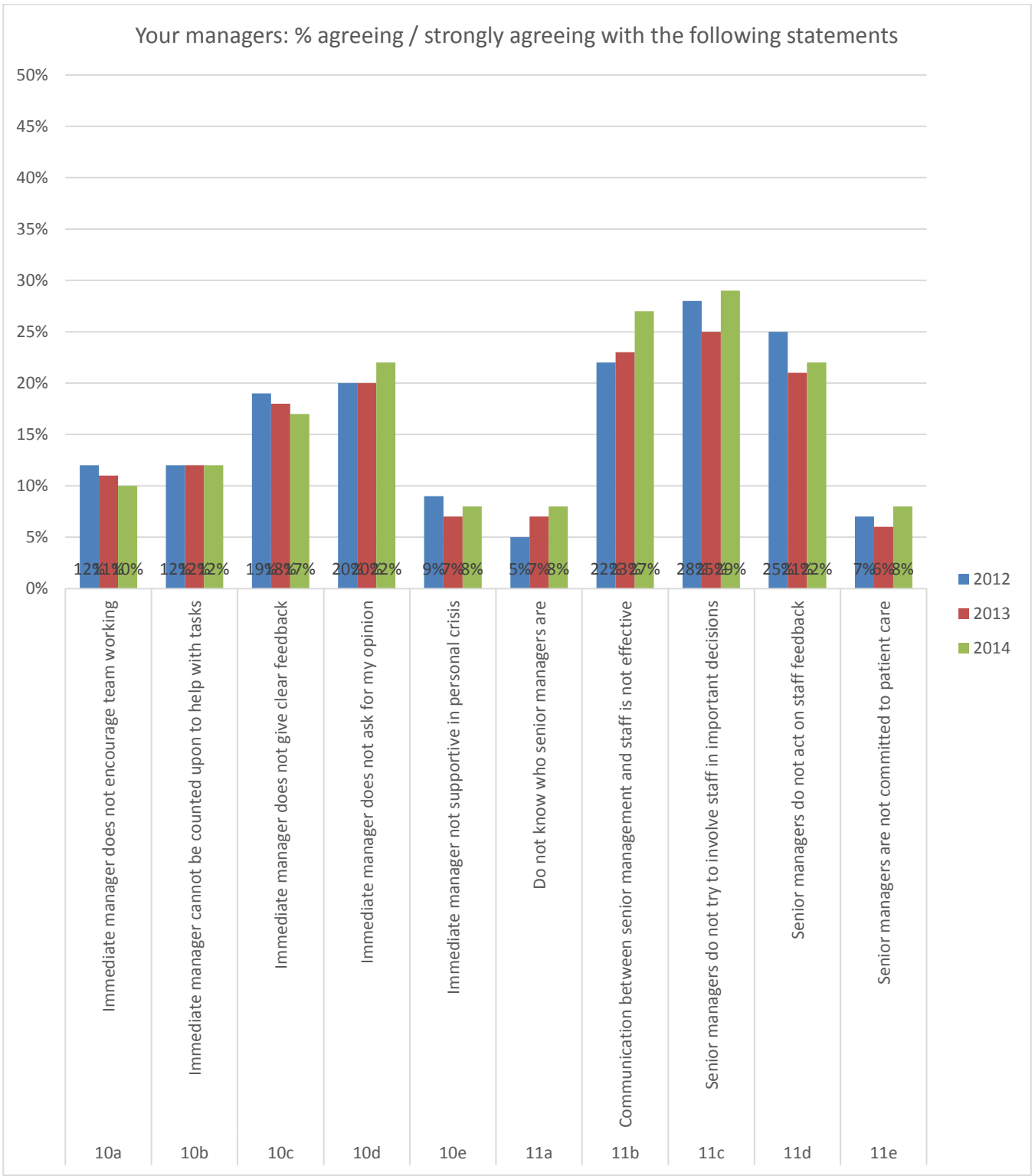


- Most positively here scored Allied Health Professionals, who scored better than trust average in four occasions. Their score for 9b about not feeling their role makes a difference had been worse than trust average in 2012, but this score improved and has remained so at 0% feeling so in 2013 and 2014. Most negatively scored Additional Clinical Services, with 3 scored below trust average and the rest on par.

Q	Problem Score Text 2014	Trust Average 2012 %	Additional Clinical Services			Allied Health Professionals		
			2012	2013	2014	2012	2013	2014
9a	Dissatisfied with quality of care I give	4	2	3	8	2	0	0
9b	Do not feel my role makes a difference to patients/service users	2	-	3	3	7	0	0
9c	Unable to provide the care I aspire to	8	13	6	12	4	3	8

4.10 Your managers

- Two sets of questions, 10a–10e and 11a–11e, deal with immediate and senior management. On this topic scores for three questions, 10b, 10e and 11e, have remained much the same over the three year period. The rest of the questions have seen some positive and some negative changes.
- Biggest positive change is in question 11d: Senior managers do not act on staff feedback. In 2012 25% felt senior management didn't listen to staff feedback, while in 2014 22% felt that way. Biggest negative change has been in question 11b: Communication between senior management and staff is not effective. In 2012 22% felt this way. In 2013 this score had risen to 23%, and in 2014 to 27%.
- Staff group breakdown shows that Additional Clinical Services and Estates & Ancillary scored most negatively as compared to the trust average. Additional Clinical Services has shown some improvement in scores, scoring more on par with trust average in 2014 than in 2012. Estates & Ancillary, on the other hand, has scored worse in 2014 than it did in 2012.
- Most positively scored Allied Health Professionals, scoring more positively across all questions apart from 11a, where they didn't have enough respondents in 2012, but were on par with trust average in 2013 and 2014.

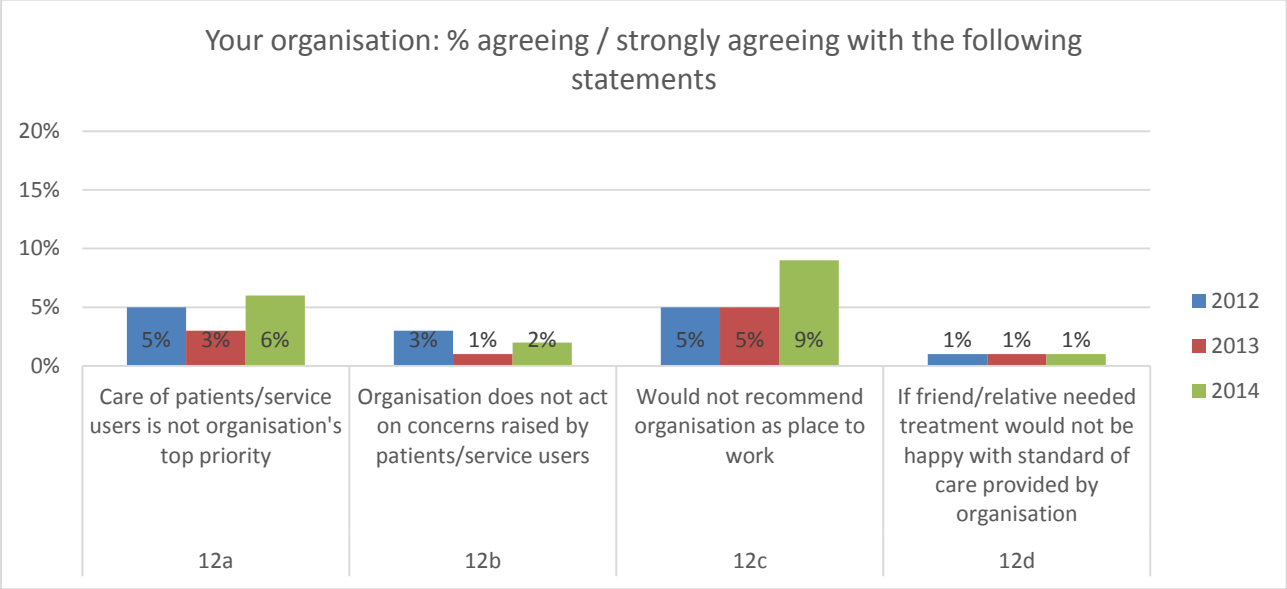


Q	Problem Score Text 2014	Trust Average 2012 %	Additional Clinical Services			Allied Health Professionals			Estates and Ancillary		
			2012	2013	2014	2012	2013	2014	2012	2013	2014
10a	Immediate manager does not encourage team working	12	28	20	11	2	8	0	16	13	28
10b	Immediate manager cannot be counted upon to help with tasks	12	28	21	14	4	10	3	11	16	39
10c	Immediate manager does not give clear feedback	18	33	30	23	7	10	0	16	16	45
10d	Immediate manager does not ask for my opinion	20	39	44	25	7	8	11	30	32	51
10e	Immediate manager not supportive in personal crisis	9	21	17	11	2	3	0	16	19	33
11a	Do not know who senior managers are	5	6	8	10	-	3	6	8	10	24
11b	Communication between senior management and staff is not effective	22	35	34	31	2	3	14	24	23	45
11c	Senior managers do not try to involve staff in important decisions	28	39	40	32	9	3	11	32	35	49
11d	Senior managers do not act on staff feedback	25	35	29	27	7	0	8	35	29	41
11e	Senior managers are not committed to patient care	7	10	6	5	-	0	6	11	6	11

4.11 Your organisation

- From the four question asking about the organisation itself question 12d: Friend/relative needed treatment would not be happy with standard of care provided by organisation has remained at 1% over the three year period. This question is also the second one of the National Staff Friend and Family Test (FFT) questions.
- On the other questions, Queen Victoria Hospitals has improved its scores from 2012 to 2014 on 12b: Organisation does not act on concerns raised by patients/ service users: In 2012 this score was 3% while in 2014 2% felt this way. Biggest decline in scores has happened in the second Staff FFT question 12c: Would not

recommend organisation as place to work. In 2012 and 2013 5% would not recommend the trust, in 2014 9% felt this way.

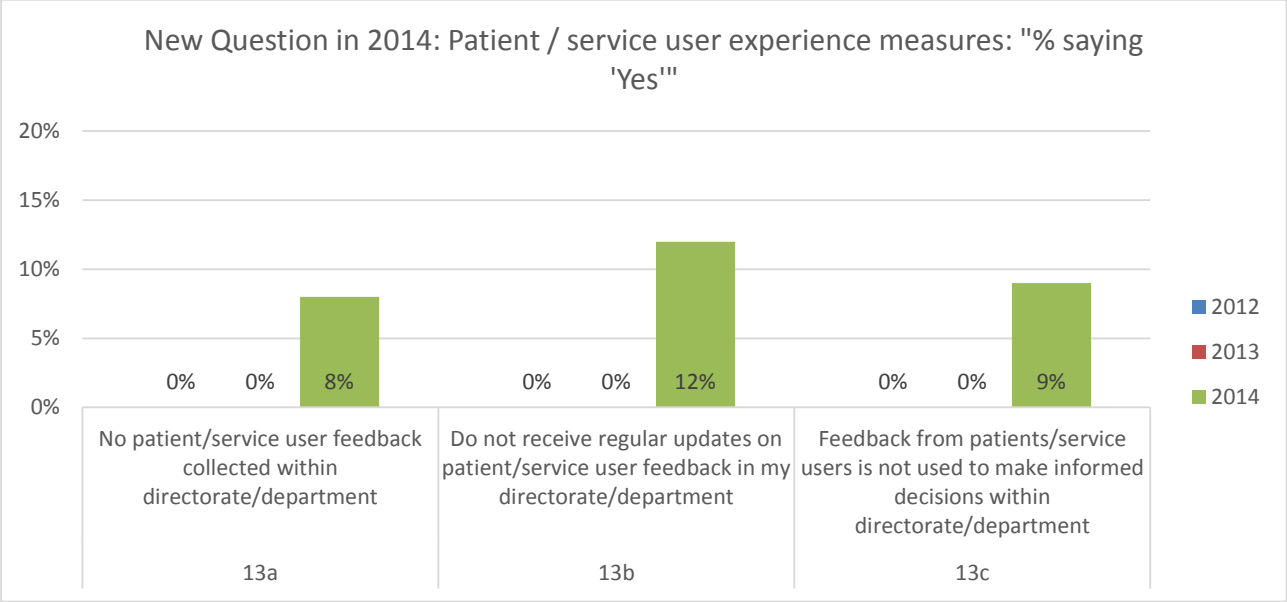


- From the staff groups Allied Health professionals scored most positively on every question. In 2012 they didn't have enough respondents, but in 2013 and 2014 0% gave negative responses to these questions.
- Most negatively from staff groups scored Additional Professional Scientific & Technic, who scored worse than trust average on 5 cases, 3 of these in 2014. On the rest they were on par with the trust average.

Q	Problem Score Text 2014	Trust Average 2012 %	Add Prof Scientific and Technic			Allied Health Professionals		
			2012	2013	2014	2012	2013	2014
12a	Care of patients/service users is not organisation's top priority	5	10	7	7	-	0	0
12b	Organisation does not act on concerns raised by patients/service users	3	-	2	7	-	0	0
12c	Would not recommend organisation as place to work	5	8	11	14	-	0	0
12d	If friend/relative needed treatment would not be happy with standard of care provided by organisation	1	3	2	5	-	0	0

4.12 Patient/Service user experience measures

- Question 13 was changed entirely in 2014: Previous questions 13a and 13b on hot water, soap and alcohol rubs being available to staff and patients was removed and replaced with a 3 part question on whether Divisions collected, used and published feedback from their patients. As this is a new question, the graph below only has scores for 2014.
- As this question didn't allow any historical analysis, the RAG-table shows Queen Victoria Hospital's (Trust Av. %) and its staff groups scores as compared to other Acute hospital trusts (Acute Av. %). The table shows, that Additional Professional Scientific & Technic as well as Estates & Ancillary scored below Acute (and their own) trust average in question 13a, while Medical & Dental scored below trust average on 13b. Allied Health Professionals and Nursing & Midwifery Registered scored higher than Acute average (and trust's own average) on all three questions.

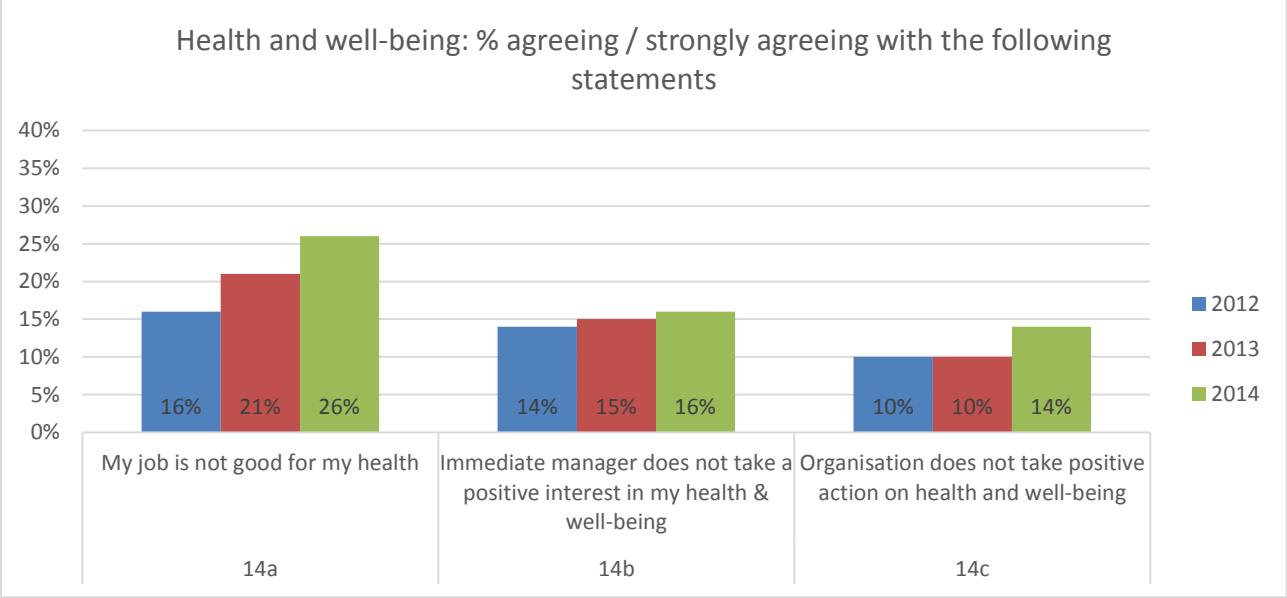


Q	Problem Score Text	Acute Av. %	Trust Av. %	Add Prof Scientific & Technic	Add Clinical Services	Admin & Cleric	Allied Health Profs	Estates & Ancillary	Med & Dent	Nursing & Midwife Reg.
13a	No patient/service user feedback collected within directorate/department	8	8	12	10	11	3	13	10	4
13b	Do not receive regular updates on patient/service user feedback in my directorate/department	20	12	12	14	17	12	0	27	5

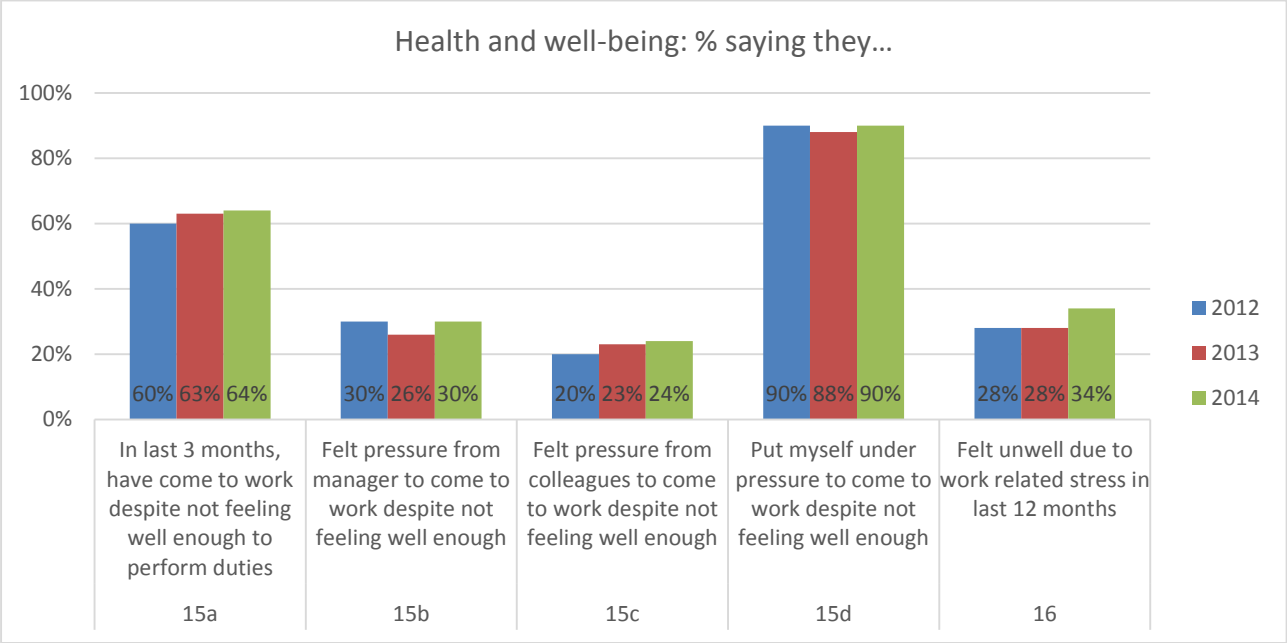
13c	Feedback from patients/service users is not used to make informed decisions within directorate/department	12	9	8	10	13	6	0	15	6

4.13 Health and well-being

- Questions 14a-c and 15a-d and 16 deal with issues on health and well-being. On the first three questions, Queen Victoria Hospital's scores have slightly declined over the 3 year period, biggest change being in question 14a on job being good for one's health: in 2012 16% felt this way, in 2013 21% and in 2014 26%.



