

**PUBLIC MEETING OF THE
BOARD OF GOVERNORS**

Tuesday 18 October 2011

**6pm at Meridian Hall, East Court, College Lane
East Grinstead, West Sussex RH19 3LT**

Public meeting of the Board of Governors

Tuesday 18 October, 18.00, Meridian Hall, East Court, East Grinstead

Tea, coffee and biscuits and an opportunity to meet members of the Board of Governors from 17.30

AGENDA: PART 1 (PUBLIC MEETING)			
No.	Agenda item	Time	Papers
PRESENTATION			
52-11	Melanoma and Skin Cancer Unit (MASCU) Paul Banwell, Consultant Plastic Surgeon and Lead Clinician for MASCU	18.00	-
STANDING ITEMS			
53-11	Welcome, apologies and declarations of interest Peter Griffiths, Chairman	18.40	-
54-11	Draft minutes of the meeting held on 19 July 2011 (for approval) Peter Griffiths, Chairman	18.45	Enc.
55-11	Matters arising and actions pending from the previous meeting Peter Griffiths, Chairman		-
REPORTS FROM THE BOARD OF DIRECTORS			
56-11	Report from the Chief Executive (update) Adrian Bull, Chief Executive	18.50	Enc.
57-11	Site re-development (update) Heather Bunce, Programme Director	19.05	Verbal
58-11	Infection prevention and control (update) Amanda Parker, Director of Nursing & Quality	19.15	Enc.
59-11	Patient experience a) Patient experience report (Q2 2011/12) Amanda Parker, Director of Nursing & Quality	19.20	Enc.
GOVERNANCE			
60-11	Foundation trust membership (update) Will Hague, Interim Company Secretary	19.25	Enc.
REPORTS FROM THE SENIOR SUB-COMMITTEES OF THE BOARD OF GOVERNORS			
61-11	Report from the Vice Chairman / Governor Representative (update) Ian Stewart, Vice Chairman and Governor Representative	19.30	To be tabled
62-11	Report from the Appointments Committee (update) Valerie King, Public Governor and Chair, Appointments Committee	19.35	Enc.
ANY OTHER BUSINESS			
63-11	By application to the Chairman Peter Griffiths, Chairman	19.40	-
QUESTIONS FROM THE PUBLIC			

64-11	To receive any questions or comments from members of the public Peter Griffiths, Chairman	19.45	-
65-11	To consider a motion to exclude members of the public and executive and non executive directors in order to discuss confidential business Peter Griffiths, Chairman	19.50	-

DATE OF THE NEXT MEETINGS

Public meetings of the Board of Governors:

Tuesday 17 January 2012, 14:00, Meridian Hall, East Court

Tuesday 17 April 2012, 18:30, Meridian Hall, East Court

Tuesday 17 July 2012, 14:00, Meridian Hall, East Court

Annual General Meeting 2012:

Tuesday 31 July, 18:00, Meridian Hall, East Grinstead

Members of the Board of Governors

Brian Beesley	Public Governor
Edward Belsey	Public Governor
John Bowers	Public Governor and Chair, Governor Steering Group
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 and Chair, Appointments Committee
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	Vice Chairman and Governor Representative

Jonathan Street	Public Governor
Alan Thomas	Public Governor
Paul Trevethick	Stakeholder Governor
Norman Webster	Stakeholder Governor
Peter Wickenden	Public Governor
Invited attendees	
Adrian Bull	Chief Executive
Jeremy Beech	Non Executive Director
Heather Bunce	Programme Director
Claire Charman	Engagement Coordinator (Secretariat)
Pauline Farrell	Head of Human Resources
Will Hague	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
Lester Porter	Non Executive Director
Shena Winning	Non Executive Director

Document:	Minutes	
Meeting:	Board of Governors 19 July 2011 14:00 – 17:00 Meridian Hall, East Court, East Grinstead	
Present:	Peter Griffiths	Chairman
Stakeholder Governors	Norman Webster	East Grinstead Town Council
Staff Governors:	Mabel Cunningham	Christian Petersen
	Carol Lehan	
Public Governors:	Brian Beesley	Moira McMillan
	Edward Belsey	Christopher Orman
	John Bowers	Gillian Santi
	Jenny Cunningham	Michael Shaw
	John Dabell	Manya Sheldon
	Robin Graham	Jonathan Street
	Michael Hannah	Ian Stewart
	Anne Higgins	Alan Thomas
	Valerie King	Peter Wickenden
	In attendance:	Adrian Bull
Heather Bunce		Programme Director
Claire Charman		Engagement Coordinator / secretariat
Pauline Farrell		Head of HR
Will Hague		Interim Company Secretary
Richard Hathaway		Director of Finance and Commerce
Amanda Parker		Director of Nursing & Quality
Lester Porter		Non Executive Director
Hugh Ure		Non Executive Director, Deputy Chairman and Senior Independent Director (SID)
Shena Winning		Non Executive Director
Members of public:	1 (in part)	

Not present	Pat Brigden	Public Governor
	Peter Evans	Stakeholder Governor – Local Authority
	Brian Goode	Public Governor
	Ken Lavery	Medical Director
	Renny Leach	Non Executive Director
	Andrew Robertson	Stakeholder Governor League of Friends
	Paul Trevethick	Stakeholder Governor NHS West Sussex,

PRESENTATION

35-11	<p>Breast Surgery at QVH</p> <p>Ms Anita Hazari, Consultant Plastic Surgeon, delivered a presentation on the work carried out by the breast surgeons at QVH. Focusing mainly on breast reconstruction. Ms Hazari explained the different types of reconstruction and risks and benefits associated with each type of surgery.</p>
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STANDING ITEMS	
36-11	<p>WELCOME, APOLOGIES AND DECLARATIONS OF INTEREST</p> <p>The Chairman welcomed the new governors to their first public meeting and also thanked Ms Anita Hazari, Consultant Plastic Surgeon, for taking time out of her busy schedule to deliver the breast surgery presentation.</p> <p>Apologies were received from Pat Brigden, Peter Evans, Brian Goode, Ken Lavery, Renny Leach, Andrew Robertson and Paul Trevethick.</p> <p>There were no declarations of interest.</p>
37-11	<p>MINUTES OF MEETING HELD ON 12 April 2011</p> <p>Ian Stewart noted that there was a missing word in item 20/11.</p> <p>The Board of Governors APPROVED: with the above correction, the minutes of the meeting held on 12 April 2011 as a correct record.</p>
38-11	<p>MATTERS ARISING FROM THE DRAFT MINUTES</p> <p>There were no matters arising.</p>
REPORTS FROM THE BOARD OF DIRECTORS	
39-11	<p>REPORT FROM THE CHIEF EXECUTIVE</p> <p>Adrian Bull (AB) highlighted the following from his report:</p> <p><u>Jubilee Ward</u> - AB updated the Board of Governors on the current situation regarding Jubilee Ward and noted there had recently been an article in the local paper. AB explained that the situation surrounding Jubilee had been a matter of discussion for some time and the trust had sought a variety of different ways to address the issues. He explained that Jubilee is a very small unit with expertise required that is different from the rest of the trust, resulting in excess cost over revenue. The trust served notice to the PCT (Primary Care Trust) and they are looking at introducing a replacement service by November 2011. AB noted how proud and pleased the trust had been to be able to offer this service however, this change is necessary in the light of changing times and circumstance.</p> <p>AB explained that all key stakeholders have been made fully aware of the situation leading up to this decision. AB met with the Town Council for a full and constructive private meeting last week. He has spoken with the PCT today and will be meeting with the HOSC (Health Overview and Scrutiny Committee) in September. All Jubilee staff have been kept well informed and have also been interviewed to find out their desires for the future. Where possible they will be transferred to other roles within the trust or within the newly designed service.</p> <p><u>Commissioning</u> - Current financial pressures were highlighted. QVH is working closely and constructively with other hospitals to ensure activity continues. GPs are reducing funding in secondary care. Initiatives to improve activity in Skin Cancer, Maxillofacial and Dermatology are underway.</p> <p><u>Finance</u> - Restructured tariffs with a reduction in prices, along with PCTs monitoring referrals to secondary care, all could affect the future plan. Richard Hathaway, Director of Finance, reported that June figures and the first quarter of the financial year were satisfactory, but slightly behind plan. The impact of the referral management process is having an effect on QVH activity.</p> <p>QVH has still not signed a contract with Kent but hope to close this next week. There has been a slow start to the year financially, with the extra bank holidays and a planned theatre shutdown. Richard Hathaway noted that although it was planned for, it</p>

