Queen Victoria Hospital NHS
NHS Foundation Trust

Business Meeting of the Board of Directors

Thursday 26th February 2015

Session in public at 13.00
Session in private at 16.00

The Council Chamber
East Court
College Lane
East Grinstead
West Sussex
RH19 3LT

Queen Victoria Hospital NHS
NHS Foundation Trust

MEETINGS OF THE BOARD OF DIRECTORS: 26th February 2015

Members (voting):

Chairman:	-	Peter Griffiths
Chair Designate & Non-Executive Director	-	Beryl Hobson
Non-Executive Directors:	-	Ginny Colwell
	-	Lester Porter
	-	John Thornton
Chief Executive:	-	Richard Tyler
Medical Director	-	Stephen Fenlon
Interim Director of Nursing and Quality	-	Joanne Thomas
Interim Director of Finance and Commerce	-	Dominic Tkaczyk

In full attendance (non-voting):

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

Queen Victoria Hospital NHS
NHS Foundation Trust

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Thursday 26th February 2015 at 13:00
The Council Chamber, East Court, College Lane, East Grinstead RH19 3LT

PUBLIC AGENDA		
No.	**Item**	**Page**
WELCOME		
30-15	**Welcome, apologies and declarations of interest** *Peter Griffiths, Chair*	-
PATIENT STORY		
31-15	**Patient Experience** *Jo Thomas, interim Director of Nursing and Quality*	-
STANDING ITEMS		
32-15	**Draft minutes of the meeting session held in public on 29th January 2015 (for approval)** *Peter Griffiths, Chair*	1
33-15	**Matters arising and actions pending** *Peter Griffiths, Chair*	12
34-15	**Update from the Chief Executive** *Richard Tyler, Chief Executive*	14
RESULTS AND ACTIONS17		
35-15	**Patients: safe staffing and quality of care** *Jo Thomas, interim Director of Nursing and Quality*	17
36-15	**Consent and the WHO Checklist** *Steve Fenlon, Medical Director*	41
37-15	**Operational performance: targets, delivery and key performance indicators** *Jane Morris, Interim Director of Operations*	44
38-15	**Financial performance: monthly update** *Dominic Tkaczyk, Interim Director of Finance and Commerce*	54

39-15	**Contract Update** *Dominic Tkaczyk, Interim Director of Finance and Commerce*	71
40-15	**Workforce** *Graeme Armitage, Director of Human Resources and Organisational Development*	78
STRATEGIC PRIORITIES		
41-15	**Quarterly update on delivery of Key Strategic Objective Five: Organisational Excellence** *Graeme Armitage, Director of Human Resources and Organisational Development*	104
GOVERNANCE		
42-15	**Corporate Risk Register** *Jo Thomas, interim Director of Nursing and Quality*	114
REPORTS FROM THE CHAIRS OF THE SUB-COMMITTEES TO THE BOARD (AND COUNCIL OF GOVERNORS)		
43-15	**Clinical Cabinet** *Richard Tyler, Chief Executive*	-
44-15	**Nomination & Remuneration Committee** *Lester Porter, Committee Chair*	127
45-15	**Audit Committee (from December)** *John Thornton, Committee Chair*	128
NEXT MONTH'S AGENDA		
46-15	**Draft agenda for next month's meeting** *Kathleen Dalby, Company Secretary and Head of Corporate Affairs*	130
STAKEHOLDER AND STAFF ENGAGEMENT		
47-15	**Feedback from events and other engagement with staff and stakeholders** *All board members*	-
MEMBERS OF THE PUBLIC		
48-15	**Observations from members of the public** *Peter Griffiths, Chair*	-
49-15	Further to paragraph 39.1 and annex 6 of the Trust's Constitution, it is proposed that members of the public and representatives of the press shall be excluded from the remainder of the meeting for the purposes of allowing the board to discuss issues of a commercially sensitive nature. *Peter Griffiths, Chair*	-

PRIVATE AGENDA		
COMMERCIAL-IN-CONFIDENCE		
50-15	**Draft minutes of the meeting session held in private on 29th January 2015 for approval** *Peter Griffiths, Chair*	131
51-15	**Quarterly update on delivery of Strategy and Sustainability** *Richard Tyler, Chief Executive*	133
52-15	**Estates Strategy** *Richard Tyler, Chief Executive*	169
53-15	**Business Planning 2015-16** *Dominic Tkaczyk, interim Director of Finance & Commerce*	199
54-15	**Culture & Values: Tackling difficult behaviour** *Steve Fenlon, Medical Director*	-
ANY OTHER BUSINESS (BY APPLICATION TO THE CHAIR)		
55-15	*Peter Griffiths, Chair*	-

DATES OF THE NEXT MEETINGS		
Board of Directors: **Public**: 26th February at 13:00	**Sub-Committees** **Q & R:** 05 March 2015 at 09:00 **Audit**: 18 March 2015 at 14:00 **CFAC:** 26 March 2015 at 09:00 **N & R:** 30 April 2015 at 09:00	**Council of Governors** **Public**: 09 April 2015 at 15.00

Queen Victoria Hospital NHS
NHS Foundation Trust

Document:	**Minutes (draft and unconfirmed)**	
Meeting:	**Board of Directors (session in public)** **Thursday 29th January 2015, 13.00 – 16.00, The Council Chamber, East Court, College Lane, East Grinstead RH19 3LT**	
Present:	Peter Griffiths (PAG)	Trust Chairman
	Beryl Hobson, (BH)	Non-Executive Director and Chair Designate
	Ginny Colwell (GC)	Non-Executive Director
	Steve Fenlon (SF)	Medical Director
	Amanda Parker (AP)	Director of Nursing & Quality
	Lester Porter (LP)	Non-Executive Director
	John Thornton (JT)	Non-Executive Director
	Dominic Tkaczyk (DT)	Interim Director of Finance
	Richard Tyler (RT)	Chief Executive
In attendance:	Graeme Armitage (GA)	Head of Human Resources & Organisational Development
	Kathleen Dalby (KD)	Head of Corporate Affairs & Co Sec
	Lois Howell (LH)	Interim Head of Corporate Affairs & Co Sec
	Brian Goode (BG)	Governor Representative
	Jane Morris (JM)	Interim Head of Operations
	Hilary Saunders (HS)	Deputy Company Secretary (minutes)
	Jo Thomas (JMT)	Interim Director of Nursing & Quality (from February 2015)

WELCOME

001-15 **Welcome, apologies and declarations of interest**

The Chair opened the meeting and thanked BH for chairing the board over the last two months during his absence.

He welcomed back KD who was attending today's meeting prior to her return from maternity leave next week. He also welcomed JMT who was in attendance at today's meeting, in anticipation of taking up the interim Director of Nursing role from next month.

The Chair reminded those present that this would be AP's final meeting. On behalf of the board he thanked her for all she had done during her time at QVH, and wished her all the best in her new role. Finally, the Chair thanked LH for her support as interim Head of Corporate Affairs (iHoCA) during KD's absence.

There were no apologies and no new Declarations of Interest

PATIENT STORY

002-15 **Patient Safety**

AP asked the board to note that, contrary to perception, staff shortages were a misconception (as borne out by data within the Safe Care module) and the trust was continuing to maintain safe staffing levels.

Whilst a recent bid for additional patient monitoring equipment had been unsuccessful, AP was hopeful that this might be reconsidered in the future as it would continue to strengthen board assurance of safe staffing.

	The Chair thanked AP and the board **NOTED** the contents of his update.
STANDING ITEMS	
003-15	**Draft minutes of the meeting session held in public on 18 December 2014 for approval** The minutes of the meeting were **APPROVED** as a correct record.
004-15	**Matters Arising & Actions Pending** The board reviewed the current record of matters arising and actions pending, and the document was updated as appropriate. The update was received and **APPROVED**.
005-15	**Update from the Chief Executive** RT opened by reiterating the Chairman's earlier comments regarding AP's departure, and thanked her personally for her invaluable support during his time as Chief Executive. He then welcomed JMT, who would be assuming the Director of Nursing role from 1st February. Finally he thanked LH for her support during her time as interim Head of Corporate Affairs. A statement had been released this morning by Monitor advising that 75% of providers had objected to the proposed national tariff for 2015/16. According to legislation, the proposals could not be introduced at this stage and the trust would therefore be expected to continue planning for the next financial year on the basis of the 2014-15 tariff. The board was asked to note that this week's recruitment event, aimed at targeting rates of recruitment in key clinical areas, had been very successful; a more detailed update would be provided by GA within the Workforce report. RT provided a brief update in respect of lower than anticipated levels of patient activity, explaining this had been attributed to three specific consultants. Whilst recent analysis provided some assurance that this wasn't due to a wider shift in referral patterns, RT had nonetheless tasked the Director of Finance and Head of Operations with ensuring changes in consultant workforce and case-mix were incorporated into the 2015/16 business planning process. In December the trust had reported full compliance with the 18-week target at an aggregate level for admitted, non-admitted and open patient pathways. It had also achieved compliance at a speciality level across all patient pathways with the exception of oral surgery (where compliance on the non-admitted pathway was missed by a single patient). RT reminded the board that the orthodontic component of oral surgery was a considerable challenge with an overall backlog in November in excess of 200 patients; despite a significant reduction, an element of backlog rolled over into December resulting in the near miss. Whilst frustrating, RT was keen that this did not overshadow what was, in essence, a significant achievement for the trust. RT reminded the board of the trust's current restructuring programme, (which had been considered in greater detail at the earlier Nomination & Remuneration Committee meeting). The one-day industrial action (originally scheduled for today), had been called off. RT reminded the board that the burns and trauma service was one of five focus areas for clinical strategy; with this in mind, a trauma working group had been established to consider how best to increase capacity and a detailed report would be presented later in the meeting. Following publication of the NHS Five Year Forward View, and as part of the 2015/16 national planning guidance, expressions of interest were being sought from organisations willing to

	become a vanguard site; RT reported that QVH would be submitting a bid shortly to form an acute collaborative with primary care and community services. Following publication of the NHS Five Year Forward View, and as part of the 2015/16 national planning guidance, expressions of interest were being sought from organisations willing to become a vanguard site for new models of care; RT reported that QVH would be submitting a collaborative bid shortly with primary care and community services. The board was advised that the trust was part of a consortium bid for the High Weald Lewes Havens Community Services; if successful the trust would continue to provide its existing services, whilst developing a strategy to engage in community work. RT asked the board to note that the Care Quality Commission (CQC) had received formal notification that the roles of DIPC, Caldicott Guardian and Accountable Officer for Controlled Drugs would be assumed by JMT following AP's departure. In addition, NHS Protect had been advised formally that the Security Manager role would also pass from AP to JT with effect from 31st January 2015. The Chair thanked RT and the board **NOTED** the contents of his update.
RESULTS AND ACTIONS	
006-15	**Patients: safe staffing and quality of care** AP presented the monthly update on patient care, highlighting the following: <u>Safe Staffing:</u> In addition to the standard metrics this month, the board also received its bi-annual report on Safe Staffing; whilst all areas were deemed to have safe staffing levels, vacancy rates within Canadian Wing and the sickness rate within the Burns Intensive Treatment Unit (ITU) continued to cause concern. AP anticipated the next report would be more comprehensive, as it would incorporate data extracted from the recently launched Safer Care Module. <u>Commissioning for Quality and Innovation (CQUIN) payments</u> AP advised the following: • Agreement had been reached with commissioners this morning in respect of the Quarter 3 CQUIN payments. Metrics for local CQUINs for 2015-16 had been agreed in principle, although the trust was still awaiting confirmation of national and specialist metrics; • The Food for Life action plan continues to fall behind schedule and is being monitored by the Patient Experience Group and Hotel Services Manager; and, • Due to the re-admission of an elective patient (categorised as trauma), the trust had not achieved its dementia screening target, although the trust would not be penalised for this. <u>Quality & Risk Management</u> • One grade 2 QVH acquired pressure ulcer was reported in December; • As the board was already aware, one SI (Serious Incident) relating to decontamination was reported to the Clinical Commissioning Group (CCG) in December; • The board was also in receipt of a Root Cause Analysis (RCA) report relating to a patient who had lost the sight of one eye. GC asked how this would be managed in light of the recent Duty of Candour legislation. AP and SF were confident this would have been reported appropriately regardless of new legislation, (although LH took the opportunity to highlight the recently adopted process which would ensure QHV was meeting its obligations). It was also confirmed that in future the Head of Risk would review all SIs after a period of one year to ensure actions remained embedded in the process; • Flu vaccination rates had improved but were still not at the trust's 60% target rate.

	Quality Account Priorities The process for agreement of the 2014/15 priorities was underway and would focus on the Refer To Treatment (RTT) 18-week and 28-day re-admission targets; a third area was still under consideration and would require input from the Council of Governors. Complaints, Claims and Patient Experience • Five new complaints had been received in December and were currently under investigation; • Changes had been made to the scoring methodology of the Friends and Family Test (FFT). The procurement process was underway to ensure an external provider would be in place by April. Learning Disability Peer Review An action plan and report had been circulated to the board; The Chair thanked AP for her update, the contents of which were **NOTED** by the board.
007-15	**Operational performance: targets, delivery and key performance indicators** As mentioned previously by the Chief Executive, JM reminded the board that the trust had achieved aggregate levels for all three 18-week targets in December, moreover, she confirmed that the trust had achieved compliance for all three targets in January (including Maxillofacial Surgery), and was predicting compliance in February now that the RTT18 position was more sustainable. The trust had achieved all cancer waiting times in November, although the figures for December were not yet available. With effect from the end of January, JM confirmed data for both non-admitted as well as admitted patients would be included as part of the weekly report circulated to the board. Finally, as the trust had achieved backlog reduction and compliance by 1st December (in line with the agreement reached with CCGs earlier in the year), no penalties would be applied for the period from July to November. (Although verbal assurance had been received, the trust was still awaiting written confirmation from the CCGs). The Chairman asked if the 15-week internal target would be achievable. RT explained that whilst 80% of patients were being treated within this timescale, an overall 15-week target could not be achieved by the end of the financial year; however, he was assured that the backlog was now under control and the trust in a much more sustainable position. JT concurred, and reminded the board that the internal target was originally introduced to allow additional breathing space. GC queried if targets could be sustained without additional capacity; JM explained this was dependent upon demand (which would continue to be carefully monitored). RT reminded the board that the main risk would continue to be late off-site referrals, over which the trust had limited control. With the RTT18 process in a sustainable position, JM was hopeful her focus could now return to transformation projects which would include future growth and redesign of patient pathways. The Chairman thanked JM for her report, the contents of which were **NOTED** by the board.
008-15	**Increase of theatre capacity for Trauma** JM reminded the board that the vision for trauma services at QVH included creating capacity for growth to further improve existing services through reduced waiting times; this would be achieved by providing one-stop services and also through provision of increased support to lower leg trauma within the region. It was acknowledged this was one of the organisation's key clinical strategies within QVH 2020, and a priority for the trust. In order to facilitate these improvements, a model had been developed which would provide

	three additional theatre lists, increasing total trauma capacity by 30%. (Refurbishment and staffing costs had also been considered as part of the business case). JM explained that as demand for trauma was difficult to predict, the business case set out both a 5% and 10% growth in activity (four and eight additional cases per week, respectively). The majority of cases were referred from elsewhere and comprised non-elective work which other trusts were struggling to manage. SF reminded the board that this model would also offer a new service for lower limb trauma. RT acknowledged this model would improve patient safety but asked the board to note it would also improve the trust's strategic position within the current trauma network; importantly, it also had the backing of the Clinical Cabinet. PAG agreed this would have a strategic impact on the surrounding Kent, Surrey and Sussex area, which in turn would improve the trust's standing in provision of trauma care. He also predicted improvements beyond short term financial gain, but noted this would require tackling issues such as weekend working in due course. GC acknowledged that, from a quality perspective, this was a good development but sought clarification regarding the financial position and queried whether this would be classified as additional activity. JM explained that a 5% growth was equivalent to £461k in additional income, whilst staffing levels would remain the same. DT concurred that the trust would break even, even at a cautious 5% assumption and this activity might provide a significant financial contribution in time. JT asked for confirmation that the CCGs would pay for this additional activity; RT explained he was still to clarify the position with the CCGs but pointed out that if this work were not undertaken at QVH, it would still have to be undertaken at an alternative A & E department. JT asked how it might assist with the RTT18 targets; JM explained how the proposal would insure against cancellation of elective lists (due to a surge in trauma as had happened in the past), and should also assist with waiting list management. The Chairman thanked JM for her presentation of the proposal. After due consideration, the board **ENDORSED** the decision of the Clinical Cabinet to progress with the implementation of the proposal to increase trauma capacity.
009-15	**Financial performance: monthly update** DT presented the Finance report for December, noting that the current surplus of £1,715k provided assurance that the planned surplus would be achievable. The trust continued to maintain a Continuity of Service Risk Rating (CSRR) of 4. DT drew the board's attention to the new Divisional Performance summary showing financial performance aligned to the revised structure and associated business units; it was anticipated that this would lead to greater clarity around Service Line Reporting in the future. DT reiterated concerns in relation to capital, reminding the board that expenditure was significantly below plan due to the delayed start of the IT network replacement project. Sufficient project management would be crucial to delivery of capital projects (and was therefore being built into plan). It was noted that cash balances were healthy at present but this was due in part to delays in capital expenditure and would need to be monitored carefully. BG queried if activity was holding up according to the plan. JM reiterated her update from last month's board meeting, whilst RT restated earlier comments attributing lower than expected levels of patient activity to three specific consultants and reminding the board that changes in consultant workforce and case-mix would be incorporated into the 2015/16 business planning process.

