

**PUBLIC MEETING OF THE  
BOARD OF GOVERNORS**

**Tuesday 19 July 2011**

**2pm at Meridian Hall, East Court, College Lane  
East Grinstead, West Sussex RH19 3LT**



## Public meeting of the Board of Governors

**Tuesday 19 July, 14.00, Meridian Hall, East Court, East Grinstead**

Tea, coffee and biscuits and an opportunity to meet members of the Board of Governors from 13.45

### AGENDA: PART 1 (PUBLIC MEETING)

No.	Agenda item	Time	Papers
<b>WELCOME TO NEWLY ELECTED/APPOINTED GOVERNORS</b>			
34-11	<ul style="list-style-type: none"> <li>• <b>Brian Beesley, Public Governor (elect)</b></li> <li>• <b>Jenny Cunnington, Public Governor</b></li> <li>• <b>John Dabell, Public Governor (elect)</b></li> <li>• <b>Robin Graham, Public Governor (elect)</b></li> <li>• <b>Michael Hannah, Public Governor (elect)</b></li> <li>• <b>Anne Higgins, Public Governor (elect)</b></li> <li>• <b>Christopher Orman, Public Governor (elect)</b></li> <li>• <b>Gillian Santi, Public Governor (elect)</b></li> <li>• <b>Michael Shaw, Public Governor (elect)</b></li> <li>• <b>Jonathan Street, Public Governor (elect)</b></li> <li>• <b>Norman Webster, Appointed Stakeholder Governor</b></li> <li>• <b>Peter Wickenden, Public Governor</b></li> </ul> <p>Peter Griffiths, Chairman</p>	14.00	-
<b>PRESENTATION</b>			
35-11	<p><b>Breast Surgery at QVH</b></p> <p>Anita Hazari, Consultant Plastic Surgeon</p>	14.10	-
<b>STANDING ITEMS</b>			
36-11	<p><b>Welcome, apologies and declarations of interest</b></p> <p>Peter Griffiths, Chairman</p>	14.40	-
37-11	<p><b>Draft minutes of the meeting held on 12 April 2011 (for approval)</b></p> <p>Peter Griffiths, Chairman</p>	14.45	Enc.
38-11	<p><b>Matters arising and actions pending from the previous meeting</b></p> <p>Peter Griffiths, Chairman</p>		-
<b>REPORTS FROM THE BOARD OF DIRECTORS</b>			
39-11	<p><b>Report from the Chief Executive (update)</b></p> <p>Adrian Bull, Chief Executive</p>	14.50	Enc.
40-11	<p><b>Site re-development (update)</b></p> <p>Heather Bunce, Programme Director</p>	15.05	Verbal
41-11	<p><b>Infection prevention and control (update)</b></p> <p>Amanda Parker, Director of Nursing &amp; Quality</p>	15.10	Enc.
42-11	<p><b>Patient experience</b></p> <p>a) Patient experience report (Q1 2011/12) b) Care Quality Commission Privacy and Dignity report</p> <p>Amanda Parker, Director of Nursing &amp; Quality</p>	15.15	Enc.

43-11	<b>Staff Survey Results 2010</b> Pauline Farrell, Head of Human Resources	15.25	Enc.
<b>GOVERNANCE</b>			
44-11	<b>The appointment of a Vice Chairman of governors for the period of July 2011 to July 2012</b> Peter Griffiths, Chairman	15.35	-
45-11	<b>Public and staff governor elections (update)</b> Margaret Godfrey, Interim Company Secretary	15.45	Enc.
46-11	<b>Foundation trust membership (update)</b> Margaret Godfrey, Interim Company Secretary	15.50	Enc.
<b>REPORTS FROM THE SENIOR SUB-COMMITTEES OF THE BOARD OF GOVERNORS</b>			
47-11	<b>Report from the Governor Representative (update)</b> Ian Stewart, Public Governor and Governor Representative	15.55	To be tabled
48-11	<b>Report from the Appointments Committee (update)</b> Valerie King, Public Governor and Chair, Appointments Committee	16.00	Enc.
<b>ANY OTHER BUSINESS</b>			
49-11	<b>By application to the Chairman</b> Peter Griffiths, Chairman	16.05	-
<b>QUESTIONS FROM THE PUBLIC</b>			
50-11	<b>To receive any questions or comments from members of the public</b> Peter Griffiths, Chairman	16.10	-
51-11	<b>To consider a motion to exclude members of the public in order to discuss confidential business</b> Peter Griffiths, Chairman	16.15	-
<b>DATE OF THE NEXT MEETINGS</b>			
<b>Public meetings of the Board of Governors:</b> Tuesday 18 October 2011, 18.00, Meridian Hall, East Court Tuesday 17 January 2012, 14.00, Meridian Hall, East Court			
<b>Annual General Meeting:</b> Thursday 28 July, 18:00, Jubilee Community Centre, East Grinstead			

<b>Members of the Board of Governors</b>	
Brian Beesley	Public Governor
Edward Belsey	Public Governor
John Bowers	Public Governor
Pat Brigden	Public Governor
Mabel Cunningham	Staff Governor
Jenny Cunnington	Public Governor

John Dabell	Public Governor
Peter Evans	Stakeholder Governor
Brian Goode	Public Governor
Robin Graham	Public Governor
Peter Griffiths	Chairman
Michael Hannah	Public Governor
Anne Higgins	Public Governor
Valerie King	Public Governor
Carol Lehan	Staff Governor
Moira McMillan	Public Governor
Christopher Orman	Public Governor
Christian Petersen	Staff Governor
Andrew Robertson	Stakeholder Governor
Gillian Santi	Public Governor
Michael Shaw	Public Governor
Manya Sheldon	Public Governor
Ian Stewart	Public Governor
Jonathan Street	Public Governor
Alan Thomas	Public Governor
Paul Trevethick	Stakeholder Governor
Norman Webster	Stakeholder Governor
Peter Wickenden	Public Governor
<b>Invited attendees</b>	
Adrian Bull	Chief Executive
Jeremy Beech	Non Executive Director
Heather Bunce	Programme Director
Claire Charman	Engagement Coordinator (Secretariat)
Pauline Farrell	Head of Human Resources
Margaret Godfrey	Interim Company Secretary
Richard Hathaway	Director of Finance and Commerce
Ken Lavery	Medical Director
Renny Leach	Non Executive Director
Amanda Parker	Director of Nursing and Quality
Hugh Ure	Non Executive Director, Deputy Chairman and Senior Independent Director
Shena Winning	Non Executive Director



<b>Document:</b>	<b>Minutes</b>	
<b>Meeting:</b>	<b>Board of Governors 12 April 2011 18:00 – 21:00 Meridian Hall, East Court, East Grinstead</b>	
<b>Present:</b>	Peter Griffiths	Chairman
	Bernard Atkinson	Public Governor and Vice Chairman
<b>Stakeholder Governors</b>	Chris Rolley	East Grinstead Town Council
<b>Staff Governors:</b>	Mabel Cunningham	Christian Petersen
	Carol Lehan	
<b>Public Governors:</b>	Edward Belsey	Valerie King
	Pat Brigden	Shirley Mitchell
	Adrian Fuchs	Moira McMillan
	Brian Goode	Manya Sheldon
	Caroline Hitchcock	Ian Stewart
	Sue Hull	Alan Thomas
<b>In attendance:</b>	Adrian Bull	Chief Executive
	Heather Bunce	Programme Director
	Claire Charman	Engagement Coordinator / secretariat
	Margaret Godfrey	Interim Company Secretary
	Pauline Farrell	Head of HR
	Richard Hathaway	Director of Finance and Commerce
	Ken Lavery	Medical Director
	Renny Leach	Non Executive Director
	Amanda Parker	Director of Nursing & Quality
	Hugh Ure	Non Executive Director, Deputy Chairman and Senior Independent Director (SID)
<b>Members of public:</b>	2	

<b>Not present</b>	Len Barlow	Public Governor
	Stuart Barnett	Public Governor
	Gill Baxter	Public Governor
	Jeremy Beech	Non Executive Director
	John Bowers	Public Governor
	Peter Evans	Stakeholder Governor – Local Authority
	Peter Harper	Public Governor
	Bill Hatton	Public Governor
	Andrew Robertson	Stakeholder Governor League of Friends
	Paul Trevethick	Stakeholder Governor NHS West Sussex,
	Shena Winning	Non Executive Director

<b>STANDING ITEMS</b>	
<b>17-11</b>	<b>WELCOME, APOLOGIES AND DECLARATIONS OF INTEREST</b> The Chairman welcomed everyone to the meeting with a special welcome to the two members of the public.

	<p>Apologies were received from Len Barlow, Stuart Barnett, Gill Baxter, Jeremy Beech, John Bowers, Peter Harper, Bill Hatton and Andrew Robertson.</p> <p>There were no declarations of interest.</p>
<b>18-11</b>	<p><b>MINUTES OF MEETING HELD ON 22 February 2011</b>  The Board of Governors <b>APPROVED:</b> the minutes of the meeting held on 22 February 2011 as a correct record.</p>
<b>19-11</b>	<p><b>MATTERS ARISING FROM THE DRAFT MINUTES</b>  There were no matters arising.</p>
<b>PRESENTATION</b>	
<b>20-11</b>	<p><b>DRAFT ANNUAL PLAN 2011/12, INCLUDING RESPONSE TO THE BOARD OF GOVERNORS SUGGESTIONS TOWARDS THE ANNUAL PLAN FOR 11/12</b>  RH presented the annual plan which had been prepared with input from the governors via the GSG. He thanked the Board of Governors for all the suggestions and alerted them to the paper (circulated with the board papers), giving the trust's response to each suggestion individually.</p> <p>The following points were highlighted:</p> <p>RH noted that there has been no change to the trust's purpose or the key strategic objectives, as these remain at the heart of what the trust is trying to achieve. He addressed the six key priorities for the trust, which are:</p> <ul style="list-style-type: none"> <li>• To deliver the highest standards of patient care and safety</li> <li>• To streamline our care pathways for the benefit of patients</li> <li>• To achieve and maintain a sustainable financial position</li> <li>• To provide a safe, reliable and comfortable physical environment for staff and patients</li> <li>• To be an exemplary employer treating our employees with fairness and respect</li> <li>• To maintain a strong culture of professionalism and a culture of caring</li> </ul> <p>RH summarised the key priorities for this year, which are:</p> <ol style="list-style-type: none"> <li>1. Maintain patient referrals and activity levels - the importance of focussing on our referrals which drive the income for the hospital. A key risk for QVH would be the change in commissioning.</li> <li>2. Continue improving service efficiency – developing referral pathways to improve the patient's experience and ensure we meet waiting times.</li> <li>3. Improve infrastructure through theatre investment – improvements made to visitor parking areas and changes on site to make way for the new theatre block.</li> <li>4. Develop performance management – New Head of Commerce in post who will be managing performance reporting, expanding service-line Consultant based reporting.</li> <li>5. Focus on core services – Having made several attempts to find ways to keep Jubilee running efficiently, QVH have formally written to the PCT advising our intention to close Jubilee by March 2012.</li> <li>6. Organisational development programme – Leadership development and training opportunities for key staff.</li> </ol> <p>The Annual plan is required by Monitor by 31 May 11</p>

	<p><u>Discussion</u></p> <p><u>Jubilee Centre</u>  CR asked about the current situation with the Jubilee Centre - AB explained that there had been lots of open discussion with relevant bodies and the issues surrounding Jubilee were widely understood. Whilst the Primary Care Trust recognises the value of the service, QVH is having to subsidise the cost of keeping it going. The tariff works against the running of the ward as the service provided by Jubilee requires expert nurses and the input of a physician which therefore results in disproportionate costs.</p> <p>QVH has been working with other local trusts and providers who have shown an interest in taking in the operational running of the unit. The PCT contract expires at the end of 2011/12 and the trust has served notice on the PCT advising that if sufficient funding cannot be found it will close. In the meantime recent reorganisation in Jubilee has made some cost savings reducing the loss from £750k per annum to £350-£400k.</p> <p><u>Private Patient Cap</u>  MM asked about the proposed lift of the private patient cap and whether there was any real potential for QVH - AB explained that when a Trust becomes a Foundation Trust the cap is set at the amount they were already making from any private work. QVH has a very low level compared to some trusts. With McIndoe Surgical Centre on-site there are advantages for us as our surgeons are close by and there is an agreement in place not to with each other. Any potential additional privately funded work must focus on QVH priorities such as burns but without compromising NHS work. RH clarified that any potential additional income has not been built into the plan for the year.</p> <p><u>Marketing</u>  CP suggested that as marketing strategies take a very long time we should be thinking It now. - AB understands that marketing is key for the trust but advised that the priority in the first instance will be directed towards GPs and commissioners as they control the referral pathway. KML and AB are working closely with other trusts to be clear about us working completely alongside them, tying referral pathways into neighbouring hospitals will be critical. If budget allows then the trust will endeavour to create more publicity for patients and the public.</p>
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**REPORTS FROM THE BOARD OF DIRECTORS**