	<p>is still quite difficult to predict the exact financial implication.</p> <p>The breast surgery service line revenue was the furthest off-plan which the trust is looking at in more detail, taking into account the changes in criteria for access to care set by PCTs.</p> <p>Overall, the trust is likely to be given a Financial Risk Rating (FRR) of 4 by Monitor.</p> <p><u>CQC report</u> - AB was very pleased with this report (which has been included in the papers for this meeting). 100 trusts had been inspected of which several had received press coverage for the criticism they received.</p> <p><u>Operations</u> - The trust continues to focus on efficiency and simplicity. A full summary of this work will be presented to a future Governor Steering Group. The 31 day and 62 day cancer pathways have been a challenge as the work is often referred in from Dermatologists and the number of melanoma cases we see are relatively low. Work is underway to pull together complex analysis demonstrating the complexity and aiming to simplify the systems which will help with target.</p> <p><u>Culture and values</u> - Pauline Farrell, Head of HR, is leading the development of an explicit framework of culture and values for the organisation. This work will be linked in to the assessment of performance and development of staff in line with these values. Governor involvement will be welcome.</p> <p><u>National burns review</u> - AB reported that a review has been set up by the Specialist Services Commissioners for London and the South East to make recommendations for the provision of burns services across London, East of England, and the South East Coast. A stakeholder's meeting is being held tomorrow entitled 'examining a case for change'. QVH will be represented by four people at the meeting which will include clinical representation. Representatives from Health Overview and Scrutiny committee and Brighton and Sussex University Hospitals NHS Trust will also be present.</p> <p><u>Questions and discussion</u></p> <p>Alan Thomas commented that the adverse press regarding Jubilee was to be expected and is the correct thing for a local paper to do. However inevitable, he felt that the accusation that the trust has been 'underhand' is a matter of concern.</p> <p>Mabel Cunningham noted that the Burns review were looking at a hypothetical model that includes criteria, some of which are not met by QVH, such as co-location with a trauma centre and immediate availability of paediatrics (although we have strong links with Brighton). She feels that creating an ideal will be impossible and that the futures of other Burns Units may also be questioned.</p> <p>Christian Petersen asked for clarity around reduction of skin cancer referral pathways. AB explained that there are 42 different 'ways in' to our skin cancer service which makes it very difficult to manage. Simplifying the process will ensure referrals can be tracked easily and will also make it easier when patients want to contact the hospital about their referral. The exercise is not to introduce delays or filtering but to make it more user friendly for everyone.</p> <p>The Board of Governors NOTED: the contents of the report</p>
40-11	<p>SITE RE-DEVELOPMENT</p> <p>Heather Bunce, Programme Director, gave a background to the theatre project for the benefit of the new governors and members of the public. The plan includes six new operating theatres and a Day Surgery Unit to open in December 2012.</p> <p>The project is about one third of the way in as there has already been a significant</p>

	<p>amount of enabling work carried out. The trust has appointed Willmott Dixon as the contractor, from 1 July, who will develop detailed plans for building work to start in January 2012.</p> <p>In the meantime work is underway to decant and re-locate departments affected by the new build. 17 different moves need to happen to support the plan. Health records will move off-site in November 2011. The building is only one mile from trust and three weeks worth of notes will be held on-site. The Estates department will be empty by August ready to be demolished in September.</p> <p>Jonathan Street asked how many theatres will QVH have when project complete? Heather Bunce explained that we will have nine. We currently have ten but there will be more efficient usage of the new theatres. The plan includes a footprint for the development of four more theatres in a later phase.</p> <p>The Board of Governors NOTED: the contents of the report.</p>
41-11	<p>INFECTION PREVENTION AND CONTROL</p> <p>Amanda Parker, Director of Nursing and Quality and DIPC (Director of Infection Prevention and Control) presented her report, highlighting the following points:</p> <ul style="list-style-type: none"> • June saw an increase in the results of the hand-washing audit to 97%. • No cases of MRSA or <i>C.Difficile</i> occurred in the first quarter. There has since been a case of MRSA in July which is being investigated. Some cases of <i>C.Difficile</i> were unavoidable, for example, one patient was brought in with a severe infection which required surgery and this patient was on antibiotics which gave rise to the infection. However, no cases resulted from cross-infection. <p>Ed Belsey noted the unusual way trusts are rated, where penalties accumulate over the year after each quarter. Amanda Parker explained that, in view of the cases types involved, last year Monitor agreed to rate us Amber-Red instead of Red but it would not be possible to reduce the score further if we exceed our maximum limits. Richard Hathaway noted that at the end of the financial year the 'slate is wiped clean' and the scoring system begins again. Michael Hannah felt that this way of rating trusts should be looked at.</p> <p>The Board of Governors NOTED: the contents of the report</p>
42-11 a) b)	<p>PATIENT EXPERIENCE (QTR 1 2011/12) and CQC</p> <p>Amanda Parker, Director of Nursing and Quality presented the report for quarter one and noted that the National Outpatient Survey is currently underway. It is clear from the report that patients value the services provided. Alan Thomas was pleased to observe the high number of compliments and plaudits.</p> <p>THE CQC REPORT</p> <p>The Chairman congratulated Amanda Parker and the staff for the excellent CQC report. Ian Stewart observed that QVH's report, when compared to other Trust's compliance reports, showed many more examples of good practice and advised governors to read them.</p> <p>The Board of Governors NOTED: the contents of the reports.</p>
43-11	<p>STAFF SURVEY RESULTS 2010</p> <p>Pauline Farrell, Head of Human Resources, presented the report highlighting some of the key points and actions.</p> <ul style="list-style-type: none"> • The trust did well when compared to local District General Hospitals (DGHs) but