	The Chairman asked DT for his views regarding the current position on surplus. DT felt this could end up higher than originally planned and consideration should be given as to how best this should be managed. DT anticipated he should be in a better position to present options next month, and this would be included on the February agenda. **[Action: DT]** JT sought clarification with regard to the release of £655k of provisions in December. DT explained this had originally been set aside to mitigate penalisation under the Emergency Rate Tariff (ERT) policy; however, current indications were that this was now unlikely (although DT assured the board that similar provision would be built into the plan next year). RT drew the board's attention to the Income by Point of Delivery report and concluded that the provision level had been prudent but not over cautious. (He reiterated, however, that both expenditure and volatility of income were now under control). The Chairman thanked DT for his update, the contents of which were **NOTED** by the board.
010-15	**Contract update** DT reported that over performance was continuing, predominantly in day cases and outpatient follow-up, largely as a result of action taken to reduce 18-week backlog but also due to the extension of provision of Musculo-Skeletal services (which had been removed from commissioner plans). DT asked the board to note that the CCGs were aware of levels of over performance and strict limits were now being enforced, which could pose a risk to the trust next year. DT reminded the board that NHS England had commissioned at approximately 8% below the 2013/14 outturn without putting any demand management scheme in place. Although the trust had signed agreements in good faith on the basis of activity, it was now being challenged by commissioners on over performance, (significantly also by 8%). RT confirmed that the majority of Outpatient follow-up referrals related to Ophthalmology. Evidence was being collated to show these were carried out for sound clinical reasons, and the trust would respond to commissioners to this effect in due course. The Chair thanked DT for his update, the contents of which were **NOTED** by the board
011-15	**Workforce** GA expanded on RT's earlier reference to the recruitment day, which had focused on key clinical areas. The day had been a great success and there were plans to hold two or three similar events in the next financial year. In the meantime, a drive targeting Medical Staff was scheduled for March. Although originally established as a 'task and finish' group, a decision had been taken for the Recruitment and Retention Group to continue, and GA would keep the board apprised of developments. Turnover had fallen slightly, and was now approaching a similar level compared to this time last year. Sickness had increased slightly compared to the previous month; whilst the trust was still some way above its 2% outturn target, results were still favourable when compared to the NHS as a whole. There were some encouraging signs relating to rates of long term sickness, with the majority of cases being resolved, either through individuals returning to work, or leaving due to ill-health retirement. Stress and anxiety cases had fallen considerably (this was now only 6th on the list of top 10 reasons for absence, having previously been at top earlier the year). As previously requested by the board, GA confirmed the workforce report now provided additional information in respect of absence, including a breakdown of individual staff groups. It was

	reported that Administrative and Clerical staff had the most sickness absence in December with the top three groups being Medical Secretaries, Health Records and Human Resources. A high level of short-term sickness had been reported, with Mondays being the highest first day absent (a recurring trend for the trust). Work was being undertaken to identify if this related to any specific individuals and managers were being supported to take action where this appeared to be the case. Phase 3 of the Statutory and Mandatory Training improvements were now complete. GA advised that the January 2015 reports went live mid-month and to date the number of queries and corrections were minimal. The vacancy rate for November was 11.4% of which 23.4 Whole Time Equivalent (WTE) staff vacancies were actively being recruited to. However, the board was asked to note that the 11.4% vacancy rate was derived from the Funded Establishment figure minus the In-Post figure. Added back into this figure were the current live vacancies of 23.4 WTE and so at present the trust was only seeing 23% of this gap in the form of live vacancies. GA confirmed this was being investigated to understand better how managers were using vacancies (and the overall impact on efficient use of resources). The Chair thanked GA for his update, the contents of which were **NOTED** by the board.
STRATEGIC PRIORITIES	
012-15	**Quarterly update on delivery of Key Strategic Objective (KSO) 3: Operational Excellence** JM presented a brief summary on the progress in respect of delivery of KSO3; this was designed to support organisational delivery of streamlined services to ensure patients were offered choice and treated in a timely manner. KSO3 would be delivered through various means including the use of technology, implementation of lean systems, reduction in duplication, standardisation of processes, reduction of waste and co-location of departments to improve efficiency, whilst reviewing structures to ensure they remained fit for purpose. A table summarising key actions had been providing with JM highlighting the following: • The introduction of electronic referrals had been delayed but was now due to go live in two weeks; • The trust had been unsuccessful in its efforts to arrange for staff to be trained to deliver an Organising for Quality programme, so the aim now was to deliver an in-house training programme during the first quarter of 2015/16; • Attempts to improve productivity within Outpatients and Theatres had been hampered by delays with the RTT18 targets, but this was now progressing. GC noted this should enable progress to tie in with the recent Theatres review; • As highlighted during the Contract update, a steering group had been established to review New to Follow-up ratios; • A review of options around centralised referrals, appointments and the scheduling function would be delayed until after the operational restructure was complete JT observed the update focused on short term plans rather than medium term ambitions; JM concurred but confirmed that the programme was now incorporated into a roadmap for implementation over the next five years. The Chair thanked JM for her update, the contents of which were **NOTED** by the board.
013-15	**Quarterly update on delivery of Key Strategic Objective (KSO) 4: Financial Sustainability** DT presented a report on the objective of providing assurance to the board on the financial sustainability of the trust.

	To supplement this, DT apprised the board of plans within his team to improve financial support under the new organisational structure. With the right framework in place, Service Line Reporting should be introduced in the future. As the board was aware, the Deputy Director of Finance (DDoF) would be leaving the trust in February and to ensure continuity, an interim DDoF had been recruited. Recruitment for a substantive replacement was underway with plans aligned to the appointment of the new Director of Finance. JT asked about the type of investment which the department might need over the next two to three years; DT suggested this would relate predominantly to financial reporting systems (ie driven by Information Technology). The Chairman thanked DT for his update, the contents of which were **NOTED** by the board.
014-15	**Board Governance Review: interim update** An interim report on progress of the Governance Review Group (GRG) which had been established to review the trust's current governance structure was presented; today the board was being asked to comment on the direction of travel in advance of the final report. BH summarised the GRG's review of the existing committee structure in light of Monitor's Well-Led framework, the governance structure of other trusts, and best practice in governance generally. As part of its recommendations, the GRG had proposed the addition of a monthly board Finance and Performance Committee (F&PC) to ensure scrutiny of financial and performance issues, thereby providing additional assurance to the board. The GRG report also suggested that the Quality and Risk Committee (Q&RC) should meet more frequently, reflecting the board's emphasis on the quality and safety of the organisation's services. On the basis that the existing assurance processes would be strengthened by adopting these recommendations, the GRG proposed that frequency of formal board meetings could be reduced to once every two months. JT endorsed the introduction of an F&PC, together with increased frequency in Q&RC meetings, although he raised concerns regarding the proposal to reduce the total number of full board meetings, and advocated any time freed up be used for strategy and planning. GC concurred, and noted that all but one of the trusts reviewed in the report held monthly board meetings. JT also asked that consideration be given as to where Risk Management should sit overall, (as Q&RC did not currently review all aspects of risk). BH assured him this would be reviewed during the next stage of the process. JT also suggested that the Terms of Reference of the Audit Committee (AC) could be reviewed in light of the new framework to ensure the board was making best use of the capacity and capability of this particular committee. AP urged the group to ensure clarity surrounding those committees sitting immediately beneath the new structure to ensure these were fully aligned to the needs of the organisation. GC drew the board's attention to paragraph 5.3 of the report, noting that the last paragraph applied equally to Q&RC as to F&PC. GC queried whether it would be appropriate for the executive level Human Resources and

	Organisational Development Committee (HR&ODC) to feed into the F&PC. RT explained the rationale had been to ensure HR & OD maintained a sufficient profile within the trust, whilst recognising limitations on non-executive time. JT agreed that it was not appropriate for OD to sit with the remit of the Nomination & Remuneration committee as at present. LH reminded the board that, although only a small trust, governance obligations for QVH were the same as for a larger organisation, and that regulator expectations continued to increase. GC observed that both Q&RC and AC benefited from the attendance of the Chief Executive which reinforced integrated governance. RT agreed and, (as an ex-officio member of all sub-committees), would ensure this continued as part of the assurance process. BH advised that a further interim report would be presented to the board in March, with a final report for approval in June. Although the original intention had been to implement the new structure from April, given the present recruitment of non-executive and executive board members, coupled with the current organisational restructure, it was proposed this be deferred to 1st October. This would enable the GRG to identify members of each committee, and draw up an appropriate timetable. After general discussion, the board agreed in principle to the recommendations and asked the working group to develop further proposals regarding the board and committee meeting frequency, timing and support. The Chairman thanked BH for her update the contents of which were **NOTED** by the board.
GOVERNANCE	
015-15	**Corporate Risk Register (CRR)** AP presented the latest Corporate Risk Register for the board's information. LP felt the wording contained within the first new risk, ie 'potential impact on core service delivery' was unhelpful and asked that it be revised. **[Action: JMT]** JT asked why 40 open risks (already contained within the Board Assurance Framework) were now duplicated on the CRR. AP agreed to investigate further and would ask JMT to report back to the board in due course **[Action: JMT]** The Chair thanked AP for her update the contents of which were **NOTED** by the board.
016-15	**Monitor Quarter 3 Return** DT reminded the board that the trust was required to submit its Quarter 3 (Q3) monitoring return by the end of this month. After due consideration it was confirmed that in Q3, the Continuity of Service Risk Rating be submitted as **4: No evident financial concerns**. However, for Governance it was recognised that the trust had not met the 18-week targets. Accordingly the declaration that '*The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forward*' was **Not confirmed**

	The board noted the contents of the report and **APPROVED** that the above declarations be made to Monitor.
017-15	**Update on Whistleblowing Policy** Following on from last month's meeting, RT reminded the board that a recent Whistleblowing incident had highlighted gaps in the current policy, which appeared ambiguous in respect of monitoring and delivery of actions. Changes had now been implemented and the revised policy approved by Clinical Cabinet. The policy would be ratified formally at the next Quality & Risk Committee meeting, and received by the Audit Committee as part of the assurance process.
REPORTS FROM THE CHAIRS OF THE SUB-COMMITTEES TO THE BOARD	
018-15	**Clinical Cabinet** The report apprising the board of the Clinical Cabinet meeting which took place on 15th December 2014 was duly noted by the board.
019-15	**Charitable Fund Advisory Committee** As Chair of the Charitable Funds Advisory Committee, LP presented an update, highlighting the work currently underway to simplify both the application process and the current funds structure to ensure they were better aligned to the needs of the charity. The board duly **NOTED** the contents of the report.
020-15	**Quality & Risk Committee** The report prepared by the Chair of the Quality & Risk Committee was duly **NOTED** by the board.
021-15	**Council of Governors** Actions and findings highlighted within the report provided by BG on the December Council meeting were **NOTED** by the board.
NEXT MONTH'S AGENDA	
022-15	This was duly **NOTED** by the board
STAKEHOLDER AND STAFF ENGAGEMENT	
023-15	**Feedback from events and other engagement with staff and stakeholders** Board members and attendees were invited to report on events in which they had participated in the last month; these included the following: GC had undertaken a recent Compliance in Practice session on Margaret Duncombe ward, and was assured by feedback received regarding organisational culture. JM reported that the plans to provide receptionist staff and ward clerks with QVH uniform had now been successfully implemented. BH had attended a meeting of the League of Friends and asked the board to note that its AGM was scheduled for 23rd June 2015. The Chairman thanked the board for their updates, the contents of which were **NOTED**. LH reminded the board that as part of the Board Governance Assurance Framework (BGAF), it

	was due this month to consider how effective this item was in demonstrating both internal and external engagement by the board. After consideration, the board concurred this was a useful mechanism and agreed this item should remain on future board agendas.
GOVERNOR REPRESENTATIVE & NON-EXECUTIVE DIRECTORS	
024-15	**Observations from the Chairman, Non-Executive Directors and Governor Representatives** There were none and it was agreed that this item would be removed from future agendas
MEMBERS OF THE PUBLIC	
025-15	**Observations from members of the public** There were none.
026-15	Further to paragraph 39.1, and annex 6 of the Trust's Constitution, it was agreed that members of the public should be excluded from the remainder of the meeting in order to enable the board to discuss confidential information concerning the trust's finances and matters of a commercially sensitive nature

MATTERS ARISING FROM THE BOARD OF DIRECTORS (BoD) MEETINGS						
ITEM	**REF.**	**AGREED ACTION**	**OWNER**	**DUE**	**UPDATE**	**STATUS**
January 2015 meeting						
1	**009-15**	DT to present options for consideration by the board in respect of management of surplus.	**DT**	Feb 2015	**03.02.2015** Scheduled as part of February seminar programme	**On track**
2	**015-15**	Corporate Risk Register: Wording relating to new risk *(ie. potential impact on core service delivery*) to be revised	**JMT**	Feb 2015	**18.02.2015** Updated as requested	**Complete**
3	**015-15**	Board to be apprised as to why risks already contained with the BAF are now duplicated on the Corporate Risk Register.	**JMT**	Feb 2015	**18.02.2015** Updated as requested	**Complete**
4	**028-15**	SF to present report to private session of board evidencing how difficult behaviour is currently tackled.	**SF**	Feb 2015	**08.02.2015** On board agenda for February	**On track**
December 2014 meeting						
5	**330-14**	Detailed update on Food Charter mark to be provided to board in Q3	**AP**	Jan 2015	CQUIN update will be included within the monthly report on staff safety and experience	**Complete**
6	**331-14**	Board to be apprised of criteria used when approving locations for off-site activity	**RT**	**TBA**	**TBA**	**TBA**
7	**332-14**	Business planning update to be provided to the board	**DT**	Jan 2015	Scheduled as part of January seminar programme	**Complete**
8	**337-14**	Explanation of how key high level risks are identified to be provided at a future board seminar.	**AP**	April 2015	Scheduled as part of April seminar programme	**On track**
9	**338-14**	C-Wing Action plan to be returned to board for review in June 2015	**KD**	June 2015	Now incorporated into 2015/16 work programme	**On track**
10	**349-14**	Board to be apprised of current status of Theatre Review	**RT**	Jan 2015	**07.01.2015** On January board agenda (closed session)	**Complete**
11	**352-14**	Whistleblowing policy to be updated, approved by Clinical Cabinet and presented to BoD for information	**RT**	Jan 2015	**07.01.2015** On January board agenda	**Complete**
November 2014 meeting						

MATTERS ARISING FROM THE BOARD OF DIRECTORS (BoD) MEETINGS						
12	**317-14**	Board to receive a presentation in the New Year as to how the new Electronic Patient Record system will affect the organisation as a whole.	**JM**	February	Now scheduled for the board seminar in February 2015	**On track**
13	**305-14**	Current workforce report to be refined to provide additional information around absence and vacancies, including a breakdown of individual staff groups.	**GA**	January	**18.12 2014** To be presented to board in January 2015	**Complete**
14	**302-14**	Root cause analysis to be presented to board in respect of patient who lost their sight as a result of post-operative complications.	**AP**	Jan	Summary of report included within monthly report to Board	**Complete**
July 2014 meeting						
15	**181-14**	Further consideration as to which directorate risk management should sit under, as part of wider review of Executive workload.	**RT**	~~Oct~~ ~~Dec~~ TBA	This will form part of the wider organisational review which will start in October 2014 **21.10.14:** Review has commenced, not expected to conclude until December **18.12.14** Review still underway	**Pending**
May 2014 meeting						
16	**136-14**	Monitor's "Well-Led" assessment framework to be implemented as part of the governance review. LH to liaise with RT regarding next steps, and board to be updated accordingly.	~~**LH**~~ **KD**	~~Aug~~ ~~Oct~~ ~~Dec~~ Mar	**08.07.14:** Presentation to be made to October Nomination & Remuneration Committee **15.09.14:** Well Led Review template to be used as framework for Board self-assessment commencing at December away day. **21.10.14:** Current Governance Review led by Chair Designate to be based on Well –Led Framework **01 02 2015** As LH has now left the trust this will be picked up by KD	**Pending**

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	26th February 2015
Agenda item reference no:	34-15
Author:	Richard Tyler, Chief Executive
Date of report:	17th February 2015

CHIEF EXECUTIVE'S REPORT FEBRUARY 2015

Key Issues
Attached is the February report which covers key issues of operational performance and external issues of interest to the Trust

Implications of results reported
The Trust remains on track to deliver against key in-year performance measures and has clear plans in place to mitigate risks to delivery.

Action Required
At this stage the key action is to continue monitoring delivery against in-year performance targets and action plans to provide assurance as to delivery.

Links to Strategic Objectives
The areas covered in the report link to all of the Trust's key strategic objectives.

Implications for BAF or Corporate Risk Register
Vacancy levels, risks to income and delivery of RTT 18 are all covered by the BAF. It is proposed to add a new risk to the BAF relating to the organisational re-structure.

Regulatory impacts
Currently the information reported in this paper does not impact on either our CQC authorisation or our Monitor continuity of service rating.

Recommendation
The Board is asked to **NOTE** the report.

CHIEF EXECUTIVE'S REPORT
FEBRUARY 2015

TRUST ISSUES

Quality – staffing

As reported to the January Board considerable work is underway to increase our recruitment levels. Whilst vacancy rates have only fallen slightly from 11.4% to 11.3%, turnover is now at its lowest level since February 2014. The January recruitment day was very successful attracting 50 visitors with most expressing an interest in nursing and healthcare assistant roles. As reported last month we continue to maintain safe staffing levels in all clinical areas.