<b>21-11</b>	<p><b>REPORT FROM THE CHIEF EXECUTIVE</b>  Adrian Bull highlighted the following from his report:</p> <p><u>Risk management</u>  Risk management and the work to improve operational development continues to focus on trauma times and, equally, waiting times. A new measure has been added to monitor injury to admission times and we are aiming to treat these patients within 24 hours, where possible and suitable. The trust will be aiming to ensure that patients are not cancelled after they have already been prepped and starved for theatre.</p> <p><u>Financial report</u>  RH reported on the trusts financial position and noted that he is currently in the process of preparing the year end accounts. The trust is likely to end the financial year with a surplus of £2m which is an increase on the plan of £300k surplus. This puts us in good position for 2011/12, however, building up surplus is essential if we are going to be able to afford the new theatre build.</p>
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	<p>RH noted good progress with the cash position. March resulted in £7million in the bank with a cash balance of £4million at year to date. This means we can pay suppliers on time. Whilst the year ended better than planned, with a lower performance as result of the snow last winter has made a noticeable impact. AB was pleased to note the steady performance across the year which meant the trust did not have to make a big push towards the end of the year (which has been the case in previous years).</p> <p><u>Operational performance</u></p> <p>The 31 day to treatment rule for skin cancer has been challenging this year which is due to the different referral pathways. RH noted the trust is only missing the target marginally which is not having an adverse affect on patients clinically.</p> <p><u>Human resources</u></p> <p>PF commented on the staff survey results, which in general terms had been very good. However, QVH has high standards and an action plan is in place to address issues, such as pressure and stress, where the scores are notably lower than previous years. PF highlighted the recently implemented employee assistance programme which offers support to staff, particularly at is difficult time.</p> <p>AB highlighted that the work on staff culture and values being led by PF is coming to a close and will be reported back to the next board meeting.</p> <p>The Board of Governors <b>NOTED:</b> the contents of the report</p>
22-11	<p><b>SITE RE-DEVELOPMENT</b></p> <p>HB gave a brief summary update of the plans for the new theatre build, explaining that the full business case will be presented to the Board of Directors next month. The proposal will include six new operating theatres, an admissions lounge and day surgery unit. In order to make space for the new build it will be necessary to demolish Outpatients Department 2. This will be moved next to the new Maxillofacial and Orthodontics Unit and the estates department will move to the old Toy Box Nursery area to accommodate this. The Health Records department will be re-located off-site to the town centre.</p> <p>PG noted that our biggest risk is our estate and these developments were necessary. He noted that, whilst a full hospital rebuild may have been ideal, rebuilding some of the theatres will mean improvements in other areas of the trust thus reducing levels of risk.</p> <p>IS also pointed out that this initial work was part of a site master plan that planned a design of a flowing hospital by 2020.</p> <p>The Board of Governors <b>NOTED:</b> the contents of the report.</p>
23-11	<p><b>INFECTION PREVENTION AND CONTROL</b></p> <p>AP presented the infection control report for the final quarter of 2010/11 and noted there had been a total of 6 cases of <i>C.difficile</i> which takes us over our allowable limit of 4. This additional case may mean a drop in the trust's ratings however, the trust is in discussion with our regulator, Monitor, about this, as this last case was "unavoidable" due to the condition of the patient and the treatment received.</p> <p>The Board of Governors <b>NOTED:</b> the contents of the report</p>
24-11	<p><b>PATIENT EXPERIENCE (QTR 4 2010/11)</b></p> <p>AP noted the broad range covered by the patient experience report as it brings together</p>

	<p>all feedback from patients via PALS, complaints, feedback cards and questionnaires etc.</p> <p>AP thanked the Board of Governors for their contributions to the CQUIN (the Commissioning for Quality and Innovation) payment framework measures by carrying out the regular outpatient surveys. More help will be required for measuring targets set in 2011/12.</p> <p>The results of the national inpatient surveys for all trusts will be brought together in a report by the CQC (Care Quality Commission) in May, allow us to compare our results with all other trusts.</p> <p>AP also noted that the trust had received an unannounced visit from the CQC regarding privacy and dignity and nutrition. Four assessors visited the site and talked to staff and patients. The feedback from the assessors on the day had been very positive but the trust are awaiting the written report</p> <p>BG noted an increase in PALS activity compared to previous years. CC explained that all emails to the info@qvh email address were now reviewed by the PALS and Complaints manager and recorded on the PALS database, thus ensuring all actions arising are followed up.</p> <p>The Board of Governors <b>NOTED:</b> the contents of the report and were also pleased to note the high level of compliments compared to complaints and to hear of the successful CQC visit. They suggested that the trust should be sharing these 'good news' stories through marketing initiatives.</p>
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**GOVERNANCE**

<p><b>25-11</b></p>	<p><b>Revised Constitution and Draft Governors' Governance Handbook</b></p> <p>The Board of Governors were presented with the revised constitution, by BA, Vice Chairman. BA explained the background to the revision. He noted that due to the progress and development of the Board of Governors since the introduction of Foundation Trusts in 2004, it was timely to ensure the constitution brought together current practices and reflected the current needs of the trust along with coherent protocols that any new governors could follow. Working with the company secretary, Kathleen Dalby, initially and completing with Interim Company Secretary, Margaret Godfrey. The document has been divided into two parts; the constitution and a subsequent "handbook" containing all governor protocols. Both parts were presented to and accepted by the Board of Directors at their March meeting.</p> <p>The Board of Governors discussed the documents and noted the primary changes which are to reduce the number of public governors from 24 to 20 thus ensuring a more manageable number appropriate to the size of the organisation, and the slight change to governor terms of office which will be to stand for an initial three years with the option of standing again for a further three year term.</p> <p>Protocol for governors outlines policies, protocols including the role of the vice chairman. Some minor spelling adjustments were noted.</p> <p>The Board of Governors discussed whether it was appropriate for the collective Board of Governors to be able remove an individual governor should they have concerns</p>
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	<p>about a governor not performing their role effectively. Some governors were concerned that this was not appropriate, particularly as governors are elected by our members. Others suggested that it was still wise to reserve the right in the constitution just in case a situation arose in the future where a governor perhaps behaved in an inappropriate way. However it was noted that this function would only be used in very extreme circumstances.</p> <p>The Chairman noted the comments made and agreed to check the legal position, in any case it was agreed that this could not happen without a vote where 75% of the Board of Governors were in agreement. PB did question the right of appeal should we continue with this option.</p> <p>The Board of Governors <b>AGREED:</b> the amendments to the constitution and the handbook, subject to the legal standing in relation to a governor's removal from the Board.</p>
26-11	<p><b>PUBLIC AND STAFF GOVERNOR ELECTIONS (UPDATE)</b></p> <p>The Chairman advised that 10 public governors and 2 staff governors were coming to the end of their term in June, with 6 public governors not eligible to re-stand. Additionally Chris Rolley will retire as Stakeholder Governor for the Town Council. He formally thanked all the governors who would be finishing their term for all their contribution. He gave special thanks to BA, an inspirational colleague, for his particular leadership and contribution, as Governor Representative and then as the first Vice Chairman. The Chairman noted that this would be the final public meeting for these governors but the next meeting, to be held in May, will be a Forum where there will be an opportunity for farewells.</p> <p>MG gave an update on the 2011 governor elections. The trust has selected ERS (Electoral Reform Society) to act as our electoral scrutineer this year. Nominations opened on 1 April and will close on 15 April. There are 14 public, 2 staff and 1 stakeholder governor positions. As of 11 April we have received 11 public nominations and 1 staff. The events held earlier this year, to encourage interested candidates, have proved successful. MG thanked all governors who participated.</p> <p>The Board of Governors <b>NOTED:</b> the contents of the report.</p>
27-11	<p><b>FOUNDATION TRUST MEMBERSHIP (UPDATE)</b></p> <p>MG noted the membership was stable and had dropped by eight since the last report and the trust remains keen to ensure there is quality engagement with the membership.</p> <p>MG was surprised to note that only a small number of our members had offered their ethnicity when completing their membership forms. This is part of the demographic information we are required to keep by Monitor to ensure our membership is representative of the population we serve.</p> <p>MG informed the Board that the next edition of QVH News will be circulated in May.</p> <p>The Board of Governors <b>NOTED:</b> the contents of the report.</p>
<b>REPORTS FROM THE SENIOR SUB-COMMITTEES OF THE BOARD OF GOVERNORS</b>	
28-11	<p><b>REPORT FROM THE VICE-CHAIRMAN (update) INCORPORATING A REPORT FROM THE GOVERNORS STEERING GROUP</b></p> <p>BA presented the Vice Chairman's report which provides a commentary of the last seven years of the Board of Governors development and evolution, including some</p>

	<p>significant governor achievements.</p> <p>He noted the next Forum meeting in May would include a presentation from Peter Griffiths in his capacity as Chairman of the FTN (Foundation Trust Network). BA suggests an additional Forum meeting in September meeting could be held with the Directors to discuss 'strategy'.</p> <p>BA thanked governors for putting their names forward for the sub-committees and noted there were enough nominations for each sub-committee so no need for internal elections. The next meeting of each committee will be a joint meeting of the outgoing and incoming committee members, to ensure some continuity.</p> <p>The Board of Governors <b>NOTED:</b> the contents of the report.</p>
<b>29-11</b>	<p><b>REPORT FROM THE GOVERNOR REPRESENTATIVE (update)</b></p> <p>IS delivered his Governor Representative report and particularly noted the surplus achieved by the trust and the sensitively managed restructure. He suggested prudent measures will need to be taken this year to ensure we stay ahead of plan. IS was pleased to observe the way the Board of Directors are managing the hospital and feels they should be 'alive' to marketing.</p> <p>IS noted the confusion with the change over of commissioning arrangements, not helped by a three month 'pause', could make this a difficult year for the trust.</p> <p>Members of the Board of Governors asked if the directors had a plan for marketing. AB stated that they will know more after the May Board of Directors meeting where marketing is being discussed. AB noted that it is a key objective for the board.</p> <p>The Board of Governors <b>NOTED:</b> the contents of the report.</p>
<b>30-11</b>	<p><b>REPORT FROM THE APPOINTMENTS COMMITTEE</b></p> <p>There were no additional comments made regarding CH's Appointment Committee report. More detail will be discussed in part two.</p> <p>The Board of Governors <b>NOTED:</b> the contents of the report.</p>
<b>ANY OTHER BUSINESS</b>	
<b>31-11</b>	<p><u>Burns review</u> - AB advised that a Burns Review is being undertaken by the Southeast and London Network. The review has been commissioned by the London Commissioning Consortium to see if there should be a reconfiguration of burns services. No burns provider currently meets all the criteria. The challenges for QVH are that we are not co-located with a trauma centre, ITU or paediatric services. However, AB noted that only rarely are burns patients associated with additional trauma, our ITU is sufficient and we have strong paediatric support in place when needed. AB also feels that there is an overwhelming reason to have a burns service close to reconstruction consultants. Should any changes to the service be recommended following the review, there would still have to be full public consultation.</p>
<b>QUESTIONS FROM THE PUBLIC</b>	
<b>32-11</b>	There were no questions from the public.
<b>DATE OF THE NEXT MEETING</b>	

	The Board of Governors noted the date of their next meeting, which would be Tuesday, 19 July 2011 at 2.00pm. To be held at Meridian Hall, East Court
<b>CLOSE</b>	
	<p>The Board of Governors considered a motion to exclude the public, executive and non-executive directors from the remainder of the meeting in order that it might discuss confidential matters. This was agreed and the members of the public and directors were thanked for their attendance and asked to leave the meeting.</p> <p>The Chairman closed <b>Part 1</b> of the meeting.</p>

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

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

Board of Governors  
19 July 2011  
39-11  
Adrian Bull  
July 2011

## REPORT FROM THE BOARD OF DIRECTORS

### 1. Quality, Safety Risk, DIPC

#### 1.1. Infection Control

Quarter 1	New this quarter	Year to date (Target)
MRSA bacteraemia	0	0 (1)
MSSA bacteraemia	0	0
<i>C.diff</i>	0	0 (5)

During quarter one there have been no patients identified as having MRSA bacteraemia, MSSA bacteraemia or *clostridium difficile*. During this quarter we have put management of MRSA screening prior to surgery on our Patient Administration System. This has significantly improved our coverage and provides reliable data for reporting screening rates to commissioners.