	<p>could do better when compared to other specialist trusts.</p> <ul style="list-style-type: none"> • There has also been a slight drop in some scores from last year which is the first time in six years of reporting that the scores have not been getting better. Whilst the scores are good overall they are not as high as we would like, as QVH has high standards. Some of these results are likely to be the result of restructuring and unstable finances. • Top scores included; hand washing and effective action for incidents and harassment. • Lower scores included; a higher number of work place injuries (this may be because we are a surgical hospital and perhaps have more sharps injuries work) and work pressure/stress (although staff do not report that their well being is being affected by it and sickness absence reports would support this. However, it was noted that in cases where stress is a problem, there is often a factor in their personal life as well.). • Training - staff reporting a lack of health and safety training could be because we call it something different perhaps and departments have been asked to analyse further. Personal Development Plans are linked to every appraisal, so all staff would have discussed training. • An action plan is in place. <p>The Board of Governors NOTED: the contents of the report.</p>
GOVERNANCE	
44-11	<p>The appointment of a Vice Chairman of governors for the period of July 2011 to July 2012</p> <p>Ian Stewart was asked to leave the room while the Board of Governors discussed the Chairman's proposal for him to take on the role of Vice Chairman.</p> <p>The Chairman gave a background behind the Vice Chairman appointment which had previously been held by Bernard Atkinson whose term of office ended in June. He explained that Ian Stewart was previously on the Quality and Risk Committee before taking on the position of Governor Representative. The Chairman had canvassed the views of the outgoing board of governors who replied very positively.</p> <p>A vote was taken, for those governors with voting rights, of which 12 were in support of the proposal and no one against it.</p> <p>Ian Stewart was welcomed back to the room and formally welcomed into the role of Vice Chairman. He stated that he was honoured to take on the role, but reminded governors that he needed to hear their views in order to take any matters forwards on their behalf.</p> <p>The Board of Governors AGREED: the proposal for Ian Stewart to undertake the joint role of Vice Chairman and Governor Representative to July 2012.</p>
45-11	<p>PUBLIC AND STAFF GOVERNOR ELECTIONS (UPDATE)</p> <p>Will Hague, Interim Company Secretary, reported that the elections had been successful filling all vacancies.</p> <p>The Board of Governors NOTED: the contents of the report.</p>
46-11	<p>FOUNDATION TRUST MEMBERSHIP (UPDATE)</p> <p>There were no further comments on this report.</p> <p>The Board of Governors NOTED: the contents of the report.</p>
REPORTS FROM THE SENIOR SUB-COMMITTEES OF THE BOARD OF GOVERNORS	

47-11	<p>REPORT FROM THE GOVERNOR REPRESENTATIVE (update)</p> <p>Ian Stewart presented his report and particularly raised concern about the references made in the local paper about the involvement of the QVH Board of Governors in relation to the decision to close the Jubilee Ward. He observed that the trust management team have ensured that the governors are fully aware of the circumstances and have tried to keep the ward open. He agreed that everyone is sorry, but feels that keeping Jubilee open is an inappropriate drain on the hospital resources, and wanted to reassure members of the public and new governors that they have been working closely with the Board of Directors.</p> <p>The Board of Governors noted importance of maintaining a reconstructive centre like QVH and hopes the changes in the NHS will allow it to continue.</p> <p>The Board of Governors NOTED: the contents of the report.</p>
48-11	<p>REPORT FROM THE APPOINTMENTS COMMITTEE</p> <p>Valerie King was formally welcomed to the Board of Governors as the new Chair of the Appointments Committee and presented the report which had been written by Caroline Hitchcock as outgoing chair of the Appointments Committee.</p> <p>There were no additional comments. Remaining business to be discussed in part 2.</p> <p>The Board of Governors NOTED: the contents of the report.</p>
ANY OTHER BUSINESS	
49-11	<ol style="list-style-type: none"> 1. John Bowers, newly appointed Chair of the Governor Steering Group, offered the new members of the board of governors the opportunity to attend a forthcoming meeting. 2. The Chairman took this opportunity to say farewell to Hugh Ure, Non Executive Director, Senior Independent Director and Deputy Chairman, whose term of office ends in September after 10 years service. The Chairman thanked him on behalf of the Board of Governors for his outstanding contribution and wished him well. Hugh Ure thanked the Chairman and the Board of Governors and suggested to both the governors and directors that they worked hard to communicate and focus on patient care.
QUESTIONS FROM THE PUBLIC	
50-11	<p>A member of the public, whose husband has Parkinson's disease, stated she was a great supporter of QVH but she was concerned about future local respite facilities if Jubilee were to close. She noted that her husband had previously stayed in Jubilee for ten days but would like know what would happen in future.</p> <p>The Chairman thanked the member of public for coming and raising her concerns. Adrian Bull agreed that her question articulated the concerns of many local people. He explained that the Primary Care Trust will work with local commissioners to design the services that will replace Jubilee ward, and there would be formal consultation during this process. He noted that the rehabilitation services provided by the day hospital would continue, including occupational and physiotherapy groups. However, at this stage we do not know what the final service would look like but it is likely to be made up of several elements i.e. enhanced support in patient's own homes, care in nursing homes or a stay in a District General Hospital (DGH), where the medical condition requires it.</p>
DATE OF THE NEXT MEETING	
	<p>The Board of Governors noted the date of their next meeting, which would be Tuesday, 18 October 2011 at 6.00pm. To be held at Meridian Hall, East Court</p>
CLOSE	

	<p>The Board of Governors considered a motion to exclude the public from the remainder of the meeting in order that it might discuss confidential matters. This was agreed and the members of the public were thanked for their attendance and asked to leave the meeting.</p> <p>The Chairman closed Part 1 of the meeting.</p>
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Chairman:..... Date:.....

Report to:	Board of Governors
Meeting date:	18 October 2011
Agenda item reference no:	56-11
Author:	Adrian Bull
Date of report:	10 October 2011

REPORT FROM THE BOARD OF DIRECTORS

1. Quality, Safety, Risk & DIPC (Director of Infection Control)

1.1. Infection Control

Quarter 2	New this quarter	Year to date (Target)
MRSA bacteraemia	2	2 (1)
MSSA bacteraemia	0	0
<i>C.diff</i>	0	0 (5)

During quarter two there have been two patients identified as having MRSA positive blood cultures. There were cases of MSSA bacteraemia or *clostridium difficile*. Both cases of MRSA were high risk burns patients with extensive loss of skin. The cases have been reviewed with the SHA. QVH had taken all necessary and appropriate steps to avoid these infections.

1.2. Emergency Planning/Business Continuity

During August a communications exercise and a table top exercise were undertaken. Both of these are part of our annual emergency planning testing. Both allowed testing of systems and opportunities to update plans and review processes. Major incident equipment was checked and a new cupboard and high visibility jackets were provided. The final business continuity manual was approved by the Board of Directors and all department business continuity plans are under further review.

1.3. Risk Management

During quarter two the final reports on our declared 'serious untoward incidents' (SUI) was submitted to the Clinical Cabinet and Board of Directors. These were the two MRSA positive blood cultures and an incident in which a doctor undertaking a surgical clinical attachment used an air powered dermatome to take a skin graft and mistakenly set the thickness at the wrong setting, resulting in the patient requiring a further graft to repair the donor site. This incident has resulted in a review of the process by which clinical attachments are offered at QVH, the roles visiting doctors are allowed to undertake, and their supervision/induction process. The new team of site practitioners who manage the site and take trauma referrals is now up to complement and has commenced providing two staff members on site twenty four hours a day.

2. Financial Performance and Operational Performance

2.1. A summary of the Trust's financial performance to 31st August 2011 is set out in the following table:-

	Plan YTD (£k)	Actual YTD (£k)	Variance to Plan
Turnover	23,142	23,303	160
EBITDA	2,317	2,294	-22
FRR Surplus	1,181	1,197	16
Surplus / (Deficit)	973	989	16
Cash Balance	4,800	4,868	68
Financial Risk Rating	5	5	-

NB. Table subject to rounding differences.

- 2.2. Financial performance has remained in line with plan at the end of August. Month 5 cumulative financial position shows a surplus of £989k verses a plan of £973k.
- 2.3. The Financial Risk Rating has remained at 5 (lowest risk).
- 2.4. The Trust is now producing more detailed Service Line Reports which enable a greater degree of analysis for each clinical area and actions to be taken where necessary. In particular, an action plan has been implemented by the Breast surgical team to ensure that their financial performance returns to plan.
- 2.5. The volatile commissioning environment continues to complicate activity and financial planning. The Trust is seeing changes to patterns of referrals and activity, though these are not always in line with PCTs' commissioning intentions.
- 2.6. The Trust is forecasting achievement of the overall financial plan for the year.
- 2.7. The income and expenditure position has made provision for likely PCT challenges. However this remains a risk area until the final positions are known.
- 2.8. Although debt is at lower levels than the same period last year it continues to be an area of focus. Action is being taken on the larger debtors and on the older balances. The balance of debts pre 1/4/11 has reduced by £470k since 31/7/11. Kent PCTs, which were the main problem last year, are generally up to date, but the Sussex debt remains an issue. Overall debtors are lower than at this time last year.