Finance – income volatility

The Board will recall that I raised previously some concerns regarding lower than expected levels of in-patient activity and that I asked the Director of Finance to undertake a more detailed analysis of these changes. In January I updated the Board on the conclusions of this analysis. The M10 (January) report indicates that this trend continues with lower than expected income against plan. I have asked the Director of Finance and Head of Operations to review any risks arising to the achievement of our planned year-end surplus and update the Board as part of the February seminar.

Performance – 18 week recovery plan

I am pleased to confirm that we have reported full compliance in January with the 18-week target at an aggregate level for admitted, non-admitted and open patient pathways. We have also achieved compliance at a speciality level across all patient pathways with the exception of oral surgery. As has been highlighted previously orthodontics face a considerable capacity challenge. To this end we have supported the recruitment of an additional locum orthodontist and the building of a new treatment room. These will both be in place by early April. We continue to remain at risk on the orthodontic target until this additional capacity is in place.

Staffing – organisational restructuring

As reported last month we are in the middle of a significant restructuring programme. Interviews for the Director of Finance are scheduled for 18th February and for the Director of Operations on 25th February. In addition we have completed the consultation period for those affected by the proposed restructuring and will proceed to interview those affected in early March. Finally we will start the recruitment process for the Director of Nursing in the next two weeks. I would like to take the opportunity to welcome Jo Thomas to her first board meeting as our interim Director of Nursing.

NATIONAL & REGIONAL ISSUES

The *Forward View* into action: planning for 2015/16

I updated the January Board on the publication of *The Forward View into action: planning for 2015/16* and the potential for the Trust to participate in a bid to pilot the development of a multispecialty community provider (MCP). I am pleased to report that we have submitted a bid jointly with primary care colleagues in East Grinstead, Sussex Community Trust, Brighton Integrated Care Services (BICS), South East Coast Ambulance Service (SECAMB) and Help the Aged (East Grinstead). The next stage is for shortlisted bidders to be invited to present their proposals to

representatives from NHS England. We should hear if we have been shortlisted at the end of February.

Monitor consultation on pricing and tariffs for 2015/16

I updated Board members in January on the Monitor decision to suspend the proposed tariff for 2015/16. Further guidance was expected by 13th February but had not been received at the time of writing. The Director of Finance will provide an update on 2015/16 business planning but we are developing a number of scenarios based on differing income assumptions.

Freedom to Speak Up: An independent review into creating open and honest reporting cultures in the NHS

Sir Robert Francis' report *Freedom to Speak Up* was published on 11th February. Sir Robert's review of the treatment of whistle-blowers within the NHS contains a number of recommendations for NHS Trusts and we will be reviewing our whistle-blowing policy to ensure that these are incorporated where appropriate.

Richard Tyler
17th February 2015

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	26th February 2015
Reference number:	35-15
Report from:	Jo Thomas, interim Director of Nursing & Quality
Author:	Jo Thomas, interim Director of Nursing & Quality
Report date:	16th February 2015
Appendices:	Main report (including complaints claims and patient experience)

Patients: safe staffing and quality of care

Key issues

1. This report provides information on;

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

Safe Staffing

2. Safe staffing levels were achieved throughout January.
3. Areas of concern continue to be the vacancy rates and increased use of agency staff required.

Quality and Risk Management

4. Three grade 2 QVH acquired pressure ulcers developed in January.
5. No serious incidents were reported to the Clinical Commissioning Group in January.
6. Quality metrics that have not achieved their target have been addressed with the relevant staff groups.
7. There has been a decrease in compliance with consent prior to the day of surgery.
8. Flu vaccination continues; in January we achieved 53% against a target of60%.

Infection Control

9. The Serious Incident declared in December 2014 was related to a lapse in processes around decontamination by Synergy Health. The SI report has been completed and will be shared at the next clinical cabinet,

Quality Account Priorities

10. Process of agreement for 2015/16 priorities has commenced and the key priorities will be presented at Quality and Risk Committee in March and then Board for final agreement

Complaints, Claims and Patient Experience

11. There were five new complaints acknowledged during January and these are under investigation; progress is reviewed monthly by the Chief Executive and Director of Nursing. For all closed complaints letters sent are signed by either the Chief Executive or Director of Nursing.
12. Any action identified as the result of a complaint is monitored through the monthly clinical governance group and good progress on closure of actions is reported by the DN.
13. Patient feedback is good, changes made to the scoring methodology of the FFT continue to be reflected within the dashboard.

Implications of results reported

14. Additional agency and bank staff have been required as a result of vacancies on wards. As expected an increase in bank and agency was seen in January due to increased theatre utilisation post December.

Action required

15. Recruitment of substantive staff to reduce reliance on agency and bank staff.

Link to Key Strategic Objectives

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

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

Implications for BAF or Corporate Risk Register

17. The corporate risk associated with the recruitment of staff remains at a rating of 16.
18. The corporate risks associated with infection control have been reduced to 12.

Regulatory impacts

19. Nothing within the report has an impact on our ability to comply our CQC authorisation nor our Monitor governance risk rating or our continuity of service risk rating.

Recommendation

20. The Board is recommended to note the contents of the report.

Patients: Safe Staffing and Quality of Care

Introduction

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

Safe Staffing

1. During January all areas were deemed to have safe staffing levels, where shifts were unfilled due to short notice sickness or in some instances failure of agency staff to attend staff were redistributed and the site practitioner and trauma co-coordinators utilised to ensure safe levels of staffing. There were four occasions where staffing was rated as red triangulation of this information shows escalation to senior staff and reallocation of resource to ensure safe care

2. The bank and agency usage increased, as expected in January in the wards due to increased theatre activity. There were 5 new starters in month for nursing and 2 leavers equating to a net increase of 3.92wte.Recruitment is reflected within the BAF and the Head of HR is aware of the DN's concerns about recruitment to nursing vacancies.

3. Overall sickness in the wards was 3.49% which showed a small decrease form 4.95% in December. In theatres sickness was 3.6% compared with 3.6% in December

4. A recruitment day took place at the end of January 2015 which attracted 47 people, inquiring about a wide range of clinical and non-clinical jobs. HR is currently following up these expressions of interest and will provide further update on the success of this day in due course.

5. Within the safe staffing metrics the board is directed to the vacancy rate within Canadian Wing.

Source	Description (Activity per 1000 spells is based on HES Data w hich is the number of inpatients discharged per month including ordinary, daycase and emergency - figure /HES x 1000)	2013/14 total / average	Target	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
				April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
SAFE STAFFING - Percentage of staff actually on duty against those planned	Margaret Duncombe Registered staff Day shift			112%	103%	111%	103%	102%	100%	100%	108%	99%	102%		
	Margaret Duncombe Support staff Day shift			115%	100%	94%	95%	97%	102%	98%	102%	91%	98%		
	Margaret Duncombe Registered staff Night shift			101%	96%	100%	102%	98%	99%	98%	102%	100%	99%		
	Margaret Duncombe Support staff Night shift			106%	97%	97%	100%	100%	100%	103%	94%	92%	100%		
	Ross Tilley Registered staff Day shift			73%	97%	96%	103%	98%	101%	100%	96%	97%	99%		
	Ross Tilley Support staff Day shift			69%	87%	90%	100%	101%	100%	98%	94%	102%	97%		
	Ross Tilley Registered staff Night shift			79%	96%	94%	95%	98%	100%	99%	92%	99%	105%		
	Ross Tilley Support staff Night shift			71%	97%	93%	93%	83%	100%	93%	89%	83%	94%		
	Peanut Registered staff Day shift			100%	94%	101%	95%	93%	99%	100%	105%	100%	95%		
	Peanut Support staff Day shift			106%	97%	100%	100%	103%	100%	100%	106%	89%	97%		
	Peanut Registered staff Night shift			100%	98%	98%	98%	95%	98%	93%	97%	100%	100%		
	Peanut Support staff Night shift			100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	Burns Registered staff Day shift			86%	93%	94%	99%	96%	100%	99%	100%	100%	95%		
	Burns Support staff Day shift			113%	103%	108%	106%	91%	100%	94%	109%	100%	95%		
	Burns Registered staff Night shift			97%	98%	103%	100%	92%	100%	98%	103%	97%	98%		
	Burns Support staff Night shift			88%	93%	93%	106%	150%	100%	100%	100%	100%	100%		
	ITU Registered staff Day shift			99%	93%	95%	98%	93%	98%	100%	100%	93%	97%		
	ITU Support staff Day shift			128%	95%	94%	112%	100%	110%	100%	58%	125%	110%		
	ITU Registered staff Night shift			90%	96%	87%	95%	99%	98%	92%	102%	94%	97%		
	ITU Support staff Night shift			110%	100%	100%	100%	93%	100%	100%	100%	100%	100%		

Commissioning for Quality and Innovation (CQUIN)

6. The WHO checklist compliance within theatres fell slightly short of the 95% target in January. This process continues to be monitored and addressed within theatres by the Medical Director who conducts walkabouts and challenges individuals where the process is not being followed.

Source	Description (Activity per 1000 spells is based on HES Data which is the number of inpatients discharged per month including ordinary, daycase and emergency - figure /HES x 1000)	2013/14 total / average	Target	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
				April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CQUIN	VTE prophylaxis	100%	>95%	100%	100%	100%	100%	100%	100%	100%	100%	97.4%	100%	#DIV/0!	#DIV/0!
	VTE in hospital/RCA undertaken	100%	0/100	0	0	0	0	0	0	0	0	0	0		
	FFT Score acute in-patients extremely likely/likely	86%	>80	88	86	94	91	83	75	98%	97%	99%	100%		
	FFT Score acute in-patients unlikely/extremely unlikely									1%	0%	0%	0%		
	Number of responses	NEW	30%	72%	37%	47%	48%	35%	27%	28.6%	47%	60%	33%		
	FFT Score MIU extremely likely/likely	85%	>80	76	77	77	75	86	62	86%	94%	94%	98%	0%	0%
	FFT Score MIU unlikely/extremely unlikely							1		5%	2%	4%	0%		
	Number of responses	NEW	20%	21%	8%	45%	19%	44%	34.50%	35.3	29%	31%	24%		
	FFT Staff Survey Recommend trust to friends and family / as a place to work	NEW	>4	Recommend to Friends and			Recommend to Friends and								
	Dementia >75 trauma asked indicative question	93%	90%	146100%	137600%	146400%	100%	100%	100%	100%	71%	86%	100%		
	Dementia >75 having diagnostic assessment	100%	90%	100%	100%	100%	100%	100%	100%	100%	71%	86%	100%		
	Dementia > 75 referred for further diagnostic advice	89%	90%	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	0%	0%
	Dementia training for staff	—	65%	81%	77%	85%	85%	85%	86%	86%	89%	92%	92%		
	Dementia clinical leads identified	—	NA	Informatiion submitted to CCG during June 2014						Reported twice yearly					
	Dementia carers monthly audit	100%	NA	All Q1 carers of patient on the butterfly scheme have been contacted with the			Q2 audit information collated								
	Safety thermometer data submission	100%	Y/N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
	Harm free care rate	100%	>95%	100%	98%	100%	95%	92%	100%	100%	95%	95%	96%		
	No new harm rate (aquired at QVH)	100%	>95%	100%	100%	100%	100%	96%	100%	100%	95%	97%	100%		
	Reducing cancelled operations	—	TBC	Baseline identified & reported			2 data collected, submitted to CC			Reported 1/4ly			Reported 1/4ly		
	WHO Checklist compliance - Qualitative (100% compliance is CCG target)	100%	90% by end Q2 & >95% by end Q4	47%	90.50%	89%	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		
	WHO Checklist compliance - Quantative (100% compliance is CCG CQUIN)	96%	>95%	96%	91%	96%	96%	98%	99%	96%	95%	98%	94%		
	Assessment against Bronze food chartermark	NEW		Quarterly report submitted			Quarterly report submitted			Quarterly report submission			Quarterly report submission		
	Manchester Patient Safety Framework (MaPSaF) compliance	NEW		Quarterly report submitted			Quarterly report submitted			Quarterly report submission			Quarterly report submission		

Quality Account Priorities for 2015/16

7. The long list was discussed at Clinical Cabinet and is being worked up to establish SMART targets for achievement by the Trust. They will be presented at Quality and Governance Committee in March and then to Board for final agreement.

Patient Experience

8. There were five new complaints opened in January 2015 and 8 complaints were closed. The full report can be seen at Appendix 1.
9. Two new claims were opened in January 2015 and are detailed in the full report.

Description (Activity per 1000 spells is based on HES Data w hich is the number of inpatients discharged per month including ordinary, daycase and emergency - figure /HES x 1000)	**2013/14 total / average**	**Target**	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
			April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Complaints per 1000 spells	4.7		3.4	2.9	6.9	6.6	2.5	6.7	4.9	3.9	4.5	4.5		
Claims per 1000 spells	1		1.4	0.0	2.7	1.2	0.6	1.3	1.2	0.6	0%	1.2		
FFT Score acute in-patients: likely and very likely to recommend QVH	86%	>90%	99%	100%	99%	97%	100%	97%	98%	97%	99%	100%		
FFT score acute in-patients: unlikely and very unlikely to recommend QVH			started October						1%	0%	0%	0%		
FFT score MIU: likely and very likely to recommend QVH	85%	>90%	99%	97%	96%	96%	97%	92%	86%	94%	94%	98%		
FFT score MIU: unlikely and very unlikely to recommend QVH			started October						5%	2%	4%	0%		
FFT score OPD: likely and very likely to recommend QVH	82%	>90%	98%	98%	98%	98%	98%	97%	97	95%	97%	98%		
FFT score OPD: unlikely and very unlikely to recommend QVH			started October						1%	3%	1%	0%		
FFT score DSU: likely and very likely to recommend QVH	93%	>90%	0	98%	99%	99%	100%	99%	99	99%	95%	100%		
FFT score DSU: unlikely and very unlikely to recommend QVH			started October						0	0%	0%	0%		
FFT score Sleep disorder centre: likely and very likely to recommend QVH	76%	>90%	99%	97%	98%	98.0%	95%	98%	97	100%	95%	100%		
FFT score Sleep disorder centre: unlikely and very unlikely to recommend QVH			started October						0%	0%	0%	0%		
Mixed Sex accommodation breach	0	0	0	0	0	0	0	0	0	0	0	0%		
Patient experience - Did you have enough privacy when discussing your condition or treatment (indicates a yes response)	—	>90%	92%	97%	99%	98%	98%	97%	98%	96%	97%	99%		

Patient Safety

10. Three grade 2 pressure ulcers were acquired at QVH during January. One occurred during an 8 hour surgical procedure and was detected on Burns ITU. The other 2 were acquired on Canadian Wing. Root Cause Analyses are being undertaken.

11. Eight patient falls occurred in January. No harm was incurred in six of the falls and minor harm in two falls where the falls were unwitnessed. The falls all took place on Canadian Wing.

12. No new Serious Incidents were declared in January 2015.

13. Trust wide, consent taking prior to surgery has shown a decrease in compliance in January. The Medical Director continues to work with the Clinical Leads to address this patient safety and quality indicator.

14. There were five patients eligible for reassessment of their MUST score after seven days of admission. Only four patients had been reassessed. As the numbers are so low this is why the score of 80% is displayed. The patient who was not reassessed was a burns patient and was reassessed immediately.

Source	Description (Activity per 1000 spells is based on HES Data which is the number of inpatients discharged per month including ordinary, daycase and emergency - figure /HES x 1000)	2013/14 total / average	Target	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
				April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Patient Safety	Number of Pressure ulcer development Grade 2 or over acquired at QVH	8		0	0	0	0	1	3	0	0	1	3		
	% of completed nutritional screening assessments (MUST) within 24 hours of admission (Commences May 2014)	NEW	>95%		100%	97%	100%	100%	100%	100%	100%	97%	100%		
	% of patients who have had a (MUST) reassessment after 7 days (Commences May 2014)	NEW	>95%		80%	83%	100%	100%	100%	100%	66%	100%	80%		
	Patient Falls resulting in no or low harm	16	—	4	1	3	6	4	5	3	2	3	8		
	Patient Falls resulting in moderate or severe harm or death	NEW	—	0	0	0	0	0	1	0	0	0	0		
	Patient Falls assessment completed within 24 hrs of admission (Commences May 2014)	NEW	>95%	100%	73%	82%	85%	88%	80%	86%	92%	97%	100%		
	Avoidable patient falls identified on the Safety Thermometer	—		0	0	0	0	0	0	0	0	0			
	Serious Incidents	5		0	0	1	1	0	1	2	0	1	0		
	Never Events	NEW		0	1	0	0	1	0	0	0	0	0		
	Total number of incidents involving drug / prescribing errors	NEW		13	10	19	16	17	20	19	31	20	14		
	No & Low harm incidents involving drug / prescribing errors	NEW		13	10	18	16	17	20	19	31	20	14		
	Moderate, Severe or Fatal incidents involving drug / prescribing errors	NEW		0	0	1	0	0	0	0	0	0	0		
	Medication administration errors per 1000 spells	1.3		0.7	3.6	2.7	1.2	0	2	2.4	5.6	2.7	0.7		
	To take consent for elective surgery prior to the day of surgery (Total)	72.2%	75%	84.7%	69.6%	76.8%	77.1%	68.7%	74.5%	74.8%	74.3%	75.2%	69.2%	#DIV/0!	#DIV/0!
	To take consent for elective surgery prior to the day of surgery (Max Fax)	60%		68.2%	69.7%	71.4%	77.8%	57.1%	51.6%	65.2%	72.7%	81.3%	65.4%	#DIV/0!	#DIV/0!
	To take consent for elective surgery prior to the day of surgery (Plastics)	46%		84.3%	65.1%	72.9%	72.4%	69.4%	79.6%	72.2%	70.1%	69.4%	68.5%	#DIV/0!	#DIV/0!
	To take consent for elective surgery prior to the day of surgery (Corneo)	81%		95.0%	88.5%	93.9%	87.8%	75.7%	75.3%	87.2%	87.5%	87.5%	80.0%	#DIV/0!	#DIV/0!
	Number of outstanding CAS alerts	NEW		0	0	0	0	0	0	0	1	0	0		
	Number of reported incidents relating to fraud, bribery and corruption	NEW		0	0	1	0	0	0	0	0	0	0		

Staff Safety

15. Eleven incidents of harm to staff are noted. Seven of these were categorised as needle stick injuries – All eleven were categorised as causing minor harm e.g. bruise to the toe from it being run over by a trolley, and 2 staff falls. Four of these needle stick injuries occurred in theatres. The Occupational Health Department have identified all eleven incidents as being due to human error. The Matrons and Occupational Health Department have access to this type of incident so that they can add comments as investigations progress. Trends are also monitored via the quarterly reports which are reviewed at the two monthly Quality and Risk Committee and at the quarterly Health and Safety Committee.