#### 1.2. Emergency Planning

Over the Easter period, planned electrical work was undertaken for theatres and A-wing. This required a full shutdown of the affected areas and provided the opportunity to test our business continuity arrangements. A post event review was held and made recommendations to further improve our business continuity plans.

#### 1.3. Risk Management

During quarter one the final report on our declared 'serious untoward incident' (SUI) was submitted to the Clinical Cabinet and Board of Directors. A copy was also provided to the patients affected. The main recommendations relate to ensuring that on appointment the competency and experience of the candidate are fully tested and verified, as new EU regulations mean that previously expected levels of experience and expertise may not be met by all candidates.

1.3.1. Following the recent restructure, one of the components was to introduce a team of site practitioners who manage the site and take trauma referrals as this has shown to be an effective way of managing our trauma patients. This team will be led by a matron. During the last month we have interviewed and recruited into this team and expect that during quarter 2 they will become an effective team providing two staff members on site twenty four hours a day.

1.3.2. During June the final report from the CQC inspection of our performance on Privacy, Dignity and Nutrition was released. The report was complimentary on all aspects of the care provided by QVH, and included the following comments that patients made to the inspectors;

- They were very happy with the care provided and felt that every effort is made by staff to help them maintain their mobility and independence.
- They felt included in their care and were able to make choices about their daily activities and what food they wished to eat.

- Staff took time to explain things clearly and were good at making sure people understood about their illness, their treatments and care, even at busy times.
- Food was of a good quality with plenty of choice. One said “It’s the best hospital food I’ve had” and another said “Food is excellent here and I am a fussy eater, so not easy to please.”

## 2. Financial Performance and Operational Performance

A summary of the Trust’s financial performance to 31st May is shown in the table below.

	Plan YTD (£m)	Actual YTD (£m)	Balance to Plan	Year End Plan	Year End Forecast
Turnover	9.3	9.2	(0.1)	£55.5m	£55.5m
EBITDA	0.9	0.9	(0.1)	£5.5m	£5.5m
Surplus / (Deficit)	0.4	0.3	(0.0)	£2.3m	£2.3m
Cash Balance	6.0	6.5	0.5	£4.0m	£4.2m
Financial Risk Rating	5	5	-	5	5
Private Patient Income (%)	0.8%	0.7%	(0.1)%	0.8%	0.7%

NB Table subject to rounding differences.

- The Month 2 cumulative financial performance was a surplus of £0.354m against a plan of £0.389m.
- The Trust is expecting to meet its financial plan for the year.
- More detailed service line information is being produced this year. The Service Line for the Breast surgeons (which includes some non-breast surgical activity) shows a shortfall and is subject to further detailed investigation.
- PCTs continue to hold cash and hence Debtors are starting to rise. Contract escalation and credit control processes have been strengthened for 2011/12 but continue to be a risk area.
- The improved overall cash position has led to a significant improvement in the number of invoices being paid promptly (over 90% of non NHS invoices were paid within target guidelines this financial year).

## 3. Operational Performance

Because QVH had experienced more than the target limit for the year of *C.difficile* bacteraemias (6 against a limit of 4) over two consecutive quarters, Monitor’s Governance rating for the hospital was automatically red. Following discussions with Monitor explaining how the *C.difficile* target came to breach in year, Monitor concluded that there were no concerns about Governance at QVH and overrode the red governance rating. The Trust was assigned an Amber-Red governance risk rating by Monitor in Q4 reflecting the failure to meet the annual *C.difficile* target. .

### 3.1. MRSA Screening

- The Trust achieved 96.2% of elective cases screened in Q4. The target is 100%.
- Please see the Quality and Risk Report for detail on MRSA screening.

### 3.2. 31-day wait for first treatment cancer target

The Trust achieved the 31-day wait for first cancer treatment in Q4 although, due to issues previously reported, this does remain a risk area for the Trust.

Predominantly the pressures relate to skin cancers and our off site services. Implementation of short term measures has been agreed with Consultants and their secretaries to reduce the number of breaches. Detailed breach analysis was undertaken and multidisciplinary meetings have been held to review the clinical pathway and administrative processes for these patients. During this process mapping a number of improvements were identified to streamline the pathway and these are being actioned by the operational teams.

The target has been met year to date in 2011/12.

### **3.3. Business planning**

Activity plans have been agreed with all PCTs with the exception of the Kent cluster. This is now progressing through dispute resolution at Director level and relates mainly to proposed demand management schemes for oral and maxillofacial surgery that QVH believe to have been over stated by the PCT.

Therefore the Acute Contract itself has not been signed however numerous elements have been renegotiated and several key risks for the Trust in the areas of new to follow up outpatients, consultant to consultant referrals and onerous reporting on quality indicators have been reduced.

### **3.4. Operational developments**

#### **3.4.1. Trauma**

The Trauma service continues to deliver over 85% of patients being treated within 24hrs of admission despite the Easter shutdown and the seasonal increase in referrals. This is made possible by cases continuing to be done on elective lists where there is spare capacity and by reducing the downtime in the evening. Recent analysis shows that the latter has reduced by 22% (direct comparison between May 2010 and May 2011). The start times for trauma lists continue to be challenge with no improvement in the recorded time of delays remaining at 43 minutes. This metric is currently being reviewed by the group looking at whether the productive theatre methodology would provide any further insight to resolve the current problems.

The remaining complement of the site practitioner team, including the matron post, has now been successfully recruited to and should see the development of a robust 24/7 outreach and trauma co-ordinator function from the end of the summer. This will further strengthen the service both for trauma cases but also for the overall service 24/7.

The development of an electronic Trauma Board and Trauma Card to reduce manual systems for collecting information has now been combined with the Theatre ORSOS upgrade. Although this initially delays the implementation longer term we will have a system which can then be extended to elective lists with minimal expense.

The dedicated consultant trauma cover for maxillofacial surgery is now due to start in September following delays in recruitment of suitable medical cover to backfill elective sessions off site. In addition to this a review of the processes for 'outlier' trauma cases has nearly concluded with a supporting policy. It is likely that this will be known in the future as the 'Outreach Trauma service' and further details will be released shortly.

3.4.2. Pre-assessment

The new pre-assessment process was implemented on the 4<sup>th</sup> April and despite a few teething problems has been implemented across the site. A few further refinements are planned in relation to setting up a spreadsheet so that secretaries can easily track the outcome of pre-assessment in order to date patients quickly. Longer term we are looking at a possible IT solution known as 'Safe sleep' to support our pre-assessment process in a more robust way.

The group has now processed mapped and agreed a process for patients seen in OPD at spoke sites but who have their surgery at QVH. The plan is to now pilot this at either Medway or Dartford in the autumn.

The dashboard is continuing to be developed with key metrics and the first data released is now undergoing some refinement.

3.4.3. Cancer

Work on streamlining the skin cancer pathway has now begun (see subsequent section for initial update on progress). Further details will be provided in the next report.

4. People Issues

4.1. The Trust's proposals for organisational restructure and associated redundancies were put out for consultation with staff on 28 February 2011. We have once again followed a structured change management process and we have now reached the end of the process, in which we are finalising arrangements and some staff will leave the organisation.

4.2. A summary of the findings from the national Staff Survey has been circulated to staff and action plans are now being completed in departments to address the key issues.

4.3. The first phase of work on organisational culture and values has been completed and we are pulling together a set of values for adoption and dissemination in phase 2, which will happen later this year.

4.4. The Strategic Health Authority and PCTs are pressing organisations to produce detailed workforce plans for 3 to 5 years ahead. The Trust is focussing on safe staffing metrics aligned with workforce numbers to provide assurance that patients are being appropriately cared for and that vacancy, sickness and other absences do not affect the quality of care provided.

5. Estates/Capital

5.1. **Site redevelopment: Theatre New Build**

Interviews took place on 1<sup>st</sup> July for the appointment of our Building Contractor. Following a stringent assessment process, Willmott Dixon has been appointed as our chosen provider.

5.2. **Decant arrangements associated with the New Theatre Development**

- Estates

These are progressing well with Estates, (the first of the moves), scheduled to relocate to the former Toy Box building in August; the subsequent Estates building demolition is planned for September.

- Health Records  
Health Records is moving off-site to a town centre location (approximately one mile from the Hospital). This move is planned from September.
- New OPD  
A leased building is the preferred affordable option and the procurement process is underway. We anticipate the department opening to patients in January 2012.

A number of other on-site moves are currently being developed in detail, in conjunction with users.

### 5.3. Communication

With the appointment of our principle contractor, we are now working with stakeholder groups to communicate our plans. Arrangements for an open day (towards the end of July) are currently underway.

### 5.4. Estates Capital programme

- Peanut  
Peanut refurbishment is well underway and is due to be handed over late August; however at present a delay of 10 days is being reported.
- Parking  
Car parking alterations are now complete. Patient parking has been increased (including disabled spaces), and a variable tariff has been introduced for short stays. In addition, risk has been reduced by restricting car parking adjacent to the X-Ray Department to staff only.  
  
It should be noted that there remains some confusion regarding the new arrangements, with resistance from certain users.
- Other  
Business cases for the 2011/12 capital programme are currently being drafted.

## 6. Recommendation

The Board of Governors is requested to **note** the content of this report.

<b>Report to:</b>	<b>Board of Governors</b>
<b>Meeting date:</b>	<b>19 July 2011</b>
<b>Agenda item reference no:</b>	<b>41-11</b>
<b>Author:</b>	<b>Amanda Parker, Director of Nursing &amp; Quality and Director of Infection Prevention and Control (DIPC)</b>
<b>Date of report:</b>	<b>11 July 2011</b>

**Infection prevention and control (update)**

1. The Quarterly DIPC report for the period April to June 2011 is attached for information.
2. The Board of Governors is asked to **NOTE** the report.

## INFECTION PREVENTION & CONTROL

### Quarterly DIPC Report

### April to June 2011

Mandatory Surveillance				
	New this month	Year to date (Target)	MRSA Screening Figures	
MRSA positive blood cultures	0	0 (1)	Elective	Trauma
GRE positive blood cultures	0	0	Q1	Q1
<i>C.diff</i>	0	0 (5)	%	%
MSSA positive blood cultures	0	0		

#### MRSA surveillance

**MRSA Positive Patients – Jan and Feb only (March figures not yet available):**

**(Infected and Colonised)**

Ward	Jubilee	RT	Rycroft	MD	Burns	EBAC	PAC	Peanut	OPD	MIU	DSU	Total
Total	2	3	0	4	4	4	3	0	3	3	0	26
Positive on admission	1	2		4	3	1	3		3	3		20
Previously positive	1											1
Hospital acquired		1			1	1						3
Unknown						2						2

#### Outbreaks of Infection

There were no outbreaks or reportable infections during the quarter. Our two recent *C.difficile* positive cases have different ribotypes and are therefore unrelated. The few cases that we have continue to be sporadic.

#### Audit Results

##### **April:**

Mini PEAT – Rowntree and Ross Tilley Ward. Non-clinical areas: IT and hotel services.

Locker audit – All lockers intact, no replacements required; those in Jubilee appear old but clean.

Aseptic technique – Observational audit; policy well adhered to.

The Trust will be participating in the National One Week Prevalence audit of MRSA screening in May. The audit aims to examine rationalisation of screening for the DH.

##### **May:**

Hand Hygiene – Overall 94% - doctors 89%, nurses 99%, other 96%. Bare below elbows 94% overall. Audits now to be conducted monthly (instead of bi-monthly).

Mini PEAT – Corneoplastics, Day Surgery Unit 1&2 (and upstairs offices). Non-clinical areas: IT, estates, SDC/anaesthetics, Trust offices.

MRSA screening snapshot - spot-check results for the month being collated.

National One Week Prevalence audit of MRSA screening – data collected and sent for analysis to auditors.

##### **June:**

Hand Hygiene – Overall 97% - doctors 94%, nurses 100%, other 98%. Bare below elbows 95% overall.