3. Operational Performance

- 3.1. The Trust achieved a green Monitor rating for governance in Quarter 1 of 2011/12 and continues to forecast a green rating in Quarter 2.
- 3.2. The Trust has met all mandatory targets year to date to August 2011. The Trust has exceeded its limit for MRSA bacteraemias (2 cases against a limit of 1), but the overall number remains below the de minimis threshold of 6 cases set out in Monitor's Compliance Framework.
- 3.3. The key risk areas are 18 weeks and cancer targets. The Trust did not meet one of the 18 week targets in the month of August but has met them for the year to date.

3.4. 18 weeks

- 3.4.1. The Trust did not meet one of the 18 week target measures in the month of August. The Trust achieved 88.1% for admitted patients against a target of 90% for that month in isolation although the overall year to date target was achieved.
- 3.4.2. All other 18 week measures were met and the % compliance target referenced above is not part of Monitor's Compliance Framework assessment but it is an obligation under the NHS Acute Contract.
- 3.4.3. All service involved in the 18 week target have confirmed the most common 3 pathways for mapping to identify improvements to the process.
- 3.4.4. Additional cataract lists are in place at the weekend to reduce the backlog in this area.
- 3.4.5. Monthly training sessions are underway for all staff involved in the 18 week pathway to ensure common understanding and adherence to processes.

3.5. Cancer targets

- 3.5.1. The Trust is achieving the cancer targets both on an individual month basis and year to date.

3.5.2. The targets remain a risk due to the relatively low numbers involved and the complexity of the skin cancer pathway where the breaches predominantly occur. A successful process mapping event was held to map the skin cancer pathway and subsequent session followed to develop an action plan.

3.6. Business planning

3.6.1. A six-month reforecast of activity and income is being undertaken to help inform the business planning process for next year. A timetable for this process is being drawn up and work will commence in October 2011.

4. People Issues

4.1. Following the closure of Jubilee Ward, which affected 30 staff members, the Operational Manager, Matron and HR Manager have worked hard to ensure that the staff were given full support and offered posts elsewhere in the Trust. Suitable vacancies were frozen in early June and held for redeployment purposes. To date, 23 staff have been redeployed, 1 has retired, 1 took a post in another Trust and 2 are in the process of redeployment. The remaining 3 staff have all volunteered for redundancy but the Trust is committed to seeking redeployment for them if possible. We aim to ensure that there are no compulsory redundancies.

4.2. The 2011 Staff Survey has just been distributed and we are encouraging as many staff as possible to take part. The Picker Institute is handling the survey and all responses remain confidential – the Trust does not see any completed survey forms. The survey will close in early December and we will get a ‘first cut’ report in late January/early February. The full CQC weighted report will be delivered in March 2012.

4.3. Phase 2 of the work on QVH values has been rolled out to senior managers. Using the generic behaviour descriptors (see below) developed to support the values, each department or team is being asked to produce specific behaviours for their areas which show how their staff ‘live the values’. Phase 3 of the work, which will adopt the values across the organisation and will embed them into the appraisal and recruitment & selection processes, will begin next year.

5. Estates & capital programme

5.1. Site redevelopment: Theatre New Build

5.1.1. Design development work is progressing well with 1:100 plans issued for sign off on by the users and senior Trust members. Interviews for the potential modular sub-contractor took place recently however, this option is now eliminated on the basis of cost; therefore consideration of a traditional build option is underway although this could add a delay into the Programme of 2 – 3 months. ,

5.1.2. MSDC planners have indicated that approval for the road application could be granted by November with main scheme approval in December. The unofficial public path to the rear of Health Records will be closed for the duration of the project but an alternative route through the woods has been identified. The Residents’ Association have been informed of these works.

5.2. Decant arrangements associated with the New Theatre Development

5.2.1. Estates

Pembury Construction have virtually completed the demolitions of the old Estates with just the decoration to the end of the Gardeners Store to complete. The access road to the General Stores has been maintained together with pedestrian access for the duration of the works.

5.2.2. Health Records

Off site works have commenced and the ground floor of Kings House has

been stripped out in preparation for our health records department. The overall completion is planned to be completed by mid December. On site storage in the old Snooker Room (Commonwealth Room) has been confirmed and the scope of refurbishment settled.

5.2.3. **New OPD 2**

OPD2 tenders have been received. Following further investigation of the bids, the project team will be appointing Elliott's for the contract. There is a 10 day standstill period, required by OJEU, which will be completed by the 7th October. It is then that the formal appointment can be made. Alternative pedestrian access from the staff car park will be used during this period. The route behind the Surgeons Mess has been opened up in readiness for this.

5.2.4. **Clinical/Administration Relocations**

Pre Assessment and OPD1 have now relocated temporarily into Jubilee. Work has started in Pre Assessment and OPD1 to allow upgrades to those areas for the relocations to take place in a set sequence. Remaining moves have been programmed to run through to a completion in mid January 2012.

5.3. **Communication**

5.3.1. An event to allow staff and governors to view plans for the new theatre development and associated departmental relocations took place on 7th September. Representatives from Willmott Dixon and the QVH Programme Office were on hand to discuss the plans and arrangements. The event was very well attended and feedback very positive. Information presented at the event has subsequently been added to the QVH website.

5.3.2. In addition, representatives from Willmott Dixon and the QVH Programme Office attended a recent Resident's Association meeting. Using the presentation boards from the Staff Open Day, they gave a brief update of the project. This appeared to be fairly well received with the main questions being ones of retained pedestrian access and the level of works within the woodland areas.

5.3.3. Regular updates are provided through **Connect** and via global emails, notifying staff on the latest enabling moves.

6. **Estates Capital programme**

6.1. **Burns rehabilitation beds and Peanut main ward refurbishment**

The contractor, Vector Build went into administration in August. Our legal advisors and project cost consultant are now leading discussions with potential contractors to complete the contract and agree terms. There are likely to be several options presented in order to complete the project, with an approximate completion date for the project likely to be mid December 2011.

7. **Operational developments**

7.1. **Pre-assessment**

The new pre-assessment process continues to be implemented across the Trust for patients who attend QVH OPD. In August we introduced a new 'Tracker' so that secretaries can easily track the outcome of pre-assessment in order to date patients quickly. We are still looking at a possible IT solution known as 'Safe Sleep' to support our pre-assessment process in a more robust way.

7.2. The pilot for preassessment of off site patients has now been delayed until the new year due to the disruption over the coming months as the Pre-Assessment clinic will be required to move twice in connection with the Theatre development. In the meantime a review is being undertaken of increased clinic capacity, future staffing levels, and the introduction of a nurse led model.

8. Cancer

8.1. Work on streamlining the skin cancer pathway has now been completed. A number of areas where the process could be streamlined have been identified and an action plan drawn up. This will simplify the process of appointments for both staff and patients.

8.2. Main areas of focus include:

- Introduce standardised proformas for referrals from tertiary centres
- Introduce a dedicated Skin cancer referrals office mechanism – whereby all skin referrals are sent to one place before being dispersed.
- Implement Somerset and Infoflex Cancer Databases within QVH to enhance and support communication during patient pathway on site and between other organisations
- Review requirements for Cancer Data whilst ensuring robust MDT and coordinator cover
- Introduction of digital dictation with barcode readers and voice recognition within the skin team to further speed up patient pathways
- Weekly Oncology PTL meeting with twice a weekly PTL lists produced
- Co-location of skin cancer secretaries into one office to facilitate team working as a first step to developing the MSCU (Melanoma Skin Cancer Unit).