- On questions to do with coming to work when not feeling well enough and where the pressure for this might come from saw some changes. There were no positive changes, but the biggest negative change was in question 16: Felt unwell due to work related stress in last 12 months. This score rose from 28% in 2012 and 2013 to 34% in 2014.



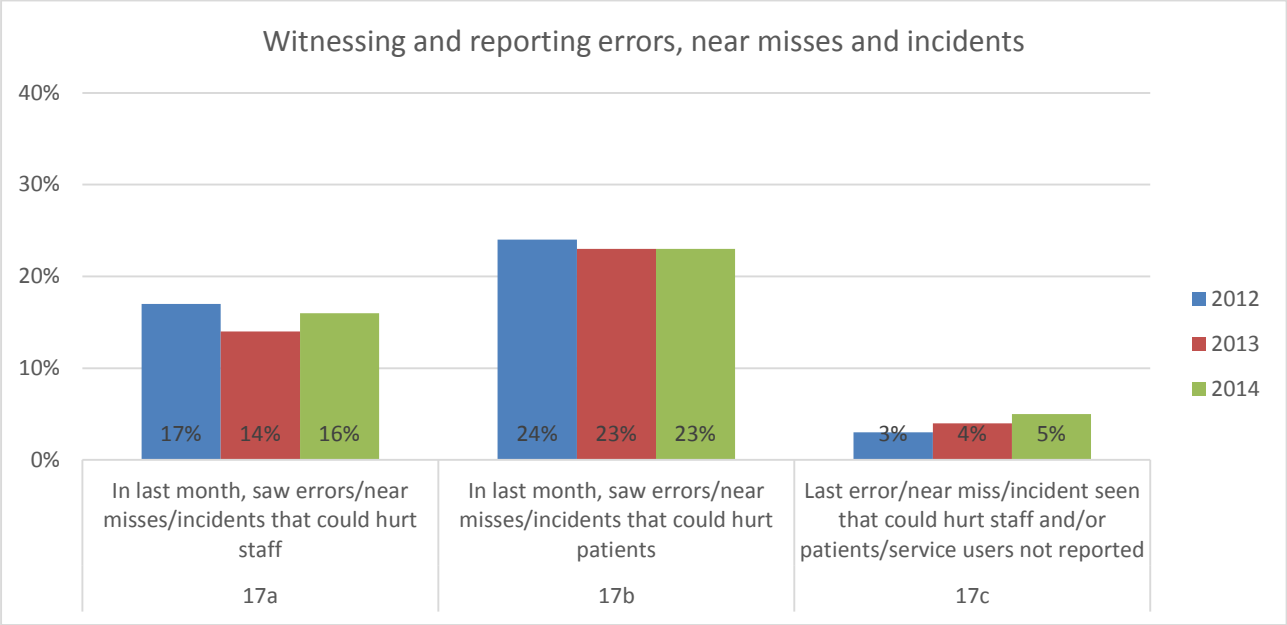
- Most positively across the health and well-being questions scored Allied Health Professionals. They scored better than trust average on majority of questions, and below trust average on two. Most negatively scored Additional Professional Scientific & Technic, who had most scores below trust average, but did score higher than trust average on 15a in 2013.

Q	Problem Score Text 2014	Trust Average 2012 %	Add Prof Scientific and Technic 2012	Add Prof Scientific and Technic 2013	Add Prof Scientific and Technic 2014	Allied Health Professionals 2012	Allied Health Professionals 2013	Allied Health Professionals 2014
14a	My job is not good for my health	16	31	27	38	13	5	6
14b	Immediate manager does not take a positive interest in my health & well-being	14	21	25	26	9	10	3
14c	Organisation does not take positive action on health and well-being	10	13	16	19	-	0	3
15a	In last 3 months, have come to work despite not feeling well enough to	60	59	54	66	47	58	53

	perform duties							
15b	Felt pressure from manager to come to work despite not feeling well enough	30	30	41	57	28	18	12
15c	Felt pressure from colleagues to come to work despite not feeling well enough	20	25	29	33	11	14	25
15d	Put myself under pressure to come to work despite not feeling well enough	90	95	95	91	100	86	89
16	Felt unwell due to work related stress in last 12 months	27	26	31	45	16	21	17

4.14 Witnessing and reporting errors, near misses and incidents

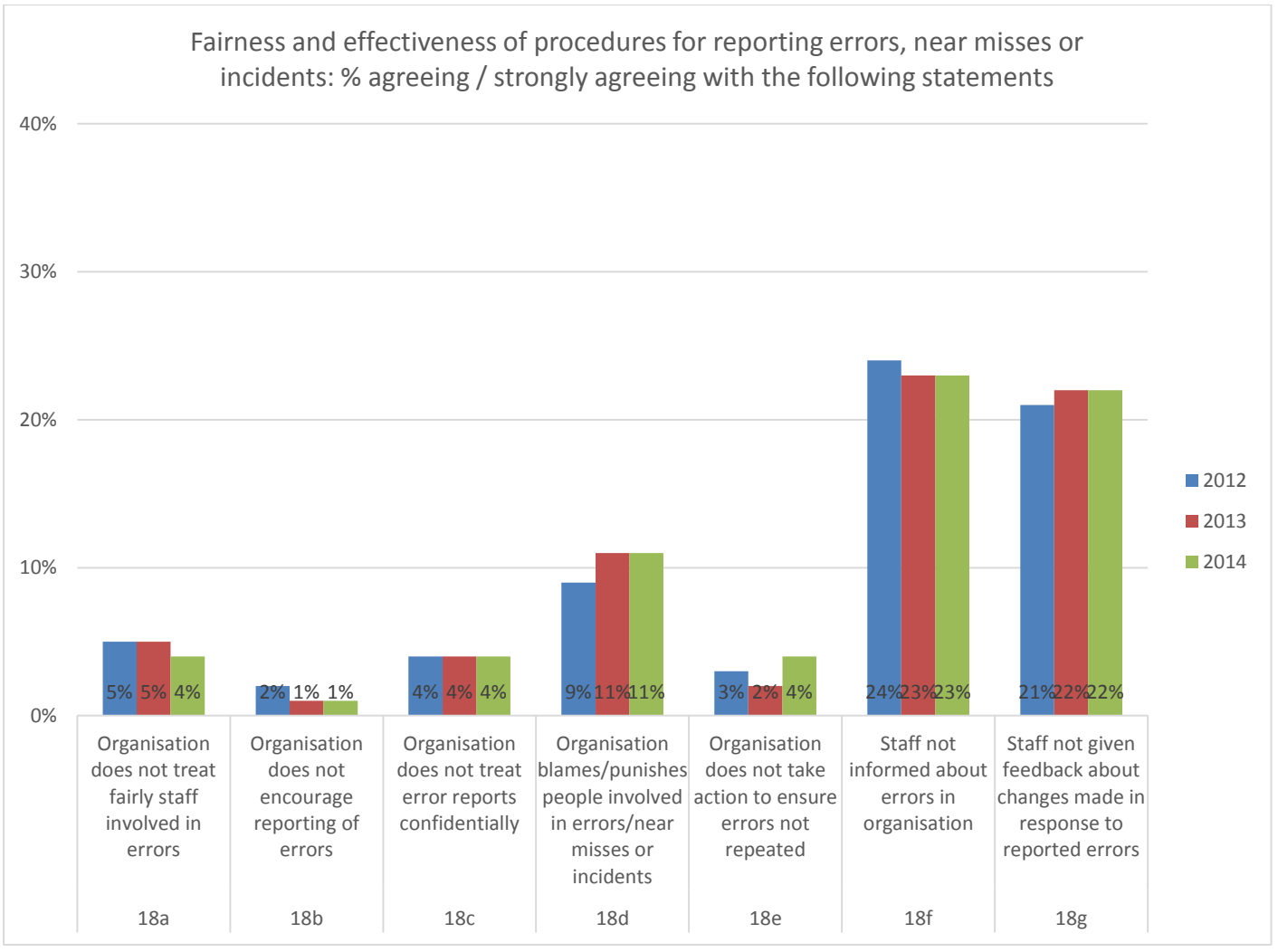
- Questions on witnessing and reporting errors showed different developments in each question. The score on 17a on seeing errors/near misses last month that could hurt staff improved from 17% in 2012 to 16% in 2014. 17b scores on seeing errors/ near misses that could hurt patients improved similarly by 1%, dropping from 24% witnessing such events to 23% witnessing them. The final question 17c on not reporting errors, on the other hand, declined by 2% over the 3 year period: This score declined by 1% year on year, from 3% of the respondents not reporting such incidents in 2012, and in 2014 5% not reporting them.
- Staff group analysis shows that most negatively as compared to trust average here did Nursing & Midwifery Registered, who scored below trust average on half of the occasions.
- Most positively of the staff groups scored Allied Health Professionals and Administrative & Clerical. Allied Health Professionals didn't have enough respondents in question 17c during any of the years for analysis, but on the two questions remaining they scored particularly well on question 17a. In 2013, for example, 0% reported having seen errors that could hurt staff. Administrative & Clerical scored better than trust average on 17a and 17b every year, but on 17c did worse than trust average in 2012 and 2014, being on par in 2013.



Q	Problem Score Text 2014	Trust Average 2012 %	Administrative and Clerical			Allied Health Professionals			Nursing and Midwifery Registered		
			2012	2013	2014	2012	2013	2014	2012	2013	2014
17a	In last month, saw errors/near misses/incidents that could hurt staff	17	11	10	13	11	0	3	28	20	23
17b	In last month, saw errors/near misses/incidents that could hurt patients	24	10	12	13	13	13	11	43	33	38
17c	Last error/near miss/incident seen that could hurt staff and/or patients/service users not reported	3	10	4	10	*	*	*	2	2	5

4.15 Fairness and effectiveness of procedures for reporting errors, near misses or incidents

- Questions 18a to 18g continue on from errors and near misses to ask if staff feel such incidents are treated with fairness and effectiveness. Questions 18a–c remained very similar across the 3 year period, also question 18e changed 1–2% each year. Scores on question 18d on organisation blaming people involved in errors declined by 2% over the 3 years, while scores for 18g on staff not receiving feedback in response to reported errors declined by 1%. Scores for question 18f on staff not being informed when errors had happened improved by 1% from 2012's 24% to 23% in 2013 and 2014.

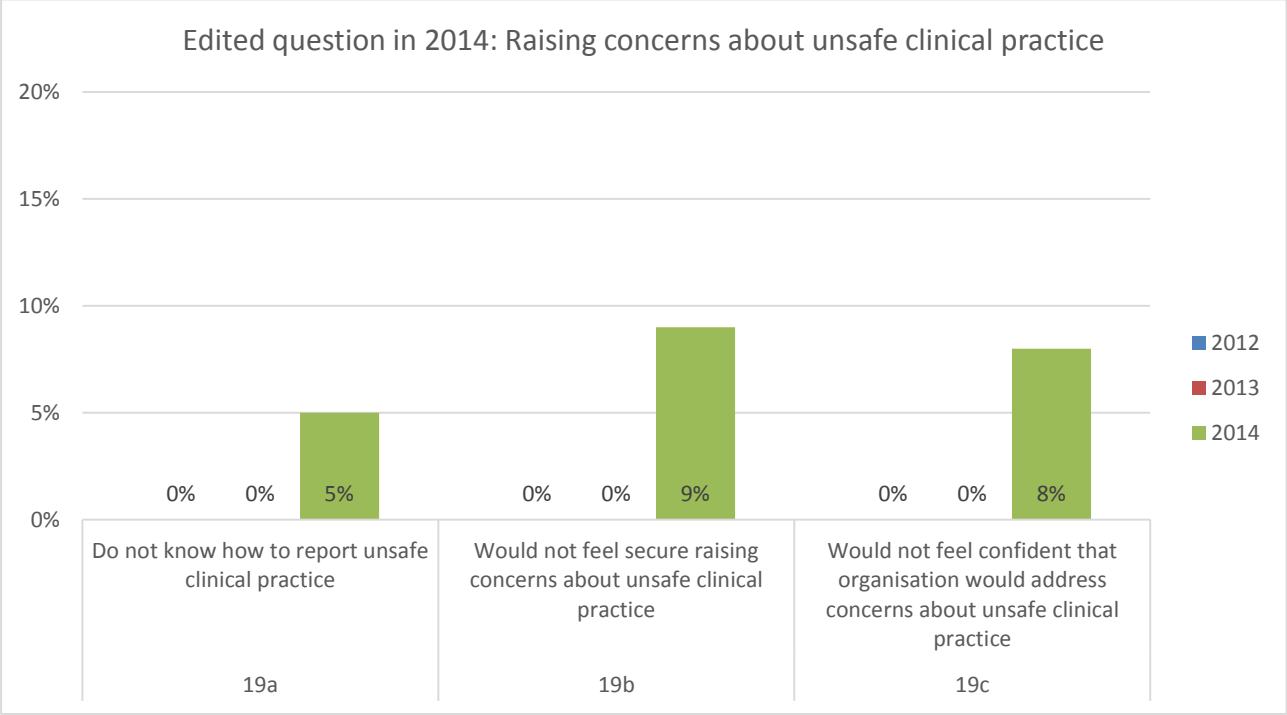


- From the staff groups, most positively scored Allied Health Professionals. They scored above trust average on questions 18f and 18g every year, but in 2013 and 2014 0% reported as thinking that organisation does not treat staff involved in errors fairly or that organisation doesn't treat error reports confidentially.
- Most negatively scored Estates & Ancillary, who scored below trust average particularly in question 18d on Organisation blaming/punishing people involved in errors every year.

Q	Problem Score Text 2014	Trust Average 2012 %	Allied Health Professionals 2012	Allied Health Professionals 2013	Allied Health Professionals 2014	Estates and Ancillary 2012	Estates and Ancillary 2013	Estates and Ancillary 2014
18a	Organisation does not treat fairly staff involved in errors	5	-	0	0	-	13	3
18b	Organisation does not encourage reporting of errors	2	-	0	0	-	0	3
18c	Organisation does not treat error reports confidentially	4	-	0	0	-	3	3
18d	Organisation blames/punishes people involved in errors/near misses or incidents	9	9	8	8	19	17	14
18e	Organisation does not take action to ensure errors not repeated	3	-	0	0	6	3	11
18f	Staff not informed about errors in organisation	24	20	13	14	23	23	22
18g	Staff not given feedback about changes made in response to reported errors	21	16	11	14	25	19	27

4.16 Raising concerns about unsafe clinical practice

- Question 19 was edited for the 2014 survey; the question used to ask about reporting fraud, malpractice or wrongdoing. The wording was changed to asking about reporting unsafe clinical practice. Research has shown that even small changes to wording can greatly impact how people respond to a question, making it harder to compare the results between years. This is why the graph below only shows the results for 2014.
- To have something to compare the new results to the RAG-table below compares Queen Victoria Hospital's scores (Trust Av. %) to the average of the acute trusts Picker worked with (Acute Av. %).
- Queen Victoria Hospital's staff groups are shown as well for comparison. Queen Victoria's overall scores were on par in each question as compared to the other acutes. Out of the staff groups Allied Health Professionals scored more positively than the acute average on each question, while Estates & Ancillary scored below acute average on questions 19a and 19b.

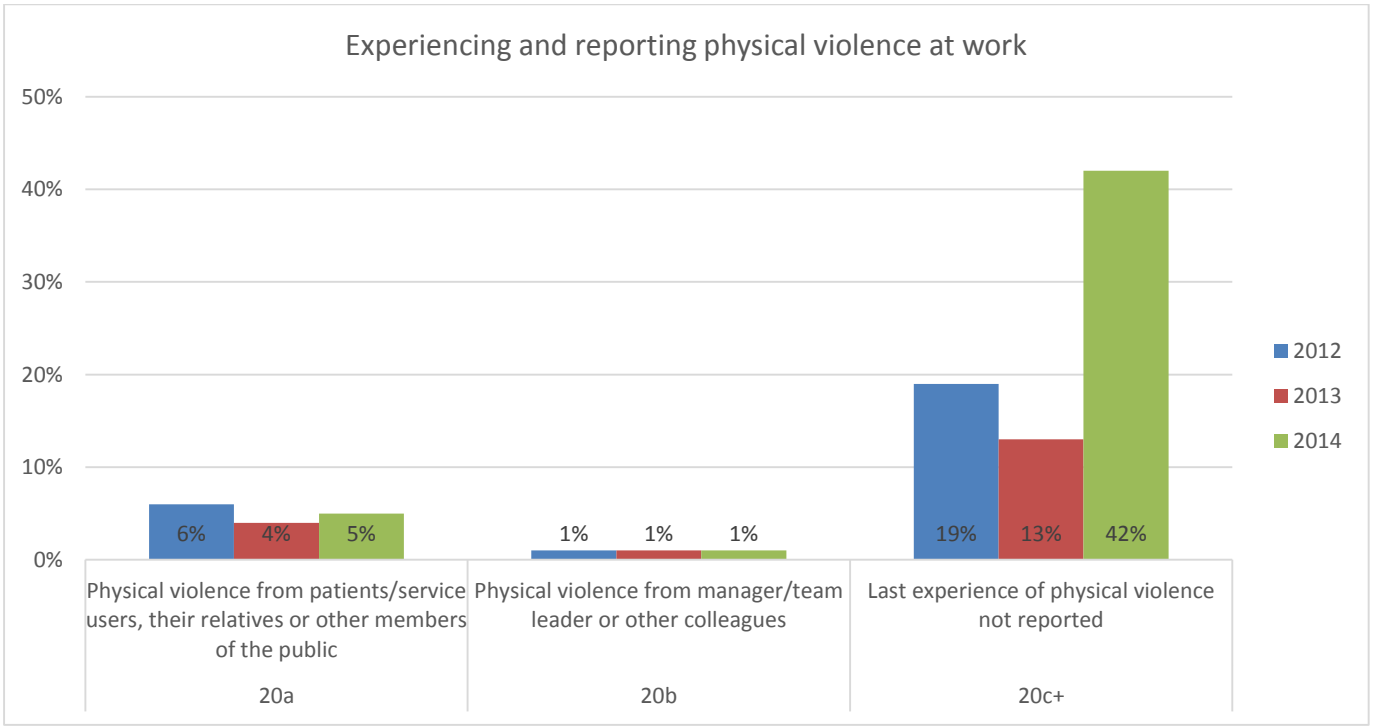


Q	Problem Score Text	Acute Av. %	Trust Av. %	Add Prof Scientific & Technic	Add Clinical Services	Admin & Cleric	Allied Health Profs	Est & Anc	Med & Dent	Nursing & Midwife Reg.
19a	Do not know how to report unsafe clinical practice	7	5	5	3	9	0	13	0	1
19b	Would not feel	9	9	5	9	9	3	14	9	9

19c	secure raising concerns about unsafe clinical practice Would not feel confident that organisation would address concerns about unsafe clinical practice	11	8	15	12	8	0	11	5	8

4.17 Experiencing and reporting physical violence

- Questions 20a–c dealt with staff experiencing physical violence. Scores for 20b on violence from manager/team leader or other colleague remained the same 1% across the 3 year period. Violence from patients dropped a little bit, with 6% reporting such violence in 2012, 4% in 2013 and 5% in 2014. Scores for the final question on whether last experience of physical violence was reported, in 2012 19% stated that last experience was not reported, in 2013 13% stated so, but in 2014 42% responded that last experience of violence had not been reported.