Mini PEAT – OPD 1 and 2, Maxfax, PAC, photography, resus office, secretary offices.

MRSA decontamination: staff knowledge excellent on the screening and isolation procedure; however further training required on administration of protocol.

#### New or Updated Policies

Policies ratified at ICC in June and now uploaded to the intranet:

- Personal protective equipment
- Safe handling and disposal of laundry
- Taking blood cultures

- Spillage of blood or body fluid
- Mandatory reporting of infections
- Aseptic technique.

### **Estates Issues**

Burns theatre: Works completed. Further air sampling are within normal limits. Improvement noted since new ventilation system installed.

Burns theatre – cords hanging from ventilation which activate dampers on the system are dirty. Engineer and manufacturer being contacted regarding removal/replacement.

Peanut / Burns rehab project: contractors on site, proceeding only slightly behind schedule.

New theatre build – further discussions have taken place in which problems appear to have been resolved.

April - Legionella – slightly raised levels continue in Rehab, estates increased of purging in this area.

April - Leak in room in AWT – not a patient area. Contractor reviewed and problem solved.

Water coolers – estates looking into standardising models and contract.

Out patient dept plans – reviewed

Currently no negative pressure rooms on site. Estates contacting engineer/manufacturer to reinstall facility on Burns.

### **Compliance**

Ventilation in theatres (other than 1-4) – risk register item 110 (08.11.05) Action plan in place

Jubilee – infection control risk – risk register 421 – rated 8 – isolation strategy implemented.

Lack of hand wash basins – risk register item 422, rated 6 – portable sinks in situ until works complete.

Carpets in clinical areas – put on risk register item 479 rated 6, on-going replacement programme.

New flooring installed in Peanut dayroom/playroom.

### **Other Information**

IPACT and Hotel Services did repeat unannounced visit to Eastbourne laundry. Not all recommendations met following February's visit. Action plan regarding progress requested, and further visit organised.

Ants reported in Physio dept – hotel services contacted.

<b>Report to:</b>	<b>Board of Governors</b>
<b>Meeting date:</b>	<b>19 July 2011</b>
<b>Agenda item reference no:</b>	<b>42-11</b>
<b>Author:</b>	<b>Amanda Parker, Director of Nursing and Quality</b>
<b>Date of report:</b>	<b>11 July 2011</b>

## **Patient experience**

### **1. Patient experience report: Q1 2011-12**

1.1. The Patient Experience report for the period April to June 2011 is attached for information.

### **2. Care Quality Commission - dignity and nutrition for older people**

2.1. On 5 April 2011 the Care Quality Commission made an unannounced visit to the trust as part of a targeted inspection programme in acute NHS hospitals to assess how well older people are treated during their hospital stay.

2.2. The attached report from the CQC describes the visit and highlights where they feel QVH meets the essential standards of quality and safety they reviewed in regard to: respecting and involving people who use services and meeting nutritional needs.

3. The Board of Governors is asked to **NOTE**: the content of the reports.

**Patient experience quarterly report: Quarter 1 (April to June) 2011/12**

**1. Overview**

1.1 This report provides a summary of the patient experience for the first quarter of 2011/12, bringing together information from PALS, complaints, inpatient and outpatient questionnaires, NHS Choices and governor tours. More data sits behind the report and the Corporate Affairs Team would be happy to provide more details, if required.

**2. Patient Advice and Liaison Service (PALS)**

2.1. PALS provide patients with information about the NHS and help them with other health-related enquiries. The service helps to resolve concerns or problems while patients are using NHS services. PALS also provide information about the NHS complaints procedure and how to get independent help if a patient is considering making a complaint.

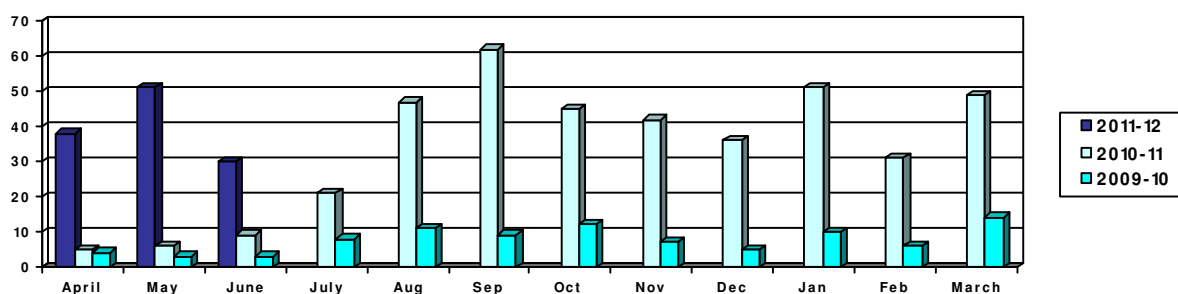
2.2. PALS received 119 enquiries during Qrt1. 10 enquiries were initial complaints and none of which were referred to the formal complaints procedure at the time of contact.

2.3. The key themes of these enquiries are listed in the chart below and are taken from the QVH Datix database which is used to formally log and monitor PALS enquiries.

	Advice and information	Initial complaint	Feedback	Issue for resolution	Total
Access to internal services	19	0	0	0	19
Access to QVH services	5	0	0	0	5
Access to QVH information	1	0	0	0	1
Admin and clerical error	0	0	0	1	1
Admission - delayed	0	0	0	1	1
Attitude - non-clinical staff	0	1	0	0	1
Attitude - medical staff	0	1	0	0	1
Attitude - nursing staff	0	1	0	1	2
Cancel appt - by patient	1	0	0	1	2
Choose & Book	2	0	0	0	2
Cleanliness	0	1	0	0	1
Clinical care - nursing	0	1	0	1	2
Clinical care - medical	15	0	0	1	16
Communication with patient	6	2	1	3	12
Unable to contact QVH	6	1	0	2	9
Inadequate information provided	2	0	0	0	2
QVH Literature	9	0	0	0	9
Health Records - access	5	1	0	0	6
Referral - delayed	0	0	0	1	1
Request for information	20	1	0	1	22
Transport	1	0	0	1	2
Website	2	0	0	0	2
<b>Totals:</b>	<b>94</b>	<b>10</b>	<b>1</b>	<b>14</b>	<b>119</b>

\* 'Issues for resolution' is used to describe enquiries which PALS help to clarify by talking with patients to work through their concerns, identify the nature of the problem and work out options to resolve it. Issues for resolution are most often resolved by listening, providing relevant information or by liaising with trust staff on behalf of the patient.

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



### 3. Complaints

3.1. 14 formal complaints were received during Qrt 1 of 2011/12.

3.2. The trust aims to respond to all formal complaints within 25 working days. Of the 14 complaints received during Qrt 1, 9 were responded to within 25 working days. 4 complaints did not meet this timeframe and an alternative timeline for the responses was agreed in advance with the complainant. 1 complaint still requires a response but we aim to respond to this within 25 working days.

3.3. Two complaints made by patients who underwent corneo treatment in March 2011 were also part of an SUI investigation. Both patients have been formally responded to and received copies of the SUI.

3.4. Complaints received during the quarter included the following themes and issues:

- Intra-ocular complications during surgery
- Conflicting information given to a patient resulting in delay in seeking appropriate treatment
- Transport issues
- Waiting time for tooth extraction (Medway)
- Lack of communication both written and verbal with patient
- Attitude of clinician
- Attitude of nursing staff
- Clinical outcome of treatment
- Consent issues
- Delay in diagnosis and treatment
- Concerns about treatment plan and whether sufficient diagnostic imaging had been taken

3.5. 13 formal complaints were closed during Qtr 1. Of these, the following are examples of actions taken by the trust as a result of the investigations.

- The term 'surgery' has been removed from the standard appointments letters sent to patients undergoing oral and plastic surgery treatment at Medway Maritime Hospital, clearly stating that first consultation will be for an assessment only and not for surgery.
- Trust to review whether patients should routinely be discharged with prophylaxis as a preventative measure.
- Reiterated to staff in reception areas the ethos of 'my customer my responsibility' and if a patient is lost to find out exactly where they should be before sending them off.
- Recruitment process for all healthcare staff, in particular doctors, to be reviewed.
- Local induction process to be reviewed for doctors across all directorates.

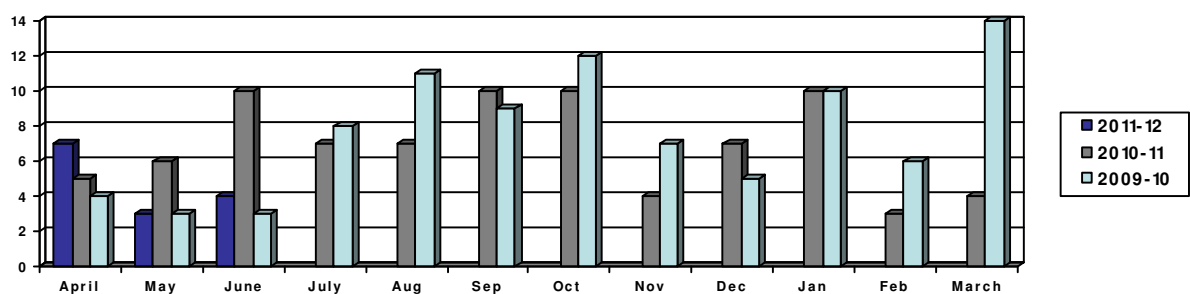
3.6. If a complainant remains unhappy with the outcome of the Trust's investigation, they can ask the Parliamentary and Health Service Ombudsman to investigate. During Qtr 1, 1 complaint was referred to the PHSO by a complainant who have notified the Trust that that they have declined to investigate the complaint.

### 3.7. Meetings with Complainants

During Qtr 1 one formal complaint meeting was held with a one complainant in relation to point 3.3.

The meeting was held in May 2011 and the attendees consisted of the complainant, an advocate, 3 family members, clinician from QVH and the Chief Executive. Notes of the meeting were taken by the PALS and Complaints Manager, copies of which were sent to the complainant. The complainant appreciated the meeting as many questions were answered and the attendees were happy with the outcome.

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



## 4. Compliments

4.1. 174 formal letters / e-mails / online comments (submitted to the NHS Choices national website) of appreciation were forwarded to the PALS and Complaints Manager during quarter 1. Feedback included:

*I must say the treatment I received in the Sir Benjamin Rycroft ward was fantastic, every bit as good as going private.'*

*'It is unfortunately all too common to have need to complain about the current state of the NHS and services provided, therefore, I really felt I should write in praise of your staff and hospital.'*

*'I enclose a card by way of my heartfelt thanks for all the superb care I received from you and all your nursing colleagues during my stay at QVH. I should be grateful if you could display the card on your notice board.'*

*'I was extremely nervous and felt so distressed, however you were excellent. You were so professional, but showed compassion, giving me the reassurance that I needed to get through the ordeal.'*

*'Thank you for repairing my face after my accident and my visits back to the unit. Thank you all, you are doing a fantastic job.'*

*'Thank you for saving my life and giving me another chance! To all those I shouted and swore at, I didn't mean it! You're all the best and I'll remember you all forever.'*

*'What can I say.... you have looked after me fantastically well and made this a very positive experience for me. You are a great team.'*

*'Thank you for your love and care - you're a wonderful lot of nurses and I have been looked after so well by you all.'*

*'To all the wonderful people who have taken care of me over the past week. I have been so impressed with every aspect of my stay here, from the bright airy and spacious ward to the kind and cheerful care and the tasty food. I'm sure all these things have contributed to my rapid recovery and I'm very grateful.'*

*'A very big thank you to you all who have made this such a happy week for me. I will remember you all for your skills and kindness.'*

*'Thank you all for looking after mum with such excellent care. It has been a relief knowing she has been well looked after.'*

*'The organisation and fluidity of procedures from the initial consultations, the short stay prior to main admittance, the operation and resultant after care have been first class.'*