The latter two have already been introduced and for all the other actions there are timescales in place which the skin team are working towards.

9. Trauma

9.1. The 1st of October saw the start of the new 24/7 outreach and trauma co-ordinator team led by Lynn Sanders (Matron). They will be focusing on developing the overall service for both trauma cases and inpatients within QVH, this will include devising a daily operational meeting to discuss beds and staffing issues.

9.2. The development of an electronic Trauma Board is progressing with the first version being demonstrated to the staff during Sept. A further workshop is to take place during October to refine the system to ensure that it meets the needs of Trust. The final version will be combined with the Theatre ORSOS upgrade. This will then provide live theatre lists, for elective and trauma cases, accessible across the Trust, from Jan/ Feb 2012.

10. Recommendation

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

Report to:	Board of Governors
Meeting date:	18 October 2011
Agenda item reference no:	58-11
Author:	Amanda Parker, Director of Nursing & Quality and Director of Infection Prevention and Control (DIPC)
Date of report:	11 October 2011

Infection prevention and control (update)

1. The quarterly DIPC report for the period July to September 2011 is attached for information.
2. The Board of Governors is asked to **NOTE** the report.

INFECTION PREVENTION & CONTROL
Quarterly DIPC Report
July to September 2011

Mandatory Surveillance				
	New this quarter	Year to date (Target)	MRSA Screening Figures	
MRSA positive blood cultures	2	2 (1)	Elective	Trauma
GRE positive blood cultures	0	0	Q1	Q1
<i>C.diff</i>	0	0 (5)	96%	95%
MSSA positive blood cultures	0	0		

MRSA surveillance												
MRSA Positive Patients (Infected and Colonised)												
Ward	Jubilee	RT	Rycroft	MD	Burns	EBAC	PAC	Peanut	OPD	MIU	DSU	Total
Total	1	2	0	3	3	0	11	0	7	0	1	28
Positive on admission	1	2		3			10		5		1	22
Previously positive							1					1
Hospital acquired					3				1			4
Unknown									1			1

Outbreaks of Infection

There were 2 patients with MRSA positive blood cultures in July, one not specifically treated (line removed); the other was less clear and treated with antibiotics and line removal. RCA review meetings were held and further precautions implemented. Results returned from reference laboratory showed both to be type t316 and indistinguishable, which suggests that there is either a common source or person to person spread. However, this strain does relate to a common MRSA strain. Both cases also taken to CARP 5/9/11 who had no suggestions as to who the cases could have been managed otherwise.

September - There have been sporadic cases of diarrhoea but no defined outbreak. Occupational Health have been fully involved when related to staff.

Audit Results

July:
Hand Hygiene – Overall 97% - doctors 94%, nurses 100%, other 96%. BBE 97% overall.
Mini PEAT – Non-clinical areas: manual handling and resus office; switchboard.
Elective breast patient audit – started in July.

August:
Hand Hygiene – Overall 96% - doctors 91%, nurses 99%, other 99%. BBE 98% overall.
Mini PEAT – Peanut (on Rycroft), Pharmacy, MIU.
Elective breast patient audit – ongoing
Saving Lives October 2010 to June 2011 completed – IPACT to work with ward managers and education leads to improve compliance with documentation, labelling of lines. However, hand hygiene compliance remains consistently good.

September:
Hand Hygiene – Overall 96% - doctors 93%, nurses 99%, other 95%. BBE 98% overall.
Mini PEAT – OT/Physio, public toilets, Hotel Services, Maud Barclay Room, Library and post room.
Elective breast patient audit – ongoing
 Data collected for National Point Prevalence Survey on HCAI and antimicrobial drugs.

New or Updated Policies

Policies ratified at ICC in September:

- Introduction to Infection Prevention & Control
- Hand Hygiene
- Management of patients with CJD
- Management of Staff with MRSA
- Toy cleaning (in Decontamination and Disinfection policy)
- Animals in Hospital
- Management of patients with chickenpox and shingles.

Estates Issues

Burns theatre: Dirty cords hanging from the ventilation system were removed.

Peanut / Burns rehab project: was put on hold during August and through September.

New theatre build – plans reviewed by IPACT.

Water coolers – trust-wide replacement plan devised.

Out patient dept plans – reviewed

Currently no negative pressure rooms on site. Estates investigating.

Physiotherapy and x-ray awaiting sink installation.

Carpets in clinical areas – replacement regime continues.

Burns/Peanut kitchen steriliser – installation discussed

Physio room needs upgrade to comply with clinical room specification

Sleep studies – relocation plans reviewed.

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 – closed in September.

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.

Other Information

Eastbourne laundry re-visited in August and actions now complete.

Burns sluice out of action from August to November – risk assessment completed and local risk on risk register (507) – alternative arrangements made.

Pre-assessment decant to Jubilee – area reviewed by IPACT.

Report to:	Board of Governors
Meeting date:	18 October 2011
Agenda item reference no:	59-11
Author:	Amanda Parker, Director of Nursing and Quality
Date of report:	10 October 2011

Patient experience

1. **Patient experience report: Q2 2011-12**
 - 1.1. The patient experience report for the period July to September 2011 is attached for information.

2. The Board of Governors is asked to **NOTE**: the content of the report.

Patient experience quarterly report: Quarter 2 (July to September) 2011/12

1. Overview

1.1. This report provides a summary of the patient experience for this quarter, 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 106 enquiries during Qrt 2. 15 enquiries were initial complaints and none of which were referred to the formal complaints procedure at the time of contact.

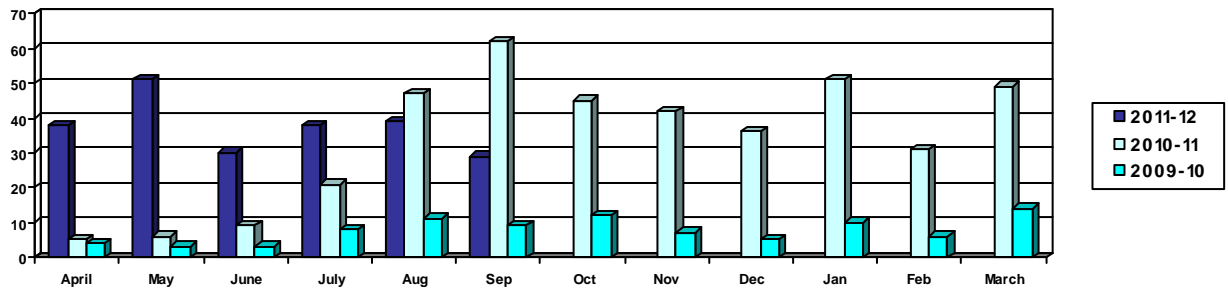
2.3. The key themes of these enquiries are listed in the chart below and are taken from the QVH Datix database which is used to formally log and monitor PALS enquiries.

	Advice and information	Initial complaint	Issue for resolution	Total
Access to internal services	18	0	0	18
Access to Queen Victoria services	3	0	1	4
Admission - delayed	1	1	0	2
Aids & Appliances	1	0	0	1
Appointment - delayed	0	1	0	1
Cancelled appointment	0	1	0	1
Clinical care - nursing	1	0	0	1
Clinical care - medical	18	0	0	18
Communication with patient	1	2	1	4
Confidentiality	0	1	0	1
Unable to contact QVH	2	0	1	3
Cancelled Operation	0	2	1	3
Diagnosis	0	1	0	1
QVH Literature	1	0	0	1
Health Records - access	2	2	0	4
Request for information	34	0	2	36
Complications post procedure	0	0	1	1
Transport	1	4	0	5
Website	1	0	0	1
Totals:	84	15	7	106

* '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. 18 formal complaints were received during Qrt 2 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 2, 10 were responded to within 25 working days. 3 complaints did not meet this timeframe and an alternative timeline for the responses was agreed in advance with the complainant. 5 complaints still require a response but we aim to respond to this within 25 working days.