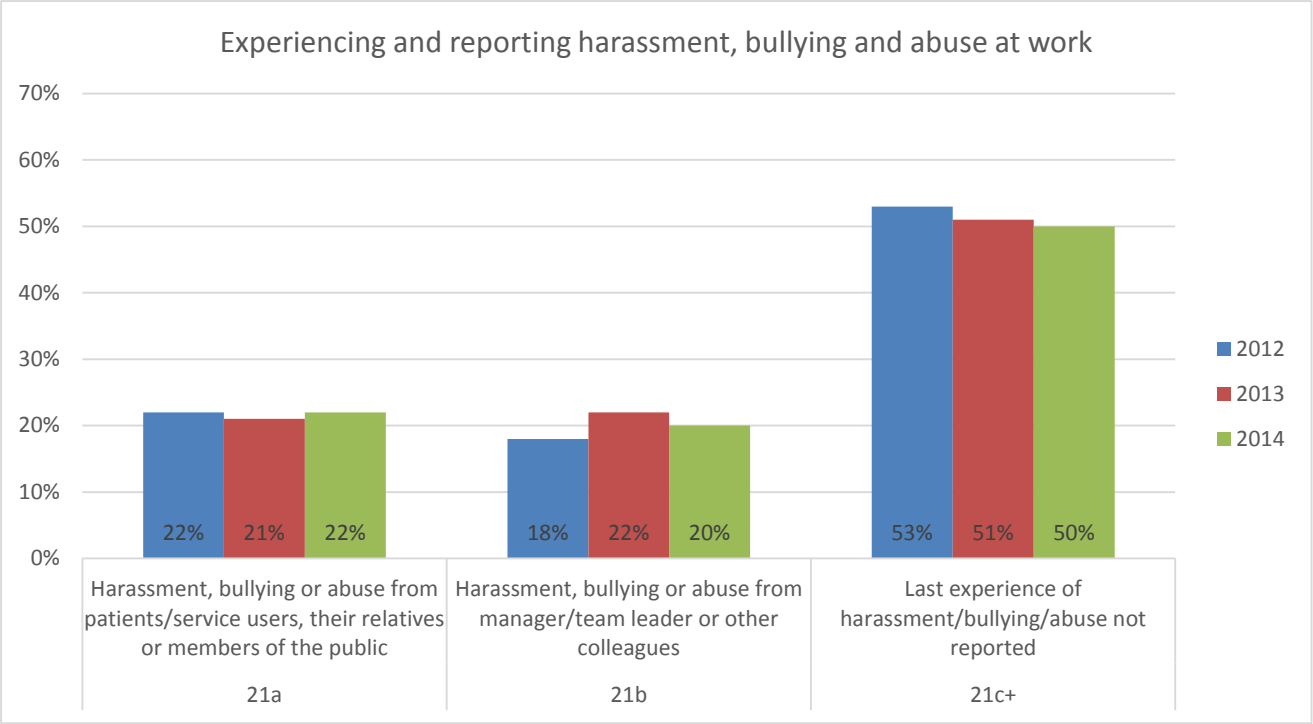


- Most positive scores came from staff group Administrative & Clerical, where 0% of respondents identified any physical violence from patients or managers, but didn't have enough respondents for scores to the final question on reporting violence. Most negatively scored Nursing & Midwifery Registered, which reported more violence from patients than the trust average.

Q	Problem Score Text 2014	Trust Average 2012 %	Administrative and Clerical			Nursing and Midwifery Registered		
			2012	2013	2014	2012	2013	2014
20a	Physical violence from patients/service users, their relatives or other members of the public	6	-	0	0	11	10	12
20b	Physical violence from manager/team leader or other colleagues	1	-	0	0	2	1	2
20c+	Last experience of physical violence not reported	19	*	*	*	9	-	33

4.18 Experiencing and reporting harassment, bullying and abuse

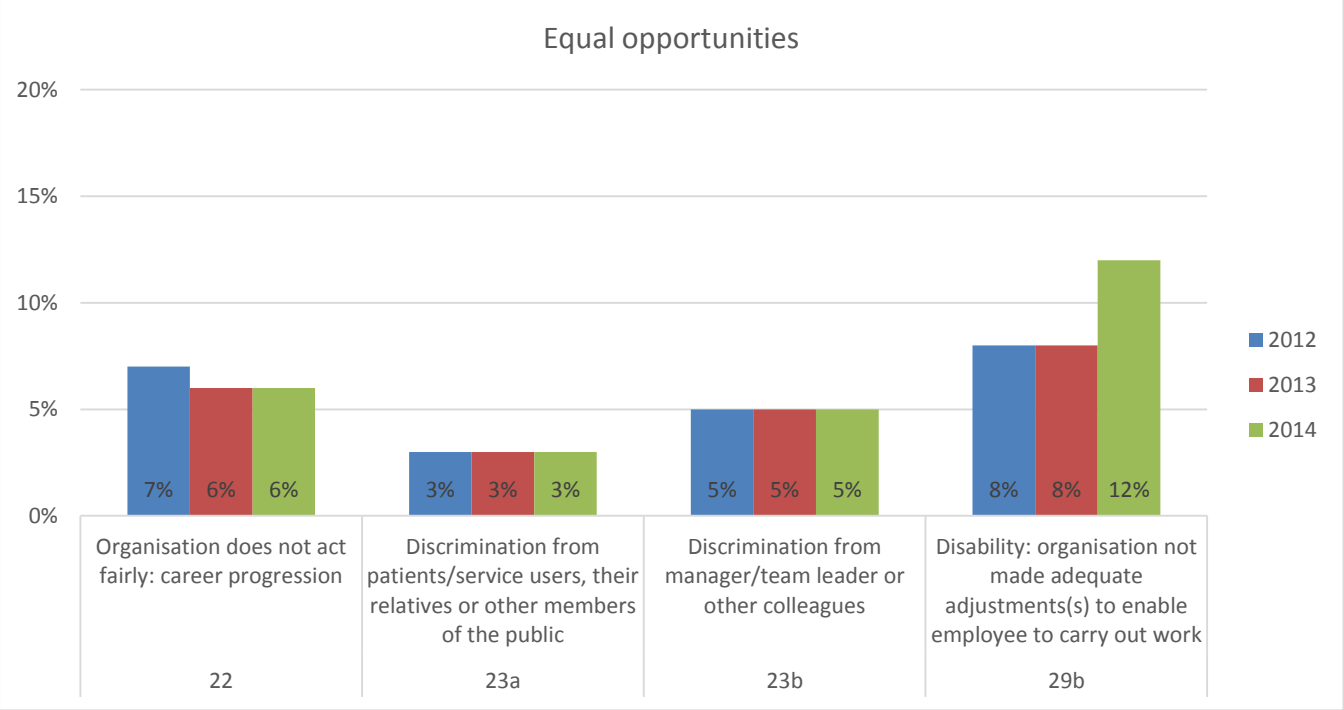
- Scores for harassment and bullying questions remained much the same for question 21a on harassment from patients, being between 21% and 22% each year. 21b on harassment from managers or colleagues was reported by 18% of respondents in 2012, 22% in 2013, and 20% in the latest, 2014, study. The score for reporting harassment has improved over the years, with 53% not reporting the last experience of harassment or bullying in 2012, this number going down to 51% in 2013 and 50% in 2014.
- Most positively on these questions scored Allied Health Professionals, They didn't have enough respondents for analysis for question 21c, but on both 21a and 21b they scored more positively than the trust average every year.
- Most negatively scored Nursing & Midwifery Registered. Their scores were below trust average every year on questions 21a and 21b, but above trust average in 2012 and 2014 on 21c (there weren't enough respondents for analysis in 2013).



Q	Problem Score Text 2014	Trust Average 2012 %	Allied Health Professionals 2012	Allied Health Professionals 2013	Allied Health Professionals 2014	Nursing and Midwifery Registered 2012	Nursing and Midwifery Registered 2013	Nursing and Midwifery Registered 2014
21a	Harassment, bullying or abuse from patients/service users, their relatives or members of the public	22	18	18	18	30	32	36
21b	Harassment, bullying or abuse from manager/team leader or other colleagues	18	7	8	9	24	26	28
21c+	Last experience of harassment/bullying/abuse not reported	53	*	*	*	42	-	35

4.19 Equal opportunities

- Four questions in the National NHS Staff Survey questionnaire enquired after equal opportunity topics on discrimination. Queen Victoria Hospital Trust's scores for questions 23a and 23b on discrimination from patients and managers have remained the same, at 3% and 5% respectively. On question 22: Organisation does not act fairly: career progression, the trust's scores have improved from 7% not thinking career progression is fair in 2012 to 6% not thinking it is fair in 2013 and 2014.
- On the final question, 29b: Disability: Organisation not made adequate adjustment(s) to enable employee to carry out work, the trust's scores declined: In 2012 and 2013 8% felt this way, but in 2014 this number had risen to 12%.



- Most positively on equality questions scored Allied Health Professionals, who were most positive on 23d; 0% in 2013 and 2014 reported discrimination from managers or other colleagues (not enough respondents for analysis in 2012). Their scores for question 23a have fluctuated quite a bit over the years, with 0% reporting discrimination from patients in 2013, while in 2012 this score had been 2% and in 2014 was its highest at 6%.
- Most negatively scored Estates and Ancillary. Their scores were below trust average on every question in 2012 (apart from question 29b for which there weren't enough respondents in 2012 and 2013). The scores where then on par with trust average in 2013, but again much below trust average in 2014.

Q	Problem Score Text 2014	Trust Average 2012 %	Allied Health Professionals			Estates and Ancillary		
			2012	2013	2014	2012	2013	2014
22	Organisation does not act fairly: career progression	7	4	3	3	17	10	34
23a	Discrimination from patients/service users, their relatives or other members of the public	3	2	0	6	11	0	0
23b	Discrimination from manager/team leader or other colleagues	5	-	0	0	14	3	16
29b	Disability: organisation not made adequate adjustments(s) to enable employee to carry out work	8	*	*	*	*	*	33

5 Appendix 1 – Full RAG-tables for each year by Staff Group

2012

Q	Problem Score Text	Trust Av. 2012 %	Add Prof Scientific & Technic	Add Clinical Services	Admin & Clerical	Allied Health Profs	Estates & Ancillary	Nursing & Midwif Reg.
1a	No health and safety training	4	5	6	4	-	9	1
1b	No equality and diversity training	5	5	5	3	-	9	2
1c	No training in how to handle violence to staff/patients/service users	19	21	34	13	4	33	10
1d	No infection control training	3	-	3	5	-	6	-
1e	No training in how to handle confidential information	3	3	5	4	-	9	1
1f	No training in how to deliver a good patient / service user experience	25	28	23	22	18	18	20
1g	No other job-relevant training, learning or development	11	3	26	16	2	21	1
2a	Training did not help me do job more effectively	13	5	18	15	18	11	7
2b	Training has not helped me stay up-to-date with prof. requirements	10	5	13	13	16	9	5
2c	Training has not helped me deliver a better patient / service user experience	14	5	18	16	13	15	8
3a	No appraisal/KSF review in last 12 months	17	15	10	31	12	11	10
3b	Appraisal/review not helpful in improving how do job	42	44	59	42	18	41	36
3c	Clear work objectives not agreed during appraisal	21	16	46	22	8	28	9
3d	Appraisal/performance review: left feeling work not valued	24	31	45	19	14	20	20
3e	Appraisal/performance review: training, learning or development needs not identified	21	7	27	30	-	35	14
3f	Not supported by manager to receive training, learning or development identified in appraisal	9	11	19	6	-	-	6
4b	Team members do not have a set of shared objectives	10	11	16	10	14	13	3
4c	Team members do not often meet to discuss the team's effectiveness	21	32	29	26	9	28	10
4d	Team members do not have to communicate closely with each other to achieve the team's objectives	8	11	10	8	12	14	4
5a	Never/rarely look forward to going to work	12	13	15	15	7	8	9

5b	Never/rarely enthusiastic about my job	6	13	5	7	-	11	3
5c	Never/rarely does time pass quickly when I am working	4	8	3	5	4	11	2
6a	Do not have clear, planned goals and objectives	8	8	16	7	7	8	5
6b	Do not always know what work responsibilities are	7	10	8	5	11	8	3
6c	Do not feel trusted to do my job	3	3	6	4	2	5	-
6d	Not able to do my job to a standard am pleased with	8	-	10	14	2	5	4
7a	Opportunities to show initiative infrequent in my role	11	10	21	9	7	18	7
7b	Not able to make suggestions to improve the work of my team/dept	6	10	13	4	4	9	4
7c	Not involved in deciding changes that affect work	19	26	30	21	4	22	11
7d	Not able to make improvements in my area of work	15	15	25	12	5	17	15
7e	Cannot meet conflicting demands on my time at work	36	41	32	43	38	17	32
7f	Do not have adequate materials, supplies and equipment to do my work	17	26	14	22	11	28	13
7g	Not enough staff at organisation to do my job properly	32	49	35	35	27	28	27
8a	Dissatisfied with recognition for good work	19	18	35	22	11	14	13
8b	Dissatisfied with support from immediate manager	14	13	33	15	2	9	11
8c	Dissatisfied with freedom to choose own work method	7	10	19	4	-	5	6
8d	Dissatisfied with support from colleagues	6	8	8	9	2	6	3
8e	Dissatisfied with amount of responsibility given	8	8	13	10	7	16	4
8f	Dissatisfied with opportunities to use skills	10	10	14	13	7	16	5
8g	Dissatisfied with extent organisation values my work	19	18	33	22	7	22	14
8h	Dissatisfied with my level of pay	41	18	59	46	18	56	38
9a	Dissatisfied with quality of care I give	4	5	2	4	2	6	5
9b	Do not feel my role makes a difference to patients/service users	2	3	-	3	7	8	-
9c	Unable to provide the care I aspire to	8	13	13	6	4	8	6
10a	Immediate manager does not encourage team working	12	13	28	11	2	16	8
10b	Immediate manager cannot be counted upon to help with tasks	12	8	28	9	4	11	14
10c	Immediate manager does not give clear feedback	18	23	33	19	7	16	14
10d	Immediate manager does not ask for my opinion	20	21	39	16	7	30	18
10e	Immediate manager not supportive in personal crisis	9	8	21	6	2	16	8

11a	Do not know who senior managers are	5	3	6	4	-	8	3
11b	Communication between senior management and staff is not effective	22	21	35	23	2	24	19
11c	Senior managers do not try to involve staff in important decisions	28	18	39	27	9	32	29
11d	Senior managers do not act on staff feedback	25	18	35	23	7	35	26
11e	Senior managers are not committed to patient care	7	8	10	4	-	11	8
12a	Care of patients/service users is not organisation's top priority	5	10	10	4	-	3	2
12b	Organisation does not act on concerns raised by patients/service users	3	-	5	3	-	6	1
12c	Would not recommend organisation as place to work	5	8	8	4	-	14	1
12d	If friend/relative needed treatment would not be happy with standard of care provided by organisation	1	3	2	-	-	3	3
13a	Hot water, soap etc not available to staff	3	5	2	6	-	-	2
13b	Hot water, soap etc not available to patients/service users	1	3	5	1	-	-	1
14a	My job is not good for my health	16	31	18	17	13	11	14
14b	Immediate manager does not take a positive interest in my health & well-being	14	21	27	10	9	19	11
14c	Organisation does not take positive action on health and well-being	10	13	16	10	-	11	5
15a	In last 3 months, have come to work despite not feeling well enough to perform duties	60	59	60	67	47	56	57
15b	Felt pressure from manager to come to work despite not feeling well enough	30	30	68	19	28	37	32
15c	Felt pressure from colleagues to come to work despite not feeling well enough	20	25	24	17	11	21	26
15d	Put myself under pressure to come to work despite not feeling well enough	90	95	86	90	100	58	96
16	Felt unwell due to work related stress in last 12 months	27	26	28	31	16	8	36
17a	In last month, saw errors/near misses/incidents that could hurt staff	17	13	12	11	11	20	28
17b	In last month, saw errors/near misses/incidents that could hurt patients	24	44	15	10	13	12	43
17c	Last error/near miss/incident seen that could hurt staff and/or patients/service users not reported	3	-	-	10	*	*	2
18a	Organisation does not treat fairly staff involved in errors	5	10	3	4	-	-	8
18b	Organisation does not encourage reporting of errors	2	3	2	3	-	-	-
18c	Organisation does not treat error reports confidentially	4	8	5	4	-	-	4
18d	Organisation blames/punishes people involved in errors/near misses or	9	10	12	4	9	19	12

	incidents							
18e	Organisation does not take action to ensure errors not repeated	3	5	2	4	-	6	2
18f	Staff not informed about errors in organisation	24	18	18	32	20	23	21
18g	Staff not given feedback about changes made in response to reported errors	21	8	20	26	16	25	22
19a	Would not know how to report fraud, malpractice or wrongdoing	7	11	5	6	2	14	3
19b	Would not feel safe raising concerns about fraud / malpractice / wrongdoing	7	6	11	5	-	14	9
19c	Would not feel confident that organisation would address concerns about fraud / malpractice / wrongdoing	7	9	9	6	-	3	9
20a	Physical violence from patients/service users, their relatives or other members of the public	6	3	8	-	9	8	11
20b	Physical violence from manager/team leader or other colleagues	1	3	-	-	-	3	2
20c+	Last experience of physical violence not reported	19	*	*	*	*	*	9
21a	Harassment, bullying or abuse from patients/service users, their relatives or members of the public	22	21	27	19	18	17	30
21b	Harassment, bullying or abuse from manager/team leader or other colleagues	18	15	24	18	7	18	24
21c+	Last experience of harassment/bullying/abuse not reported	53	50	61	64	*	*	42
22	Organisation does not act fairly: career progression	7	8	10	4	4	17	8
23a	Discrimination from patients/service users, their relatives or other members of the public	3	-	2	1	2	11	4
23b	Discrimination from manager/team leader or other colleagues	5	5	5	4	-	14	7
29b	Disability: organisation not made adequate adjustments(s) to enable employee to carry out work	8	*	*	3	*	*	9