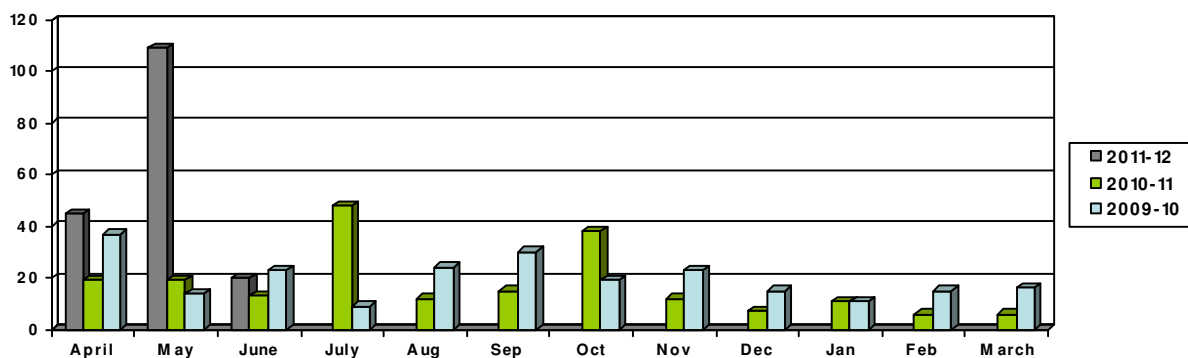
*'I was having hand surgery and arrived at 1pm as requested. The complete professionalism and efficiency meant I was back home by 5.45pm – incredible! Also, I would like to add that every single member of staff I had contact with were friendly, caring and made me feel that my comfort was their top priority. if it were possible to say that having an operation could be a delightful experience, this would come as close as is possible.'*

*'Thank you so much for your amazing care and kindness for my son recently. It is quite wonderful how his thumb is healing after the chain saw incident and I am in awe of your skill and dedication.'*

*'I would like to convey my grateful thanks to this doctor for her kind consideration during the scan, in putting my mind to rest and informing me that there were not any problems.'*

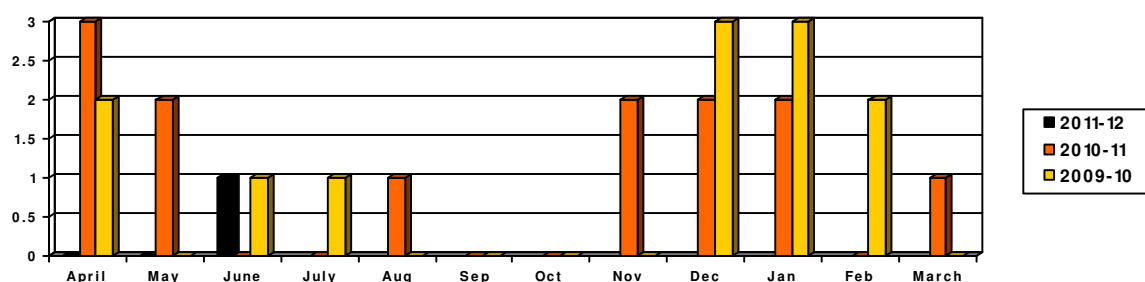
We believe that this represents only a fraction of the compliments received across the trust. All staff are reminded on a regular basis to copy compliments to the PALS & Complaints Manager for logging and formal acknowledgment.

4.2. The following chart shows how compliments received during Qrt 1 of 2011/12 compare with those received during the two previous financial years.



## 5. Legal

5.1. One new litigation case was received by the trust in Qrt 1 2011/12 and, overall, there are 17 open cases.



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

## 6. Patient experience feedback

### 6.1. Surveys

#### 6.1.1. Inpatient Experience questionnaires

6.1.1.1. 275 inpatient experience questionnaires were completed in this quarter. Breakdown by ward and specialty below:

Jubilee	MD	Peanut	RT	Rycroft	(blank)
1	143	1	105	21	2

Burns	Corneo	MaxFax	Plastics	Rehab	(blank)
1	11	68	182	2	9

6.1.1.2. **Patient information** - Patients are asked three questions about the information they receive.

Received a pre-admission inpatient booklet?		
No	Yes	(blank)
31	228	14
Received a specific leaflet about their particular condition or treatment?		
No	Yes	(blank)
60	164	49
Did you feel you were given enough information about your care and treatment?		
No	Yes	(blank)
4	267	2

The final question highlights that despite not receiving written information, patients are given enough information about their care. Many of those patients who did not receive information indicated they were trauma patients.

6.1.1.3. **Privacy and Dignity** –

99% of patients agreed that overall the staff respected their right to privacy and dignity. Other related questions scored as follows:

Were you given enough privacy and dignity when discussing your condition or treatment?		
No	Yes	(blank)
7	259	7
During your stay, did you share a room or bay with patients of the opposite sex?		
No	Yes	(blank)
265	7	1
During your stay, did you ever use the same bathroom or shower area as patients of the opposite sex?		
No	Yes	(blank)
251	18	4

**6.1.1.4. Pain control, theatres and anaesthetics**

Did you feel everything was done to manage your pain – In theatre and recovery?			
<b>No</b>	<b>Yes</b>	<b>n/a</b>	<b>(blank)</b>
2	257	3	11
Did you feel everything was done to manage your pain – On the ward?			
<b>No</b>	<b>Yes</b>	<b>n/a</b>	<b>(blank)</b>
5	261		7
Were you satisfied with the care you received from the anaesthetic team?			
<b>No</b>	<b>Yes</b>	<b>n/a</b>	<b>(blank)</b>
1	256	11	5

**6.1.1.5. Food**

Overall patients appear generally satisfied with the food, with 89% of patients feeling they are given an adequate choice of food. Scores below reflect the quality and only a minority were very dissatisfied.

Q20. How would you rate the quality of food? (1=poor to 5 = excellent)							
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>n/a</b>	<b>(blank)</b>	
5	13	82	95	57	1	20	

**6.1.1.6. Quality**

Inpatients are asked to rate the quality of care on a score from one to five (1 poor to 5 excellent). 78% of patients scored 5 and 21% scored 4 – only 1% of patients scored 3 or below. Of the 271 patients who answered the question, 270 said they would recommend QVH to their friends and relatives. 123 patients who completed a questionnaire chose to add additional comments which are included in the general comments analysis in 6.2.

**6.1.1.7.** Peanut Ward and the Sleep Disorder Centre are adapting the questionnaire for their purposes and will begin surveying their patients in the near future.

**6.1.2. Outpatient surveys**

**6.1.2.1.** Outpatient surveys are carried out on a regular basis by a team of governor volunteers. During Qtr 1 the governors made two visits to the hospital outpatient areas. 78 forms were completed this quarter.

**6.1.2.2.** Patients are asked to score each question from 1 to 4 (with 1 being lowest) and most patients score 3s and 4s. By finding the average score for each question we are able to compare to previous months/quarters or across departments, as required. Scores this quarter range between 3.25 (lowest) to 3.90 (highest).

**6.1.2.3.** Lower scores are as follows:

- 5a. Before my appointment, I knew what to expect = 3.25
- 5e. If I had to wait, I was given an explanation = 3.29
- 1a. I found my way around easily = 3.49

Higher scores:

- 3b. I always felt safe = 3.90
- 2b. Overall the staff treated me with courtesy and respect = 3.87
- 3c. Drs and nurses cleaned their hands before treating me = 3.86

**6.1.2.4.** Outpatients are asked to rate the quality of their care on a scale of 1 to 4. 84% scored 4/4 with the remaining 16% scoring 3/4.

**6.1.3.** National Outpatient Survey 2010

6.1.3.1. The Picker institute are coordinating this year's national outpatient survey on our behalf and have sent questionnaires to a sample of our patients who have been seen in one of our outpatient clinics.

**6.2 Other data**

**6.2.1** General comments analysis

The chart below shows which methods for feedback have been used.

Comment Card	14
Discharge Questionnaire	125
NHS Choices	2
Outpatient Survey	26

167 verbatim comments were recorded in this quarter and assigned to the relative categories, as positive (☺) and less positive (☹).

	☺	☹		☺	☹
General remarks	37	4	Organisation/efficiency	1	4
Before appointment	3	4	Friends/family	0	0
Waiting time	1	7	Other pts visitors	0	0
Staff	101	2	Cleanliness/Hygiene	12	2
Communication	14	7	Environment/facilities	2	5
Care & Treatment	62	0	Parking	0	3
Ops/procedures	6	3	Food	0	8
Medication/tests	2	1	Discharge	0	2
Safety	1	1	Other	1	3

**6.2.2** Governor tours

One governor tour was carried out in June, visiting the Burns Unit and the Maxillofacial and Orthodontics Unit. In addition to seeing different areas of the trust, the governors also find these visits useful to be able to ask the Director of Nursing or deputy any questions they may have.

**Corporate Affairs Team – July 2011**

# Dignity and nutrition for older people

## Review of compliance

**Queen Victoria Hospitals NHS Foundation Trust  
Queen Victoria Hospital**

<b>Region:</b>	South East
<b>Location address:</b>	Queen Victoria Hospital Holtye Road East Grinstead West Sussex RH19 3EB
<b>Type of service:</b>	Acute Services
<b>Publication date:</b>	June 2011
<b>Overview of the service:</b>	The Queen Victoria Hospital is a leading specialist centre for reconstructive surgery and rehabilitation, helping people who have been damaged or disfigured as a result of disease (including cancer), trauma, burns, major surgery or a congenital condition.

	<p>The hospital provides a minor injuries unit and community services for people living in and around East Grinstead and is situated on the outskirts of the town.</p> <p>Founded as a cottage hospital in 1863, Queen Victoria Hospital was built on its current site in the 1930s and developed as a specialist burns unit by Sir Archibald McIndoe during World War II, when it became world famous for pioneering treatment of RAF and allied aircrew who were badly burned or crushed and required reconstructive plastic surgery. Most famously, it was where the Guinea Pig Club was formed in 1941, as a club which then became a support network for the aircrew and their family members.</p>
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# Summary of our findings for the essential standards of quality and safety

## What we found overall

**We found that The Queen Victoria Hospital was meeting both of the essential standards of quality and safety we reviewed.**

The summary below describes why we carried out the review, what we found and any action required.

### Why we carried out this review

This review is part of a targeted inspection programme in acute NHS hospitals to assess how well older people are treated during their hospital stay. In particular, we focus on whether they are treated with dignity and respect and whether their nutritional needs are met.

### How we carried out this review

The inspection teams are led by CQC inspectors joined by a practising, experienced nurse. The inspection team also includes an 'expert by experience' – a person who has experience of using services (either first hand or as a carer) and who can provide the patient perspective.

We reviewed all the information we hold about this provider and carried out a visit on 05 April 2011. We visited two wards, Jubilee and Margaret Duncombe. We observed how people were being cared for, talked with seven people who use services, talked with 10 members of staff, checked the provider's records, and looked at records of people who use services.

### What people told us

People who use this service said that they felt supported by the staff to receive the care they need. They told us that every effort is made by the staff to help them maintain their mobility, independence and regain confidence to help them live independently when they are discharged. We spoke to many patients who said they felt included in their care, were able to express their preferences and contributed with

goal setting for discharge. They were able to make choices in their daily activities and what food they wished to eat.

During our visit we spoke with people on two wards who had been in the hospital between 3 days and 5 weeks and they told us they were very happy with the care provided. In general they were confident that the doctors and nurses made the right decisions about their care and treatment but some were not always sure that they fully understood all the details. They said that when they asked or needed things explained in more detail the ward staff took time to explain things more clearly and were good at making sure people understood about their illness, their treatments and care, even at busy times.

General observations made by inspectors throughout the day found that overall staff talked politely, respectfully and treated patients with dignity when giving treatment or care. When we looked at a selection of nursing records and care plans we could see that these documents clearly recorded what treatment was required and received, together with important references to the patients' ethnicity, religious needs and preferences.

During our visit we saw lunch being served both in the dining area and within the wards. Staff told us that they encouraged people to eat in the dining room whenever possible to help regain mobility and engage with other people. We saw that those people that needed some support and encouragement to eat their meal were treated calmly by staff in a dignified manner and given appropriate equipment to use. People told us they were always asked if they wanted a choice of drinks and that hand washing wipes were available for them to use prior to eating.

We asked people on each ward what they thought of the food, and they all reported that it was of good quality with plenty to choose from. On the day of our visit the food looked appetising and patients were keen to tell us that the food was always hot, well presented and there was an excellent roast dinner on Sundays. One person said "It's the best hospital food I've had" and another person told us that "food is excellent here and I am a very fussy eater so not easy to please".

## **What we found about the standards we reviewed and how well The Queen Victoria Hospital was meeting them**

### **Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

- Overall, we found that The Queen Victoria Hospital was meeting this essential standard.

### **Outcome 5: Food and drink should meet people's individual dietary needs**

- Overall, we found that The Queen Victoria Hospital was meeting this essential standard.