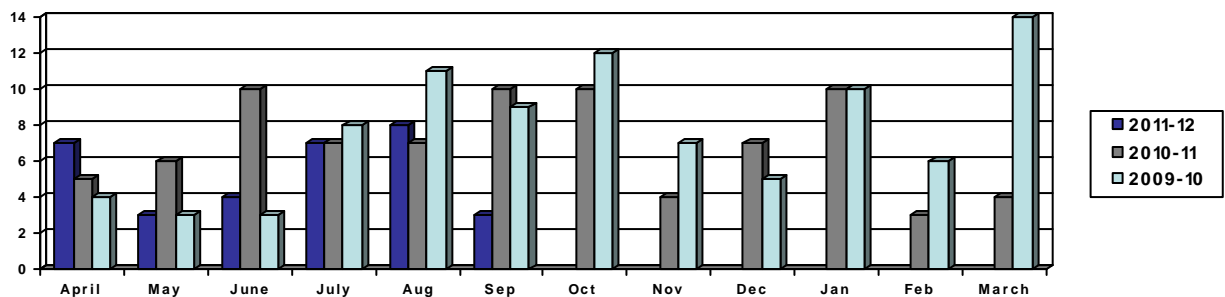
3.3. Of these 14 complaints, 2 related to the services that we provide at Darent Valley Hospital, 2 for Medway Maritime Hospital. 2 complaints were joint complaints with Brighton Sussex University Hospital and Sussex Community Hospital who were both the leading with the overall responsibility for the complaint investigation and providing the complaint response.

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

- Lack of communication with external health care professionals.
- Inadequate information provided on discharge.
- Unhappy with medical care provided
- Overall nursing and clinical care.
- Failure to meet 18 week rule.
- Unhappy with clinical treatment provided.
- Transport services.
- Delay in providing treatment and lack of communication with patient.
- Attitude of clinician.
- Delay in appointment and referral being made.
- Health records and results not available at appointment.
- Transport services.
- Clinical outcome.
- Cancelled operation date.

3.4. 17 formal complaints were closed during Qtr 2. Of these, the following are examples of actions taken by the trust as a result of the investigations.

- 3.5. A full re-evaluation of nursing care provided to patients recovering from pneumothorax has been undertaken. Observations charts have been reviewed and amended to ensure that deterioration in observations are recognised.
- 3.6. If a complainant remains unhappy with the outcome of the Trust's investigation, they can ask the Parliamentary and Health Service Ombudsman (PHSO) to investigate. During Qtr 2, no complaints were referred to the PHSO. The Trust does not have any cases lodged with the PHSO at present.
- 3.7. The following chart shows how complaints activity to date compares with activity during the two previous financial years.



4. Compliments

- 4.1. 72 formal letters / e-mails / online comments (submitted to the NHS Choices national website) of appreciation were forwarded to the PALS and Complaints Manager during Qtr 2 which is a decrease to the last quarter (174). Feedback included:

'I realise that I was incredibly lucky to have the level of care and expertise that I received and I am very grateful.'

'Thank you for helping me so much and treating me like china!'

'...the treatment I received couldn't have been better. Your nurses were obviously very busy but they were so professional, kind and helpful and are a credit to your hospital. A nurse even telephoned me a couple of days ago to ask how my finger was and I am glad to say it is definitely on the mend. What a service!'

'The care and attention I received was outstanding, many thanks to you all!'

'I am so grateful for the wonderful attention you gave me last week when attending clinic, also the cup of tea which was a life saver.'

'I just wanted to tell you that my husband and I were at your hospital and whilst waiting for his prescription we were looking for the cafe and came across an area which was covered in wild flowers with a bench nearby. What a LOVELY idea. We saw bees and butterflies as we walked past and I asked your receptionist if the area was created on purpose and she said it was. How peaceful and healing this must be for your patients.'

'I can honestly state that the experience was superior to that I have experienced in any hospital (public or private) and that you should all be proud of your hospital and staff.'

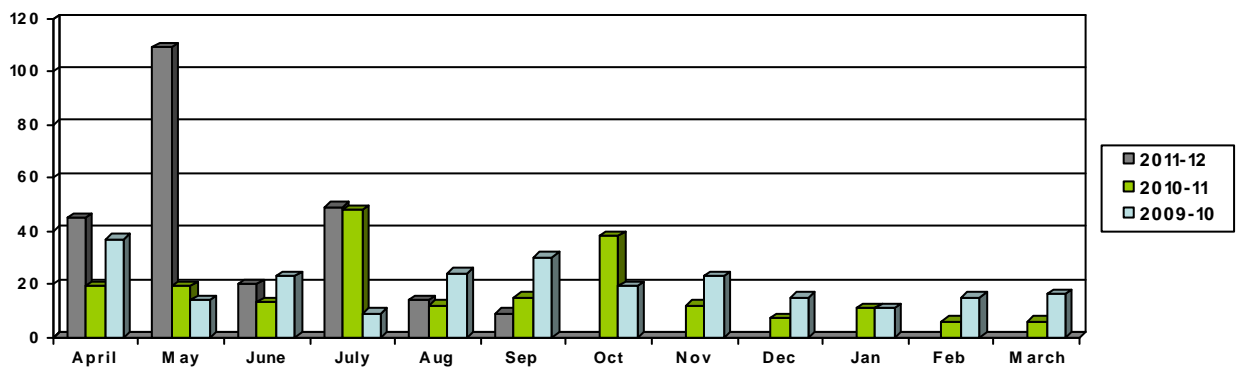
'I have been really impressed at the level of care provided. It feels as though all staff, from surgeons through to cleaners, are working as a team.'

'It is thanks to the excellent skills and dedication of all involved in my treatment that my recovery has been comparatively swift.'

'To all the staff who took great care of me. You were all second to none.'

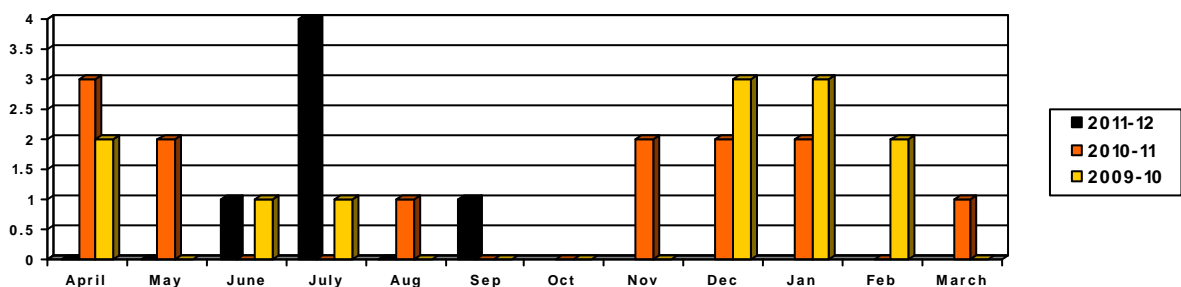
We believe that this represents only a fraction of the compliments received across the trust. All staff are reminded on a regular basis to copy compliments to the PALS & Complaints Manager for logging and formal acknowledgment.

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. 5 new litigation cases were received by the trust in Qrt 2 2011/12, 1 of which initially started as a complaint and, overall, there are 17 open cases. 5 cases were closed during that period, 2 of which were settled out court and 3 were withdrawn by the claimant (patient).