16. The mandatory training figure is reported as 75% and the process of data cleansing continues.

17. Flu vaccination clinics have commenced and national reporting will figures will be collated and submitted. The trust continues to have an internal target of 60% of all staff take up the offer of vaccination. Nationally in 2013/14 54.8% vaccination rates were achieved against a national aspiration target of 75%.

Source	Description (Activity per 1000 spells is based on HES Data which is the number of inpatients discharged per month including ordinary, daycase and emergency - figure /HES x 1000)	2013/14 total / average	Target	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
				April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff Safety	Staff incidents causing harm	58		9	8	6	10	9	8	13	5	5	11		
	RIDDOR (Patients & Staff)	4		1	0	0	0	0	0	1	0	0	0		
	Mandatory training attendance	71%	80%	82%	78%	82%	89%	79%	77%	74%	43%*	69%	75%		
	Flu vaccine uptake	55%	60%	0						38.1%	49.70%	51.50%	53%		

Infection Control

18. The Burns unit continues to remains open and no further infection control issues have arisen and the risk associated with infection control remains reduced to 12.

19. Training, provision of information and testing on the management of patients suspected of having Ebola has continued to meet NHS England requirements.

Source	Description (Activity per 1000 spells is based on HES Data w hich is the number of inpatients discharged per month including ordinary, daycase and emergency - figure /HES x 1000)	2013/14 total / average	Target	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
				April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Infection Control & Prevention	MRSA Bacteraemia acquired at QVH post 48 hrs after admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Clostridium Difficile acquired at QVH post 72 hours after admission	0	0	0	0	0	0	0	0	1	0	0	0	0	0
	E-coli bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MSSA bacteraemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	MRSA screening - elective	96%	>95%	0%	97%	97%	95%	94%	96%	96%	94%	95%	99%	0%	0%
	MRSA screening - trauma	98%	>95%	0%	97%	97%	97%	93%	99%	96%	98%	98%	98%	0%	0%
	Trust hand hygiene compliance	95%	>95%	0%	0%	96%	99%	97%	99%	99%	97%	98%	99%	0%	0%

Care Quality Commission (CQC)

20. The latest intelligence monitoring report published by the CQC has been released in December 2014 and this is available on their website.

21. Two risks were identified; Never events and 62 cancer target however these were not noted as elevated risks and the trust remained banded as 6 (where 6 is the lowest risk) for priority inspection.

22. QVH has not been identified for in the CQC's next wave of inspections for April – June 2015 although work has commenced on an internal self- assessment to ensure we are prepared for inspection.

CANADIAN WING															
Staff utilisation	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	Target	Variance	RAG	Change	Trend	**Improvement Plan / Actions**
Vacancies wte/hrs Est = 62.88	7.76 WTE 1288.7hrs	9.21 WTE 1480hrs	6.22 WTE 1033hrs	3.83WTE 636hrs	6.38WTE 1025.3hr	6.38WTE 1059.53	11.25WTE 1808hrs	12.41 WTE 1994hrs	12.69 wte 2107hrs	<5%	20%				Action required under established adverts out to recruit
Temporary staffing Exc RMN Bank / Agency hours	530.10 431.30	553.15 360.30	735.15 375.0	836.50 452.30	418.15 499.30	579.00 795.15	648.45 982.40	418.50 471.30	835.45 545.05	<10% 235.8 + vacancy	-962.30				No action required
Sickness	2.4%	1.2%	1.0%	1.8%	1.5%	3.56%	5.29%	4.90%	4.53%	<2%	+2.53%				High short term sickness
Shifts meeting Est Day RN Support	97.0%	98.0%	100.0%	99.0%	100% 101%	100% 98%	108% 102%	99% 91%	100.4% 101.9%	>95%					On track no action required
Shifts meeting Est RN day/night Support day/night					99% 100%	98.5% 98%	102% 94%	100% 92%	97.8% 96.9%	>95%					On track no action required
Training / Appraisal	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	Target	Variance	RAG	Change	Trend	**Improvement Plan / Actions**
Stat and Mand compliance	70.2%	70.3%	63.2%	61.6%	48.0%	64.80%	68.00%	65.00%	75.64%	>85%	-9.36%				Action required below target
Appraisals	67.7%	70.5%	73.7%	68.9%	66.7%	61.29%	70.00%	76.00%	74.19%	>85%	-10.81%				Action required below target
Drug Assessments	96%	98%	100%	100%	100%	100%				>95%	5%				On track no action required
Friends and Family Test Score **MD / RT**	89 85	94 94	87 91	83 82	73 75	97% 100%	98% 95%	99% 100%	100% 100%	>95%	+3 +2				Scoring methodology changes to percentage rating
Staff Friends and Family Test Score		79 17													
Budget (K)	15	6	12.6	-24	-37	-22	-52	-80	-91	>0	-187.4				Over spend on nursing budget due to reliance on bank and agency to cover established posts

MARGARET DUNCOMBE	MAY	JUNE	July	Aug	Sept	Oct	Nov	Dec	Jan	DN Rating					
Safe Care	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	Target	Variance	RAG	Change	Trend	**Improvement Plan / Actions**
Pressure Ulcers	0	0	0	1	0	0	0	0	1	0	0				On track no action required
Falls	0	1	2	1	4	1	0	0	3	0	0				On track no action required
Medication errors	5	2	1	0	2	2	2	1	Data unavail	0	1				Ommission of medication
MRSA/Cdiff	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0	0				On track no action required
VTE reassessment	100%	100%	100%	100%	100%	100%	88%	67%	100%	95%	0%				Improved position in month
Nutrition assessment MUST/7 day review	100% 30%	94% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 50%	100% 100%	100% 100%	>95%	0%				On track no action required
Activity	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	Target	Variance	RAG	Change	Trend	**Improvement Plan / Actions**
Bed occupancy (10am)		73%	67%	82%	67%	Data unavail	Data unavail	Data unavail	Data unavail	<90%	-23%				On track no action required
Bed utilisation	93%									<100%					On track no action required
Patient numbers	158	141	148	132	133	143	122	94	126						On track no action required
Average length of stay	32.8Hrs														
Average patient acuity numbers/day		0 = 12 1a = 1.7 1b = 7													Patient acuity provides and indication of the level of nursing required; acuity 0 = .99WTE,

ROSS TILLEY	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	DN Rating					
Safe Care	No/%	NO/%	NO/%	NO/%	NO/%	NO/%	NO/%	NO/%	NO/%	Target	Variance	RAG	Change	Trend	Improvement Plan / Actions
Pressure Ulcers	0	0	0	0	0	0	0	0	1	0	0				On track no action required
Falls	1	0	1	0	0	0	1	1	3	0	1				No harm sustained - patient reassessed
Medication errors	0	15	0	0	1	4	6	1	Data unavail	0	0				One ommission of medication , others were errors in signing, communicating and storing of medication
MRSA/Cdiff	0\0	0/0	0/0	0/0	0/0	0/1	0/0	0/0	0/0	0	0				One C Diff declared though unavoidable as within 72 hours of admission
VTE reassessment	91%	100%	100%	100%	100%	100%	78%	90%	100%	95%	5%				Staff reminded of the need to check reassessment occurs
Nutrition assessment MUST / 7 day	100% 100%	100% 92%	100% 100%	100% 100%	100% 100%	100% 100%	100% 0%	94.4% N/A	100% N/A	>95%	5%				On track no action required
Activity	No/%	No/%	No/%	No/%	NO/%	NO/%	NO/%	NO/%	NO/%	Target	Variance	RAG	Change	Trend	Improvement Plan / Actions
Bed occupancy		67%	64%	67%	59%	Data unavail	Data unavail	Data unavail	Data unavail	<90%	23%				On track no action required
Bed utilisation	107%									<100%					On track no action required
Patient numbers	199	186	207	190	178	212	179	151	185						On track no action required
Average length of stay	34.9Hrs														
Average patient acuity numbers/day		0 = 14.3 1a = 0.86 1b = 1.5													Patient acuity provides and indication of the level of nursing required; acuity 0 = .99WTE, 1a = 1.39WTE, 1b 1.72 WTE

BURNS UNIT															
Staff utilisation	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	Target	Variance	RAG	Change	Trend	**Improvement Plan / Actions**
Vacancies Est = 30.63	1.6 wte 266hrs	6.40 wte 1028hrs	7.40 wte 1229hrs	6.40 wte 1062.85	6.50wte 1044.6	6.53WTE 1084.44	6.53WTE 1044.64	6.50WTE 1044.64	5.50wte 913 hrs	<5%	18%				Vacancy on establishment
Temporary staffing Exc RMN Bank / Agency	398.15 114	466.30 128.55	400.45 573.0	335.0 216.0	124.45 78.0	301.25 137.45	212.30 42.00	226.00 144.00	271.20 180.00	<10% 114.8hrs + vacancy	-317.80				No action required
Sickness	4.1%	4.79%	2.42%	1.98%	0.75%	0.66%	2.05%	6.46%	3.72%	<2%	+1.72%				no action required
Shifts meeting Est Day RN Support							100 103%	100% 100%	95% 95%						
Shifts meeting Est Night RN Support	96%	99%	98%	92%	100%	98%	109 100%	97% 100%	98% 100%	>95%					Staffing identified as safe due to acuity of patients
Training / Appraisal	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	Target		RAG	Change	Trend	**Improvement Plan / Actions**
Stat and Mand compliance	80.25%	83.60%	77.10%	75.91%	58.79%	74.17%	78.00%	70.00%	83.99%	>85%	-1.01%				Below target
Appraisals	58.82%	66.67%	86.21%	80.00%	79.31%	80.00%	80.00%	77.00%	70.97%	>85%	-14.03%				Below target
Drug Assessments	95%	97%	97%	94%	90%	90%				>95%	-1%				Action required
Friends and Family Test Score	100	94	100	100	100	100%	100%	100%	100%	>95%	20				Scoring methodology changes to percentage rating
Staff Friends and Family Test Score		79 17													
Budget	3	15	-14.6	-90	-95	-99	-101	-124	-127		-632.6				Overspend is split between income and non pay

BURNS WARD	MAY	JUNE	July	Aug	Sept	Oct	Nov	Dec	Jan	DN Rating					
Safe Care	**No/%**	**No/%**	**No/%**	**No/%**	**No/%**	**No%**	**No%**	**No%**	**No%**	**Target**	**Variance**	**RAG**	**Change**	**Trend**	**Improvement Plan / Actions**
Pressure Ulcers	0	0	0	0	1	0	0	0	0	0	0				On track no action required
Falls	0	2	3	0	0	0	1	1	0	0	0				Fall was due to patient trying mobilise independently and no harm was sustained
Medication errors	0	0	0	0	0	0	3	0	Data unavail	0	0				All incidents related to delayed or omitted medication
MRSA/Cdiff	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0	0				On track no action required
VTE reassessment	100%	100%	100%	100%	100%	100%	83%	100%	100%	95%	5%				On track no action required
Nutrition assessment MUST/7 day review	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 75%	>95%	5%				matron asked to review
Activity	**No/%**	**No/%**	**No/%**	**No/%**	**No/%**	**No/%**	**No/%**	**No/%**	**No/%**	**Target**	**Variance**	**RAG**	**Change**	**Trend**	**Improvement Plan / Actions**
Bed occupancy	78%	68%	77%	29%	39%	Data unavail	Data unavail	Data unavail	Data unavail	<95%	18%				Closed during August
Bed utilisation															
Patient numbers	28	25	38	3	15	31	19	26	25						On track no action required
Average length of stay	36.5Hrs														
Average patient acuity numbers/day burns & ITU		0 = 1.2 1a = 0.23 1b = 3 2 = 0.29 3 = 0.1													Patient acuity provides and indication of the level of nursing required; acuity 0 = .99WTE, 1a = 1.39WTE, 1b 1.72 WTE, 2 = 1.97WTE, 3 = 5.96WTE

ITU															
Staff utilisation	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	Target	Variance	RAG	Change	Trend	**Improvement Plan / Actions**
Vacancies Est = 16.16	2.40 WTE 386 hrs	0 WTE 0.0	.44wte 73.0	1.76 wte 292.28	2.76wte 443.5	2.76WTE 458.35	1.76WTE 282.85	1.76WTE 282.85	0.76 wte 122hrs	<5%	4.76%				action required
Temporary staffing Exc RMN	151.30	238.40	124.4	249.30	64.00	119.30	239.45	95.20	152.30	<10% 60.6hrs + vacancy	+324.90				ITU was located within two areas during August due to the closure of the burns unit
Bank / Agency	280.20	112.30	426.0	414.00	184.00	444.00	600.50	100.20	234.00						
Sickness	14.59%	7.01%	5.52%	2.30%	2.15%	2.09%	1.67%	13.46%	4.12%	<2%	+2.12%				
Shifts meeting Est Day RN							100	93%	97%						
Support	95%	91%	97%	96%	99%	96%	58%	125%	110%	>95%	2%				
Shifts meeting Est Night RN							102	94%	97%						
Support							100	100%	100%						
Training / Appraisal	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	Target		RAG	Change	Trend	**Improvement Plan / Actions**
Stat and Mand compliance	79.17%	83.60%	76.00%	80.27%	56.42%	78.57%	78.00%	70.00%	78.85%	>85%	-6.15%				Fallen slightly below target, action required
Appraisals	50.0%	46.67%	33.33%	37.71%	38.46%	53.85%	53.00%	62.00%	53.85%	>85%	-31.15%				Raised directly with manager
Drug Assessments	95%	97%	97%	94%						>95	-1%				Action required
Budget	-7	-25	-48	-62	-63	-47	-3	-22	-40	>0	-317				Pay oversepnd

ITU	MAY	JUNE	July	Aug	Sept	Oct	Nov	Dec	Jan	DN Rating					
Safe Care	**No/%**	**No/%**	**No/%**	**No/%**	**No/%**	**No%**	**No%**	**No%**	**No%**	**Target**	**Variance**	**RAG**	**Change**	**Trend**	**Improvement Plan / Actions**
Pressure Ulcers	0	0	0	0	0	0	0	1	1	0	0				On track no action required
Falls	0	0	0	0	0	0	0	0	0	0	0				On track no action required
Medication errors	0	0	0	0	1	2	2	0		0	0				On track no action required
MRSA/Cdiff	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0	0				On track no action required
VTE reassessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	>95%	5%				On track no action required
Nutrition assessment MUST/7 day review	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 75%	>95%	5%				On track no action required
Activity	**No/%**	**No/%**	**No/%**	**No/%**	**No/%**	**No/%**	**No/%**			**Target**	**Variance**	**RAG**	**Change**	**Trend**	**Improvement Plan / Actions**
Bed occupancy															
Bed utilisation															
Patient numbers															
Average patient acuity numbers/day burns & ITU		1a = 0.23 1b = 3 2 = 0.29 3 = 0.1													Patient acuity provides and indication of the level of nursing required; acuity 0 = .99WTE, 1a = 1.39WTE, 1b 1.72 WTE, 2 = 1.97WTE, 3 = 5.96WTE

Peanut															
Staff utilisation	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	Target	Variance	RAG	Change	Trend	Improvement Plan / Actions
Vacancies Est = 25.00	1.72wte 286hrs	2.2wte 365hrs	2.2wte 365hrs	.63wte 104.62	.63wte	1.0WTE 166.07	1.35WTE 216.96	1.99WTE 319.82	1.99 wte 330hrs	<5%	8%				No action required
Temporary staffing Exc RMN Bank / Agency	160.15 23.45	289.20 0	328.05 7.30	331.0 35.0	196.45 20.00	212.45 0.00	230.10 25.00	166.00 35.30	179.55 82.30	<10% 93.75 + vacancy	+25.60				
Sickness	3.8%	4.36%	10.03%	8.43%	6.05%	6.42%	10.87%	4.93%	6.03%	<2%	+4.03%				Carrying 1 long-term sickness case from 16.06.14 and 9 9 Short-term occurrences for October
Shifts meeting Est Day RN Support	96%	100%	97%	94%	99%	98%	105% 97%	100% 89%	95% 97%	>95%					No action required
Shifts meeting Est Night RN Support							106 100	100% 100%	100% 100%						
Training / Appraisal	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	Target	Variance	RAG	Change	Trend	Improvement Plan / Actions
Stat and Mand compliance	81.3%	85.00%	67.20%	77.69%	58.54%	73.28%	69.00%	63.00%	80.96%	>85%	-4.04%				Action required
Appraisals	87.1%	96.77	84.38%	87.10%	87.88%	84.38%	78.00%	77.00%	73.33%	>85%	-11.67%				On track no action
Drug Assessments	100.0%	95.5%	88.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	>95%	-8%				On track no action
Friends and Family Test Score	100	100	66	-100	100	88%	100%	100%	N/A	>95%	-14				Scoring methodolgy changes to percentage rating
Staff Friends and Family Test Score		79 17													
Budget	-6	-5	-6.6	-12	-17	-15	-18	-25	-25	>0	-129.6				This is asplit between pay, non pay and income

Peanut	MAY	JUNE	July	Aug	Sept	Oct	Nov	Dec	Jan	DN Rating					
Safe Care	No/%	No/%	No/%	No/%	No/%	No%	No%	No%	No%	Target	Variance	RAG	Change	Trend	Improvement Plan / Actions
Pressure Ulcers	0	0	0	0	0	0	0	0	0	0	0				On track no action required
Falls	0	0	0	0	0	0	0	0	0	0	0				On track no action required
Medication errors	0	0	0	1	0	0	0	0		0	0				On track no action required
MRSA/Cdiff	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0	0				On track no action required
Activity	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	No/%	Target	Variance	RAG	Change	Trend	Improvement Plan / Actions
Bed occupancy Taken at 10.00 daily excluding weekends	64%	67%	68%	67%	59%	Data unavail	Data unavail	Data unavail	Data unavail	<95%	27%				
Bed utilisation															
Patient numbers															
Average length of stay	5.5Hrs														
Average acuity															

Monthly complaints, claims and patient experience report

1 January 2015 – 31 January 2015

This report provides an overview of all activity during this period. During this period there were 5 formal complaints received. This is the same as last month. The following is a summary of the complaints that were received during this period:

1 January 2015 – 31 January 2015

Complaints

Open complaints: There were 5 complaints opened during this period. All Complaints received are acknowledged, investigated and responded to. Actions identified are monitored for completion by the monthly clinical governance group.