2013

Q	Problem Score Text	Trust Av. 2013 %	Add Prof Scientific & Technic	Add Clinical Services	Admin & Clerical	Allied Health Profs	Estates & Ancillary	Med & Dent	Nursing & Midwif Reg.
1a	No health and safety training	3	2	3	4	0	10	5	0
1b	No equality and diversity training	4	2	3	8	0	12	3	0
1c	No training in how to handle violence to staff/patients/service users	17	14	24	13	8	12	32	17
1d	No infection control training	3	0	3	5	0	13	0	1
1e	No training in how to handle confidential information	3	0	1	6	0	7	2	2
1f	No training in how to deliver a good patient / service user experience	20	21	16	22	15	19	29	16
1g	No other job-relevant training, learning or development	11	5	14	18	5	12	5	6
2a	Training did not help me do job more effectively	12	20	8	15	8	10	9	12
2b	Training has not helped me stay up-to-date with prof. requirements	10	9	6	15	10	7	3	11
2c	Training has not helped me deliver a better patient / service user experience	14	20	11	17	5	7	14	14
3a	No appraisal/KSF review in last 12 months	19	24	21	28	18	3	3	14
3b	Appraisal/review not helpful in improving how do job	45	44	59	49	26	46	47	37
3c	Clear work objectives not agreed during appraisal	23	24	37	26	10	43	19	13
3d	Appraisal/performance review: left feeling work not valued	29	30	47	30	23	29	32	20
3e	Appraisal/performance review: training, learning or development needs not identified	24	18	27	37	0	42	19	19
3f	Not supported by manager to receive training, learning or development identified in appraisal	10	13	27	15	4	*	3	4
4b	Team members do not have a set of shared objectives	9	7	15	15	11	4	2	5
4c	Team members do not often meet to discuss the team's effectiveness	17	20	25	21	13	4	12	13
4d	Team members do not have to communicate closely with each other to achieve the team's objectives	6	7	6	9	11	0	2	6
5a	Never/rarely look forward to going to work	11	20	13	13	0	13	7	7
5b	Never/rarely enthusiastic about my job	6	16	6	7	0	13	2	3

5c	Never/rarely does time pass quickly when I am working	4	7	6	4	0	16	0	3
6a	Do not have clear, planned goals and objectives	7	9	9	10	0	10	2	6
6b	Do not always know what work responsibilities are	6	16	6	7	3	7	2	2
6c	Do not feel trusted to do my job	4	7	9	4	3	3	0	3
6d	Not able to do my job to a standard am pleased with	10	13	7	15	5	6	2	10
7a	Opportunities to show initiative infrequent in my role	10	11	16	11	3	10	5	9
7b	Not able to make suggestions to improve the work of my team/dept	8	7	19	6	3	13	5	5
7c	Not involved in deciding changes that affect work	18	20	33	18	5	24	18	11
7d	Not able to make improvements in my area of work	15	16	25	15	3	20	17	12
7e	Cannot meet conflicting demands on my time at work	38	47	24	45	44	28	42	30
7f	Do not have adequate materials, supplies and equipment to do my work	21	20	31	23	23	30	12	12
7g	Not enough staff at organisation to do my job properly	36	51	46	35	26	41	30	31
8a	Dissatisfied with recognition for good work	18	27	35	19	10	17	12	12
8b	Dissatisfied with support from immediate manager	14	18	32	9	10	24	10	11
8c	Dissatisfied with freedom to choose own work method	10	24	21	6	5	13	10	7
8d	Dissatisfied with support from colleagues	6	11	13	6	0	10	2	4
8e	Dissatisfied with amount of responsibility given	6	11	13	6	5	7	0	4
8f	Dissatisfied with opportunities to use skills	10	13	15	14	5	10	0	8
8g	Dissatisfied with extent organisation values my work	20	20	38	21	5	17	13	17
8h	Dissatisfied with my level of pay	36	20	66	35	23	43	28	32
9a	Dissatisfied with quality of care I give	4	7	3	4	0	3	2	5
9b	Do not feel my role makes a difference to patients/service users	2	0	3	4	0	0	0	1
9c	Unable to provide the care I aspire to	6	11	6	6	3	3	5	7
10a	Immediate manager does not encourage team working	11	18	20	12	8	13	3	7
10b	Immediate manager cannot be counted upon to help with tasks	12	24	21	10	10	16	5	8
10c	Immediate manager does not give clear feedback	18	24	30	16	10	16	18	13
10d	Immediate manager does not ask for my opinion	20	22	44	17	8	32	12	15

10e	Immediate manager not supportive in personal crisis	7	14	17	5	3	19	0	5
11a	Do not know who senior managers are	7	7	8	6	3	10	13	5
11b	Communication between senior management and staff is not effective	23	27	34	26	3	23	18	21
11c	Senior managers do not try to involve staff in important decisions	25	26	40	29	3	35	12	21
11d	Senior managers do not act on staff feedback	21	22	29	22	0	29	15	20
11e	Senior managers are not committed to patient care	6	7	6	4	0	6	7	8
12a	Care of patients/service users is not organisation's top priority	3	7	3	3	0	3	2	4
12b	Organisation does not act on concerns raised by patients/service users	1	2	0	1	0	0	0	1
12c	Would not recommend organisation as place to work	5	11	6	6	0	6	0	5
12d	If friend/relative needed treatment would not be happy with standard of care provided by organisation	1	2	2	0	0	0	0	0
13a	Hot water, soap etc not available to staff	4	7	1	8	0	3	2	2
13b	Hot water, soap etc not available to patients/service users	2	0	0	2	0	3	2	2
14a	My job is not good for my health	20	27	30	20	5	9	18	23
14b	Immediate manager does not take a positive interest in my health & well-being	15	25	28	10	10	19	15	10
14c	Organisation does not take positive action on health and well-being	10	16	13	7	0	13	15	11
15a	In last 3 months, have come to work despite not feeling well enough to perform duties	63	54	76	66	58	67	57	57
15b	Felt pressure from manager to come to work despite not feeling well enough	26	41	55	13	18	28	13	27
15c	Felt pressure from colleagues to come to work despite not feeling well enough	23	29	35	19	14	11	23	27
15d	Put myself under pressure to come to work despite not feeling well enough	88	95	85	89	86	67	97	90
16	Felt unwell due to work related stress in last 12 months	28	31	37	28	21	18	20	30
17a	In last month, saw errors/near misses/incidents that could hurt staff	14	16	17	10	0	19	14	20
17b	In last month, saw errors/near misses/incidents that could hurt patients	23	41	23	12	13	14	32	33

17c	Last error/near miss/incident seen that could hurt staff and/or patients/service users not reported	4	5	0	4	*	*	0	2
18a	Organisation does not treat fairly staff involved in errors	5	9	1	4	0	13	8	6
18b	Organisation does not encourage reporting of errors	1	2	1	1	0	0	2	1
18c	Organisation does not treat error reports confidentially	4	7	1	5	0	3	2	7
18d	Organisation blames/punishes people involved in errors/near misses or incidents	11	7	15	10	8	17	10	14
18e	Organisation does not take action to ensure errors not repeated	2	2	1	2	0	3	2	3
18f	Staff not informed about errors in organisation	23	11	27	28	13	23	18	25
18g	Staff not given feedback about changes made in response to reported errors	22	16	21	30	11	19	13	21
19a	Would not know how to report fraud, malpractice or wrongdoing	6	7	5	6	5	18	15	1
19b	Would not feel safe raising concerns about fraud / malpractice / wrongdoing	8	7	5	11	0	4	2	12
19c	Would not feel confident that organisation would address concerns about fraud / malpractice / wrongdoing	9	10	7	11	3	4	4	13
20a	Physical violence from patients/service users, their relatives or other members of the public	4	4	6	0	3	9	2	10
20b	Physical violence from manager/team leader or other colleagues	1	2	1	0	0	6	0	1
20c+	Last experience of physical violence not reported	13	*	*	*	*	*	-	-
21a	Harassment, bullying or abuse from patients/service users, their relatives or members of the public	21	16	22	14	18	23	20	32
21b	Harassment, bullying or abuse from manager/team leader or other colleagues	22	13	28	22	8	34	18	26
21c+	Last experience of harassment/bullying/abuse not reported	51	*	48	53	*	38	35	-
22	Organisation does not act fairly: career progression	6	5	10	4	3	10	5	6
23a	Discrimination from patients/service users, their relatives or other members of the public	3	2	7	0	0	0	0	10
23b	Discrimination from manager/team leader or other colleagues	5	4	6	6	0	3	2	6

29b	Disability: organisation not made adequate adjustments(s) to enable employee to carry out work	8	*	*	**6**	*	*	**5**	

2014

Q	Problem Score Text	Trust Av. 2014 %	Add Prof Scientif & Technic	Add Clinical Services	Admin & Clerical	Allied Health Profs	Estates & Ancillary	Med & Dent	Nursing & Midwif Reg.
1a	No health and safety training	3	2	3	4	0	8	7	0
1b	No equality and diversity training	3	2	3	5	0	8	2	0
1c	No training in how to handle violence to staff/patients/service users	17	20	21	18	3	25	14	14
1d	No infection control training	2	0	0	2	0	11	0	0
1e	No training in how to handle confidential information	1	0	2	1	0	11	0	0
1f	No training in how to deliver a good patient / service user experience	20	23	8	23	8	36	23	17
1g	No other job-relevant training, learning or development	15	8	11	26	3	44	0	7
2a	Training did not help me do job more effectively	11	10	8	13	9	24	7	7
2b	Training has not helped me stay up-to-date with prof. requirements	10	17	6	11	8	24	4	6
2c	Training has not helped me deliver a better patient / service user experience	11	13	8	11	8	21	14	8
3a	No appraisal/KSF review in last 12 months	24	21	22	37	6	26	7	15
3b	Appraisal/review not helpful in improving how do job	46	36	53	52	33	52	42	46
3c	Clear work objectives not agreed during appraisal	22	12	28	22	6	52	15	23
3d	Appraisal/performance review: left feeling work not valued	32	24	32	31	18	52	31	36
3e	Appraisal/performance review: training, learning or development needs not identified	26	19	23	33	6	45	24	26
3f	Not supported by manager to receive training, learning or development identified in appraisal	13	8	25	17	3	9	11	11
4b	Team members do not have a set of shared objectives	11	12	16	12	14	12	2	7
4c	Team members do not often meet to discuss the team's effectiveness	23	24	22	26	9	33	24	19
4d	Team members do not have to communicate closely with each other to achieve the team's objectives	9	7	13	9	9	16	9	6
5a	Never/rarely look forward to going to work	13	14	16	17	3	33	4	5
5b	Never/rarely enthusiastic about my job	7	12	6	9	0	24	2	3
5c	Never/rarely does time pass quickly	6	0	11	5	0	29	0	2

	when I am working								
6a	Do not have clear, planned goals and objectives	8	7	9	11	0	21	0	6
6b	Do not always know what work responsibilities are	7	7	6	11	0	18	2	3
6c	Do not feel trusted to do my job	3	2	0	5	0	6	2	3
6d	Not able to do my job to a standard am pleased with	9	10	8	14	3	14	2	6
7a	Opportunities to show initiative infrequent in my role	11	10	17	12	0	26	7	6
7b	Not able to make suggestions to improve the work of my team/dept	11	12	20	10	0	22	11	6
7c	Not involved in deciding changes that affect work	24	24	29	27	8	38	21	17
7d	Not able to make improvements in my area of work	17	21	22	17	3	38	9	12
7e	Cannot meet conflicting demands on my time at work	42	52	35	48	44	39	31	36
7f	Do not have adequate materials, supplies and equipment to do my work	23	24	25	26	14	46	16	17
7g	Not enough staff at organisation to do my job properly	42	68	37	47	36	32	33	39
8a	Dissatisfied with recognition for good work	20	24	23	22	11	49	7	13
8b	Dissatisfied with support from immediate manager	13	17	14	14	0	39	7	7
8c	Dissatisfied with freedom to choose own work method	10	19	17	7	3	22	13	4
8d	Dissatisfied with support from colleagues	7	5	13	8	0	11	5	4
8e	Dissatisfied with amount of responsibility given	6	5	6	6	6	16	2	4
8f	Dissatisfied with opportunities to use skills	9	2	13	9	3	26	5	7
8g	Dissatisfied with extent organisation values my work	23	37	28	25	6	50	7	19
8h	Dissatisfied with my level of pay	45	24	56	50	36	72	27	41
9a	Dissatisfied with quality of care I give	4	7	8	3	0	3	2	5
9b	Do not feel my role makes a difference to patients/service users	2	2	3	3	0	0	0	1
9c	Unable to provide the care I aspire to	10	19	12	10	8	6	5	9
10a	Immediate manager does not encourage team working	10	7	11	14	0	28	5	4
10b	Immediate manager cannot be counted upon to help with tasks	12	21	14	11	3	39	9	5
10c	Immediate manager does not give clear feedback	17	21	23	18	0	45	11	7
10d	Immediate manager does not ask for my opinion	22	24	25	22	11	51	19	15
10e	Immediate manager not supportive in personal crisis	8	10	11	8	0	33	5	1

11a	Do not know who senior managers are	8	10	10	7	6	24	7	4
11b	Communication between senior management and staff is not effective	27	31	31	29	14	45	12	21
11c	Senior managers do not try to involve staff in important decisions	29	29	32	32	11	49	14	28
11d	Senior managers do not act on staff feedback	22	29	27	25	8	41	9	17
11e	Senior managers are not committed to patient care	8	14	5	9	6	11	0	9
12a	Care of patients/service users is not organisation's top priority	6	7	3	8	0	5	0	9
12b	Organisation does not act on concerns raised by patients/service users	2	7	2	3	0	5	0	1
12c	Would not recommend organisation as place to work	9	14	3	13	0	19	2	7
12d	If friend/relative needed treatment would not be happy with standard of care provided by organisation	1	5	0	1	0	5	0	1
13a	No patient/service user feedback collected within directorate/department	8	12	10	11	3	13	10	4
13b	Do not receive regular updates on patient/service user feedback in my directorate/department	12	12	14	17	12	0	27	5
13c	Feedback from patients/service users is not used to make informed decisions within directorate/department	9	8	10	13	6	0	15	6
14a	My job is not good for my health	26	38	25	28	6	36	19	23
14b	Immediate manager does not take a positive interest in my health & well-being	16	26	20	15	3	43	14	8
14c	Organisation does not take positive action on health and well-being	14	19	21	9	3	36	9	13
15a	In last 3 months, have come to work despite not feeling well enough to perform duties	64	66	67	70	53	79	61	52
15b	Felt pressure from manager to come to work despite not feeling well enough	30	57	45	19	12	56	18	27
15c	Felt pressure from colleagues to come to work despite not feeling well enough	24	33	34	20	25	22	18	22
15d	Put myself under pressure to come to work despite not feeling well enough	90	91	98	89	89	77	86	94
16	Felt unwell due to work related stress in last 12 months	34	45	30	42	17	32	21	35
17a	In last month, saw errors/near misses/incidents that could hurt staff	16	17	17	13	3	21	9	23
17b	In last month, saw errors/near misses/incidents that could hurt patients	23	45	16	13	11	15	21	38
17c	Last error/near miss/incident seen	5	0	13	10	*	*	*	5

	that could hurt staff and/or patients/service users not reported								
18a	Organisation does not treat fairly staff involved in errors	4	7	0	4	0	3	2	7
18b	Organisation does not encourage reporting of errors	1	0	0	1	0	3	0	1
18c	Organisation does not treat error reports confidentially	4	7	2	3	0	3	0	7
18d	Organisation blames/punishes people involved in errors/near misses or incidents	10	5	9	10	8	14	7	15
18e	Organisation does not take action to ensure errors not repeated	4	10	5	3	0	11	2	2
18f	Staff not informed about errors in organisation	23	17	20	32	14	22	7	26
18g	Staff not given feedback about changes made in response to reported errors	22	20	17	31	14	27	7	21
19a	Do not know how to report unsafe clinical practice	5	5	3	9	0	13	0	1
19b	Would not feel secure raising concerns about unsafe clinical practice	9	5	9	9	3	14	9	9
19c	Would not feel confident that organisation would address concerns about unsafe clinical practice	8	15	12	8	0	11	5	8
20a	Physical violence from patients/service users, their relatives or other members of the public	5	5	6	0	11	3	2	12
20b	Physical violence from manager/team leader or other colleagues	1	0	2	0	0	3	2	2
20c+	Last experience of physical violence not reported	42	*	*	*	*	*	*	33
21a	Harassment, bullying or abuse from patients/service users, their relatives or members of the public	22	15	21	16	18	23	16	36
21b	Harassment, bullying or abuse from manager/team leader or other colleagues	20	13	14	20	9	39	19	28
21c+	Last experience of harassment/bullying/abuse not reported	50	*	33	55	*	59	75	35
22	Organisation does not act fairly: career progression	6	5	5	3	3	34	2	6
23a	Discrimination from patients/service users, their relatives or other members of the public	3	0	5	0	6	0	2	7
23b	Discrimination from manager/team leader or other colleagues	5	3	3	4	0	16	5	6
29b	Disability: organisation not made adequate adjustments(s) to enable employee to carry out work	12	*	*	8	*	33	*	5

6 Appendix 2 – Questionnaire 2014

NATIONAL NHS STAFF SURVEY 2014

What is this survey and why are we asking you to complete it?

This is an independent survey of your experience of working in your organisation. The overall aim is to gather information that will help to improve the working lives of staff in the NHS and so help to provide better care for patients.

Your organisation will be able to use the results of the survey to improve local working conditions and practices and to increase involvement and engagement with staff. Other organisations, including NHS commissioners, the Care Quality Commission, the Department of Health, and NHS England, will make use of the results.

Please complete the survey for your current job, or the job you do most of the time. If you work across two or more employers in the NHS, please answer in relation to the organisation that pays your salary. Please read each question carefully, but give your immediate response by ticking the box which best matches your personal view.

Who will see my answers?

The survey is being conducted by Picker Institute Europe and the NHS Staff Survey Co-ordination Centre on behalf of your organisation and NHS England.

Your answers will be treated in confidence. No one in your organisation will be able to identify individual responses.

The survey findings will be analysed by Picker Institute Europe and the NHS Staff Survey Co-ordination Centre and the results will be presented in a summary report in which no individual, or their responses, can be identified.

If you have any queries about this questionnaire please contact the Picker Institute Europe helpline on 0800 587 8348 or go to www.nhsstaffsurveys.com

YOUR PERSONAL DEVELOPMENT

Have you had any training, learning or development (paid for or provided by your organisation) in the following areas?
Please include any taught courses or more informal ways of learning such as supervised on-the-job training, e-learning, shadowing, reading journals / manuals etc.

	Yes, in the last 12 months	Yes, more than 12 months ago	No	Not applicable to me
Health and safety training	○	○	○	○
Equality and diversity training	○	○	○	○
How to prevent or handle violence and aggression to staff, patients / service users	○	○	○	○
Infection control (e.g. guidance on hand-washing, MRSA, waste management, disposal of sharps / needles)	○	○	○	○
How to handle confidential information about patients / service users	○	○	○	○
How to deliver a good patient / service user experience	○	○	○	○
Any other job-relevant training, learning or development	○	○	○	○

To what extent do you agree or disagree with the following statements?

My training, learning and development has helped me to...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
...do my job more effectively.	○	○	○	○	○
...stay up-to-date with professional requirements.	○	○	○	○	○
...deliver a better patient / service user experience.	○	○	○	○	○

YOUR PERSONAL DEVELOPMENT

In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?

○ *Yes* ○ *No* ○ *Can't remember*

YOUR PERSONAL DEVELOPMENT

Did it help you to improve how you do your job?	○ *Yes*	○ *No*
Did it help you agree clear objectives for your work?	○ *Yes*	○ *No*
Did it leave you feeling your work is valued by your organisation?	○ *Yes*	○ *No*
Were any training, learning or development needs identified?	○ *Yes*	○ *No*

YOUR PERSONAL DEVELOPMENT

Did your manager support you to receive this training, learning or development?	○ *Yes*	○ *No*

YOUR JOB

The following questions are about team working and relate to the group of people that you work with most closely.

Do you work in a team? ○ *Yes* ○ *No*

YOUR JOB

Team members...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
...have a set of shared objectives.	○	○	○	○	○
...often meet to discuss the team's effectiveness.	○	○	○	○	○
...have to communicate closely with each other to achieve the team's objectives.	○	○	○	○	○

YOUR JOB

For each of the statements below, how often do you feel this way about your job?