5.2. 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. Inquests

6.1. An inquest into the death of a Queen Victoria Hospital patient who died at MTW in 2008 was held on 7 February 2011 and concluded on 10 February 2011. At the Inquest the Coroner made recommendations under Rule 43 of the Coroners (Amendment) Rules 2008. The present Rule 43 allows for a coroner to report, to the appropriate agency, circumstances in which further deaths could occur if remedial action is not taken. All recommendations and responses are then published in a report by the Ministry of Justice.

This report has now been published and gives details of coroners' reports and responses received from organisations asked to consider action to prevent future deaths between 1 October 2010 and 31 March 2011.

West Sussex	Maidstone and Tunbridge Wells NHS Trust; Queen Victoria NHS Foundation Trust	Maidstone and Tunbridge Wells NHS Trust to consider a review of the completion of nursing and medical notes to ensure these are complete and accurate; Queen Victoria NHS Foundation Trust to consider its policy on communication with patients and their families to ensure this is fully recorded and understood by them; a review of patient consent for biopsies and all letters issued by the hospital to ensure they are dated.
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7. Patient experience feedback

7.1. Internal surveys

7.1.1. Inpatient Experience questionnaires

241 inpatient experience questionnaires were completed in this quarter.

Breakdown by ward and specialty below:

Burns	MD	RT	Rycroft	(blank)
3	62	169	6	1

Burns	Corneo	MaxFax	Plastics	Rehab	(blank)
2	12	60	159	1	7

Patient information

Received a pre-admission inpatient booklet?		
No	Yes	(blank)
22	192	27
Received a specific leaflet about their particular condition or treatment?		
No	Yes	(blank)
39	159	43
Did you feel you were given enough information about your care and treatment?		
No	Yes	(blank)
7	233	1

Privacy and Dignity

Were you given enough privacy and dignity when discussing your condition or treatment?		
No	Yes	(blank)
1	239	1
During your stay, did you share a room or bay with patients of the opposite sex?		
No	Yes	(blank)
235	5	1
During your stay, did you ever use the same bathroom or shower area as patients of the opposite sex?		
No	Yes	(blank)
224	12	5

Safety, pain control, theatres and anaesthetics

Did you have any safety concerns during your stay?			
No	Yes	n/a	(blank)
217	19	0	5
Did you feel everything was done to manage your pain – In theatre and recovery?			
No	Yes	n/a	(blank)
0	226	4	11
Did you feel everything was done to manage your pain – On the ward?			
No	Yes	n/a	(blank)
6	227	0	8
Were you satisfied with the care you received from the anaesthetic team?			
No	Yes	n/a	(blank)
0	218	17	6

Food

Overall patients appear generally satisfied with the food, with 193 patients feeling they are given an adequate choice of food.

Q20. How would you rate the quality of food? (1=poor to 5 = excellent)							
0	1	2	3	4	5	n/a	(blank)
2	8	18	68	78	54	3	10

Quality

Inpatients are asked to rate the quality of care on a score from one to five (1 poor to 5 excellent). 79% of patients scored 5 and 18% scored 4 – only 3% of patients scored 3 or below. Of the 241 patients who answered the question, 231 said they would recommend QVH to their friends and relatives. 118 patients who completed a questionnaire chose to add additional comments which are included in the

general comments analysis.

7.1.2. Outpatient survey

An outpatient survey was carried out during September by a team of governor volunteers. There were an equal number of male and female patients surveyed and a broad cross section of ages. A total 67 forms were completed at this visit of which only 4 were new patients.

Corneo	MaxFax	OPD1	OPD2	Orthodontics
18	6	5	19	18

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 3.29 (lowest) to 3.91 (highest).

Lower scores: The following three questions show consistently weaker scores compared to other aspects of the patient experience – the arrows show whether there has been a change since last quarter and the number in brackets indicates by how much.

5a. Before my appointment, I knew what to expect - 3.25 ↑(.38)

5e. If I had to wait, I was given an explanation - 3.29 =

1a. I found my way around easily - 3.41 ↓(.08)

Higher scores: Safety remains a high satisfaction score.

3b. I always felt safe - 3.91

2b. Overall the staff were kind and compassionate – 3.91

2c. Overall the staff respected my right to privacy and dignity - 3.89

Waiting times: 50% of patients saw a doctor or started tests within 15 minutes of their appointment time, 33% within 30 minutes and the remaining 17% waited longer than 30 minutes.

Outpatients are asked to rate the quality of their care on a scale of 1 to 4. 82% scored 4/4, 16% 3/4 and 2% scored only 1/4.

7.1.3. Sleep Disorder Centre (SDC)

The SDC carried out a survey of their outpatients during August - overall quality of care was rated very highly. One slightly lower score suggests that several patients did not know what to expect to happen when they attended an outpatient appointment.

7.1.4. Melanoma and Skin Cancer Unit (MASCU) Survey

The Melanoma and Skin Cancer Unit carried out their annual patient satisfaction survey. 100 patients were sent the questionnaire and the response rate was high at 72%. Over 90% of patients rated their experience with staff at QVH as either excellent or very Good, although this is slightly down on last year. There have been some year on year improvements with written communication and contact

with the MASCU team. However, the patients' experience with the doctor has declined slightly, measured by their ability to ask their doctor a question, or involvement in the decisions about their care. Also reflected in this survey is the improvement in patients receiving copies of their clinic letters, this year 43% of patient received a copy compared to no patients in last years' survey.

7.2. External surveys

7.2.1. National Outpatient Survey 2011

Whilst we have been able to see some preliminary results of our national outpatient survey results we are still waiting for the final report from the Picker Institute who coordinates these surveys on our behalf. So far, the results look very positive and there has been a significant improvement on one of our key targets for the year of copying GP letters to our patients. However, patient finding their way to the outpatient departments has scored poorly.

Once the final report has been received the Patient Experience Taskforce will review and actions arising will be incorporated into the trust's patient experience action plan.

7.2.2. National Inpatient Survey 2011

Work is now underway to undertake the national inpatient survey, which Picker will carry out on our behalf. A sample of patients has been sent to Picker ready for the first questionnaires to be sent on 14 October 2011. Data will be collated ready for Picker to submit to the Co-ordination Centre by 13 Jan 2012.

7.2.3. West Kent Multidisciplinary Teams (MDTs) for Head & Neck and Thyroid

Queen Victoria Hospital is part of the West Kent Multidisciplinary team for Head and Neck. Two surveys have been carried out this quarter for patients which included some QVH patients. Questions asked included explanation of tests, breaking bad news, whether they understood their diagnosis and if they were told in a sensitive way.

Head and Neck

This was a survey of 75 patients seen during June / July of which 43 questionnaires were returned. Overall, all but one or two patients were satisfied with their treatment and the information provided with the doctors scoring highly in the time spent with patient and the way they communicated. Some room for improvement was identified in aftercare and access to support and information and some patients felt they were given conflicting information.

Thyroid

25 patients were included in this survey. Again patients scored highly in sensitive breaking of bad news, information and access to support. Action plan includes looking at the length of time to the first outpatient appointment and ensuring information packs are still given out in the absence of the Clinical Nurse Specialist (CNS).

7.2.4. The full reports of the SDC, MASCU, and West Kent MDT surveys are available on the intranet (from the home page: 'patient safety/patient experience' folder -

then 'patient experience reports'). Alternatively, hard copies are available on request. the full report is accessible on the intranet

7.3. Other data

7.3.1. General comments analysis

The following chart shows which methods for feedback have been used and the specialties covered.