Paediatrics

1. **Medical/nursing – clinical care** – Concerns raised by mother of patient in relation to the treatment provided. Patient had initially been treated at Bristol and mum feels that the care provided here conflicts with the treated provided by referring hospital. Have asked for care to be referred onto C&W. **Investigating lead – Clinical Lead**

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

Plastics

2. **Medical – clinical care** – Complaint made by QVH consultant on behalf of patient who they have seen in their private capacity and who have described the consultation that they had with one of the doctors at QVH as 'rude and inappropriate'. **Investigating lead – Clinical Lead**

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

Corneo

3. **Medical -** Patient had surgery to her left eye. Had sutures and dissolvable stitches'. Sutures were removed. Patient then found further sutures that hadn't been removed and had to get both her GP and local A&E Dept to remove them. Patient is 'utterly disgusted and disappointed that they caused me these problems.' **Investigating lead – Clinical Lead**

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

Canadian Wing

4. **Nursing - Safety -** Patient found on the floor by the toilet in one of the bathrooms on ward. Patient had walked out to the toilet on her own without pressing the call bell for assistance. Patient had hit her head, lump to forehead noted. Assisted by nursing staff to stand up and patient walked back to her bed. 'Patient informed son that she felt like she had been hit over the head by someone.' **Investigating lead – Matron**

   Initial risk grading: **Major.** Likelihood of recurrence as: **Very unlikely**

   Comment/Action – Still undergoing investigation and awaiting comments.

Off-site clinic (Medway Maritime Hospital) Maxillofacial Unit

5. **Medical/nursing – Access and waiting** – Waiting time in clinic.

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

   Comment/Action – Still undergoing investigation and awaiting comments.

Closed complaints: There were 8 complaints closed during this period. The Trust triages all complaints in line with the Department of Health guidance to ensure that proportionate investigations take place.

Plastic Surgery

1. **Medical – clinical care –** Following thumb surgery the patient appears to have experienced problems with pain and movement.

   Comment/Action - Patient was given appointment and has seen clinical lead has placed patient on waiting list for further investigation to try to resolve current nerve issues. **Outcome – upheld in part**

2. **Medical – clinical care -** Concerns were raised by the patient about the staff that were providing care to the patient during their surgery. The anaesthetic block was administered too soon prior to surgery resulting in anaesthetic wearing off during surgery. In addition the assisting surgeon appeared to be 'falling asleep' during surgery**.**

   Comments/Action - It would appear that the anaesthetic team administered the block too early on the assumption that the surgeon would change the list order. This did not occur as there was an elderly patient prior to this patient who had been waiting some considerable time. Anaesthetic started to wear off during surgery and this had to be topped up. Apologies have been given for any pain that the patient felt. Junior Dr was seen falling asleep and has been spoken to about his actions. He has assured his consultant that this was not happen again. Overall apologies given. **Outcome – upheld.**

Canadian Wing

3. **Nursing – clinical care/food** - Concerns were raised by the patient about the types of foods that are given to patients who have undergone head and neck surgery. In addition the patient's family were not expecting the patient to be discharged when they were; therefore they were unable to collect the patient until the early evening. Patient states that they sat in chair in the day room all day.

   Comment/Action - Pureed food is available for patients at the request of the kitchen by the ward. It would appear on one occasion the ward omitted to order the patient a pureed alternative. This issue has been raised with the staff. It is accepted that there appears to have been an overall lack of communication from the nursing staff. Staff have been reminded that if a patient is not to be collected for a few hours following discharge then they should be allowed to stay by their bed space rather than be made to wait in the discharge area. **Outcome – upheld.**

4. **Nursing** – **clinical care/lost property** - The patient raised concerns that the redressing of the patient's wound was done in a careless manner resulting in the wound later 'exploding in a fountain of blood'. The patient also alleged that items of clothing had gone missing during their stay and then not being found despite repeated inquiries.

   Comment/Action - Apologies conveyed if the patient felt that the standard of nursing care was careless. It would appear that the patients clothing was misplaced and we agreed at the suggestion of the patient that we would donate £40 to the charitable fund. **Outcome – upheld in part.**

Corneo Plastics

5. **Medical – clinical care -** Development of haematoma following surgical procedure resulting in loss of sight.

   Comment/Action – This case was reported as a SI and a copy of the report and its findings have been sent to the patient. Patient asked to contact hospital if they wished to have a meeting to discuss the findings. There were several contributory issues identified and an action plan has been put in place. **Outcome – upheld in part.**

Off-site clinic (Medway Maritime Hospital) Maxillofacial Unit

6. **Medical – clinical care -** Following tooth extraction the patient advises that they have been diagnosed with anosmia (lack of smell) and ageusia (lack of taste). Patient told that these problems may be due to damaged nerve endings.

   Comment/Action – The patient was made aware of the risks associated with the extraction of the wisdom tooth as it was located very near to the nerve. The risks were explained and the consent form was signed. Patient has been informed that should they wish to discuss this matter directly with a consultant then this can be arranged. **Outcome – unsupported.**

Off-site clinic (Darent Valley Hospital) Maxillofacial Unit

7. **Medical – cancelled appointment -** Patient appointments cancelled on 5 occasions.
   Comment/Action – The cancellations occurred due to sickness and annual leave commitments. It was arranged for the patient to have an urgent appointment with the consultant on 29.01.15. Patient attended this appointment and was accepting of the explanation and the sincere apologies the clinician offered. Consultant offered an explanation for the issues regarding the previously cancelled / rearranged appointments. Patients treatment is now ongoing and consultant is due to see the patient again in 1 week and then again at 3 months. **Outcome – upheld.**

Sleep Disorder Centre

8. **Medical/administration –** Patient seen in July 2013 but did not undertake a sleep study. Clinician then wrote to patients GP - 6 months later stating that patient did not have a clean bill of health and recommended that the DVLA should be informed. In that period of time the patients sleeping habits had resolved themselves and no longer had problems. Patient would like this information retracted and to clarify that the clinician did not have current information to make a clinical view.
   Comment/Action - Patient has been diagnosed with sleep apnoea and has refused to undergo treatment or further tests to clinically prove that the patient no longer has problems with their sleep. Unless further tests are undertaken then the consultant is unable to confirm that their sleep issues have resolved. **Outcome – unsupported.**

Claims

Open claims: There were 2 new claims opened during this period. Overall there are 48 claims. A quarterly report is provided to the Quality and Risk Committee on claims paid, lessons from claims are disseminated through the Joint Hospital Audit meeting each quarter.

Incident date	Claim date	Directorate	Specialty	Description
22/07/2013	29/01/14	MAXILLOFACIAL	Medical (Doctors)	During a procedure to remove oral plates it is alleged that the equipment required to remove the plates was not available, incorrect screws were inserted and that patient discharged without treatment.
01/08/2013	10/01/15	PLASTICS	Medical (Doctors)	Failure to remove pin from middle finger in time despite middle finger showing signs it had been compromised post-surgery, resulting in tip of middle finger being amputated. NOTE: Originally investigated as a complaint.

Closed claims: 0 claims were closed during this period.

Patient comments, surveys & Friends and Family Test

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

There were 3 new comments posted onto the NHS Choices/Patient Opinion websites.

Pedro gave Sleep Medicine at Queen Victoria Hospital (East Grinstead) a rating of 5 stars

The team here are patient and thorough. Overall high levels of professionalism. The ongoing service from the technical team is exemplary.

Visited in November 2014. Posted on 29 December 2014

Barry gave Plastic surgery at Queen Victoria Hospital (East Grinstead) a rating of 5 stars

My wife recently had a small operation to remove a large cist from the top of her leg. It was the legacy from an infection following removal of veins for a by-pass operation done in a London hospital. The doctors, nurses and staff are all second to none at the Queen Victoria and I would like to express my gratitude for the way she has been treated. In particular the consultant and a nurse who today
changed a dressing for her I would like to thank personally. Superb isn't a good enough word.

Visited in January 2015. Posted on 13 January 2015

Anonymous gave Oral and Maxillofacial Surgery at Queen Victoria Hospital (East Grinstead) a rating of 5 stars

I attended on 9/1/15 as an outpatient for an operation to have a wisdom tooth removed under general anaesthetic. I arrived at the hospital at 8am and was greeted by staff in the main theatre's reception before undergoing some initial tests before my surgery. I was able to meet both one of the surgeons who would be carrying out the procedure and also the anaesthetist who were able to answer some questions I had beforehand. I was taken in for my procedure at around 11am (which was the time I'd been told to expect), woke up in the recovery area around midday and was then released from the discharge area by 1pm. I was particularly grateful to the staff in the recovery and discharge areas who took excellent care of me after I came round from the anaesthetic, took the time to talk me through the checks they were carrying out and answer my questions on after care. I even got a little tub of ice cream before I was discharged and the nurse taking care of me arranged a taxi on my behalf. All in all, it was a surprisingly pleasant experience and I'd recommend the good work that the staff are carry out there :)

Visited in January 2015. Posted on 13 January 2015

Friends and Family Test

The role out of FFT is a national CQUIN by the end of 2014/15 we are required to achieve a return rate of 40% for inpatient returns and 20% for MIU.

The Trust wide FFT scores for in-patients in January was **100%** of our patients would recommend us. 114 inpatients out of a possible 342 inpatients completed the questionnaire which is a **response rate of 33.3%.**

Specific area/wards FFT score, % score for extremely likely/likely and return rate are:

Area	Total Responses	Total Eligible	Response rate	Percentage recommended	Percentage Not recommended
MD ward	62	126	49.2%	100%	0%
RT ward	39	185	21.1%	100%	0%
Peanut ward	0	0	0%	0%	0%
Burns ward	13	25	52%	100%	0%
Sleep centre	70	167	41.9%	100%	0%
MIU	195	825	23.6%	98%	0%
Trauma	124	520	23.8%	98%	0%
OPD	657	10277	6.4%	98%	0%
DSU	91	616	14.8%	100%	0%

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

Trust	Total Responses	Total Eligible	Response Rate	Percentage recommended	Percentage Not recommended
Moorfields Eye Hospital NHS Foundation Trust	49	70	70%	100%	0%
Papworth Hospital NHS Foundation Trust	585	974	60.06%	97%	1%
Queen Victoria Hospital NHS Foundation Trust	168	277	60.65%	99%	0%
The Royal Marsden NHS Foundation Trust	64	276	23.19%	97%	0%
Royal National Orthopaedic Hospital NHS Trust	225	456	49.34%	95%	0%
Stoke Mandeville Hospital	153	928	16.49%	97%	1%

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	26 February 2015
Reference number:	36-15
Report from:	Steve Fenlon, Medical Director
Committee meeting date:	3 December 2014
Appendices:	None

Update on Consent for treatment and use of the WHO Checklist

1. Consent for treatment, target achieving consent before the day of surgery (CBDOS):

Patients come into hospital expecting treatment. Treatment implies intervention; intervention carries expected benefits and risks. This section is concerned solely with surgical intervention and documented consent,(note the law on consent is complex, and many other things happen to patients as part of their treatment documented and undocumented, and often part of implied consent). Consent is a process, not the signing of a form. A patient's consent begins at the point they request treatment, at the first point of seeking help. One reason clinicians ask the form to be changed to a request form rather than a consent form is to dispel the notion that the doctor asks to do something to the patient, the reality is the patient asks the doctor to do something to them. The rather vexed issue of capacity to consent is covered under the Mental Capacity Act (2005). The implication of the act and an ageing population with conditions impacting on capacity are significant, cloud the issue and greatly extend the process of securing agreement to operate. Since 2006, the trust has had seven complaints relating to consent, none of which relate to consent being done on the day of surgery. QVH has no documented incidents relating to consent being taken on the day of surgery as opposed to before the day of surgery.

The doctor needs to explain the expected risks and benefits to enable the patient to make an informed choice. It is considered best practice that consent is not finally "signed" on the day of the procedure, but that it is signed at the initial consultation and merely confirmed on the day of the procedure. Staged introduction of this process was adopted as a CQUIN for 2012-13 and then became priority 2 of the Quality Account in 2013-14. For 2014-15 it has been monitored as a quality indicator. It was decided to monitor the percentage of elective procedures consented for surgery before the day of admission by a monthly manual audit of the case notes, and to present the data as a percentage by directorate but to use the aggregate as the target. The latest target (2014-15) is an aggregate figure of 75%. Other data is collected on consent quality such as who takes consent, whether delegated consent training been given where appropriate, and how legible the writing is. All audit and consent data is on paper and manually

checked as currently no electronic system exists at QVH for documenting or measuring consent.

Actions taken to assist the process:

- Presentations to consultants and audit committee
- Consent target raised at Clinical Cabinet
- Clinicians have developed procedure specific consent forms
- Clinical engagement with adoption of the MCA
- Training in delegated consent (largely stopped)
- Increase the availability of QVH consent forms off site (other forms not accepted at QVH)

Issues raised as blockers:

- Requires more time, no additional time allocated
- Lack of forms off site
- Lack of patient information received prior to appointment
- Inaccurate data undermines faith in audit

Progress against the target:

- 2013-14 Quality Account CBDOS **target 75%;** achieved **72%**
- 2014-15 Quality metric CBDOS **target 75%;** by month (%) 84, 70, 76, 77, 68, 74, 74, 74, 75, 69. Mean % (dubious maths) **74%**

Actions:

- All clinicians to be reminded of importance of target and asked to address with their teams;
- Suggested that off-site clinics are over booked and this is the cause; action is to interpret data and confirm or refute then address.

2. WHO Checklist-5 steps to safer surgery.

The background to the production, adoption and success of the WHO checklist is well known to all. The key principle is that surgical care has reached a stage of such complexity that repeated use of checklists is necessary to ensure the routine is always taken care of, leaving capacity to manage the unexpected.

The five steps are:

- Pre list brief
- Sign In
- Time out
- Sign out
- Post list debrief

The checklist was first introduced in modified form in 2009. In 2013 the trust reported 2 never events of wrong site surgery (incision over wrong tooth and treatment of dupuytrens on wrong finger). Both events were attributed to incorrect use of the WHO checklist. QVH reported 2 further never events of wrong site surgery in 2013-14, neither of these were considered preventable by, or related to, use of the WHO checklist. Two other serious incidents in 2013, not reportable never events, were possibly preventable by use of the WHO checklist; these were insertion of spinal anaesthetic no surgery required and loss of a surgical specimen. In 2013, a series of engagements was undertaken to embed the full unabridged version of the WHO checklist and to make a clear case to staff that this is an adopted policy of QVH. Audit of compliance began, and in 2014-15, achieving 95% compliance was signed up as a trust CQUIN (subsequently raised to 100% compliance by the CCG)

The trust audits the data across all the five steps looking at the individuals present and in prescribed roles and whether all the steps were completed. It is interesting that we report two figures to the board, titled quantitative and qualitative. Quantitative is collected by retrospective sample case notes reviewed by a member of theatre staff and is for the board alone to enjoy. Qualitative is collected by prospective observational audit of practice and the output goes to the CCG also as a CQUIN, the target for which in Q4 is 100%. There are 20 operations observed every month and for each observation there are 80 fields to complete; failure to conduct correctly just one of these 1600 points in the sample results in a less than 100% compliance report.

Progress against the target:

The CCG has agreed compliance with target up to Q3. During the first month of Q4 compliance was 100% against a target of 100%.

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	27th February 2015
Reference number:	37-15
Report from:	Jane Morris, Interim Head of Operations
Author:	Jane Morris, Interim Head of Operations
Report date:	27th February 2015
Appendices:	Appendix A – Commerce KPI report

Operational performance: targets, delivery and key performance indicators

Key Performance Indicators

1. Trust income from patient activity was under plan in Month 10.

2. The Trust is compliant at an aggregate level for all three 18 week's targets in January.

3. The Trust was also compliant in January for all three 18 week performance targets at a speciality level except for Oral Surgery Non-admitted. This speciality is made up of Maxillofacial and Orthodontics. Maxillofacial was in itself compliant with the non admitted 95% target. However Orthodontics are still experiencing breaches for complex patients who are not suitable to be transferred to another provider. Therefore there is a risk for Q4 that Oral Surgery will continue to fail the non admitted target until the new consultant and room is in place. This is on target to be operational from mid-April 2015.