	Never	Rarely	Sometimes	Often	Always
I look forward to going to work.	○	○	○	○	○
I am enthusiastic about my job.	○	○	○	○	○
Time passes quickly when I am working.	○	○	○	○	○

To what extent do you agree or disagree with the following statements about your job?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have clear, planned goals and objectives for my job.	○	○	○	○	○
I always know what my work responsibilities are.	○	○	○	○	○
I am trusted to do my job.	○	○	○	○	○
I am able to do my job to a standard I am personally pleased with.	○	○	○	○	○

To what extent do you agree or disagree with the following statements about your work?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
There are frequent opportunities for me to show initiative in my role.	○	○	○	○	○
I am able to make suggestions to improve the work of my team / department.	○	○	○	○	○
I am involved in deciding on changes introduced that affect my work area / team / department.	○	○	○	○	○
I am able to make improvements happen in my area of work.	○	○	○	○	○
I am unable to meet all the conflicting demands on my time at work.	○	○	○	○	○
I have adequate materials, supplies and equipment to do my work.	○	○	○	○	○
There are enough staff at this organisation for me to do my job properly.	○	○	○	○	○

YOUR JOB

How satisfied are you with each of the following aspects of your job?

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
The recognition I get for good work.	○	○	○	○	○
The support I get from my immediate manager.	○	○	○	○	○
The freedom I have to choose my own method of working.	○	○	○	○	○
The support I get from my work colleagues.	○	○	○	○	○
The amount of responsibility I am given.	○	○	○	○	○
The opportunities I have to use my skills.	○	○	○	○	○
The extent to which my organisation values my work.	○	○	○	○	○
My level of pay.	○	○	○	○	○

Do the following statements apply to you and your job?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable to me
I am satisfied with the quality of care I give to patients / service users.	○	○	○	○	○	○
I feel that my role makes a difference to patients / service users.	○	○	○	○	○	○
I am able to deliver the patient care I aspire to.	○	○	○	○	○	○

YOUR MANAGERS

To what extent do you agree or disagree with the following statements about your immediate manager?

My immediate manager...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
...encourages those who work for her / him to work as a team.	○	○	○	○	○
...can be counted on to help me with a difficult task at work.	○	○	○	○	○
...gives me clear feedback on my work.	○	○	○	○	○
...asks for my opinion before making decisions that affect my work.	○	○	○	○	○
...is supportive in a personal crisis.	○	○	○	○	○

To what extent do you agree or disagree with the following statements about senior managers where you work?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I know who the senior managers are here.	○	○	○	○	○
Communication between senior management and staff is effective.	○	○	○	○	○
Senior managers here try to involve staff in important decisions.	○	○	○	○	○
Senior managers act on staff feedback.	○	○	○	○	○
Senior managers are committed to patient care.	○	○	○	○	○

YOUR ORGANISATION

To what extent do these statements reflect your view of your organisation as a whole?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Care of patients / service users is my organisation's top priority.	○	○	○	○	○
My organisation acts on concerns raised by patients / service users.	○	○	○	○	○
I would recommend my organisation as a place to work.	○	○	○	○	○
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	○	○	○	○	○

Patient / service user experience measures

	Yes	No	Don't know	Not applicable to me
Is patient / service user experience feedback collected within your directorate / department? (e.g. Friends and Family Test, patient surveys etc.)	○	○	○	○

YOUR ORGANISATION

To what extent do you agree with the following statements about feedback from patients / service users?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
I receive regular updates on patient / service user experience feedback in my directorate / department (e.g. via line managers or communications teams).	○	○	○	○	○	○
Feedback from patients / service users is used to make informed decisions within my directorate / department.	○	○	○	○	○	○

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

To what extent do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
In general, my job is good for my health.	○	○	○	○	○
My immediate manager takes a positive interest in my health and well-being.	○	○	○	○	○
My organisation takes positive action on health and well-being.	○	○	○	○	○

In the last three months have you ever come to work despite not feeling well enough to perform your duties?

○ *Yes* ○ *No*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

Have you felt pressure from **your manager** to come to work?	○ *Yes*	○ *No*
Have you felt pressure from **colleagues** to come to work?	○ *Yes*	○ *No*
Have you put **yourself** under pressure to come to work?	○ *Yes*	○ *No*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

During the last 12 months have you felt unwell as a result of work related stress?

○ *Yes* ○ *No*

In the last month have you seen any errors, near misses, or incidents that could have hurt...

Staff	○ *Yes*	○ *No*
Patients / service users	○ *Yes*	○ *No*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

The **last** time you saw an error, near miss or incident that could hurt **staff** or **patients / service users**, did you or a colleague report it?

○ *Yes, I reported it* ○ *Yes, a colleague reported it* ○ *No* ○ *Don't know* ○ *Both a colleague and I reported*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

To what extent do you agree or disagree with the following?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My organisation treats staff who are involved in an error, near miss or incident fairly.	○	○	○	○	○
My organisation encourages us to report errors, near misses or incidents.	○	○	○	○	○
My organisation treats reports of errors, near misses or incidents confidentially.	○	○	○	○	○
My organisation blames or punishes people who are involved in errors, near misses or incidents.	○	○	○	○	○
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	○	○	○	○	○
We are informed about errors, near misses and incidents that happen in the organisation.	○	○	○	○	○
We are given feedback about changes made in response to reported errors, near misses and incidents.	○	○	○	○	○

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

Raising concerns about unsafe clinical practice

If you were concerned about unsafe clinical practice, would you know how to report it? ○ *Yes* ○ *No* ○ *Don't know*

To what extent do you agree with the following statements about unsafe clinical practice?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I would feel secure raising concerns about unsafe clinical practice.	○	○	○	○	○
I am confident that my organisation would address my concern.	○	○	○	○	○

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

In the last 12 months how many times have you personally experienced physical violence at work from...?

Patients / service users, their relatives or other members of the public

○ *Never* ○ *1-2* ○ *3-5* ○ *6-10* ○ *More than 10*

Managers / team leaders or other colleagues

○ *Never* ○ *1-2* ○ *3-5* ○ *6-10* ○ *More than 10*

The last time you experienced physical violence at work, did you or a colleague report it?

○ *Yes, I reported it* ○ *Yes, a colleague reported it* ○ *No* ○ *Don't know* ○ *Not applicable* ○ *Both a colleague and I reported*

In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...?

Patients / service users, their relatives or other members of the public

○ *Never* ○ *1-2* ○ *3-5* ○ *6-10* ○ *More than 10*

Managers / team leaders or other colleagues

○ *Never* ○ *1-2* ○ *3-5* ○ *6-10* ○ *More than 10*

The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

○ *Yes, I reported it* ○ *Yes, a colleague reported it* ○ *No* ○ *Don't know* ○ *Not applicable* ○ *Both a colleague and I reported*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

○ *Yes* ○ *No* ○ *Don't know*

In the last 12 months have you personally experienced discrimination at work from any of the following?

Patients / service users, their relatives or other members of the public ○ *Yes* ○ *No*

Manager / team leader or other colleagues ○ *Yes* ○ *No*

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

On what grounds have you experienced discrimination?

Please tick all that apply

☐ *Ethnic background*
☐ *Gender*
☐ *Religion*
☐ *Sexual Orientation*
☐ *Disability*
☐ *Age*
☐ *Other (please specify below)*

BACKGROUND INFORMATION

We would like to know a bit more about you so that we can compare the experiences of different types of staff.

About you

Gender: ○ *Male* ○ *Female*

Age: ○ *16-20* ○ *21-30* ○ *31-40* ○ *41-50* ○ *51-65* ○ *66+*

Working hours

How many hours a week are you contracted to work?

○ *Up to 29 hours* ○ *30 or more hours*

On average, how many *additional* PAID hours do you work per week for this organisation, over and above your contracted hours?

Please include paid overtime, bank shifts, and additional paid hours on-call.

○ *0 hours* ○ *Up to 5 hours* ○ *6-10 hours* ○ *11 or more hours*

On average, how many *additional* UNPAID hours do you work per week for this organisation, over and above your contracted hours?

Please include unpaid overtime and additional unpaid hours on-call.

○ *0 hours* ○ *Up to 5 hours* ○ *6-10 hours* ○ *11 or more hours*

What is your ethnic background?

- ○ *White - British*
- ○ *White - Irish*
- ○ *White - Any other White background*
- ○ *Mixed - White and Black Caribbean*
- ○ *Mixed - White and Black African*
- ○ *Mixed - White and Asian*
- ○ *Mixed - Any other mixed background*
- ○ *Asian / Asian British - Indian*
- ○ *Asian / Asian British - Pakistani*
- ○ *Asian / Asian British - Bangladeshi*
- ○ *Asian / Asian British - Any other Asian background*
- ○ *Black / Black British - Caribbean*
- ○ *Black / Black British - African*
- ○ *Black / Black British - Any other Black background*
- ○ *Chinese*
- ○ *Any other ethnic background (please specify)*

BACKGROUND INFORMATION

Which of the following best describes how you think of yourself.

- ○ *Heterosexual (straight)*
- ○ *Gay Man*
- ○ *Gay Woman (lesbian)*
- ○ *Bisexual*
- ○ *Other*
- ○ *I would prefer not to say*

What is your religion?

- ○ *No religion*
- ○ *Christian*
- ○ *Buddhist*
- ○ *Hindu*
- ○ *Jewish*
- ○ *Muslim*
- ○ *Sikh*
- ○ *Any other religion (please specify below)*
- ○ *I would prefer not to say*

Other religion (specify)

Disability

Do you have a long-standing illness, health problem or disability? ○ *Yes* ○ *No*

By long-standing, we mean that it has lasted, or will last, for at least 12 months

BACKGROUND INFORMATION

Has your employer made adequate adjustment(s) to enable you to carry out your work?

○ *Yes* ○ *No* ○ *No adjustment required*

BACKGROUND INFORMATION

Do you have face-to-face contact with patients / service users as part of your job?

○ *Yes, frequently* ○ *Yes, occasionally* ○ *No*

How many years have you worked for this organisation?

If your organisation has merged with another or changed its name, please include in your answer all the time you have worked with this organisation and its predecessors

○ *Less than 1 year* ○ *1-2 years* ○ *3-5 years*
○ *6-10 years* ○ *11-15 years* ○ *More than 15 years*

BACKGROUND INFORMATION

What is your occupational group?

Please tick ONE box only

Allied Health Professionals / Healthcare Scientists / Scientific and Technical

- ☐ *Occupational Therapy*
- ☐ *Physiotherapy*
- ☐ *Radiography*
- ☐ *Pharmacy*
- ☐ *Clinical Psychology*
- ☐ *Psychotherapy*
- ☐ *Arts therapy (e.g. art, music, drama therapy)*
- ☐ *Other qualified Allied Health Professionals (e.g. dietetics, speech and language therapy, complementary therapy)*
- ☐ *Support to Allied Health Professionals (e.g. support work, therapy helper, therapy assistant or student)*
- ☐ *Other qualified Scientific and Technical or Healthcare Scientists (e.g. haematology, clinical biochemistry, microbiology)*
- ☐ *Support to healthcare scientists (e.g. technicians, assistants or students)*

Medical and Dental

- ☐ *Medical / Dental - Consultant*
- ☐ *Medical / Dental - In Training (e.g. Foundation Y1 & Y2, StRs (incl FTSTAs & LATs), SHOs, SpRs / SpTs / GPRs)*
- ☐ *Medical / Dental - Other (e.g. Staff and Associate Specialists / Non-consultant career grade)*

Ambulance (operational)

- ☐ *Emergency Care Practitioner*
- ☐ *Paramedic*
- ☐ *Emergency Care Assistant*
- ☐ *Ambulance Technician*
- ☐ *Ambulance Control Staff (e.g. call handler, dispatchers, PTS controllers)*
- ☐ *Patient Transport Service (e.g. ambulance drivers, support staff)*

Public Health

- ☐ *Public Health / Health Improvement*

Commissioning

- ☐ *Commissioning managers / support staff*

Registered Nurses and Midwives

- ☐ *Adult / General*
- ☐ *Mental health*
- ☐ *Learning disabilities*
- ☐ *Children*
- ☐ *Midwives*
- ☐ *Health Visitors*
- ☐ *District / Community*
- ☐ *Other Registered Nurses*

Nursing or Healthcare Assistants

- ☐ *Nursing auxiliary / Nursing assistant / Healthcare assistant (including Health / Clinical / Nursing Support Worker)*

Social Care

- ☐ *Approved social workers / Social workers / Residential social workers*
- ☐ *Social care managers*
- ☐ *Social care support staff*

Wider Healthcare Team

- ☐ *Admin & Clerical (including Medical Secretary)*
- ☐ *Central Functions / Corporate Services (e.g. HR, Finance, Information Systems, Information Technology)*
- ☐ *Maintenance / Ancillary (e.g. housekeeping, domestic staff, maintenance, facilities, estates)*

General Management

- ☐ *General Management (N.B. If you are a manager and can choose a group from elsewhere in the list, please select that other occupational group)*
- ☐ *Other occupational group (Please specify below)*

ADDITIONAL COMMENTS

If you have any additional comments about working in this organisation, please write these below:

Please press 'Submit' to send your completed questionnaire to the Picker Institute.