Comment Card	25
Discharge	
Questionnaire	122
Outpatient Survey	24

Specialty	Total
Burns	2
Corneo	12
MaxFax	60
Plastics	159
Rehab	1
(blank)	7
Grand Total	241

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

	☺	☹		☺	☹
General remarks	37	1	Organisation/efficiency	8	4
Before appointment	4	7	Friends/family	0	0
Waiting time	1	6	Other pts visitors	0	0
Staff	97	3	Cleanliness/Hygiene	8	0
Communication	9	6	Environment/facilities	1	5
Care & Treatment	53	3	Parking & signage	2	6
Ops/procedures	3	1	Food	3	26
Medication/tests	0	1	Discharge	0	1
Safety	0	1	Other	0	1

7.3.2. Governor visits

A governor tour was carried out in September, visiting the Burns Unit and Canadian Wing. All scores were satisfactory and there were no concerns immediately apparent. In addition to the monthly governor tours, Manya Sheldon, public governor, continues to accompany Anita Trinick, Hotel Services Manager, on regular mini PEAT (Patient Environment Action Team) visits.

Corporate Affairs Team – October 2011

Report to:	Board of Governors
Meeting date:	18 October 2011
Agenda item reference no:	60-11
Author:	Will Hague, Interim Company Secretary
Date of report:	October 2011

Foundation Trust Membership (as at 6 October 2011)

1. Membership numbers

- 1.1. During the last quarter, a data cleanse of the Membership Database was carried out to ensure that the membership was up-to-date and did not include members who had moved away or should not be recorded as Public Members. As a result, a number of entries were removed from the database and, at 6 October 2011, Public membership stood at 9,687.
- 1.2. QVH aims to maintain a membership of around 10,000 and so efforts should be made to recruit some more members before the end of April 2012. The recently reinvigorated Board of Governors Membership Taskforce will be looking at ways in which this can be achieved.
- 1.3. Staff membership stands at 921.

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		Population Comparison	
	No.	%	No.	%
0-16	0	0.00	1,742,089	28.46
17-21	19	0.20	732,813	11.97
22+	3,835	39.59	3,647,011	59.57
Not stated	5,833	60.21	0	0.00
Gender				
Unspecified	777	8.02	0	0.00
Male	4,059	41.90	2,094,370	48.55
Female	4,851	50.08	2,219,610	51.45
Ethnicity				
Asian	25	0.26	69,232	1.68
Black	11	0.11	18,074	0.44
Mixed	9	0.09	41,374	1.00
Other	12	0.12	29,915	0.72
White	2,421	24.99	3,972,750	96.16
Not stated	7,209	74.42	0	0.00
ONS/Monitor Classifications				
ABC1	6,182	63.82	1,570,730	61.96
C2	1,622	16.74	434,006	17.12
D	1,475	15.23	421,888	16.64
E	408	4.21	108,416	4.28

- 2.2. The Public Members data is sourced from information given by Members when they apply to become a member of the Trust. However, not all of the details were provided when members joined several years ago and so there are a lot of members for whom certain details, particularly age and ethnicity, are not available. This makes comparison of the Public membership against its local Population currently difficult. However, it is intended that as more new members join and provide full data, over time it will be possible to make more meaningful comparisons with the catchment Population.
- 2.3. For the classifications where most of the data is available, namely gender and socio-economic categories, this shows that the proportion of male membership is less than that for the population of Kent, Surrey and Sussex, whereas membership by ONS classification is broadly consistent.
- 2.4. As stated earlier, the Membership Taskforce will seek to keep a steady flow of members to replace those lost through loss of contact and people opting out, whilst continuing to focus on effective engagement with the membership through regular communications.

3. Membership communications

- 3.1. The next edition of QVH news (the trust's bi-annual newsletter for foundation trust members and the general public) will be sent out in November.

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 a call for new members to join the group, Michael Shaw, Michael Hannah and Jonathan Street have become members of the taskforce. It is intended that the group will now meet on a more regular basis and at future meetings will consider, amongst other issues, further ways in which Governors can carry out their important role of membership engagement and recruitment.

6. Recommendation

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

Report to:	Board of Governors
Meeting date:	18 October 2011
Agenda item reference no:	61-11
Author:	Ian Stewart, Public Governor and Governor Representative
Date of report:	10 October 2011

Report from the Vice Chairman and Governor Representative

1. Board of Directors

- 1.1. My last report was to the June meeting. Since then there have been three Board of Directors meetings the first two of which have been reported in the Monthly Governors Update. In July there were two incidents of MRSA in the Burns unit. The Board has received the Serious Untoward Incident reports and the incidents were presented in detail to the SHA Clinical Review Panel. This presentation highlighted the difficulties associated with treating major burns. The panel confirmed that everything that could have been done had been done. These two cases have put the Trust above its target of 1 for the year. Monitor will not be taking any action unless the Trust exceeds the de minimis level of 6 for the year. It will, however, have an effect on QVH's risk rating for governance which is currently green.
- 1.2. The financial position of the Trust remains good although there are clear indications that the near and medium term future is going to be more difficult. As at the end of August the Trust has made a surplus marginally over plan and is maintaining its Financial Risk Rating of 5. There are areas of underperformance amongst the service lines and the detailed activity information is being analysed and action plans are being put in place to move the units back to plan. The current forecast is that the Trust will meet its plan for the year. However, anecdotal evidence from other NHS trusts in the South-East and in the UK more generally is that there are many organisations in financial difficulty. This could have a knock-on effect on QVH with payment for work done being challenged or withheld and referrals being more tightly constrained.
- 1.3. The other main item over the period has been the progress with the Theatre New Build Programme. The contracts for the modular theatres were put out to tender. All tenders were above the sum allocated to the work within the project and further discussion are underway to determine the best way forward. One difficulty has been the placement into administration of the contractor undertaking the Peanut refurbishment. Whilst this should not have any financial effect on the Trust the resulting delay in completion of Peanut does cause problems with the planned decant arrangements to allow the Theatre rebuild.

2. Governor Working Groups

- 2.1. The August GMU included a brief note on the need for additional governors to some of our working groups and the creation of a new group. The purpose of the new group will be to review QVH's performance in meeting the NHS Constitution. The Constitution is a lengthy document which contains a large number of statements on how the NHS will work for patients, public and staff. It covers high level principles and values and includes rights, pledges and responsibilities for patients and staff. It is necessarily set at a fairly general level and includes many self-evident statements. However, it is a useful tool with which to "audit" QVH as to how it meets its objectives. This work will complement and feed into an initiative being set up by Adrian Bull to produce a Balanced Scorecard for the Trust.

3. Recommendation

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

Report to: Board of Governors
Meeting date: 18 October 2011
Agenda item reference no: 62-11
Author: Valerie King, Public Governor
and Chair of Appointments Committee
Date of report: 10 October 2011

Report from the Appointments Committee

1. The Board of Governors Appointments Committee has met once since the last BOG meeting, on 5th September 2011 chaired by Valerie King. The main focus for this meeting was to look at succession planning for the Non Executive Director posts. Further details of the meeting will be given in Part 2 of the meeting.

2. There was also an informal Forum meeting held on 25th July. This was attended as follows:

Committee members	In attendance
<ul style="list-style-type: none">Valerie King (Chair)Mabel CunninghamAlan ThomasAndrew Robertson	<ul style="list-style-type: none">Jenny CunningtonJohn DabellChris OrmanGillian SantiMichael ShawPeter Wickenden

3. This informal Forum was used partly as an introductory session, with each member introducing themselves, and partly as an opportunity to explain what the AC does and how it works. A request was made for new Governors to attend the Appointments Committee on an informal basis and, although this was initially agreed, it was later decided that due to the sensitive issues involved it was not appropriate for non-Committee members to attend. They were, however, welcome to attend any GSG meetings.

4. The Board of Governors is asked to **NOTE** the content of this report