4. The Trust is forecasting compliance for all three 18 week targets in February and at speciality level except for Oral Surgery non-admitted for the reasons explained above.

5. There are no breaches of 52 weeks for January.

6. The Trust achieved all cancer waiting times in December.

7. There were no urgent operations cancelled in January.

8. There were 6 patients cancelled on the day of admission in January. All of these patients were rebooked within the 28 day NHS Guarantee.

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

10. The Trust achieved the diagnostic target for January

11. For Quarter 3, the Trust reported

a. Non-compliance with 18 weeks due to failure to meet Trust aggregate performance in October and November
b. Compliance with the cancer standards.

c. Non-compliance with the diagnosis target due to the Cone Beam CT failure reported in November, which has since been repaired. The Trust is forecasting compliance with this standard for Q4.

Implications of results reported

18 weeks

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

13. As the Trust has achieved backlog reduction and compliance by 1st December, no penalties are expected to be applied from July to November, as per the agreement reached with the CCG's earlier this year.

Actions being taken to achieve compliance

18 weeks

14. Key actions in place

- Operational Control centre is now fully embedded and meets three times a week. This group focuses on providing targeted lists of patients to be booked by secretaries, waiting list progress as well as addressing immediate operational issues so that backlog continues to reduce as per trajectories
- Alongside this the Information team are continuing to refine the information provided to the operational team to support the control centre
- Weekly forecast update is being provided to the Board
- Extra operating sessions are being organised for Hands, Max Fac and Corneo to ensure the Trust continues to maintain compliance.
- Extra Saturday clinics have continued to run in Orthodontics and are planned until the end of March in order to increase capacity for treatments. A further 30 patients are also projected to be treated with an external provider between now and March in order to sustain the backlog reduction seen in November.
- The Trust is still also securing extra capacity at Centre for Sight until February, for the more complex corneal patients who cannot currently be treated at QVH as well as continuing with Saturday operating twice a month until the end of March.

Cancer

15. Main risks to achieving compliance with cancer waiting times are as follows

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

16. Actions being taken to mitigate the risks include

- Liaising with management teams off site to improve processes
- Training of admin teams and reinforcing to junior doctors about the correct listing of patients
- Contacting individual Trusts when an immediate breast breach has occurred due to unavailability of visiting consultant and asking them to review systems
- An interim manager has completed a review and new data collection process surrounding cancer waiting times and COSD is being introduced in Jan with a new tracking system.

Link to Key Strategic Objectives

- Outstanding patient experience
- Operational excellence
- Financial sustainability

17. The income performance in Month contributes to the financial sustainability objective. The Trust has agreed with the CCG's that no penalties will be applied from July if compliance is achieved by 1st December as backlog is cleared.

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

Implications for BAF or Corporate Risk Register

19. Risks associated with this paper, will be reviewed following the submission of December's performance figures to the Department Health and Corporate Risk Register will be updated accordingly, before the Trust Board in January

Regulatory impacts

20. Currently the performance reported in this paper does not impact on our CQC authorisation or the current Monitor governance risk rating which remains as 'Green'

Recommendation

21. The Board is recommended to note the contents of the report

Queen Victoria Hospital NHS
NHS Foundation Trust

Operational Update for Trust Board
26th Feb 2015

1. Operational Performance Update

i. 18 weeks

In January the Trust achieved aggregate compliance with all three 18 week targets and at almost all specialities except for Oral Surgery Non admitted, as shown in the table below

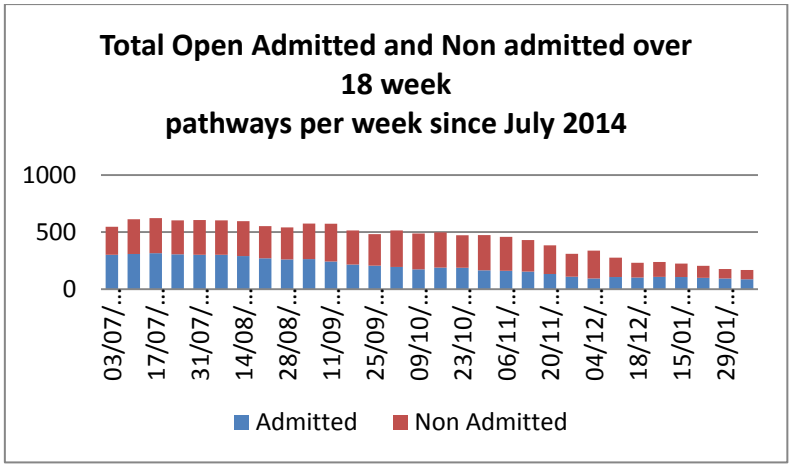
Speciality	Total Patients	Patients over 18 weeks	18 week % compliance
Ophthalmology	181	9	95.03%
Oral Surgery	254	22	91.34%
Plastic Surgery	599	57	90.48%
Other	114	4	96.49%
Admitted Total	1149	92	91.99%
Ophthalmology	201	6	97.01%
Oral Surgery	706	36	94.90%
Plastic Surgery	490	20	95.92%
Cardiology	29	1	96.55%
Rheumatology	12	12	100.00%
Other	141	5	96.45%
Non Admitted Total	1535	68	95.70%
Ophthalmology	805	21	97.39%
Oral Surgery	1617	64	96.04%
Plastic Surgery	1591	84	94.72%
Cardiology	44	3	93.18%
Rheumatology	19	1	94.74%
Other	513	4	99.22%
Open Pathway Total	4605	117	96.16%

Oral Surgery comprises a combination of Maxillo-Facial (MF) and Orthodontics. MF achieved compliance for non-admitted at speciality level however Orthodontics despite a considerable reduction in their backlog in November, has carried 13 breaches over into January. This when combined with Max Fac is enough to mean oral surgery is non-compliant.

Whilst suitable Orthodontic cases are continuing to be outsourced there are some patients that can only be treated by QVH. Therefore until the extra room and new consultant post is in place there is a risk that Oral Surgery will not be compliant during Q4

The forecast for February based on the patients currently booked, shows we have aggregate admitted RTT compliance both at a Trust and speciality level.

Progress on reducing the overall numbers of patients waiting over 18 weeks has been maintained over the last two months providing continued assurance that the Trust is progressing towards long term sustainable position (see graph below).



Actions that are in place

- Operational Control centre is now fully embedded and meets three times a week. This group focuses on
    - providing targeted lists of surgical patients to be booked for admission by secretaries, review waiting list size, progress towards scheduling patients at least 3 weeks ahead as well as addressing immediate operational issues so that backlog continues to reduce as per trajectories
    - Providing targeted lists for outpatients to ensure they are booked and/ or reviewed before breach date
- Alongside this the Information team are continuing to refine the information provided to the operational team to support the control centre
- Weekly forecast update is being provided to the Board
- Extra operating sessions are being organised for Hands, Max Fac and Corneo to ensure the Trust continues to maintain compliance.
- Extra Saturday clinics have continued to run in Orthodontics and are planned until the end of March in order to increase capacity for treatments. A further 30 patients are also projected to be treated with an external provider between now and March in order to sustain the backlog reduction seen in November.
- The Trust is still also securing extra capacity at Centre for Sight until February, for the more complex corneal patients who cannot currently be treated at QVH as well as continuing with Saturday operating twice a month until the end of March.
- Additional hours for validation put in place earlier this year have continued and are being reviewed as part of business planning along with dedicated analyst for 18 weeks
- Pooling of lists amongst consultants continues

ii. 52 week breaches

No patients have breached 52 weeks since November and none are forecasted for February. Therefore the Trust total of 8 patients reported waiting over 52 weeks within 14/15, due to breaches earlier this year, remains unchanged.

iii. Cancer

Trust cancer waiting times for April to Dec is shown in the table below.

	Q1	Q2	Oct	Nov	Dec	Q3
Cancer 2 ww rule (93%)	97.5%	97.3%	96.8%	95.0%	94.9%	95.7%
Cancer 31 FDT (96%)	94.8%	98.0%	96.1%	100%	98.0%	97.9%
Cancer 31 Subs (94%)	97.2%	97.3%	92.3%	100%	100%	98.5%
Cancer 62 day (85%)	89.9%	81.8%	94.1%	96.9%	94.4%	95.2%

QVH achieved all cancer standards during Q3 except for the 31 day subsequent treatment performance target in October. The Trust also did not achieve the breast screening cancer target for the quarter but as this was less than 5 patients in the quarter this falls below the deminimus and not reportable as per Monitor guidelines.

The forecast position for cancer performance for January is not available at the time of writing this report. A verbal update will be provided at the Trust Board in February.

Main risks to achieving compliance with cancer waiting times are as follows

- The Trust's cancer waiting time performance is particularly sensitive to any changes in activity due to low levels of patients treated at QVH, complex multi-organisational pathways and late secondary referrals.
- Late referrals from off sites which may become more frequent due to the wider operational pressures other providers are facing.
- Administrative errors at QVH due to shortages of staff / incorrect listing as routine when added to waiting list.

Actions being taken to mitigate the risks include

- Liaising with management teams off site to improve processes and understand reasons for delay
- Training of admin teams and reinforcing to junior doctors about the correct listing of patients
- An interim manager has been brought in to cover sickness and to undertake a review to streamline the data collection process surrounding cancer waiting times and COSD – good progress is being made.

iv. Cancelled Operations

In January there were six patients cancelled on the day of surgery due to due to theatre staff sickness and an operating list that overran. All of these patients were rebooked within the 28 day guarantee.

There were no urgent patients cancelled for a second time in January.

v. Quarter three 14/15 Performance

For Quarter 3, the Trust reported

a. Non-compliance with 18 weeks due to failure to meet Trust aggregate performance in October and November

b. Compliance with the cancer standards – see earlier note in section iii).

c. Non-compliance with the diagnosis target due to the Cone Beam CT failure reported in November, which has since been repaired. The Trust is forecasting compliance with this standard for Q4.

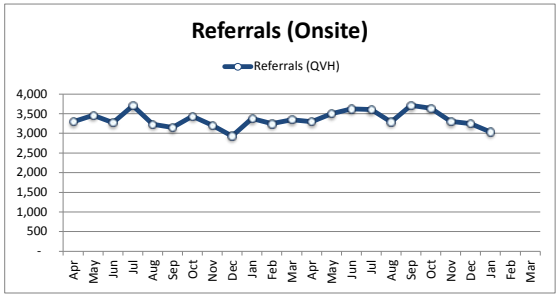
Queen Victoria Hospital NHS
NHS Foundation Trust

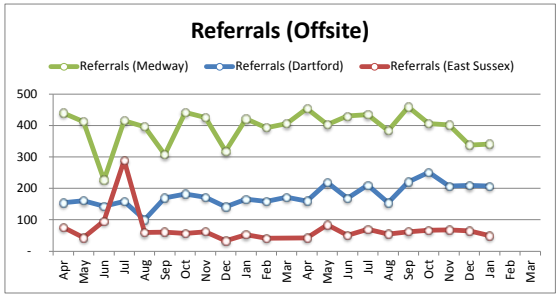
Author (charts): Dean Janes (Contracts & Coding Manager)
Author (narrative): Jane Morris (Interim Head of Operations)

Trust Level Report (All Services)

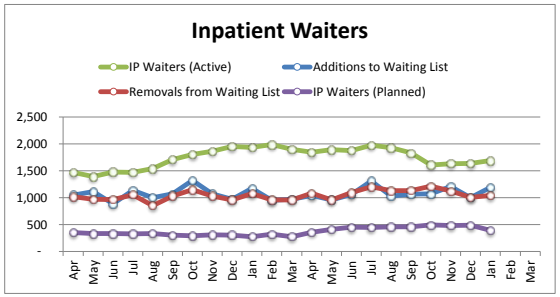
Period : 2014-15 Month 10 (January)

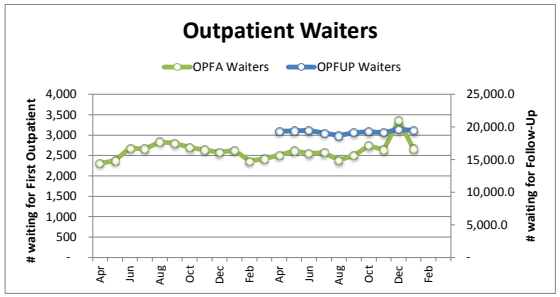
DEMAND



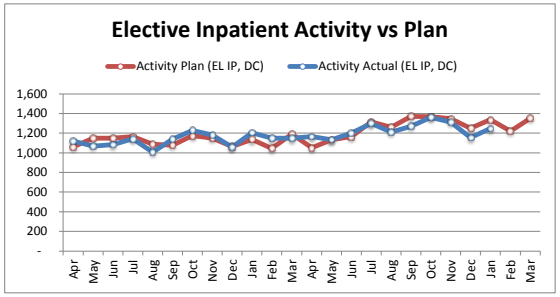


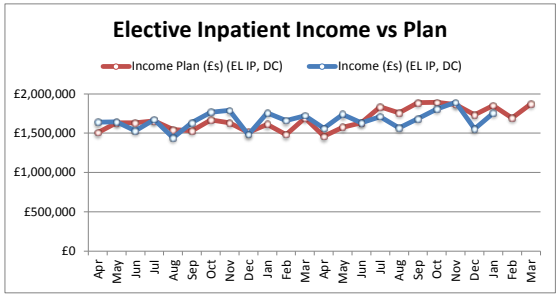
WAITING LIST





Elective Inpatients





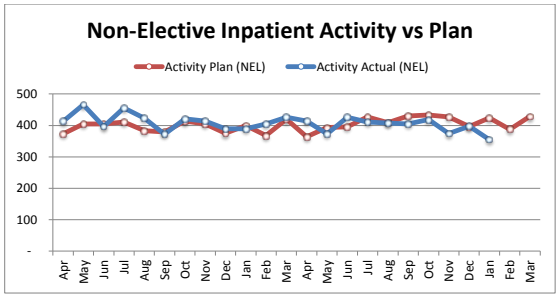
Queen Victoria Hospital NHS
NHS Foundation Trust

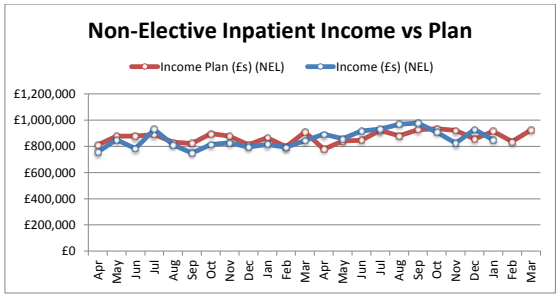
Author (charts): Dean Janes (Contracts & Coding Manager)
Author (narrative): Jane Morris (Interim Head of Operations)

Trust Level Report (All Services)
Period : 2014-15 Month 10 (January)

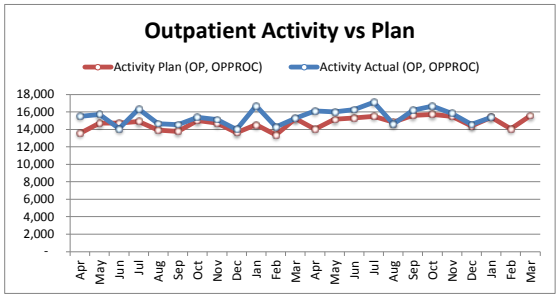
QVH

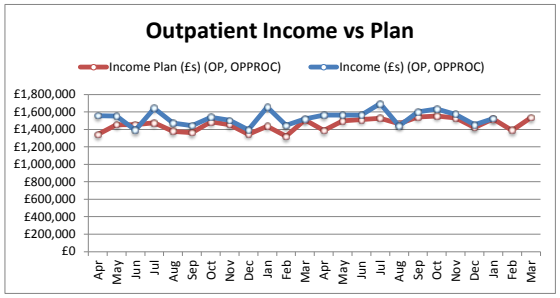
Non-Elective Inpatients



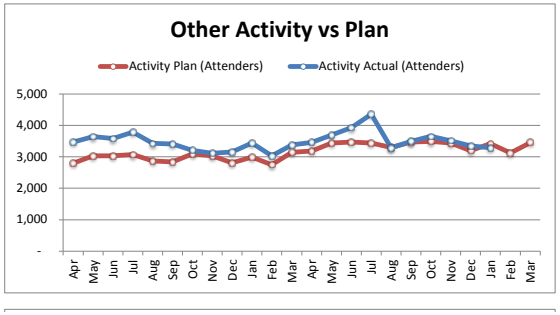


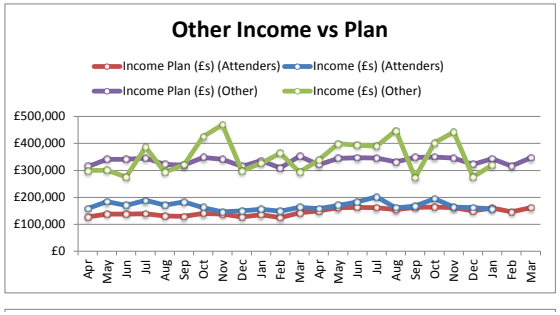
Outpatients





Other Activity/Income





"Other" income is Excluded Drugs and Devices
"Attenders" is a combination of Radiology and MIU activity