Thank you very much for your help

Mate rnity

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picker
Institute Europe

Making patients' views count

RAG Percentage Difference from Trust Average 3

Q	Problem Score Text 2014	Trust Average 2012 %	Add Prof Scientific and Technic			Additional Clinical Services			Administrative and Clerical			Allied Health Professionals			Estates and Ancillary			Medical and Dental		Nursing and Midwifery		
			2012	2013	2014	2012	2013	2014	2012	2013	2014	2012	2013	2014	2012	2013	2014	2013	2014	2012	2013	2014
1a	No health and safety training	4	5	2	2	6	3	3	4	4	4	-	0	0	9	10	8	5	7	1	0	0
1b	No equality and diversity training	5	5	2	2	5	3	3	3	8	5	-	0	0	9	12	8	3	2	2	0	0
1c	No training in how to handle violence to staff/patients/service users	19	21	14	20	34	24	21	13	13	18	4	8	3	33	12	25	32	14	10	17	14
1d	No infection control training	3	-	0	0	3	3	0	5	5	2	-	0	0	6	13	11	0	0	-	1	0
1e	No training in how to handle confidential information	3	3	0	0	5	1	2	4	6	1	-	0	0	9	7	11	2	0	1	2	0
1f	No training in how to deliver a good patient / service user experience	25	28	21	23	23	16	8	22	22	23	18	15	8	18	19	36	29	23	20	16	17
1g	No other job-relevant training, learning or development	11	3	5	8	26	14	11	16	18	26	2	5	3	21	12	44	5	0	1	6	7
2a	Training did not help me do job more effectively	13	5	20	10	18	8	8	15	15	13	18	8	9	11	10	24	9	7	7	12	7
2b	Training has not helped me stay up-to-date with prof. requirements	10	5	9	17	13	6	6	13	15	11	16	10	8	9	7	24	3	4	5	11	6
2c	Training has not helped me deliver a better patient / service user experience	14	5	20	13	18	11	8	16	17	11	13	5	8	15	7	21	14	14	8	14	8
3a	No appraisal/KSF review in last 12 months	17	15	24	21	10	21	22	31	28	37	12	18	6	11	3	26	3	7	10	14	15
3b	Appraisal/review not helpful in improving how do job	42	44	44	36	59	59	53	42	49	52	18	26	33	41	46	52	47	42	36	37	46
3c	Clear work objectives not agreed during appraisal	21	16	24	12	46	37	28	22	26	22	8	10	6	28	43	52	19	15	9	13	23
3d	Appraisal/performance review: left feeling work not valued	24	31	30	24	45	47	32	19	30	31	14	23	18	20	29	52	32	31	20	20	36
3e	Appraisal/performance review: training, learning or development needs not identified	21	7	18	19	27	27	23	30	37	33	-	0	6	35	42	45	19	24	14	19	26
3f	Not supported by manager to receive training, learning or development identified in appraisal	9	11	13	8	19	27	25	6	15	17	-	4	3	-	*	9	3	11	6	4	11
4b	Team members do not have a set of shared objectives	10	11	7	12	16	15	16	10	15	12	14	11	14	13	4	12	2	2	3	5	7
4c	Team members do not often meet to discuss the team's effectiveness	21	32	20	24	29	25	22	26	21	26	9	13	9	28	4	33	12	24	10	13	19
4d	Team members do not have to communicate closely with each other to achieve the team's objectives	8	11	7	7	10	6	13	8	9	9	12	11	9	14	0	16	2	9	4	6	6
5a	Never/rarely look forward to going to work	12	13	20	14	15	13	16	15	13	17	7	0	3	8	13	33	7	4	9	7	5
5b	Never/rarely enthusiastic about my job	6	13	16	12	5	6	6	7	7	9	-	0	0	11	13	24	2	2	3	3	3
5c	Never/rarely does time pass quickly when I am working	4	8	7	0	3	6	11	5	4	5	4	0	0	11	16	29	0	0	2	3	2
6a	Do not have clear, planned goals and objectives	8	8	9	7	16	9	9	7	10	11	7	0	0	8	10	21	2	0	5	6	6
6b	Do not always know what work responsibilities are	7	10	16	7	8	6	6	5	7	11	11	3	0	8	7	18	2	2	3	2	3
6c	Do not feel trusted to do my job	3	3	7	2	6	9	0	4	4	5	2	3	0	5	3	6	0	2	-	3	3
6d	Not able to do my job to a standard am pleased with	8	-	13	10	10	7	8	14	15	14	2	5	3	5	6	14	2	2	4	10	6
7a	Opportunities to show initiative infrequent in my role	11	10	11	10	21	16	17	9	11	12	7	3	0	18	10	26	5	7	7	9	6
7b	Not able to make suggestions to improve the work of my team/dept	6	10	7	12	13	19	20	4	6	10	4	3	0	9	13	22	5	11	4	5	6
7c	Not involved in deciding changes that affect work	19	26	20	24	30	33	29	21	18	27	4	5	8	22	24	38	18	21	11	11	17
7d	Not able to make improvements in my area of work	15	15	16	21	25	25	22	12	15	17	5	3	3	17	20	38	17	9	15	12	12
7e	Cannot meet conflicting demands on my time at work	36	41	47	52	32	24	35	43	45	48	38	44	44	17	28	39	42	31	32	30	36
7f	Do not have adequate materials, supplies and equipment to do my work	17	26	20	24	14	31	25	22	23	26	11	23	14	28	30	46	12	16	13	12	17
7g	Not enough staff at organisation to do my job properly	32	49	51	68	35	46	37	35	35	47	27	26	36	28	41	32	30	33	27	31	39
8a	Dissatisfied with recognition for good work	19	18	27	24	35	35	23	22	19	22	11	10	11	14	17	49	12	7	13	12	13
8b	Dissatisfied with support from immediate manager	14	13	18	17	33	32	14	15	9	14	2	10	0	9	24	39	10	7	11	11	7
8c	Dissatisfied with freedom to choose own work method	7	10	24	19	19	21	17	4	6	7	-	5	3	5	13	22	10	13	6	7	4
8d	Dissatisfied with support from colleagues	6	8	11	5	8	13	13	9	6	8	2	0	0	6	10	11	2	5	3	4	4
8e	Dissatisfied with amount of responsibility given	8	8	11	5	13	13	6	10	6	6	7	5	6	16	7	16	0	2	4	4	4
8f	Dissatisfied with opportunities to use skills	10	10	13	2	14	15	13	13	14	9	7	5	3	16	10	26	0	5	5	8	7
8g	Dissatisfied with extent organisation values my work	19	18	20	37	33	38	28	22	21	25	7	5	6	22	17	50	13	7	14	17	19
8h	Dissatisfied with my level of pay	41	18	20	24	59	66	56	46	35	50	18	23	36	56	43	72	28	27	38	32	41
9a	Dissatisfied with quality of care I give	4	5	7	7	2	3	8	4	4	3	2	0	0	6	3	3	2	2	5	5	5
9b	Do not feel my role makes a difference to patients/service users	2	3	0	2	-	3	3	3	4	3	7	0	0	8	0	0	0	0	-	1	1
9c	Unable to provide the care I aspire to	8	13	11	19	13	6	12	6	6	10	4	3	8	8	3	6	5	5	6	7	9
10a	Immediate manager does not encourage team working	12	13	18	7	28	20	11	11	12	14	2	8	0	16	13	28	3	5	8	7	4
10b	Immediate manager cannot be counted upon to help with tasks	12	8	24	21	28	21	14	9	10	11	4	10	3	11	16	39	5	9	14	8	5
10c	Immediate manager does not give clear feedback	18	23	24	21	33	30	23	19	16	18	7	10	0	16	16	45	18	11	14	13	7
10d	Immediate manager does not ask for my opinion	20	21	22	24	39	44	25	16	17	22	7	8	11	30	32	51	12	19	18	15	15
10e	Immediate manager not supportive in personal crisis	9	8	14	10	21	17	11	6	5	8	2	3	0	16	19	33	0	5	8	5	1
11a	Do not know who senior managers are	5	3	7	10	6	8	10	4	6	7	-	3	6	8	10	24	13	7	3	5	4
11b	Communication between senior management and staff is not effective	22	21	27	31	35	34	31	23	26	29	2	3	14	24	23	45	18	12	19	21	21
11c	Senior managers do not try to involve staff in important decisions	28	18	26	29	39	40	32	27	29	32	9	3	11	32	35	49	12	14	29	21	28
11d	Senior managers do not act on staff feedback	25	18	22	29	35	29	27	23	22	25	7	0	8	35	29	41	15	9	26	20	17
11e	Senior managers are not committed to patient care	7	8	7	14	10	6	5	4	4	9	-	0	6	11	6	11	7	0	8	8	9
12a	Care of patients/service users is not organisation's top priority	5	10	7	7	10	3	3	4	3	8	-	0	0	3	3	5	2	0	2	4	9
12b	Organisation does not act on concerns raised by patients/service users	3	-	2	7	5	0	2	3	1	3	-	0	0	6	0	5	0	0	1	1	1
12c	Would not recommend organisation as place to work	5	8	11	14	8	6	3	4	6	13	-	0	0	14	6	19	0	2	1	5	7
12d	If friend/relative needed treatment would not be happy with standard of care provided by organisation	1	3	2	5	2	2	0	-	0	1	-	0	0	3	0	5	0	0	3	0	1
13a	No patient/service user feedback collected within directorate/department	*	*	*	12	*	*	10	*	*	11	*	*	3	*	*	13	*	10	*	*	4
13b	Do not receive regular updates on patient/service user feedback in my directorate/department	*	*	*	12	*	*	14	*	*	17	*	*	12	*	*	0	*	27	*	*	5
13c	Feedback from patients/service users is not used to make informed decisions within directorate/department	*	*	*	8	*	*	10	*	*	13	*	*	6	*	*	0	*	15	*	*	6
14a	My job is not good for my health	16	31	27	38	18	30	25	17	20	28	13	5	6	11	9	36	18	19	14	23	23
14b	Immediate manager does not take a positive interest in my health & well-being	14	21	25	26	27	28	20	10	10	15	9	10	3	19	19	43	15	14	11	10	8
14c	Organisation does not take positive action on health and well-being	10	13	16	19	16	13	21	10	7	9	-	0	3	11	13	36	15	9	5	11	13
15a	In last 3 months, have come to work despite not feeling well enough to perform duties	60	59	54	66	60	76	67	67	66	70	47	58	53	56	67	79	57	61	57	57	52
15b	Felt pressure from manager to come to work despite not feeling well enough	30	30	41	57	68	55	45	19	13	19	28	18	12	37	28	56	13	18	32	27	27
15c	Felt pressure from colleagues to come to work despite not feeling well enough	20	25	29	33	24	35	34	17	19	20	11	14	25	21	11	22	23	18	26	27	22
15d	Put myself under pressure to come to work despite not feeling well enough	90	95	95	91	86	85	98	90	89	89	100	86	89	58	67	77	97	86	96	90	94
16	Felt unwell due to work related stress in last 12 months	27	26	31	45	28	37	30	31	28	42	16	21	17	8	18	32	20	21	36	30	35
17a	In last month, saw errors/near misses/incidents that could hurt staff	17	13	16	17	12	17	17	11	10	13	11	0	3	20	19	21	14	9	28	20	23
17b	In last month, saw errors/near misses/incidents that could hurt patients	24	44	41	45	15	23	16	10	12	13	13	13	11	12	14	15	32	21	43	33	38
17c	Last error/near miss/incident seen that could hurt staff and/or patients/service users not reported	3	-	5	0	-	0	13	10	4	10	*	*	*	*	*	*	0	*	2	2	5
19a	Do not know how to report unsafe clinical practice	*	*	*	5	*	*	3	*	*	9	*	*	0	*	*	13	*	0	*	*	1
19b	Would not feel secure raising concerns about unsafe clinical practice	*	*	*	5	*	*	9	*	*	9	*	*	3	*	*	14	*	9	*	*	9
19c	Would not feel confident that organisation would address concerns about unsafe clinical practice	*	*	*	15	*	*	12	*	*	8	*	*	0	*	*	11	*	5	*	*	8
20a	Physical violence from patients/service users, their relatives or other members of the public	6	3	4	5	8	6	6	-	0	0	9	3	11	8	9	3	2	2	11	10	12
20b	Physical violence from manager/team leader or other colleagues	1	3	2	0	-	1	2	-	0	0	-	0	0	3	6	3	0	2	2	1	2
20c+	Last experience of physical violence not reported	19	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		*	9		33
21a	Harassment, bullying or abuse from patients/service users, their relatives or members of the public	22	21	16	15	27	22	21	19	14	16	18	18	18	17	23	23	20	16	30	32	36
21b	Harassment, bullying or abuse from manager/team leader or other colleagues	18	15	13	13	24	28	14	18	22	20	7	8	9	18	34	39	18	19	24	26	28
21c+	Last experience of harassment/bullying/abuse not reported	53	50	*	*	61	48	33	64	53	55	*	*	*	*	38	59	35	75	42		35
22	Organisation does not act fairly: career progression	7	8	5	5	10	10	5	4	4	3	4	3	3	17	10	34	5	2	8	6	6
23a	Discrimination from patients/service users, their relatives or other members of the public	3	-	2	0	2	7	5	1	0	0	2	0	6	11	0	0	0	2	4	10	7
23b	Discrimination from manager/team leader or other colleagues	5	5	4	3	5	6	3	4	6	4	-	0	0	14	3	16	2	5	7	6	6
29b	Disability: organisation not made adequate adjustments(s) to enable employee to carry out work	8	*	*	*	*	*	*	3	6	8	*	*	*	*	*	33	5	*	9		5

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	21 May 2015
Reference number:	122-15
Report from:	Graeme Armitage, Director of HR & Operational Development
Author:	Graeme Armitage, Director of HR & Operational Development
Report date:	12 May 2015
Appendices:	KSO5 report

KSO 5 Organisational excellence: quarterly update

Key issues

1. The attached report provides the board of directors with an update on progress against the objectives identified in delivering organisational excellence.

2. Progress has been maintained in most areas with the exception of 3 year workforce planning however, this is now scheduled for 2015/16 and will be led by the new deputy head of HR.

3. Highlights include 'SafeCare' implementation, the planned opening of the simulation suite and launch of the new leadership and management development framework.

4. A revised set of objectives for KSO5 has been agreed and will form the basis for quarterly updates throughout 2015/16. In addition, HR/OD team objectives and performance measures have been agreed which will be subject to monthly monitoring. There will be a 2 phase re-structure of HR/OD with phase 1 being completed in Q2 2015 bringing together recruitment, e-rostering and bank administration. Medical education has reviewed the options for integrated education in line with HE KSS forward planning; board approval will be required to take this forward. Presentation will be circulated to board members for information.

Implications of results reported

5. The progress reported impact on the quality of patient care and so robust management of those remain a priority.

6. The trust has a duty to make reasonable adjustments to those covered by the Equality Act 2010 and this is taken into account when managing sickness absence.

7. The efficient use of resources is essential to being a well-run organisation and therefore effective and accurate workforce information being provided to managers through the HR teams supports managers to make good decision which impact positively on their services.

Action required

8. The director of HR/OD maintains close monitoring of objectives identified within this report to ensure progress or remedial action as required.

Link to key strategic objectives (KSOs)

- Outstanding patient experience
- Financial sustainability
- Organisational excellence

Implications for the board assurance framework or corporate risk register

9. The issues raised at paragraphs 1 – 4 above are closely monitored where they impact on ensuring safe staffing levels and quality of services provided. The mitigations are currently felt to provide assurance that these issues are not impacting negatively on the trust's overall performance.

Recommendation

10. The Board is recommended to **NOTE** the content of the report.

Queen Victoria Hospital NHS
NHS Foundation Trust

Key Strategic Objective 5 – Organisational Excellence

Board Update May 2015

Graeme Armitage – Head of HR/OD

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

1. Leadership Development

Click arrow for progress

- Organisational re-structure
  - Senior management changes
  - Estates review
  - Management of Clinical Directors and Matrons
- Talent Management
- Leadership and Management Development
  - New programme
  - Basics of management
  - Management development / 360 Appraisal
- Values based recruitment
- Commerce and marketing

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

2. Performance Management

Click arrow for progress

- **Review existing performance management system**
- **Effective 3 year workforce plans**
- **Future Reward Strategy**
- **Vacancy management / Exit interviews**
- **Board reporting / HR metrics**

Click arrow for progress

- **Early warning system / e-Rostering – Safer Care module**

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

3. Innovation

Click arrow for progress

Click for Home

- Education Centre
  - Learning and Development
  - Medical Education
  - Library Services
  - Simulation Suite *R and D
- Marketing and brand development
  - Video conferencing
  - World Class services
- Tele-medicine
  - Technology changing delivery of care
  - New healthcare roles

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

1. Leadership Development

Click to return

Progress to date

- **Organisational re-structure**
  - Senior management changes
  - Estates review
  - Management of Clinical Directors and Matrons

  - Appointments made to all senior post in the new structure other than 3 Business Manager posts. Interviews to be held on the 14th April and interim arrangements are in place.
  - Re-structure planned to be completed by July/August 2015.
  - Clinical Director re-structure planned and will take place in June/July 2015

- **Talent Management**

  - Decision at January 2015 Nom and Rem Com and agreed process to be linked to Leadership and Development Framework. Director of HR/OD to work up proposals for further discussion in July 2015 with new talent management process to begin January 2016. Reflects the number of new senior appointments being made during Q1 and Q2

- **Leadership and Management Development**

  - New programme

    - Framework formally launch 27th February 2015.

  - Basics of management

    - HR have introduced additional basic management sessions e.g. Managing stress and have agreed pilot sessions on Mindfulness supporting staff/managers to recognise and address signs of stress and anxiety. Positive impact of sickness related to stress and anxiety plus feedback on HR best practice sessions also very positive.

  - Management development / 360 Appraisal

    - Targeted programme for new managers appointed to new structure and available from August/September 2015

- **Values based recruitment**

  - Implemented

- **Commerce and marketing**

  - Will be developed from implementation of new structure and will be a module of the management development programme in 2015/16

On track | Delay less than 2 months | Delay more than 2 months | Planned to start 2015/16

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KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

2. Performance Management

Click to return

Progress to date

- **Review existing performance management system**
  - System revised and changes implemented in 2013/14. 1 year transition to new process completed in October 2014. System currently under review to ensure compliance data accurate and alignment with incremental progression. Review completed by end of Q3 in line with Staff Survey Action Plan
  - System provides basis for leadership development and talent management.
- **Effective 3 year workforce plans**
  - Aligned to 2015/16 business planning process for 1st year. 2nd and 3rd year plans to be developed through Qs 2 and 3 of 2015/16 to build up detail following implementation of revised management structure. This is a priority within the Workforce Strategy
  - Deputy Head of HR appointed February 2015 and tasked to drive this forward
- **Future Reward Strategy**
  - Outline scoping work to be taken forward by Director of HR/OD during 2015/16 proposals to go back to Nom and Rem Com late Q4. Staff side representatives have indicated a willingness to have meaningful discussions on options and trial local QVH contract to be implemented within Prosthetic Services in Q4.
- **Vacancy management / Exit interviews**
  - Recruitment and Retention task / finish group established to take forward initiatives.
  - Nursing open day took place in January 2015 and Task Group to be continued for further 12 months. The success of the event has prompted planning for second open day in September 2015
  - Medical staffing open day successfully took place in March 2015 1 junior appointment made to date.
  - Recruitment and retention being monitored closely by HR

On track | Delay less than 2 months | Delay more than 2 months | Planned to start 2015/16

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

2. Performance Management

Click to return

Progress to date

- **Board reporting / HR metrics**

- Revised reporting on training, sickness % and time to recruit, stability, turnover, paid wte against budgeted wte are all included in the monthly Board reports.
- Further review of metrics to support the operations dashboard development Q1 and Q2 2015/16

- **HR early warning system**

  - **e-Rostering Safer Care module**

- Using existing information systems to provide managers with and early warning of potential workforce problems. Accurate data now available from SafeCare relating to main ward areas

- Additional HR resource has been engaged to project manage the implementation. Scoping and costs being worked through for Mobile version - provides real time scheduling

- SafeCare implemented in line with project plan and went live March 2015 as scheduled. Results indicate areas of over staffing compared to acuity. Director of Nursing and Director of HR are reviewing the outcomes and will be working with matrons to ensure greater staffing efficiency.

  - **Staffing schedules**

- Results lead to better management decisions Cooperation between wards enabling staff to be moved to areas where demands are higher.

On track | Delay less than 2 months | Delay more than 2 months | Planned to start 2015/16

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

3. Innovation

Click to return

	Progress to date	
• Education Centre	• Simulation Centre opened April 2015 and Board approved scoping for full Education Centre. • Funding being identified for the £3m development 50% identified to date further proposal to go to Board in July 2015	
• Marketing and brand development	• Utilising the Education to raise the Trust profile through video conferencing, clinical practice seminars multidisciplinary education opportunities. Linking to Trust marketing strategy and promotion of our world class / leading edge surgery. Development 2015/16	
• Changes to skill mix	• Releasing specialist qualified staff time. Introducing band 4 development **(Dir of Nursing 2014)** Training Needs Analysis to determine staff development and recruitment for future roles – review of existing TNA completed in 2014 revised and TNA carried out to established training priorities for 2015/16	
• Delivering 7/7 services	• Project led by Medical Director supported by Director of HR and Medical Workforce Manager. Delivery 2015/16	
• Changes to the medical workforce	• Project led by Medical Director supported by Director of HR and Medical Workforce Manager. Includes Non-consultant grades and changes to PAs Delivery 2015/16, 2016/17	
• Impact of telemedicine and technology	• Service changes being led by the Head of Operations to ensure that HR/OD are supporting the transformation and impact for staff i.e. additional training, new skills development and changes to working practice Delivery 2015/16, 2016/17.	

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to: Board of Directors
Meeting date: 21 May 2015
Reference number: 124-15
Report from: Jo Thomas, Director of Nursing
Author: Alison Vizulis, Head of Risk
Report date: 12th May 2015

Corporate risk register

Key issues

1. The trust's top two risks are, risk of;
   - Failing to maintain continuous estates services due to staff shortages e.g. sickness and recruitment.
   - Impact on the trust's decontamination services due to relocation of core surgical services at Synergy healthcare.

2. No new risks rated as a 12 or above were added during April 2015.

3. No risks scoring 12 or above were closed during April 2015.

4. Three risks had their scores decreased from 12 to reflect action taken to increase controls:
   - Risk of adverse patient outcome when undergoing head and neck (10+ hours).
   - Medical devices and associated training.
   - Availability of microbiology support.

5. The corporate risk register was reviewed at the monthly clinical governance group and clinical cabinet in April.

Implications of results reported

1. The register demonstrates that the trust is aware of key risks that affect the organisation and that these are reviewed by owners.
2. No specific group/individual with a protected characteristic are affected issues identified within the risk register.
3. Failure to address risks or to recognise the action required to mitigate them would be key concerns to our commissioners, the Care Quality Commission and Monitor.

Action required

4. Continuous review of existing risks and identification of new or altering risks through existing processes.

Link to key strategic objectives (KSOs)

- Outstanding patient experience
- World class clinical services

- Operational excellence
- Financial sustainability
- Organisational excellence

5. The attached risks can be seen to impact on all the trust's KSO's.

Implications for the board assurance framework or corporate risk register

6. Significant corporate risks have been cross referenced with the trust's board assurance framework.

Regulatory impacts

7. The attached risk register would inform the CQC but does not have any impact on our ability to comply our CQC authorisation and does not indicate that the trust is not:
   - Safe
   - Effective
   - Caring
   - Well led
   - Responsive

8. The attached risk register does not impact on our Monitor governance risk rating or our continuity of service risk rating.

Recommendation

9. The Board is recommended to **NOTE** the content of the report.

Clinical Cabinet and Trust Board
Summary of Risk Register Overview (Risks scoring 12 and above) - April 2015
Report excludes all Board Assurance Framework risks

February 2015 data (01/04/2015 – 30/04/2015)

For the period of 01/04/2015 – 30/04/2015 there were 41 open risks scoring 12 and above.

The Trusts top risks are given below (these were reviewed in March/April 2015):

- Estates services - Risk ID 670 - Failure to maintain estates service due to continued staff shortages (Score 15)
- Decontamination provider relocation - Risk ID 756 - Impact/disruption to the delivery of core surgical services due to Synergy healthcare relocation of the sterilisation unit (Score 12)*

**It is proposed to continue monitoring of this risk for a further month in this section of the risk summary, and then de-escalate if appropriate. This risk will then be monitored routinely within the standardised risk reporting process unless it is identified as featuring within the Trusts top risks.*

New Risks added between 01/04/2015 and 30/04/2015 – No new risks were added scoring 12 and above during April 2015.

Risks Closed between 01/04/2015 and 30/04/2015 – No risks were closed scoring 12 and above during April 2015.