**What we found**  
for each essential standard of quality  
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

# Outcome 1: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

**The provider is compliant**  
with outcome 1: Respecting and involving people who use services

### Our findings

**What people who use the service experienced and told us**  
During our visit we spoke with people who said that they felt supported by the staff to receive the care they need. They told us that every effort is made by the staff to help them maintain their mobility, independence and regain confidence to help them live independently when they are discharged. We spoke to many patients who said they felt able to express their preferences including what they wished to be called and were able to make choices in their daily activities and what food they wished to eat.

Throughout the visit we observed staff talked politely, respectfully and treating patients with dignity. Patients told us that although they were confident that the doctors and nurses made the right decisions about their care and treatment, they were not always sure that they fully understood all the details. They said that when they asked or needed things explained in more detail the ward staff took time to explain things more clearly and were good at making sure people understood about their illness, their treatments and care. They said that staff were happy to do this even when they were busy.

During our visit, we saw staff checking frequently that patients were okay, listening to patients' needs and responding to any concerns. We saw that call bells were placed on beds in easy reach of patients and were told by patients that generally they were answered promptly.

Our observations showed that people were being involved in making decisions about their care which we were able to confirm when speaking to them. When we reviewed nursing and care records there was documentary evidence in place, to show that a range of professional multi disciplinary input was being recorded to ensure that patients were receiving care to reflect their individual needs.

### **Other evidence**

Information we hold about Queen Victoria Hospital show that we have no reason to believe that there are risks that they are not meeting this standard.

We spoke to seven members of ward staff who told us that training in patient involvement, privacy and dignity was part of the mandatory annual training programme. The trust has a procedure on patient privacy and dignity and staff appeared knowledgeable about the procedure and explained how they had attended training in customer care that covered human rights and the importance of maintaining people's privacy and dignity. They gave examples of how this had informed their practice, including talking to patients privately, use of private rooms and involving patients in their day to day care. Staff commented that issues such as promoting patients' independence and privacy were also discussed as general practice at handovers, team meetings and ward meetings.

A senior member of staff told us how care planning had been reviewed to reflect and record more involvement from patients. Documents that we reviewed showed the involvement of multi disciplinary professionals including occupational therapists, dietitians, tissue viability nurses, psychology teams or the geriopsychiatrist where appropriate. We were able to see that people were involved in planning the care they received and where they were not capable of making their own informed decisions, evidence was in place to show that mental capacity assessments had taken place with the appropriate consent obtained from involving staff, relatives or next of kin.

Senior ward staff told us that regular audits of privacy and dignity were undertaken, and that training and education increased staff awareness of measures. The clinical lead on the ward oversees privacy, dignity and patient involvement, and any behaviour which was not respectful would be challenged. This would include the behaviour of doctors, for example if a high number of doctors visited a patient at one time. Staff told us that they liaised with community groups such as the Red Cross, and that there was a group for head and neck cancer at the hospital, and one for burns. All staff that we spoke with said they would directly challenge any issues which they felt compromised patients' dignity.

Staff talked about a culture of respecting patients, and during our visit we observed that staff talked to patients respectfully, patiently and in a quiet friendly way. They told us about procedures that are in place in order to maintain high awareness of privacy and dignity on the ward. These included toilet and bathroom facilities,

drawing curtains around patients' beds, role modelling and acting as patients' advocates. We were told that it was standard practice for doctors attending female patients undergoing reconstructive breast surgery, to always request a chaperone for examinations. We saw that curtains were closed around patients' beds when they were receiving treatment and care. Staff talked gently to patients, checking and asking permission before administering care. We observed that staff asked patients regularly if they were okay and if they needed anything. When asked they met patient needs quickly. We observed staff re-positioning patients with care when requested or prior to eating or drinking.

During our visit we found that people's care records detailed fully their complex needs, contained appropriate assessments and identified individual preferences and preferred routines. Staff were able to describe that they provide care according to the needs and wishes of the person they are treating. The tissue viability nurse explained to us that specialist advice on wound care and nutrition is essential to aiding the healing process and to ensure patients are at their optimal condition prior to surgery a variety of blood tests are undertaken to establish if anything lacking which may affect their healing process.

We sampled the care plans for four people during our visit, and the guidance for staff on providing the care included a record of how the person usually wished their care to be provided. These records were found to contain full assessments from admission and review, including ongoing nutritional needs with those at risk clearly identified. Staff we spoke to appeared knowledgeable about which patients required support to eat and drink or those with particular nutritional needs. Dietitians and therapists regularly visit the wards and patient's records showed their involvement in patient's assessments and ongoing review of their care. This was particularly prevalent with patients who were at greatest risk.

We asked staff how they ensured that patients could make informed choices. Staff told us about the importance of ongoing communication, and that they would often follow up doctors' explanation of treatment to answer questions in a way which the patients could understand. We spoke to the hospital dietitian, who said that nutrition was discussed with patients on a daily basis, and was also discussed in multi-disciplinary team meetings. She told us that treatment options, risks and benefits were explained to patients at the bedside, and that she would often go back and explain again as sometimes it was a lot to take in. The dietitian told us about the importance of patient choice relating to feeding options, and that if a patient did not want a feeding tube to be inserted then they would provide alternative nutritional support. A senior nurse on the surgical ward told us that sometimes decisions have to be made quickly, for example head and neck patients may be diagnosed and treated within a month; in these cases the psychological therapies team would be involved to provide support in making decisions, and the doctor may come several times to explain the treatment options.

Staff showed us the information leaflets about the hospital and facilities provided at pre-assessment and admission which include information on ward routine. The publications also identify any clinical staff who will be seeing the patient during their stay. Specialist information leaflets on treatment are given in clinics and to

inpatients when relevant. The dietitian told us that she explains what will happen and how it will be followed up, including the importance of nutrition to recovery. We spoke to patients on the surgical ward who had clearly got the message about the importance of nutrition for wound healing and recovery. One nurse told us that they could always call on specialists to provide additional information when needed, for example the dietitian or head and neck clinical nurse specialist.

Staff told us the importance for gaining patient's views on their care by constant communication with individuals. They told us that the best information was gained from involving people and speaking directly with them, asking if they needed anything or if they were comfortable or in any pain. With some patients who found it difficult to communicate they said it was important to observe them and watch for body language for information, involving family members as and when possible. They said that the admissions process would identify a patient's individual social and cultural needs, and that this would be documented at this stage. Staff would then ensure they met the identified need in a range of ways, including communication with colleagues, handover meetings, contacting the chaplain or external organisation. If a patient had specific dietary needs, they would discuss this with the catering team and dietitian and come up with an individual menu plan.

A staff member on the community and rehabilitation ward told us that their rehabilitation programme was specifically designed to promote patient independence. The community and rehabilitation ward has a day room and dining room, and everyone is encouraged to eat their meals in the dining room. We observed a physiotherapist and a member of nursing staff encouraging and assisting a patient to get out of bed. This was done with the curtain closed, and the staff members were very respectful of the patient's wishes and anxieties, and friendly and reassuring in their communication. A member of staff on the surgical ward told us that they would assess patient's support needs and would support them to be independent as much as possible, for example encouraging them to change their own dressings if possible. The psychology team might be involved.

Staff highlighted how the inpatient questionnaire is undertaken with individuals prior to discharge. Issues identified may be addressed there and then, or escalated, and positive feedback is shared. Where patients have particular communication needs, their carer or advocate may be involved. They also have access to interpreters, and will sometimes work with the speech and language therapists (SALT) who have special equipment which may be helpful.

We asked staff if they could give us examples of any changes to practice in response to feedback. The dietitian told us that they have changed the menu to remove less popular choices, and have also changed the mousse as people didn't like it. On the surgical ward, they used to make breakfast on the ward, but now all food comes from the kitchen, which offers a better service and includes a cooked breakfast. A staff member on the community and rehabilitation ward said that they had introduced a red tray system to identify patients who need extra support to eat their meal. Staff told us that many people recovering from surgery had told them that they fancied something light like soup or toast and they were now able to provide this when necessary.

Staff told us that complaints information was available on request, and that they would explain to patients how to make a complaint, either informally or formally. One member of staff said she would ask a member of staff from the Patient Advice and Liaison Service (PALS) to come over and talk to a patient if necessary. Concerns may be dealt with at the time, or could be escalated to a matron. In entrance areas to both wards posters about who to make a complaint to and how to contact the PALS team were displayed throughout the hospital. Information on the service was also detailed in the booklets designed for patients such as "The bedside guide for patients" and "Information for In-patients. When we asked people if they knew how to make a complaint, some said that although they were not fully aware of the formal system in place they knew who to speak to on the ward if they were unhappy about anything. Generally we were told that people had nothing to complain about and were very happy with all aspects of their care.

Information and documentation previously supplied by the trust together with discussion with ward staff provided evidence that the trust undertakes surveys of its patient population and acts on the feedback. Complaints are monitored at board level and analysed for any trends or serious concerns so that they can be used to improve patient care. The Board of Governors operate a monthly walk around throughout the hospital and there is an active patient information group that constantly addresses issues and ensures that patient information leaflets reflect current practice. The Public Engagement Committee which is a representative user group made up of people who are using the service are actively involved in reporting and addressing shortfalls identified.

### **Our judgement**

We found that the Queen Victoria Hospital takes steps to ensure that the privacy, dignity and independence of people are promoted. Information is provided about the service to help people make choices. Care is based on the individual needs of each person and there are opportunities to help people make choices in their daily lives.

Following our review of all the evidence we have received and from our visit to the hospital we believe the Queen Victoria Hospital to be compliant in respecting and involving people who use services.

# Outcome 5: Meeting nutritional needs

## What the outcome says

This is what people who use services should expect.

People who use services:

- Are supported to have adequate nutrition and hydration.

## What we found

### Our judgement

**The provider is compliant**

### Our findings

**What people who use the service experienced and told us**  
During our visit we saw lunch being served both the dining area and within the wards. Staff told us that they encouraged people to eat in the dining room whenever possible to help regain mobility and sociability. We saw that those people that needed some support and encouragement to eat their meal were treated calmly by staff in a dignified manner. People were asked if they wanted drinks and were offered a choice. The equipment people needed was provided and staff wore aprons and gloves when serving food. Hand wipes were available for patients to use although we did not observe people being actively encouraged to use them before eating.

We asked people on each ward what they thought of the food, and they all reported that it was good. On the day of our visit the food being served was hot, presented well on trays and looked appetising. People told us there was always a good choice, including snacks available all day and that the roast dinner on Sundays was excellent. They said they usually got what they asked for or offered a suitable alternative if they wished. Staff quickly found a meal for a patient who had not ordered the previous day, and she told us that she was very happy with the choice. One person said “It’s the best hospital food I’ve had” and another person told us that “food is excellent and I am a very fussy eater so not easy to please”.

### **Other evidence**

Information we hold about Queen Victoria Hospital show that we have no reason to believe that there are risks that they are not meeting this standard. The hospital was able to demonstrate that they have systems in place to ensure that patient care plans record the appropriate information in a clear and comprehensive format. Regular audits are undertaken and records kept of any actions taken to address shortfalls.

In the Patient Environment Action Teams (PEAT) inspections Queen Victoria Hospital food scored excellent for choice, availability and presentation. PEAT is a benchmarking tool to ensure improvements are made in the non-clinical aspects of patient care including environment, food, privacy and dignity.

Specialist staff such as dietitians, speech and language therapists (SALT) and physiotherapy teams are available for advice, planning and support for patients and staff. The dietitian provides nutritional support for a variety of conditions such as diabetes. Patients with specialist feeding regimes such as PEG or NG feeding are discussed at the multidisciplinary team meeting which includes allied healthcare professionals. The SALT team recommendations are adhered to and staff felt it provided good support for the ward staff and patients.

We spoke to five senior members of ward staff who told us that the Malnutrition Universal Screening Tool (MUST) is used on admission of all patients to identify the patient's level of risk of malnutrition. All inpatients are then screened weekly for the duration of their admission. Action taken depends on the MUST score, and could include monitoring of weight, completing food and fluid intake charts, or referral to the hospital dietitian. All staff we spoke to told us that they had very good access to the specialist staff they need, and that specialist staff are included in the multi-disciplinary team. One member of staff said "If you want something done, it is just done straight away".