Queen Victoria Hospital NHS
NHS Foundation Trust

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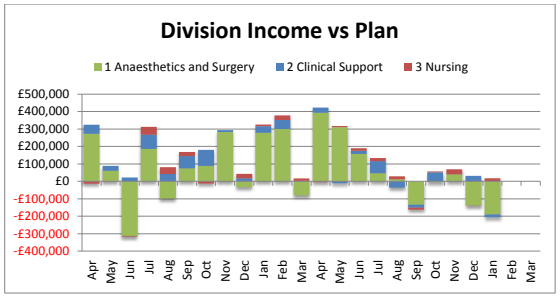
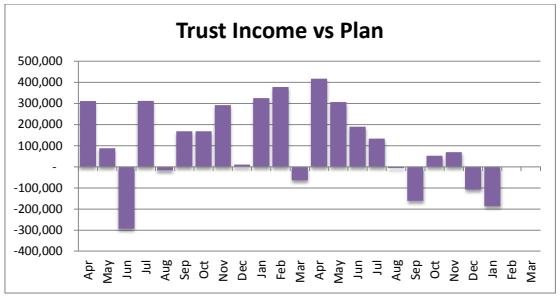
Trust Level Report (All Services)

Period : 2014-15 Month 10 (January)

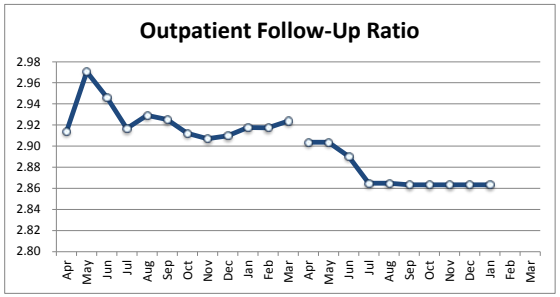
Income vs Plan

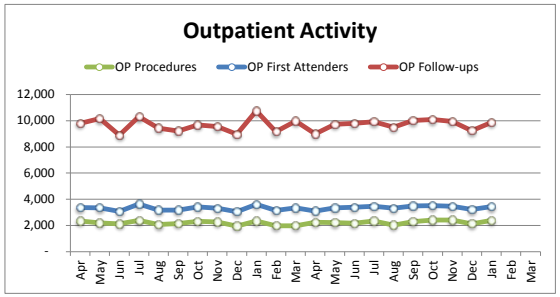




N.B. This graph has been changed from YTD to 'in-month' figures

Follow-up Ratios





Queen Victoria Hospital NHS
NHS Foundation Trust

Report to: Board of Directors
Meeting date: 26th February 2015
Reference number: 38-15
Report from: Dominic Tkaczyk, Director of Finance and Commerce
Author: Dominic Tkaczyk, Director of Finance and Commerce
Report date: 18th February 2015
Appendices: Finance Report MO10

Finance Report M10 January 2015

Key issues

1. The financial performance report details the trust's financial performance for January 2015.

	Actual In Month £k	Plan In Month £k	Variance In Month £k	Actual YTD £k	Plan YTD £k	Variance YTD £k
Turnover	5,397	5,131	267	51,111	49,652	1,459
EBITDA	536	606	(70)	4,850	4,856	(5)
Surplus	272	310	(37)	1,987	1,894	93
Continuity of Service risk rating (CoSRR)	4	4	-	4	4	-

NB table subject to rounding differences.

2. The Trust is £93k ahead of the surplus plan for the year with increased income offset by increased costs and after the beneficial impact of £763k from the revision of prior year estimates. In month the Trust made a surplus of £272k being £37k behind plan, after the beneficial impact of £101k from the prior year.
3. The Trust is maintaining a Continuity of Service Risk Rating of 4.

Implications of results reported

4. Achieving the reported surplus of £1,987k to Month 10 provides some assurance that the planned surplus of £2,205k for the year is achievable. This performance underpins the forecast to Monitor which is a year-end surplus of £2,445k being plan plus £240k expected additional income for donated assets.

Action required

5. Future plans continue to rely on increased activity and work continues to mobilise the resources required. Delivery of the action plans to meet performance targets is critical but costs need to be controlled when looking to reduce patient waiting times.

Link to Key Strategic Objectives

- Operational excellence
- Financial sustainability

6. The achievement of financial targets ensures financial stability and supports the other KSOs including operational excellence.

Implications for BAF or Corporate Risk Register

7. Nothing new to add.

Regulatory impacts

8. The financial performance keeps our Monitor Continuity of Service Risk Rating at 4 and does not have a negative impact on our governance rating.

Recommendation

9. The Board is asked to **NOTE** the contents of this report.

Queen Victoria Hospital
NHS Foundation Trust

Finance Report
January 2015
Month 10
26th February 2015

Executive Director: Dominic Tkaczyk

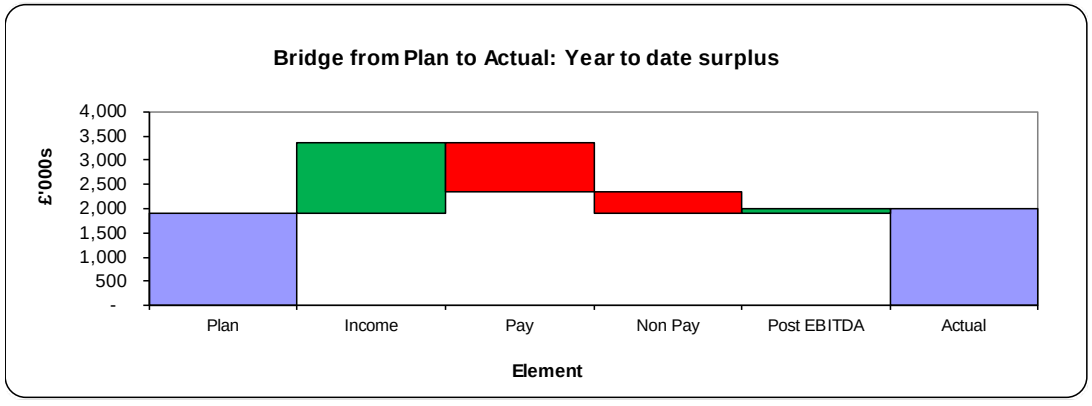
Contents

Summary Actual Position – YTD M10 2014/15

Queen Victoria Hospital NHS Foundation Trust

Income and Expenditure	Annual Plan £k	M10 13-14 CM Actual £k	Current Month-January Actual £k	Budget £k	Variance £k	M10 13-14 YTD Actual £k	Year to Date 14/15 Actual £k	Budget £k	Variance £k
Income	59,551	*5,174*	5,397	5,131	267	*48,940*	51,111	49,652	1,459
Pay	(38,401)	*(3,335)*	(3,414)	(3,215)	(199)	*(31,838)*	(32,989)	(31,972)	(1,017)
Non Pay	(15,394)	*(1,257)*	(1,448)	(1,310)	(138)	*(12,908)*	(13,273)	(12,825)	(448)
EBITDA	5,756	*582*	536	606	(70)	*4,194*	4,850	4,856	(5)
EBITDA %	*9.7*	*11.2*	*9.9*	*11.8*	*-1.9*	*8.6*	***9.5***	*9.8*	*-0.3*
Post EBITDA	(3,553)	*(287)*	(288)	(296)	8	*(2,678)*	(2,888)	(2,961)	73
Donated/(Impaired) assets	-	*42*	25	-	25	*(447)*	25	-	25
Surplus (Deficit)	**2,203**	*337*	**272**	**310**	**(37)**	*1,069*	**1,987**	**1,894**	**93**
Surplus (Deficit) %	3.7%	6.5%	5.0%	6.0%	-1.0%	2.2%	3.9%	3.8%	0.1%

Continuity of Service Risk Rating	Metric	Level 4 threshold	Score	Weighted score
Liquidity days	53	0	4	50% 2
Debt Service Cover	3.0	2.5x	4	50% 2
Combined Score (1 to 4)				**4**



Summary

- The Trust is £93k ahead of the surplus plan for the year including £786k upside from the revision of prior year estimates.
- The January in month position is £37k behind plan including £101k upside from the prior year.
- The underlying position is one of increased income more than offset by additional costs.

Issues

- The reported year to date surplus of £1,987k (3.9% surplus) is consistent with the annual plan of £2,203k (3.7% surplus).
- Income includes the recognition of 100% of CQUIN for the first three quarters and 75% for January. The January surplus includes the recognition of an additional £85k of CQUIN for Q3.
- Income reflects estimated performance penalties of £466k year to date. The January surplus has been improved by £132k through the removal of the Q2 RTT18 penalties. (which previously would have deflated the surplus). These penalties are considered not to apply now because of current 18 week performance.
- Pay costs include additional interim agency costs covering vacancies and initiatives.
- The Continuity of service risk rating is 4, as planned.
- The Trust continues to forecast achievement of the planned surplus .

Risks.

- Key risks are the achievement of activity plans, cost control and the level of penalties / incentives.

Actions

- Actions are being implemented to deliver additional activity and to meet performance targets (to reduce penalties and achieve incentives).

Forecast – M10 2014/15

Queen Victoria Hospital NHS Foundation Trust

Full Year Forecast at Month 10	Plan £k	"Optimistic" £k	"Realistic" £k
Income	59,551	61,825	61,491
Pay	(38,401)	(39,518)	(39,568)
Non-Pay	(15,394)	(15,942)	(15,992)
ITDA	(3,553)	(3,480)	(3,480)
Surplus	2,203	2,885	2,451

Summary

- Achievement of planned surpluses for the remainder of the year would give an outturn of £2,536k, i.e. £1,987k achieved to M10 plus £309k plan for February and March plus £240k additional income from donated assets.
- The deterioration in financial performance, where in year performance is supported by the revision of prior year estimates, means that there are risks to achieving plan in February and March.
- The Director of Finance forecasts for the year end are £2,451k as a realistic outturn and £2,885k with more optimistic assumptions.
- The Monitor forecast remains unchanged at £2,445k.

Issues

- Year to date performance is flattered by the revision of accounting estimates from 2013/14 giving upside of £786k.
- The "optimistic" forecast assumes overachievement on income, that the 18 week initiative is successful in reducing penalties and achievement of 100% of the CQUIN in 2014-15.

Risks

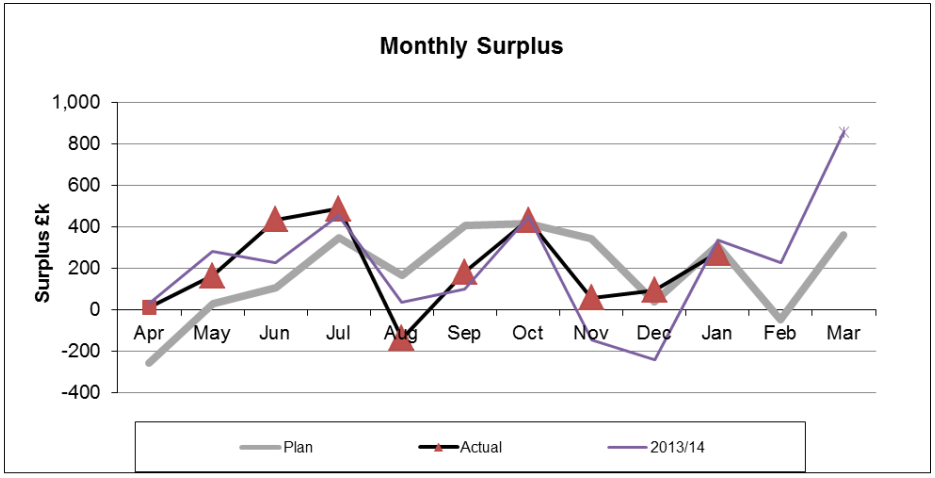
- The Trust surplus is sensitive to the achievement of the agreed activity/income plans .
- The operational pressures around staffing means that cost control remains critical.

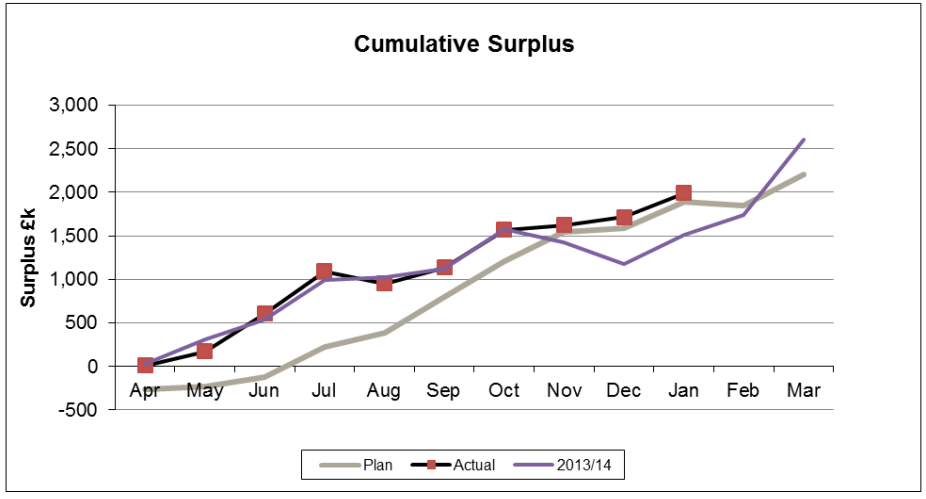
Actions

- Monitoring of forecast levels of activity, and taking remedial action where necessary, is undertaken at a senior management level at the Weekly Operations Meeting. This meeting looks at pay and non-pay costs associated with the delivery of all activity.

Summary Trend Position – M10 2014/15

Queen Victoria Hospital NHS Foundation Trust





Summary

- The cumulative surplus is marginally ahead of plan and ahead of the same period in 2013-14.

Risks & Issues

- The trust surplus is sensitive to the achievement of income targets as costs are predominantly of a fixed base nature. February has a low activity plan so it is essential that this is met or exceeded to avoid a loss in that month.
- Cost control remains critical and additional activity needs to be delivered at marginal cost rates.

Actions

- Monitoring of forecast levels of activity, and taking remedial action where necessary, is undertaken at a senior management level at the Weekly Operations Meeting. This meeting also looks at pay and non-pay costs.

Summary Actual Position – YTD M10 2014/15

Queen Victoria Hospital NHS Foundation Trust

Financial Performance	2014-15	January 14-15			Year to Date 2014-15		
Summary by Type	Annual Budget £k	Actual £k	Budget £k	Variance (Favourable/ (Adverse))	Actual £k	Budget £k	Variance (Favourable/ (Adverse))
Patient Activity Income	55,788	5,031	4,817	214	47,459	46,516	943
Other Income	3,763	400	314	86	3,672	3,136	536
Pay	(38,401)	(3,393)	(3,215)	(178)	(32,865)	(31,972)	(894)
Non Pay	(15,394)	(1,578)	(1,310)	(268)	(14,177)	(12,825)	(1,352)
Financing	(3,553)	(288)	(296)	8	(2,888)	(2,961)	73
Surplus / (Deficit)	**2,203**	**171**	**310**	**(138)**	**1,201**	**1,894**	**(694)**
Prior Year Items	-	101	-	101	786	-	786
Surplus / (Deficit)	**2,203**	**272**	**310**	**(37)**	**1,987**	**1,894**	**93**
Note: Financing costs consist mainly of depreciation, dividends and theatre loan interest.							

Summary

- The headline patient income variance for month 10 is £214k positive but this includes £312k of positive variances on penalties so reported income by point of delivery is £98k adverse.
- Pay includes additional non-recurrent costs of interim cover and for transformation initiatives.
- Pay also includes an additional £25k for the November waiting list initiative making the total pay cost for the initiative £252k.
- The £101k Prior Year Item is a reduction in the debt provision of £130k offset by an increase in the cost of a back pay claim.

Issues

- The impact of prior year items is shown separately in the above analysis.
- The impact of the revision of prior year estimates is positive.