Changes to Risk Scores for April 2015 – Three risks scoring 12 or above were given a reduction in scores:

Risk Register	Risk ID	Risk Description	Previous Risk Score (CxL)	Updated Risk Score (CxL)	Rationale for Rescore	Committee where change(s) agreed/ proposed
Corp	584	Potential harm from medical devices due to inadequate training e.g. dermatomes, drills	3x4=12	↓ 3x3=9	Development & Implementation of elearning tool and ongoing monitoring of any incidents of this type	12/03/2015 MDC
Corp	750	Risk of adverse patient outcome when undergoing H&N surgery (10+ hrs) due to limited compliance with national guidance	3x4=12	↓ 3x3=9	Discussed at H&N meeting, agreed with J Tighe	H&N meeting 14.4.15
Corp	513	Potential failure to act on infection concerns due to unavailability of microbiologist	12	↓ 3x2=6	Discussed at ICC, the situation has improved	ICC 23.4.15

Committee Key:

- TB – Trust Board
- Q&RC – Quality and Risk Committee
- MDC – Medical Devices Committee
- PDC - Patient Documentation Committee
- H&N – Head, and Neck Clinical Directorate
- ICC – Infection Control Committee

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
670	17/12/2013	Failure to maintain estates service due to continued staff shortages.	Failure to maintain estates service due to continued staff shortages. Continued staff shortages due to un planned absences and long term vacancies which we have been unable to find suitable candidates and annual leave entitlement, has put pressure on the service.	• Unable to maintain a full on call cover 24/7 • Increased stress in the work place leading to potential sickness absences. • Insufficient staff to cover annual leave. • Potential breeches in compliance work being carried out. • Loss of reputation. • Loss of business.	• Recruitment to temporary staff authorised by CEO • Staff volunteering for additional on call duties. • Use of external contractors and agency staff to cover staff shortfalls e.g. lighting, storm damage and electrical failure Use of external contractors for March 2014 to provide additional cover. 24/02/2015: Review recommended: * Upskilling existing workforce * Undertaking more works in-house * Expand Workforce	PRODIR	John Trinick	Estates Infrastructure & Environment	15	6	24/02/2015: HoE to explore the possibilities of a Restructure "HoE to explore the possibilities of a Restructure - Draft paper to be prepared Up-skilling of existing staff (Currently B3s On-Call), Undertake more works in-house (Reduce costs of outsourcing), Expand Workforce (funded by above) Estates review action completed June 2014-Company commissioned to undertake a review of the Estates Service - Draft Report due end of September 2014	31/03/2015
756	02/12/2014	potential impact on core service delivery	Impact/disruption to the delivery of core surgical services due to Synergy healthcare relocation of the sterilsation unit. Possible delays/cancelations to patient care Damage to QVH reputation Financial impact	Trustwide disruption to the processing of sterile equipment during the relocation of the sterile service facility	Contingency plans in service contract to provide an on going service Quarterly Synergy contract meetings in place to include discussions on these areas. - weekly teleconference meeting with synergy to review transfer plan - all comunication regarding move in shared folder (Synergy unit move april 2015) - QVH visit to Redbridge 7.4.2015 completed - stock take completed 26.4.15 - transfer date agreed 4th May to Redbridge TSSU - contract updated reflecting service changes - communication sent out to key users 28.4.15	Jo Thomas	Jo Davis	Finance	12	6	Peripoperative Matron to meet with the Synergy regional Operational Manager in @ 2 wks potential impact on QVH Change to risk score to reflect quarterly meetings - March 2015	13/04/2015
639	10/10/2013	Support and access from supplier to ORSOS will cease 03/16 leaving Trust without electronic theatre record	Unable to record data for operations. - impact on scheduling - effect on live theatre management - ORSOS reporting including management reports.	Source company withdrawn support.	Discussed at ICAG monthly and theatre user group. Paper back up	Jane Morris	Mr Mark Savage	Information Governance	12	4	Agree on the preferred solution before sourcing the new supplier Source the new supplier Demo of ORSOS completed in Sept 2014 Specification being drawn up to procure new/replacement system ICAG reviewing progress of replacement each month; also Theatre User Group	03/02/2015
743	09/09/2014	Reputational damage to the Trust as a result of the occurrence of Never Events	Reputation damage to the Trust as a result of the occurrence of Never Events		Risk Management and Incident Reporting Policy Completion of RCAs Never Event reporting and notification process that includes internal and external notifications Internal incident reviews and analysis undertaken via meetings/committees etc Monitoring via dashboards External publishing of Never Event occurrence via NHS England	Jo Thomas	Alison Vizulis	Compliance (Targets / Assessments / Standards)	12	8	Revisions scheduled for CQC regulations in 2015 Governance reporting review underway	01/03/2015
623	19/07/2013	Failure to meet CQUIN requirements for 2014/15 therefore incurring a loss of CQUIN funds £1.4M	1. Financial penalty and loss of CQUIN funds	1. Failure to meet CQUIN requirements set for 2013/14	1. VTE risk assessments within each patient drug chart - VTE policy in place 2.Dementia - process in place to identify trauma patients >75 years of age.Clinical lead identified. 3. Dementia training in place 4. Patient experience group in place reviewing and ensuring actions implemented and linked to OPD experience. Family and friends test score. 4.NHS safety thermometer completion is linked within deputy director of nursing job role and harm score reported to the Board. 5. Organisational performance against CQUIN measures are monitored and reported to Trust board on a monthly basis. 6. High impact intervention CQUINS reports produced each quarter and reviewed by Q&R Committee.	Jo Thomas	Jo Thomas	Compliance (Targets / Assessments / Standards)	12	3	Risk to be updated for 2014/15 CQUINS and 2014/15 BAF Ongoing audit reports to demonstrate CQUIN compliance e.g. WHO checklist and MaPSaF Provide Q3 update to quality and Risk Committee and Board	01/03/2015

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
604	26/03/2013	Breach of information security due to use of unsecure email accounts to transfer person identifiable data (patient and staff)	1: Breach of data protection act 2: Loss/accidental disclosure of patient identifiable data 3: Reputational damage to the organisation 4: Information Commissioner's Office (ICO) investigation and fines 5: Complaints and litigation	1: Failure to follow Trust policy, legislation and confidentiality 2: Lack of responsibility from staff to adhere to IG standards 3: Potential for private email accounts to be subject to hacking 4. Emails containing patient identifiable data sent to non secure address	1: Mandatory information governance training available for all staff and compliance rates increased. 2: Datix incident reporting and investigation procedure in place. 3: Trust information governance manager to oversee and advise regarding information governance standards. 4: The following solutions are in place for accessing and transferring information securely. 4.1 NHS mail 4.2 Good e-mail app 4.3 Remote access 4.5 encrypted memory sticks 5 IT & IG lead to review new security restrictions (soft ware applications) 6. Compatibility review in preparation for Windows 7	Dominic Tkaczyk	Nasir Rafiq	Information Governance	12	6	Monitoring of compliance with IG Toolkit Implement data leakage prevention software Data test to be completed using Data leakage prevention software by 31/03/2015 Monitor IG training compliance Deploy encryption software to manage use of unauthorised email accounts - Not required after all	02/03/2015
629	19/07/2013	Inadequate health records storage	1. Staff injury from increased moving and handling for staff 2. Staff injury from slip,trip / fall over notes/boxes 3. Lack of storage space for paper records for Trust 4. Delay to obtain health record 5. Lack on budgetary allocation for ongoing storage costs from mid June 2014	1. Kings House near capacity 2. Delay in procurement of electronic patient record system 3. Failure for departments to follow archiving and storage proccess 4. Destruction of records less than 10% of new records created 5. Departments following different storage methods 6. Existihg tender for transport and storage requires renewal	1. Health records policy includes process for managing records off site 2. Bags used for transporting notes changed to fit within boxes therefore reducing handling 3. Regular destruction of notes in place. 4. Increased racking in place in Commonwealth house 5. Missing notes procedure in place Paper to Clinical Cabinet with costs of more packaging and moving records to free additional space 6. Regular transport runs between Kings House and QVH 7. Tracking system for notes in place 8. Outsourcing scanning of 10000 sets of notes to increase capacity completed 9. Tender renewal process underway. 10.Regular meetings between Head of Procurement, Head of RM, HR Manager and Matron (commenced 09/04/2014)to monitor progress 11. Action plan developed and monitored at above meetings	Jane Morris	Sally Joselyn	Patient Safety	12	3	new group in place to monitor the progress of finding suitable a location and renewal of contract Paper to April Clinical Cabinet summarising the costs associated with packaging,moving and storage of medical records as space limited to mid June 2014 Transport tender renewal to include transport and storage of medical records (est costs of transport 2.5-3k) Continue collaborative procurement for EDN Review in 3 months whether further permanent notes need to be scanned to release more space Review on site storage and archive to ensure space utlilised appropriately Develop report showing audits and monitoring of compliance to discuss at Patient Documentation Committee Implement 5 S's lean approach to keeping Health records tidy and that trip hazards are kept to a minimum Provide training sessions for staff to raise awareness of correct filing system - Completed Review staffing on a regular basis to ensure all processing kept up to date including destruction as per policy	03/03/2015
602	10/02/2013	Business continuity risk to the organisation due to failure of IT network infrastructure	1: Inability for the organisation to function and provide services 2: Delay/inability to provide patient care 3: Financial loss and reputational damage	1: Failure of organisational IT network infrastructure 2: Lack of access to data/patient information i.e PACs, Clinical and business systems. 3: Lack of immediate replacement/back-up hardware/system	1: Available support from an external company to repair if failure occurs. 2: Limited support available on-site 3. A full network review has been carried out and awaiting budget approval. Funding approved for new infrastructure - Budget approved	Dominic Tkaczyk	Nasir Rafiq	Information Governance	12	8	Looking to procure new network (by 31/03/2016) IT Capital bids programme for 2014/15 monitored at Information Management and Governance Committee IT annual plan for 2014/15 in place to monitor progress on IT renewal Purchase and install 2nd core switch which is connected to all edges and other core switch New equipment to be rolled out within 12 months covered by life time warranties	05/03/2015

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
681	13/02/2014	Failure of cleanroom air handling unit due to wear and tear and age of unit - ongoing issues	Repeated failure of the cleanroom air handling unit is occuring due to the age of the plant equipment leading to cancelled internal and external grafts, loss of income and harm to reputation (unit was installed in 2004 and it has a life expectancy of 10 years)	cancelled internal and external grafts, loss of income and harm to reputation	Ad hoc repairs. Unit on quarterly maintenance contract (as recommended) Company last attended site on 13/02/2014 to fix the bearings Reporting of breakdowns on Datix (on 13/02/2014 ID 11705, On 28/03/2014 ID11878, and on 03/06/2014 ID12119).	Steve Fenlon	Nigel Jordan	Estates Infrastructure & Environment	12	8	28/10/2014: Head of Estates to recommend to Finance Director that a 'reduced scheme' be agreed to the value of £30K as per Clinical Scientists submission. Case to the Estates & Facilitaties Steering Group on 08/09/2014 with quotes for decision 24/02/2015: Orders Raised to enable repair to existing system as per Business Plan by Eyebank Manager and Interim General Manager - Clinical Support Services (works to commence subject to agreement with Eyebank Manager) 24/02/2015: Consideration for relocation of Cleanroom and combining with Hispopatologay proposals Business Case/options appraisal being drafted by General Manager for 3 Options	31/03/2015
727	21/07/2014	Limited on site Physician cover and non compliance with NCEPOD standards	Limited on site Physician cover and non compliance with NCEPOD standards		Cover arrangements managed by Consultant Plastic Surgeon Onsite cover available on Monday, Wednesday and Thursdays (Part BSUH, part agency locum) Telephone cover provided as part of SLA with Brighton. Geriatrics Clinic covered by Locum Geriatrician from SASH Patient would be transferred to Brighton (Haywards Heath) if specialised care required	Mr Asit Khandwala	Paul Gable	Patient Safety	12	6	Explore GPSI option and cover from London Trusts SLA proposal from East Surrey Hospital Arrangements agreed in principal with ESH Meeting between QVH Medical Director and Head of Geriatrics at ESH	07/04/2015
728	29/07/2014	Risk of non-compliance with best practice and regulatory requirements at spoke sites	Risk of compliance with regulatory and best practice requirements e.g. CQC, HSE, CiP assessments and audit etc at spoke sites offering QVH services		Annual H&S assessments programme (monitored by quarterly H&SC) Annual infection control/decontamination reviews CQC/HSE notifications of queries relating to service provision	Jo Thomas	Alison Vizulis	Patient Safety	12	8	Annual CiP assessments to continue at spoke sites revised programme of infection control and decontamination annual assessments in pklace for 2015/16 Ongoing monitoring via KPIs Feedback to DoNs at sites	07/04/2015
786	23/02/2015	Impact arising from the vacancy for the role of Medical Devices Liaison Officer	Impact of the vacancy for the role of Medical Devices Liaison Officer. Remit being covered by the remainder of the Risk Management Department. Potential impact upon medical device purchase applications and recording of medical device training/competencies.		1. Risk Management and Procurement Depts covering remit of role on an interim basis. 2. No change to CAS alert receipt and dissemination procedures 3. MHRA notified of vacancy and curent arrangements	Steve Fenlon	Alison Vizulis	Patient Safety	12	8	Assistance provided by redeployed staff Bank staff member recuited to assist on an interim basis-Completed Areas identified for new EME contract provider to undertake	07/04/2015
742	12/09/2014	Limited ability to disseminate information on criminal sanctions	Non-Compliance to NHS Protect Security Standards due to ilimited ability to disseminate information on successful convictions due to infrequent occurrences	No criminal sanctions brought to date to demnstrate compliance	Head of Risk added reference to disseminating information on successful convictions to the Draft Comms Strategy in Sept 2014. Use of newletters e.g. Connect, and new Risk newsletter. Induction, mandatory training and other traingin sessions Dissemination of LSMS leaflets and information Ongoing meetings with LSMS and LCFS	Jo Thomas	Alison Vizulis	Compliance (Targets / Assessments / Standards)	12	12	NHS Protect approached for advice on utilising a historic case to demonstrate compliance with processes - Completed Discussed with the LSMS - Completed Identification of a local case/incident that may be relevant - completed	10/04/2015

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
159	29/11/2006	Ability to operationally meet 18 week target for all directorates	Failure to meet referral to treatment time of 18 weeks (RTT18)for a second month could result in reduced Monitor rating and a financial loss of 1.2 million. This could be for the trust aggregate failing to meet target which could be more than two specialties failing in one month.	1. Failure to update booking system on changes during pathway - administration errors 2. Failure to update system on patients declining treatment dates 3. Increased number of patients requiring treatment 4. Inadequate number of surgeons or Consultant absence 5. Lack of theatre space (capacity) 6. Poor validation of data.	1. RTT18 PTL established and now circulated daily. 2. Weekly escalation process now established via clinical specialties managers, OPG meeting twice a week to ensure all capacity is fully utilised. 3. 18 week steering group, each specialty highlighting capacity issues in issues log. 4. RTT 18 action plan being reviewed at steering group. 5. Additional theatre lists provided on Saturdays 5. RTT18 clinical outcome recorded on PAS 6. Additional data analyst post to provide cover for DH returns. 7. Clinical outcome forms revised for each specialty. 8. Develop reports to monitor specialty performance, planned w/l with expected TCI, backlog and open pathways monthly. 9. Validation of PTL lists weekly including admitted, non admitted and open pathways. 10. Amended policy incorporates new guidance re planned cases. 11. Training and guidance issued. 12. Monthly review of planned cases without date for attendance at QVH. 13. Develop early warning systems to track increased demand and mismatch with future capacity 14. Proactively discuss W/L each week at OPG for patients 10 weeks plus who do not have TCI date to avoid breach in each speciality 15. Review and validate all pending TCI's for Apr, May, June to ensure patients booked within 18 weeks 16. Complete modelling tool to monitor backlog reduction and provide assurance to the board of when compliance will be achieved sustainably 17. Introduce new LA DC facility by July to increase capacity in main theatres for more complex work	Dominic Tkaczyk	Jane Morris	Compliance (Targets / Assessments / Standards)	12	8	Centralise all referrals through one access point - Completed Plans and agreements in place until the end of November 2014 to enable compliance from December 2014 Restructure of appointments and admissions teams to achieve consistent Trust wide approach to management of elective pathway bookings Training and guidance to be issued to all relevant staff - Completed Review to take place in January 2011. - Completed 3. Ensure all Planned cases have estimated TCI's when placed on list - Ongoing Implement daily ptl - completed Ensure all future TCI's are validated in relation to 18 weeks- completed 6. Introduce a new automated 6 month administrative WL validation - Completed Agree business case for increasing capacity in sleep studies - completed Explore locum for Ocular plastics - completed 1. Expediate Medway hub 2. Develop matrix of planned cases seen at QVH - Completed Policy being redrafted, to launch May, with associated training package. - completed Clinic outcome forms being revised within specialities - Completed 5. Clinical pathways for top 3 procedures within specialities with clock stops being devised with CD's - agreed, being put into trust format Appointment of Access and Performance Manager - Completed 9. Ensure 95% patients are pre-assessed at least 7 days prior to surgery (inc off site) - Restructure of appointments	10/04/2015
474	10/03/2011	Cancer target breaches	Breach in any quarter for an Oncology treatment targets for 31 and 62 day pathways resulting in delay to patient care and reduction in Monitor rating. This could also result in financial loss to Trust.	1.Administration Staff for plastics and maxfacs failing to follow alerts on potential breaches identified by cancer data coordinator. 2.Lack of theatre capacity. 3. Lack of outpatient capacity. 4. Delays in recieving referals from other trusts. 5. Patient choice to wait longer for surgery however the clock continues to run. Small numbers at QVH cause this to be an issue.	1 - Cancer Data Co-coordinator issues reviewed monthly by Directorate Manager 2 - Patient tracking list for the specialties in place and produced twice a week. 3 - Cancer Data Co-coordinator communicates with staff on potential breaches. 4 - Secretaries respond to requests to bring patients forward wherever possible. 5 - Off site team leader in place to contribute and reconcile breaches. 6 - Appointments team allocate 2 week wait referrals to avoid delay. 7 - All breaches reviewed weekly by Directorate Manager. 8 - Project team established to integrate the cancer pathway. 9 - Action plan for skin cancer performance devised and implemented including process mapping sessions 10 - Cancer Outcomes Dataset report reviewed on a monthly basis by cancer team	Dominic Tkaczyk	Jane Morris	Compliance (Targets / Assessments / Standards)	12	8	Introduce and use cancer network databases within QVH for all MDT's.- Completed Streamline current referral pathwaysfor all types of cancer Establish Cancer Group and Cancer Data Management/MDT team for QVH. Proposals in development - Completed Setting up of 2 week skin cancer clinic - Completed Setting up of central referral management - No longer required Implementation of infoflex and Somerset cancer databases on site - completed Introduce same day see and do LOPA slots - Completed Expand use of infoflex system across Trust Establish business continuity cover in the absence of the data co-ordinator - completed - restructure being agreed and implemented from 22nd April - Completed Create local access policy for the Trust- completed Establish project team to integrate the cancer pathway- Completed Process mapping of skin cancer pathway and cancer data - Completed Action plan specifically focused on skin cancer performance to be devised and implemented including process mapping sessions. - Completed Set up QVH cancer improvement steering group - completed Review COSD data completeness and agree action plan to improve % - Completed Employment of data entry clerk to support Thames Cancer registery, DAHNO, and ensure 100% data completeness - Substantive post out to advert, post currently being filled by Bank staff. Completed Ensure off site 2 week H&N cancer appointments are booked efficiently	10/04/2015