Staff told us that they had received training on nutrition, including a study day on dysphagia (difficulty in swallowing), training on tube feeding, and training on working with maxillofacial patients who have had surgery on the head, neck, face and jaws. Staff told us that the dietitian does a session at the trust induction day, and that there is a refresher course on nutrition once a year. The dietitian explained how she gives a lot of training across the trust, including focused study days and seminars, and provides training externally, for example to nursing home staff, and to students. A senior member of staff told us that a housekeeper who had received dysphagia training correctly identified that a patient may have difficulty swallowing and should have been highlighted as nil by mouth, and asked a nurse before giving her a drink so preventing a potential incident.

There are systems in place to ensure patients get enough support to eat and drink, including a red tray system for identifying patients who need support at mealtimes. There are lots of staff available on the wards at mealtimes, especially on the community and rehabilitation ward, and staff are rotational so have all had training and experience of nutritional issues. There is support on the ward from healthcare assistants and housekeepers, who have all had nutritional training, to make sure

patients choose appropriate meal choices and include snacks in their diet. The dietitian felt that the trust as a whole is very pro-nutrition, and that she is a part of the multi-disciplinary team and is listened to. When she makes a request, for example for tube feeding, this is actioned very quickly. Nutrition is discussed for every patient at their multi-disciplinary team meeting, and trust-wide nutrition issues are discussed at the weekly multi-disciplinary team meeting.

Other staff told us that the dietetic assistant plays a key role in assessing patients and identifying those who are at risk of malnutrition. Staff said there is always a healthcare assistant or housekeeper available to sit with patients and provide support if needed. The clinical lead takes an overview of nutrition on the ward as part of the role, and there is also a team of ward-based nutrition link nurses. There is a multi-disciplinary Nutrition Steering Group which meets three times a year, and oversees nutrition for the trust. Audits which are undertaken, such as MUST audits, protected mealtimes audits, and audits relating to tube feeding, are reviewed by this group.

During our visit, we observed lunchtime on the female surgical ward and the community and rehabilitation ward. Food is cooked in the kitchen on-site and is plated up to be transferred to the wards according to the orders received. The food was served from a heated food trolley by staff including nurses, healthcare assistants and the housekeeper. It was noted that hand wipes were either placed on the meal trays by staff or available at the bedside for patients to use for hand cleansing, although we did not observe patients being encouraged to use them. We observed a member of staff assisting someone with eating in a friendly, helpful and respectful way. This person did not receive their meal on a red tray; there was no one with a red tray on the ward on the day of our visit. We asked the clinical lead for the ward about this; she said that the red trays were not really required as staff knew the patients so well that they would always provide support if needed. A range of appropriate utensils were available for people to use including easy to grip cutlery and drinking beakers.

The wards we visited were quiet and peaceful during the lunch period and patients were not interrupted during this time with both wards operating protective mealtimes for a 30 minute time period to enable patients to eat their food in a calm environment. There appeared to be plenty of staff available to assist patients. We observed a bay of three patients being served and eating their lunch; they were not interrupted while eating, and a nurse who came round to do the medication round confirmed with the patient that she had finished eating before she started talking about her medication. However, one patient told us that she was often given medication during her mealtime.

The hospital has a robust process in place to determine patients' medical, dietary and hydration requirements. All patients are assessed for nutritional support within the trust as a matter of course and the organisation has a protected mealtimes policy in place. Within the hospital link nurses work in ward areas and meet quarterly as part of the Link Nurses Group and Nutrition Steering Group. We were shown the results of the most recent audit undertaken in January 2011 which is designed to be an observational audit for patients throughout the hospital. Patients

are interviewed to ascertain their understanding of the menus and asked for their comments on choice of food and food presentation. They are also canvassed to find out if the food they receive is hot when served and what they actually ordered. Recommendations from these audits are shared directly with kitchen staff, Nutrition Steering Group and link nurse meetings.

The members of staff we spoke to also think the food served is of good quality. They said there was a good choice and that special diets are provided for by the kitchen, sometimes an individual menu will be developed with the dietitian and the catering team. One member of staff on the community and rehabilitation ward told us that patients were sometimes put off eating by portions which were too large. She said that staff would check the meals before giving them to patients, and may take some food off the plate to make the food more appealing. She said it was also possible to request an individual smaller sized portion from the kitchen; the dietitian said she had done training on portion size with the chefs. If a patient ate a smaller meal, this would be recorded on their food chart so that additional supplements could be provided if necessary. One member of staff said they did not always get pureed food or a soft choice diet from the kitchen as requested, and sometimes they did send meals back.

The dietitian explained that the nutritional value of all meals is planned and analysed using a computer package. This helps them to cater for special diets, such as high protein diets which are commonly needed for patients with burns. The range of choices includes pureed food, a soft choice and a specific texture diet, which are very important for stroke patients and those who have had head and neck surgery. The dietitian said that food and fluid charts are well-used, and are very easy to complete as the menu is listed and staff only need to complete the proportion of food eaten, e.g. half, one quarter, three quarters. This information is used to analyse what patients have had, and to calculate how many nutritional supplements they will need, according to their individual calorie and protein requirements. Full fat milk is supplied and found to be available throughout the wards for use in preparing patient drinks.

Information on meals is provided for patients in the bedside guide with the menu choice circulated in the ward on a daily basis. Staff on the wards said that healthcare assistants and housekeepers were responsible for taking patients' food orders. These are done the day before. Patients are informed verbally of the choices, and additional support is available if required. The staff involved told us that they have received nutritional training, and are aware of how to promote good nutrition. They said that there was usually enough time for this personal service and that if anyone needed help they would get it. The dietitian told us that there were rehabilitation assistants on the ward who could provide extra support in making appropriate choices.

Three meals a day are served with special emphasis being placed on snacks and refreshments which we observed being served throughout the day. Patients told us that if they wanted something specific staff would always arrange it for them and in agreement with the dietitian.

Staff told us that the food delivery service from the kitchen was good, that the food came at the right time and that they ensured it was the right temperature before serving from the trolleys. One member of staff said they sometimes received the wrong orders, and would go back to the kitchen for the right order if this happened. Staff noted that if patients decide they do not want the food when it arrives, an alternative is offered and we observed this in practice when a patient was offered a lighter option for lunch. We saw that the member of staff spoke quietly with the patient and arranged the alternative with a minimum of fuss. The patient told us that “staff are wonderful and cannot do enough to help you”.

**Our judgement**

Following our review of all the evidence we have received and from our visit to the hospital we believe the Queen Victoria Hospital to be compliant with respect to meeting the nutritional needs of patients who use services.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## **Dignity and nutrition reviews of compliance**

The Secretary of State for Health proposed a review of the quality of care for older people in the NHS, to be delivered by CQC. A targeted inspection programme has been developed to take place in acute NHS hospitals, assessing how well older people are treated during their hospital stay. In particular, we focus on whether they are treated with dignity and respect and whether their nutritional needs are met. The inspection teams are led by CQC inspectors joined by a practising, experienced nurse. The inspection team also includes an 'expert by experience' – a person who has experience of using services (either first hand or as a carer) and who can provide the patient perspective.

This review involves the inspection of selected wards in 100 acute NHS hospitals. We have chosen the hospitals to visit partly on a risk assessment using the information we already hold on organisations. Some trusts have also been selected at random.

The inspection programme follows the existing CQC methods and systems for compliance reviews of organisations using specific interview and observation tools. These have been developed to gain an in-depth understanding of how care is delivered to patients during their hospital stay. The reviews focus on two main outcomes of the essential standards of quality and safety:

- Outcome 1 - Respecting and involving people who use the services
- Outcome 5 - Meeting nutritional needs.

## Information for the reader

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<b>Author:</b>	<b>Pauline Farrell, Head of Human Resources</b>
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## 2010 NHS staff survey – QVH results

### 1. Introduction

- 1.1 Every year all NHS staff are asked to complete a questionnaire about their experience of working for the NHS and their trust. This national NHS staff survey looks at working conditions and what staff think about patient care.
- 1.2 The findings enable us to see how we are doing year-on-year and to compare ourselves with other trusts. They help us to see where we could make improvements so that staff are more satisfied and able to provide better patient care.
- 1.3 This year more than half of QVH staff – over 450 people – took part in the survey.

### 2. How did we do?

- 2.1 The good news is that we continue to score highly compared with other trusts. On the vast majority of findings we score better than the national average and the average for all trusts across the South East Coast region. When compared with another 19 specialist acute trusts we perform slightly better than average.
- 2.2 However, the bad news is that while we are still much better than most, we have slipped back on quite a few of the findings from last year's high scores. We will be working hard to make improvements in these areas in the coming year.
- 2.3 There are 38 'key findings' in the survey. The table below shows how we compare on these 38 findings with other trusts.

	QVH better than average	QVH same as average	QVH worse than average
Compared with all other NHS acute trusts	24	8	6
Compared with other trusts in the region	25	11	2
Compared with 19 other specialist acute trusts	12	16	10

### 3. Where did we do well?

- 3.1 Our top four scores compared to the other 19 specialist acute trusts:
  - Percentage of staff saying hand washing materials were available
  - Percentage of staff believing the trusts provides equal opportunities for career progression or promotion
  - Perceptions of effective action from the trust towards violence and harassment
  - Staff's own health and well-being not affecting their ability to perform work or daily activities.
- 3.2 Teamwork is strong at QVH and we scored well compared to all other trusts for the number of staff believing they work in a well-structured team environment. More staff at QVH felt able to contribute towards improvements at work and more staff at QVH

reported good communication with senior managers than at other trusts. However, this last score fell significantly from last year and we need to look at improving this.

- 3.3 We also scored much better than average for the number of staff having well-structured appraisals.
- 3.4 The findings show that we have a strong culture of patient safety at QVH. A slightly higher than average number of staff said they had reported errors or near misses. While errors and near misses are not a good thing, staff being confident to report them is a positive sign. And we scored much better than average for the fairness and effectiveness of our incident reporting procedures.
- 3.5 Finally, we scored better than the average when compared with all types of trusts for how strongly staff would recommend their trust as a place to work or receive treatment. This is high praise indeed, and testament to the hard work of everyone at QVH.

#### 4. Where do we need to improve?

- 4.1 QVH has scored very highly in all the staff surveys over the last five years. However, there is no doubt that the changes to the organisation, the financial climate and the economic pressures we are facing have inevitably affected how people feel. Although we still do much better than average, we want to continue improving and we will be working to address areas where we have slipped.
- 4.2 Our four lowest ranking scores compared to the other 19 specialist acute trust were:
- Percentage of staff suffering a work-related injury in the last 12 months
  - Percentage of staff receiving job-relevant training, learning or development in the last 12 months
  - Percentage of staff receiving health and safety training in the last 12 months
  - Percentage of staff feeling there are good opportunities to develop their potential at work.
- 4.3 In addition, the key areas where our scores have slipped from last year were:
- Percentage of staff suffering work-related stress in the last 12 months
  - Percentage of staff reporting good communications between senior management and staff
  - Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell
  - Work pressure felt by staff.
- 4.4 These eight areas will be the focus of trust action plans to bring about improvements in the organisation. These plans will be developed at departmental level and monitored at the performance review meetings.
- 4.5 Copies of the staff survey findings can be found on the intranet at:  
**Departments/Services/HR/Staff/Staff Survey**
- #### 5. Recommendation
- 5.1 The Board of Governors is asked to **NOTE** the contents of this report.

<b>Report to:</b>	<b>Board of Governors</b>
<b>Meeting date:</b>	<b>19 July 2011</b>
<b>Agenda item reference no:</b>	<b>45-11</b>
<b>Author:</b>	<b>Claire Charman, Engagement Coordinator</b>
<b>Date of report:</b>	<b>11 July 2011</b>

## Election to the Board of Governors 2011

### 1. Background

- 1.1. This year, six of the Trust's governors had served seven consecutive years and were, under the Constitution, unable to re-stand for a further term. A further seven public governors and two staff governors were due for re-election.
- 1.2. The Trust had been carrying five public constituency vacancies; however, the amendment to the Constitution in April, reducing the number of public governors to 20, left only one vacant position.
- 1.3. ERS (Electoral Reform Services Ltd) were selected as the Independent Scrutineer to manage the elections on behalf of the Trust.
- 1.4. The Trust gave notice on 1 April that it would hold elections to 16 posts on its board of governors (14 in the public constituency and 2 in the staff constituency). Polls closed on 27 May and the results were notified on 31 May.