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
711	30/05/2014	Reliability of Theatre Doors	Defective doors to theatre areas are affecting entry for both staff and patients - Please note this affects ALL automatic doors	Musculoskeletal injury to staff Restricts high levels of privacy and dignity for patients Inconsistency across a range of Theatre doors could lead to staff applying inappropraite pressure when opening doors	Risk Assessment completed and Risk added to the Theatre Risk Register on staff musculoskeletal injury. Two year "Willmott Dixon" agreement for repair of new build includes Theatre Doors Regular meetings to monitor situation takingplace Doors currently being reset by Estates and Theatre staff when faults occur Willmott Dixon visit on 5th and 6th July to fully service all doors Work schedule to upgrqde the doors to correct standard has been agreed with Wilmott Dixon and a financial framework has also been agreed. Timetable to be agreed. Works to commence 21 March 2015 by Gilgen Doors.	Steve Fenlon	John Trinick	Staff Safety	12	6	Affected staff to use alternative access to Theatres one Theatre door to be replaced to "test" if issue could be resolved by replacing the door - Completed Work schedule to upgrqde the doors to correct standard has been agreed with Wilmott Dixon and a financial framework has also been agreed. Timetable to be agreed. Ongoing updates at Theatre User Group Meeting regarding this risk Willmott Dixon agreed to replace doors - Date to be agreed Trial of replacement door-motors on doors on Theatre 1 and Theatre 4 Increased follow-up with Estates & Willmott Dixon Notices to be put up in Theatres to alert staff of defective doors - Completed Staff utilised to retain privacy and dignity - in affecetd areas - Completed Raise staff awareness at team meetings - completed	13/04/2015
733	12/08/2014	restricted access to blood fridge/cross infection from staff movement	due to the recent restrictive access status of the burns unit there is a potential for delay for both obtaining units of blood and blood gas analysis	delays to treatment for patient burns staff diverted from patient care to manage theatre requests cross infection between burns and theatres	controlled access by burns staff who retrieve blood units and process blood gas cost and introduce a seperate blood fridge and blood gas anaylsis machine for theatres	Dr Ken Sim	Jo Davis	Patient Safety	12	2	Idneitifation of funding for additional blood fridge in Theatres Review of Blood Fridge arrangements to be undertaken-to include exploration of the purchase of an additional fridge	13/04/2015
779	21/01/2015	Inadequate emergency alarm system (sirens and lights) to direct staff to where the emergencies are occurring.	Inadequate emergency alarm system (sirens and lights) in place to direct staff to where the emergencies are occurring.		Ward grade system currently in place (incorrect level of alert given). Staff attend as required (where available) Admission/Discharge Nurses test the alarms every day at 08:00hrs	Dr Ken Sim	Jo Davis	Patient Safety	12	8	Full Estates review and replacement of system Emergency alert drill to be developed and put in place Estates Dept reviewed current system - Completed - increased level of sirens (slightly)	13/04/2015
627	19/07/2013	Failure to embed safer surgery checklist process due to lack of engagement	1. Patient harm due to incorrect procedure 2. Lititigation 3. damage to reputation	1. Key safety checks not undertaken for each individual patient such as correct patient, operation site and side and procedure. 2, Not all staff engaged in process so vital members could be missing	1. 1st stage consent by experienced surgeon in out patients. 2. 2nd stage consent on admission (check with patient) 3. Surgical safety checklist-sign in and time out stages. 4. Patient marking policy changed, presentations to all medical staff and directorates by MD. 5. Consent working group set up to improve consent before day of operation. 6. Pre list brief in place and effective prior to full list starting 7. Safer surgery checklist in place - (WHO Checklist) 8. Information and awareness sent to all theatre staff and clinicians 9. Audit of checklist quality in place 10. operating surgeon is now responsible for timeout 11. training in place for all staff 12. patient safety forum in place to review practice. 13. Addition of WHO checklist compliance as a 2014/15 CQUIN - Q1 & Q" audit reports submitted. 14. WHO checklist audit developed for 2014/15 CQUIN and reporting commenced 15. WHO checklist audits x 2 reviewed at monthly Theatre User Group and Patient Safety Forum.	Steve Fenlon	Jo Davis	Patient Safety	12	4	Ongoing monitoring at Patients Safety Forum and reporting as an indicator on the Quality Metrics dashboard - Completed Audit tool amended following pilot to improve robustness - Completed WHO CQUIN audit reports fro Q3 & Q4 to be submitted Quality audit of Time out and sign out process to be reviewed monthly at Theatres and anaesthetics Meeting - Completed and ongoing	13/04/2015
794	30/03/2015	Possession of Drug Cupboard Keys - Maxillofacial/Orthodontics OPD	Potential misuse of access to drugs cupboard and safety of drugs	1. Abuse of drugs 2. Loss of keys	1. Keys locked in safe 2. Ward staff all have access	Jo Thomas	Kathy Brasier	Compliance (Targets / Assessments / Standards)	12	4	Keys locked in safe - one person to be in charge of keys for day Cascade of Responsibility - B7 to B6 to B5 to - in the event of no B5 - Senior B4 Dental Nurse	14/04/2015

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
732	11/08/2014	Use of Long Term Model Box Store for Maxfacs	Identification of alternative storage for Maxillofacial models on a long term basis		Existing model storage can be accessed by authorised staff using appropriate PPE Risk assessment in place for use of existing location Email sent to owners of materials found in area asking for clearance to enable resiting of model boxes	Stephanie Joice	Alison Vizulis	Staff Safety	12	6	HoR to meet with new Records Manager (SJ) and Matron for Elective Services to agree action plan for documentation belonging to Department that is retained there to be reviewed as per retention guidelines	22/04/2015
753	27/11/2014	Inaccurate search results for specimens	V number searches do not always highlight the results; searches required both on V number and names. Not all results on Winpath are on ICE (and vice versa).		1. Two searches carried out. 2. Staff reminded to accurately complete request forms.	Jo Thomas	Emma Kerr	Compliance (Targets / Assessments / Standards)	12	2	BSUH to devise new electronic reporting system for ICNs - ongoing issue	24/04/2015
27	07/01/2005	Infection risk to individual patients due to poor systems and practice of control	Increased risk of patient(s) contracting a HCAI such as MRSA, C.diff, MRAB or Norovirus.	1. Unknown infection to patients admitted to hospital. 2. Infected patients not isolated on admission. 3. Poor hand hygiene / environmental cleaning.	1. Mandatory training of all staff and awareness raising sessions. 2. Implementation of trust policies - isolation, screening, treatment including root cause analysis for all C Diff / MSSA/Ecoli bacteraemia cases and PIR review for all MRSA bacteraemia. 3. Routine audit of practice, and monthly PLACE inspections. 4. Cleaning strategy implemented including deep clean arrangements 5. Monitoring of trajectory targets for MRSA bacteraemia, MSSA, E Coli and C.diff. 6. Monthly monitoring and Board reports from DIPC to inform organisation of acquisition of infection 7. Failure to achieve 90% or more in any staff group for hand hygiene leads to action plan and matron auditing. 8. Decant arrangements include wider involvement of matrons regarding single room use, with advice from IPACT. 9. Specific interventions depends on risk identified i.e. staff undertake an MRSA protocol treatment 10: Training completed for IPAC Team re: access to BSUH IT System. Awaiting ICNet. 11. Review of investigation processes completed 12. Follow up actions from current infections completed 13. Infection control nurses have direct IT access to BSUH Microbiology system 14. Antibiotic policy reviewed to ensure best practice use and reduce risk of C.diff 15. Departmental training provided as and when required	Jo Thomas	Emma Kerr	Patient Safety	12	6	Awaiting ICNet computer system access 5. Provide direct IT access to BSUH Microbiology system - complete 3. Follow up actions from current infections - Completed 4. Review of anti-biotic policy to ensure best practice use and reduce risk of C.diff -completed 2. Review of investigation process - Completed 7. Complete actions from RCA/PIR investigations as required. Complete actions from MRAB SI report 6. Monitor microbiologist attendance on site to ensure antibiotic prescribing reviewed	24/04/2015
648	06/11/2013	Cross infection resulting in an outbreak and closure of services	1. Infection to patients causing harm and delay in recovery. 2. Closure of department resulting in loss of activity 3. Potential for this bacteria to spread to other patients 4. Following deep clean, decant area, Rycroft has again been used for unauthorised storage.	1.Spread of Multi Resistant Infections to burns patients 2.Unable to contain bacteria/outbreak	- Hand hygiene (failure to achieve 90% compliance in any staff group leads to action plan/ matron audit) - Robust implementation of gowning procedure - Strict universal precautions - Review of patients requiring admission on individual basis with consultant microbiologist and clinician - Regular outbreak review meetings to discuss other actions required. - Monitoring via Datix reporting - Internal inspections undertaken e.g. PLACE inspections and Hotel Services cleaning audits - Reporting of outbreaks as required e.g. Health Protection Agency, CCG, PHE. - Mandatory training of all staff and awareness raising sessions. - Implementation of trust policies.	Jo Thomas	Emma Kerr	Patient Safety	12	4	Dept training as required Abx review by microbiologist Complete RCA / PIR / outbreak report / SUI Specific interventions depend on risk identified. Rycroft to be prepared ass possible decant area (for transfer in, not enough equipment to be set up as additional ward)	24/04/2015

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
689	25/04/2014	Potential to adversely affect statutory and mandatory training due to increasing number of vacancies (3mths and over)	Risk to patient safety if staff are not up to date with their statutory and mandatory training.	Staff would be unaware of latest updates relating to key clinical and non-clinical areas including infection control, M&H, risk management and governance arrangements.	1. Statutory and mandatory training reviewed monthly and reported to Board. 2. Departmental feedback from above. 3. Utilisation of bank and agency staff to release others to attend training. 4. Risk monitored as part of BAF risks 5A & 5B	Richard Tyler	Graeme Armitage	Compliance (Targets / Assessments / Standards)	12	6	Training frequency under review to ensure match with NHS education passport Continue with utilisation of agency/bank staff to release others for training Review being completed of training matrix and adjustment of profiles as part of KSF skills passport Implementation of more elearning options Overseas recruitment initiative being taken forward Erostering review being undertaken to utilise staff efficiency/availability	27/04/2015
796	30/04/2015	Risk of car collision at site junction on QVH property due to faded white lines	Risk of car collision at site junction on QVH property due to faded white lines		Limited driving speed signs in place	Jo Thomas	Alison Vizulis	Estates Infrastructure & Environment	12	6	Review of current arrangements as part of Annual Site Survey	30/04/2015
745	09/09/2014	Risk of non compliance with CQC, HSE and IRMER requirements due to level of Radiology capacity/resources	Risk of non compliance with CQC, HSE and IRMER requirements due to level of Radiology capacity/resources From Risk ID 744 (Closed 02/12/2014 to combine with Risk ID 745): Recent vacancy of Head of Radiology and RPS have led to there being a vacant RPS post within Radiology.		Provision of an additional day included in the BSUH Radiology SLA. Radiation Protection Committee reporting and governance structures and reporting Positive outcome of 2014 IRMER inspection From Risk ID 744 (Closed 02/12/2014 to combine with Risk ID 745): Nominated RPC in place Extended SLA with MTW physics for on-site presence and support on half day a month RPS role is written into the job description of the new band 6 role. Until this person is in post the service manager, operational lead and existing band 6 will share this role. Physics to provide a course for these staff members.	Steve Fenlon	Kirsty Humphry	Patient Safety	12	8	New staff member commenced in post April 2015 Discussed at CSS Mtg 05/05/2015-Current Score to remain at 12 until new staff member fully trained	05/05/2015
748	03/10/2014	Field safety notice FSN83000189 patient data may not be updated when exporting to 3rd party devices using the auto export featur	Patient identifiable information on x-rays may not be updated in the VNA (vendor neutral archive. Studies pulled back from the VNA or pushed into a new PACS will potentially contain incorrect patient demographics.	Philips Healthcare released an FSN regarding their implementation of a PACS/Ris solution dated 27/07/2014 stating that when a study requires patient informaion be updated the updated informaion is not always passed to the VNA. There is no fix for for our current version of PACS but there is a solution in the next release of software (Kona). However the release of Kona has been delayed due to desktop intergration issues.	We await the following from Philips: -An explanation as to what workflow causes this miss match in patient data between PACS and VNA. -A description of a workflow to reduce/remove the risk of miss- matched patient data between the PACS and VNA -Implement Kona across Surrey and Sussex to correct this error -Identify studies that have miss-matched data -Produce and implement a fix for the identified miss-matached data	Paul Gable	Paul Gable	Information Governance	12	6	Discussed at CSS Mtg 05/05/2015: Current score of 12 to remain until PACS upgrade completed (due at end of May 2015) Range of information awaited from Phillips (as per controls column)	05/05/2015

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to: Board of Directors
Meeting date: 21 May 2015
Reference number: 125-15
Report from: Jo Thomas, Director of Nursing
Author: Jo Thomas, Director of Nursing
Report date: 13 May 2015

Board assurance framework (BAF) development update

Key issues

1. The board of directors held a seminar session on the BAF on 30 April 2015.
2. A representative from KPMG (the trust's external auditors) was invited to give an overview of the purpose of a BAF document, to present strong and weak examples, to answer queries and to provide professional advice on the development of the QVH model.
3. A break-out session followed, consisting of smaller groups being asked identify and review key risks (and their mitigations) for each of our 5 key strategic objectives.
4. Key areas/risks were identified by all groups.
5. Further work required to develop the new BAF, progress to be presented at future board seminars.

Implications of results reported

1. The BAF demonstrates that the trust is aware of the key risks that may threaten delivery of QVH key strategic objectives.
2. No specific group/individual with a protected characteristic are affected by issues identified within the BAF.
3. Failure to address risks or to recognise the action required to mitigate them would raise key concerns to our commissioners, the Care Quality Commission and Monitor.

Action required

4. Identification of a working group, led by a non-executive director and to include a KPMG representative, to collate BAF work from initial board seminar revisions into a new draft BAF format.
5. KPMG to circulate some additional templates that provide a framework for strong assurance mapping.
6. Agreement by the board of the revised risks within the new 2015/16 BAF.

Link to key strategic objectives (KSOs)

- Outstanding patient experience
- World class clinical services
- Operational excellence
- Financial sustainability
- Organisational excellence

Implications for the board assurance framework or corporate risk register

7. A key piece of work to develop and improve the 2015/16 BAF.

Regulatory impacts

8. This work will inform the CQC but does not have any impact on our ability to comply with our CQC authorisation and does not indicate that the trust is not:
    - Safe
    - Effective
    - Caring
    - Well led
    - Responsive

9. The improvement work does not have any negative impact on our Monitor governance risk rating or our continuity of service risk rating.

Recommendation

10. The Board is recommended to **NOTE** the contents of this report

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to: Board of Directors
Meeting date: 21 May 2015
Reference number: 127-15
Report from: Lester Porter, Non-Executive Director and Chairman – Nomination and Remuneration Committee
Committee meeting date: 30 April 2015

Nomination and remuneration committee

Key issues discussed

1. It was agreed that the meeting of the nomination and remuneration committee in July would consider the proposed timetable and process for the board-level talent management and succession planning review due to take place in January 2016, to allow sufficient management preparation time.

2. The process for reviewing the pay of the chief executive, executive directors and senior managers reporting to the chief executive was discussed. It was agreed to use an external benchmarking agency and to consider the potential for terms of conditions of pay to include 'pay for performance' against trust-wide and personal goals. Detailed proposals will be presented to the committee in July.

3. The process for the governors' review of pay for the chair and non-executive directors was discussed. It was agreed that the director of HR & OD and head of corporate affairs would take forward.

4. The appraisal of the chair's (in her capacity as a non-executive director in in 2014/15), non-executive directors', executive directors' and senior managers' performance will commence in May 2015, with a view to key conclusions being reported to the committee in July.

Items to be referred to the board of directors

5. There are no matters to be referred to the board of directors at this stage.

Additional information or assurance sought

6. None.

Implications for the board assurance framework or corporate risk register

7. There were no items identified which should be added to the BAF or the CRR.

Recommendation

8. The board is recommended to **NOTE** the committee's actions and findings.

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to: Board of Directors
Meeting date: 21 May 2015
Reference number: 128-15
Report from: Ginny Colwell, NED
Committee meeting date: 7 May 2015

Quality and risk committee

Key issues discussed

1. Following a series of actions, an improvement in the number of errors involving eye medication prescribed for the wrong eye was noted.
2. Occupational health has reviewed inoculation incidents and has found no underlying theme. However further work will be undertaken to see if we can improve the situation and whether we are EU compliant.
3. 3 patients had repeat falls this quarter and a flag has now been developed on PAS to enable them to be identified and action to be taken.
4. A status report and action plan was received on our compliance with the Kate Lampard and freedom to speak up reviews. No major gaps were identified. Exception reporting will come back to each meeting; with a full review in 6 months.
5. A draft quality account was received for 2014/2015. This was not the final version. It was agreed that the process would be reviewed for next year.
6. The 5 internal quality improvement initiatives; replaces CQUIN this year, will be review by the director of nursing and medical director.
7. The committee was informed that QVH would no longer subscribe to the AHSN in 2015/16 as part of cost saving measures.
8. The committee received a policy for organisation-wide understanding and learning from clinical audit. The committee asked for this to be updated once the clinical governance review was completed.

Additional information or assurance sought

9. The committee asked officers to provide additional information on, what appears to be, a rising trend in pressure ulcer occurrence. A deep dive analysis will be undertaken and findings included in the July meeting.
10. The committee asked for clarification on where the action plan developed from the outcome of the national paediatric inpatient survey will be monitored
11. There remains a significant number of out of date policies. The director of nursing will follow this up and come back to the next meeting with an action plan and risk analysis.

Implications for the board assurance framework or corporate risk register

12. Main areas of concern are already fed through to the BAF and CRR.

Recommendation

13. The board is recommended to **NOTE** the committee's actions and findings.

Queen Victoria Hospital NHS
NHS Foundation Trust

Business meeting of the Board of Directors
Thursday 25 June 2015
The Cranston Suite, East Court, College Lane, East Grinstead RH19 3LT

PROPOSED SCHEDULE		
BOARD SUB-COMMITTEE		
09.00 – 10.00	**Charity Committee**	
INFORMAL SEMINAR		
10.00 – 11.00	**Board assurance framework seminar**	
11.00 – 12.00	**Care Quality Commission: inspection preparedness**	
12.00 – 12.30	**To be confirmed**	
13:00	**FORMAL BOARD AGENDA**	
	PATIENT STORY	
	Experience	Director of Nursing
	RESULTS AND ACTIONS	
	Patients: safe staffing and quality of care	Director of Nursing
	Operational performance	Director of Operations
	Financial performance	Director of Finance and Commerce
	Contract update	Director of Finance and Commerce
	Workforce report	Director of HR & OD
STRATEGIC PRIORITIES		
	Quarterly update on delivery of KSO1: outstanding patient experience	Director of Nursing
	Quarterly update on delivery of KSO2: world class clinical services	Medical Director
	Update on implementation of recommendations following the spoke site review	Chief Executive
	Sustainable waiting lists: update on review of demand and capacity	Chief Executive
GOVERNANCE		
	Corporate risk register	Interim Director of Nursing & Quality
	Research and development annual report	Medical Director
	Emergency preparedness, resilience and response and business continuity annual report 2013-14	Director of Nursing
	C-Wing action plan update	Head of Corporate Affairs and Company Secretary
	Fit and proper person test: integrated procedural document	Head of Corporate Affairs and Company Secretary
	Update on criteria used when approving locations for off-site activity	Chief Executive
SUB-COMMITTEE REPORTING		
	Clinical Cabinet	Chief Executive