### 2. Public results

- 2.1. Following the three successful open events held in January, February and March to encourage applicants, 22 candidates put themselves forward for the public constituency, including 4 currently elected governors.
- 2.2. Ballot papers were distributed to qualifying members on 9 May 2011 and the election closed 27 May 2011.
- 2.3. With effect from 1 July 2011, the following elected candidates will commence their formal roles, having been elected for an initial terms of 3 years, with the exception of John Bowers who, having served six consecutive years, will step down after one year.

BEESLEY, Brian James (elect)	KING, Valerie
BOWERS, John Harry	ORMAN, Christopher (elect)
CUNNINGTON, Jenny	SANTI, Gillian (elect)
DABELL, John (elect)	SHAW, Michael (elect)
GRAHAM, Robin L. E. (elect)	STEWART, Ian
HANNAH, Michael St Clair (elect)	STREET, Jonathan (elect)
HIGGINS, Anne (elect)	WICKENDEN, Peter Ian

- 2.4. These results mean there will be nine continuing public governors and eleven new public governors on the Board of Governors from 1 July 2011. Nominees without a Criminal Records Bureau (CRB) check will remain governors elect (without voting rights) until the paperwork is completed and the CRB is issued.

### 3. Staff elections

- 3.1. Articles were placed in Connect in February and March encouraging staff members to put themselves forward, and also inviting them to the March open event. Two existing governors chose to re-stand for a further three years and one new candidate stood for election.
- 3.2. The election was due to close on Friday 27 May, however this was extended to 24 June 11 to allow extra time for some members of staff who had not received their papers.
- 3.3. Carol Lehan and Mabel Cunningham were successfully re-elected as Staff Governors and will both commence their second three year term of office from 1 July 2011.

#### **4. Stakeholder vacancy**

- 4.1. Councillor Norman Webster, Leader of the Council, was formally appointed to replace Chris Rolley as Stakeholder Governor for the Town Council at their Annual Meeting on 16 May 2011.

#### **5. Orientation and induction**

- 5.1. The majority of the new governors attended the open events earlier in the year at which they received presentations giving an overview of the organisation, the election process and what would be expected of them in their governor role.
- 5.2. Following discussion between Corporate Affairs and the governor lead for induction, an outline induction programme was developed that should prove informative and engaging and allow new governors to make a rapid contribution. An initial induction event was held on 6 July to welcome them and prepare them for their first public board meeting. This included presentations from the Chief Executive, Director of Finance and Commerce and the Director of Nursing and Quality.
- 5.3. A further programme of induction will continue over the summer, to include one to one meetings with the Chairman, invitations for new governors to attend the BoG sub-committees and a second induction meeting to hear from the Chairman, Vice Chairman and other senior staff as appropriate.

#### **6. Recommendation**

- 6.1. The Board is asked to **NOTE** the content of this report.

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

Board of Governors  
19 July 2011  
46-11  
Claire Charman, Engagement Coordinator  
11 July 2011

**Foundation Trust Membership (as at 11 July 2011)**

**1. Membership numbers**

- 1.1. Public membership is at 10,168 showing a loss of 177 members since the last report to the Board of Governors on 12 April 2011. This takes into account two mailings to our members for the election and our newsletter, where people move and do not update their records with us.
- 1.2. Staff membership stands at 829 compared to the Trust headcount of 915.

**2. Membership profile**

- 2.1. The table below summarises the current profile of public membership. Changes since the last report to the Board of Governors are minimal in all cases.

Age	Public members		Movement*	Population comparison**	
	No.	%		No.	%
0-16 [not eligible]	0	0	⇔	574,166	15.1
17-21 [eligible aged 18+]	23	0.2	↓	732,813	12
22+	3,994	39.3	↑	3,647,011	59.6
Not stated	6,151	60.5	↓	n/a	n/a
Gender	No.	%		No.	%
Male	4,248	41.8	⇔	2,094,370	48.5
Female	5,007	49.2	⇔	2,219,610	51.5
Not stated	913	9	⇔	n/a	n/a
Ethnicity	No.	%		No.	%
White categories	2,502	24.7	↑	3,972,750	96.2
Mixed categories	10	0.1	⇔	41,374	1
Asian categories	30	0.3	⇔	69,232	1.7
Black categories	14	0.1	⇔	18,074	0.4
Other categories	12	0.1	⇔	29,915	0.7
Not stated	7,600	74.7	↓	n/a	n/a
Socio-economic group	No.	%		No.	%
ABC1	6,477	63.7	⇔	1,570,730	62
C2	1,702	16.7	⇔	434,006	17.1
D	1,555	15.3	⇔	421,888	16.6
E	433	4.3	⇔	108,416	4.3

\* Since the last report to the Board of Governors, April 2011

\*\* Population figures as supplied by Membership Engagement Services

- 2.2. The data continues to demonstrate that the Trust's membership base is broadly consistent with the population of Kent, Surrey and Sussex in gender and socio-economic categories but appears to be less consistent in age and ethnicity categories. Age and ethnicity data includes a high percentage of "Not stated" responses, so it is not possible to draw meaningful conclusions from the data available in these categories.

- 2.3. The table below shows the socio-economic profile of the QVH membership base using ACORN ('A Classification Of Residential Neighbourhoods'), rather than the Office of National Statistics, categories. ACORN is a 'geodemographic' (combining geographical and demographics analysis) classification of British social classes and is usually used to measure and target consumers and characteristics. The demographic profile is based on the 2001 census (which provides about 30% of the data) and ongoing research covering the UK's 46 million adults and 23 million households.

Socio-economic group	No.	%	No.	%
Wealthy achievers	5,071	49.9	1,378,815	40
Urban prosperity	438	4.3	444,187	10.3
Comfortably off	3,133	30.8	1,424,171	33
Moderate means	766	7.5	544,600	12.6
Hard pressed	696	6.9	483,843	11.2
Not available	64	0.6	38,364	0.9

- 2.4. Again, the data shows broad consistency with the population of Kent, Surrey and Sussex though there is the potential to increase membership among both 'moderate means' and 'hard pressed' households in the region. Potential to re-balance the membership in the 'wealthy achievers' and 'urban prosperity' categories is likely to be more difficult to achieve since the categories are close in definition.
- 2.5. QVH aims to maintain a membership of around 10,000+ and is not planning any large recruitment drives. However, with the support of the Board of Governors Membership Taskforce we will seek to keep a steady flow of members to replace those lost through loss of contact and people opting out. We aim to continue to focus on effective engagement with the membership through regular communications.

### 3. Membership communications

- 3.1. The spring/summer edition of QVH news (the trust's bi-annual newsletter for foundation trust members and the general public) was sent out to members in May. An electronic copy was sent to all members with an email address with a single hard copy posted to each remaining member households. This edition was timed to coincide with the governor elections and prompted members to vote in the election if they had not done so already.

### 4. Membership data and management

- 4.1. The Corporate Affairs team continue to use the membership database service provided by Membership Engagement Services (MES). MES hold regular 'user group' meetings where users views are taken into account when updates to the system are being designed.

### 5. Membership taskforce

- 5.1. Following the 2011 elections John Bowers, Chair of the Membership Taskforce, is the last remaining member of this committee. New and continuing governors with an interest in membership will be invited to join the committee.

### 6. Recommendation

- 6.1. The Board of Governors is asked to **NOTE** the contents of this report.

<b>Report to:</b>	<b>Board of Governors</b>
<b>Meeting date:</b>	<b>19 July 2011</b>
<b>Agenda item reference no:</b>	<b>48-11</b>
<b>Author:</b>	<b>Caroline Hitchcock, Public Governor and Former Chair of Appointments Committee</b>
<b>Date of report:</b>	<b>24 June 2011</b>

### Report from the Appointments Committee

1. The Board of Governors Appointments Committee has met twice - once as an informal Appointments forum group on 10 May 2011 and once as a formal Appointments Committee on 6 June 2011 - since the last public meeting of the Board of Governors.

The Appointments Committee members meet informally at Appointments forum meetings which provide an opportunity for the members to discuss and debate complex topics and agenda items fully in advance of the formal meetings in readiness for action and recommendations to be made. This ensures the formal meetings are conducted in a timely manner. The Chairman of the Appointments Committee, in consultation with Committee members, decides on the frequency of the forum meetings and makes the necessary arrangements.

2. Both the formal meeting and informal Appointments forum meeting were chaired by Caroline Hitchcock.
3. The formal meeting of the Appointments Committee held in June was attended as follows:

<b>Committee members</b>	<b>In attendance</b>
<ul style="list-style-type: none"> <li>• Edward Belsey, Public Governor</li> <li>• Pat Brigden, Public Governor</li> <li>• Mabel Cunningham, Staff Governor</li> <li>• Adrian Fuchs, Public Governor</li> <li>• Bill Hatton, Public Governor</li> <li>• Caroline Hitchcock, Public Governor (Chair)</li> <li>• Valerie King, Public Governor</li> <li>• Shirley Mitchell (Vice Chair), Public Governor</li> <li>• Andrew Robertson, Stakeholder Governor</li> <li>• Alan Thomas, Public Governor</li> </ul>	<ul style="list-style-type: none"> <li>• Peter Griffiths, Chairman - part</li> <li>• Claire Charman, Engagement Coordinator – full (minuting secretary)</li> <li>• Margaret Godfrey, Interim Company Secretary – full (governance advisor)</li> </ul>

Apologies were received from: Adrian Fuchs - Public Governor, Brian Goode – Public Governor

The informal forum meeting held in May 2011 was attended as follows:

Committee members	In attendance
<ul style="list-style-type: none"> <li>• Edward Belsey, Public Governor</li> <li>• Mabel Cunningham, Staff Governor</li> <li>• Caroline Hitchcock, Public Governor (Chair)</li> <li>• Valerie King, Public Governor</li> <li>• Shirley Mitchell (Vice Chair), Public Governor</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>

4. The agenda for the formal meeting comprised the following items
  - 4.1. Review of updated job descriptions for Senior Independent Director (SID), Deputy Chairman (DC), Governor Representative (GR), Vice Chairman (VC)
  - 4.2. The roles of SID & DC
  - 4.3. Review of updated Terms of Reference for Appointments Committee
  - 4.4. Outcome of Non Executive Director (NED) appraisals -2010-2011
  - 4.5. Alignment of procedures and processes for Executive and Non-Executive Directors, review of updated documents
  - 4.6. Annual Governor Elections
  - 4.7. New Governors and succession planning
  - 4.8. Chairman appraisal -2010-2011
  - 4.9. Appointments forum meeting held on 10 May 2011
  - 4.10. Election of Chair & Vice Chair of new Appointments Committee.

The topic of NED appointments and recruitment was discussed at the informal Appointments forum meeting held in May.

5. A summary of the considerations and decisions / recommendations made by the Appointments Committee is as follows:
  - The updated job descriptions for SID, DC, GR & VC were reviewed and agreed. Copies of these documents are contained in Part 2 of the Board papers for ratification by the Board of Governors.

- Governor comments regarding the roles of SID & DC were fed back to the Chairman. Notes on this discussion can be found in the draft Minutes of the Appointments Committee meeting attached in Part 2 papers for governors to note.
  - Updated Terms of Reference for the Appointments Committee were agreed and are attached in Part 2 for ratification by the Board of Governors.
  - Report received from the Chairman confirming that the appraisals for NEDs have been carried out following due process and all are satisfactory. To be noted by the Board of Governors.
  - The updated documents regarding alignment of executives and non-executives were agreed. The documents have now been forwarded to the Nomination & Remuneration Committee of the Board of Directors for approval. The documents are attached in Part 2 for the Board of Governors to note.
  - An Appointments Forum will be held on Monday 25 July at 6.30 pm in the Maud Barclay Room for all new governors and the incoming Appointments Committee. This will be a familiarisation session on the role and work of this Committee.
  - Report received from the Chair confirming that due process had been followed and the appraisal of the Chairman held on 17 May 2011 had been satisfactory. To be noted by the Board of Governors.
  - The Minutes of the Appointments Forum meeting on 10 May 2011 were agreed and the contents noted. It was agreed that further discussion surrounding succession planning for all NED appointments will take place at the next Forum meeting on 25 July. To be noted by the Board of Governors.
  - Valerie King was elected by members of the incoming Appointments Committee as new Chair of the Committee for the period of one year. The election and appointment of a Vice Chair has been deferred to allow new governors an opportunity to participate on the Committee before election takes place. To be noted by the Board of Governors.
6. A full briefing will be provided verbally at the meeting by the Committee Chair and minuted for the public record.
7. The Board of Governors is asked to **NOTE** the content of this report.