Divisional Performance Summary – M10 2014/15

Queen Victoria Hospital NHS
NHS Foundation Trust

Variance by type: in £ks	Patient Income		Other Income		Pay		Non Pay		Financing		Prior Year			Total Current Month			Total Year To Date		
Direct Budget Performance	CMV	YTDV	CMV	YTDV	CMV	YTDV	CMV	YTDV	CMV	YTDV	CMV	YTDV	Annual Budget	Actual	Budget	Variance	Actual	Budget	Variance
Anaesthetics and Surgery																			
Plastics	(97)	(287)	3	31	(12)	(144)	(34)	87	-	-	-	-	24,362	2,007	2,148	(141)	19,948	20,261	(313)
Oral	(33)	(154)	3	38	(16)	(130)	(18)	(70)	-	-	-	-	6,987	542	604	(63)	5,537	5,854	(316)
Ophthalmology	(2)	487	(3)	6	(3)	(50)	(12)	(142)	-	-	-	-	2,583	199	219	(20)	2,471	2,170	301
Sleep	28	387	1	11	1	(74)	(47)	(285)	-	-	-	-	1,852	140	157	(17)	1,593	1,553	40
Theatres	-	-	(2)	(3)	0	(61)	(50)	(39)	-	-	-	-	(6,637)	(612)	(559)	(53)	(5,635)	(5,532)	(103)
Anaesthetics	-	-	6	(3)	(35)	3	(3)	(43)	-	-	-	-	(3,335)	(310)	(279)	(31)	(2,822)	(2,779)	(43)
Administration	(0)	62	0	(0)	(3)	(30)	1	4	-	-	-	-	(630)	(55)	(53)	(2)	(489)	(525)	37
Anaesthetics and Surgery Total	**(104)**	**494**	**8**	**80**	**(68)**	**(485)**	**(163)**	**(487)**	**-**	**-**	**-**	**-**	**25,182**	**1,910**	**2,237**	**(327)**	**20,604**	**21,001**	**(397)**
Clinical Support																			
Radiology	6	93	34	45	(1)	(84)	(1)	(30)	-	-	-	-	117	44	6	38	137	112	24
Pathology	-	-	-	-	-	-	3	3	-	-	-	-	(653)	(53)	(56)	3	(542)	(545)	3
Histopathology	-	-	12	(8)	(6)	37	5	(38)	-	-	-	-	(981)	(70)	(82)	12	(826)	(817)	(9)
Pharmacy	10	13	0	6	1	8	17	(5)	-	-	-	-	(64)	23	(5)	28	(30)	(52)	22
Surgical Appliances	(0)	6	-	-	0	0	(0)	(7)	-	-	-	-	8	(0)	1	(1)	6	7	(1)
Prosthetics	(18)	(91)	11	17	4	116	(7)	5	-	-	-	-	(315)	(34)	(26)	(9)	(214)	(260)	47
Medical Photography	-	-	(2)	(6)	(1)	(6)	(3)	0	-	-	-	-	(136)	(17)	(11)	(6)	(124)	(113)	(11)
Therapies	1	71	23	23	5	4	(7)	(8)	-	-	-	-	(543)	(21)	(44)	23	(359)	(448)	89
Psychotherapy	(2)	(4)	-	-	(2)	15	1	7	-	-	-	-	(125)	(14)	(10)	(4)	(85)	(104)	18
Clean room	-	-	29	59	1	11	(15)	(37)	-	-	-	-	(183)	(1)	(15)	15	(119)	(152)	33
General Specialities	(4)	(31)	-	-	(9)	(39)	2	29	-	-	-	-	218	8	19	(11)	143	183	(40)
Clinical Support Total	**(7)**	**57**	**108**	**136**	**(6)**	**63**	**(6)**	**(81)**	**-**	**-**	**-**	**-**	**(2,657)**	**(136)**	**(225)**	**89**	**(2,014)**	**(2,190)**	**176**
Nursing																			
MIU	29	114	-	-	5	(17)	(3)	(16)	-	-	-	-	539	77	46	31	535	454	81
Inpatient	(13)	(22)	-	0	(20)	(131)	(28)	(137)	-	-	-	-	(5,661)	(533)	(471)	(62)	(5,005)	(4,715)	(290)
Outpatient	-	-	0	4	1	6	(25)	(67)	-	-	-	-	(2,238)	(211)	(187)	(23)	(1,922)	(1,866)	(57)
Audit and Risk	-	-	(86)	81	7	86	(10)	(25)	-	-	-	-	(1,608)	(223)	(134)	(89)	(1,198)	(1,340)	142
Research	-	-	10	58	(7)	(51)	(2)	0	-	-	-	-	(74)	(5)	(6)	1	(54)	(62)	7
Nursing Total	**16**	**92**	**(75)**	**143**	**(15)**	**(107)**	**(67)**	**(244)**	**-**	**-**	**-**	**-**	**(9,043)**	**(895)**	**(753)**	**(142)**	**(7,645)**	**(7,529)**	**(117)**
Sub-total Operational Services	**(94)**	**643**	**40**	**359**	**(89)**	**(529)**	**(236)**	**(812)**	**-**	**-**	**-**	**-**	**13,482**	**880**	**1,260**	**(380)**	**10,945**	**11,283**	**(338)**
Estates and Hotel Services																			
Estates	-	-	(1)	(13)	18	3	(39)	(389)	-	-	-	-	(1,989)	(197)	(175)	(22)	(2,046)	(1,647)	(399)
Hotel Services	-	-	(2)	(6)	(7)	(38)	(17)	(52)	-	-	-	-	(1,659)	(165)	(139)	(26)	(1,478)	(1,383)	(95)
Estates and Hotel Services Total	**-**	**-**	**(3)**	**(19)**	**11**	**(35)**	**(56)**	**(441)**	**-**	**-**	**-**	**-**	**(3,648)**	**(362)**	**(314)**	**(48)**	**(3,524)**	**(3,030)**	**(494)**
Human Resources	-	-	14	77	(3)	10	(3)	(17)	-	-	-	-	(746)	(54)	(63)	8	(550)	(620)	70
Human Resources Total	**-**	**-**	**14**	**77**	**(3)**	**10**	**(3)**	**(17)**	**-**	**-**	**-**	**-**	**(746)**	**(54)**	**(63)**	**8**	**(550)**	**(620)**	**70**
Finance																			
Finance Commerce IT	-	-	(0)	22	(2)	126	2	47	-	-	-	-	(2,328)	(194)	(194)	(0)	(1,744)	(1,940)	196
Finance Other	308	300	30	54	(0)	(0)	31	(50)	8	73	130	921	(3,054)	254	(254)	508	(1,247)	(2,545)	1,299
Finance Total	**308**	**300**	**30**	**77**	**(2)**	**126**	**33**	**(3)**	**8**	**73**	**130**	**921**	**(5,382)**	**60**	**(448)**	**508**	**(2,991)**	**(4,485)**	**1,494**
Corporate	-	-	4	42	(94)	(466)	(6)	(80)	-	-	(29)	(135)	(1,504)	(251)	(125)	(126)	(1,893)	(1,253)	(639)
Corporate Total	**-**	**-**	**4**	**42**	**(94)**	**(466)**	**(6)**	**(80)**	**-**	**-**	**(29)**	**(135)**	**(1,504)**	**(251)**	**(125)**	**(126)**	**(1,893)**	**(1,253)**	**(639)**
Grand Total	**214**	**943**	**86**	**536**	**(178)**	**(894)**	**(268)**	**(1,352)**	**8**	**73**	**101**	**786**	**2,203**	**272**	**310**	**(37)**	**1,987**	**1,894**	**93**

Summary

- This analysis shows financial performance by division.

Issues

- The three operational divisions were largely on plan until January where there are adverse variances on patient income, pay and non-pay.
- Estates and Hotel Services have an adverse variance due to £300k for disposal of the theatre unit and increased costs from the continued rental of the unit.
- Human Resources are benefiting from higher than expected training income.
- Finance includes the £655k provision release and the other underspends partially offset the increased costs in Corporate that reflect interim pay costs.

Risks

- Continued performance to budget in the operational areas is needed to meet the year end forecast.

Actions

- Continued action to meet targets.

NB All values are £k, CMV is Current Month Variance and YTDV is Year to Date Variance.

Income by Point of Delivery – M10 2014/15

Queen Victoria Hospital NHS
NHS Foundation Trust

POD Month 10	Current Month Actual £K	Current Month Plan £K	Current Month Variance £k	Year to Date Actual £k	Year to Date Plan £k	Year to Date Variance £k
Day Case	1,055	997	58	9,853	9,221	632
Elective	784	926	(142)	7,592	8,893	(1,301)
Non Elective	873	940	(67)	9,316	9,120	196
Exclusions	266	257	9	2,818	2,544	273
Outpatient First Attendance	415	435	(20)	4,261	4,264	(4)
Outpatient Follow Up	790	786	4	8,155	7,732	424
Outpatient Procedure	385	337	48	3,581	3,333	248
Minor Injuries	55	70	(15)	670	695	(25)
Radiology	107	100	7	1,092	994	97
Critical Care	84	64	20	742	635	107
Sub total	**4,814**	**4,912**	**(98)**	**48,080**	**47,433**	**646**
CQUIN reduction	57	-	57	(28)	-	(28)
Penalties	160	-	160	(466)	-	(466)
ERT deduction	-	(95)	95	(126)	(917)	791
Total Penalties Provision	**217**	**(95)**	**312**	**(620)**	**(917)**	**297**
Patient Activity Income	**5,031**	**4,817**	**214**	**47,459**	**46,516**	**943**

Summary

- Patient income by point of delivery (POD) was £98k behind plan in M10 (before performance adjustments) with elective inpatients showing a significant adverse variance.
- The in month improvement in CQUIN performance reflects the change in the assumption for Q2 from 75% to 100%, and the year to date variance reflects 25% risk for Q3.
- The reduction in the penalties provision includes £132k from the release of the provision for Q2 RTT18 penalties.

Issues

- Income by POD is at the full rate, i.e. it assumes 100% CQUIN, no penalties and no reduction for ERT. These are accounted for separately.
- CQUIN has been planned at 100% achievement. CQUIN for Q1-Q3 is reflected at 100% based on agreement with commissioners and for January at 75% . 100% CQUIN was achieved last year.
- The penalties relate to 18 week breaches and other contractual penalties; these remain subject to commissioner agreement.
- ERT was prudently assumed to be suffered at 100% in the budget but contracts reflected an improved position. The financial provision assumes ERT is incurred at a provider not CCG level.

Risks

- Elective inpatient activity continues to be significantly below plan but is being offset by increased emergency and day case activity .
- Planned activity/income relies on additional capacity being utilised effectively.

Actions

- To explore and identify the reasons for elective under performance and take the necessary steps to achieve the planned levels of activity.
- Continue to progress plans for full achievement of CQUIN and reduce costs associated with penalties.

Penalties: Issues / Risks

- Within income there is an accrual of £620k for penalties and challenges (activity data is still to be finalised and any penalties are to be agreed with commissioners).

Provision for Income Performance Penalties 2014/15	M1 £	M2 £	M3 £	M4 £	M5 £	M6 £	M7 £	M8 £	M9 £	M10 £	Year to Date
RTT18 Admitted	2,400	2,400	10,800						0		**15,600**
RTT18 Non-Admitted	600	0	2,000						100		**2,700**
RTT18 Open pathways	7,200	5,200	8,200						0		**20,600**
Sub total RTT18	**10,200**	**7,600**	**21,000**	**0**	**0**	**0**	**0**	**0**	**100**	**0**	**38,900**
52 week waiters (estimate)	0	5,000	15,000	10,000	0	5,000	5,000	0	0		**40,000**
Urgent operation cancelled for 2nd time	0	10,000	10,000	5,000	0	0	0	0	0		**25,000**
Never Events (estimate)	0	1,000	2,000	1,000	1,000	0	0	0	0		**5,000**
Data Challenges (estimate)	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000		**9,000**
Outpatient Follow Up Ratios								85,600	11,100		**96,700**
Diagnostic Unbundling Risk Share									69,000		**69,000**
BPT Cataract Penalty									24,220		**24,220**
Additional Risks									186,143	-28,333	**157,810**
Sub total non RTT penalties	**1,000**	**17,000**	**28,000**	**17,000**	**2,000**	**6,000**	**6,000**	**86,600**	**291,463**	**-28,333**	**426,730**
Total Penalties	**11,200**	**24,600**	**49,000**	**17,000**	**2,000**	**6,000**	**6,000**	**86,600**	**291,563**	**-28,333**	**465,630**
Emergency Rate Threshold reductions	22,506	1,853	34,973	6,609	61,482	82,293	5,365	-33,109	-56,000		**125,971**
CQUIN reduced achievement provision										28,333	**28,333**
Grand Total	**33,706**	**26,453**	**83,973**	**23,609**	**63,482**	**88,293**	**11,365**	**53,490**	**235,563**	**0**	**619,934**

- The 18 week penalties for Q2 have been released with a benefit of £132k showing in the January surplus.
- CQUIN to December is now recognised at 100% with a benefit of £85k showing in the January surplus.
- CQUIN in December is accrued at 75% hence the provision of £28k in month.
- The “additions / risks” provision has been reduced to match the CQUIN provision.
- The detailed calculation of penalties is still being undertaken.
- Last year total penalties and challenges were £307k.

Actions

- Robust management of 18 week performance standards continue.
- Agreement of penalties with commissioners.

Cost Improvement Analysis – M10 2014/15

Queen Victoria Hospital NHS Foundation Trust

Cost Improvement Programmes built into budgets 2014-2015	Annual Plan £000's	Month 10 Plan	Achieved £000's	Achieved %	Shortfall
Pay	337	281	248	88%	33
Clinical Supplies	233	194	155	80%	39
Non Clinical Supplies	142	118	11	9%	108
Other non operating expenses	170	142	121	85%	21
Total Cost Improvement Programmes	**882**	**735**	**534**	**73%**	**201**

Summary

- At M10 the trust is achieving 73% of the cost improvement plan.

Issues

- Pay - the key adverse variance was in the Programme Office and this saving is now being made.
- Clinical supplies - sleep devices are the key adverse variance and the procurement for this has now been completed with an approximate annual saving of £60k.
- Non clinical supplies includes the cost of leasing Operating Theatre 6. The decision to dispose has now been made but there will be no rental savings until next year.
- Other non operating expenses variance is due to an increase in the PDC dividend.

Risks

- A 27% shortfall on plan is a risk for the full year of £241k.

Actions

- Conclusion of disposal of leased building.
- Additional procurement savings.

Balance Sheet – YTD M10 2014/15

Queen Victoria Hospital NHS
NHS Foundation Trust

Balance Sheet - Month 10 2014/15

Balance Sheet for: Month 10 2014/15	2013/14 Outturn £000s	Current Month £000s	Previous Month £000s
Non-Current Assets			
Fixed Assets	37,211	36,359	36,429
Other Receivables	-	-	-
Sub Total Non-Current Assets	37,211	36,359	36,429
Current Assets			
Inventories	415	417	423
Trade and Other Receivables	8,939	8,323	7,052
Cash and Cash Equivalents	3,655	6,530	7,126
Current Liabilities	(6,574)	(6,709)	(6,383)
Sub Total Net Current Assets	6,436	8,561	8,218
Total Assets less Current Liabilities	43,647	44,920	44,647
Non-Current Liabilities			
Provisions for Liabilities and Charges	(554)	(616)	(616)
Non-Current Liabilities >1 Year	(8,933)	(8,156)	(8,156)
Total Assets Employed	**34,159**	**36,148**	**35,875**
Tax Payers Equity			
Public Dividend Capital	12,237	12,237	12,237
Retained Earnings	15,749	17,738	17,465
Revaluation Reserve	6,173	6,173	6,173
Total Tax Payers Equity	**34,159**	**36,148**	**35,875**

NB Analysis is subject to rounding differences

Summary

- Net assets improve with the generation of the surplus.

Issues

- Fixed assets are down slightly as depreciation exceeds new additions.
- Debtor balances have improved significantly since the year end as commissioners reduce outstanding balances.
- Non-current liabilities have reduced in year due to the theatre loan repayments made in June and December.

Risks

- Cash balances rely on prompt payment by commissioners. The position has improved but the trust is likely to be affected by financial pressures within the health economy.

Actions

- Re-forecasting of the capital expenditure plan with a commitment to achieve the phased plan.
- Continued focus on reducing debtor balances.

Capital – M10 2014/15

Queen Victoria Hospital NHS Foundation Trust

Capital Programme	2014/15 Plan £000s	YTD Spend £000s	Committed £000s	Forecast £000s	2014/15 Total Spend £000s
Estates projects					
13/14 Projects:					
Jubilee/Burns heating	450	271	-	-	271
Other projects	92	51	22	13	86
14/15 Projects:					
Corneoplastic electrical upgrade	100	3	19	123	144
Fire compartmentalisation	160	-	-	15	15
A Wing repairs	100	-	-	-	-
Meeting rooms	50	-	-	20	20
Carbon reduction	50	-	-	-	-
Wet rooms	24	6	25	41	72
Canadian Wing waiting area	-	3	4	53	60
Other projects	374	85	64	35	183
Medical Equipment	550	392	629	444	1,466
IT Equipment	1,400	256	134	95	485
Grand Total	**3,350**	**1,066**	**896**	**840**	**2,802**

Summary

- Capital expenditure is significantly below the phased plan because of the delayed start of the IT network replacement project and the reconsideration of the Estates programme.

Issues

- Following review the forecast for IT spend in this financial year has been reduced to £485k. The key project within IT is a replacement network to support more advanced clinical systems.

Risks

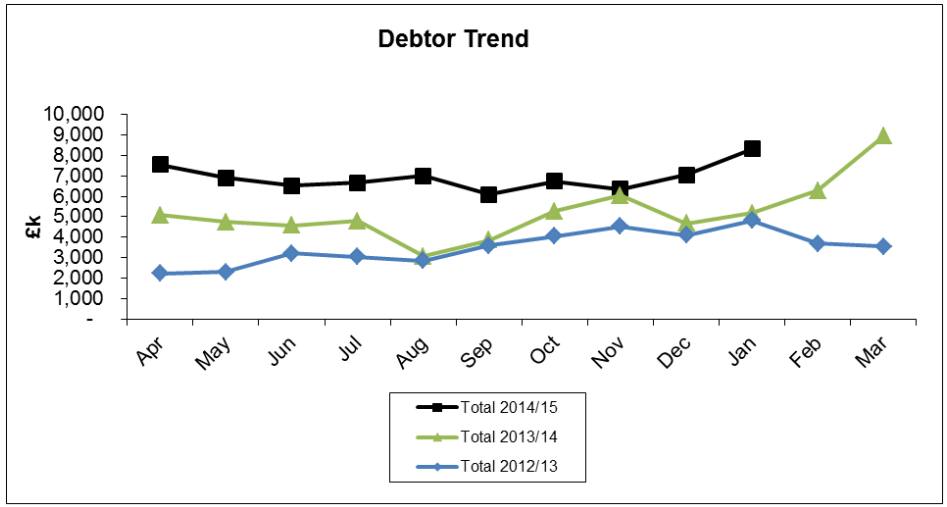
- Sufficient project management is key to the delivery of capital projects so this is being built into delivery plans.

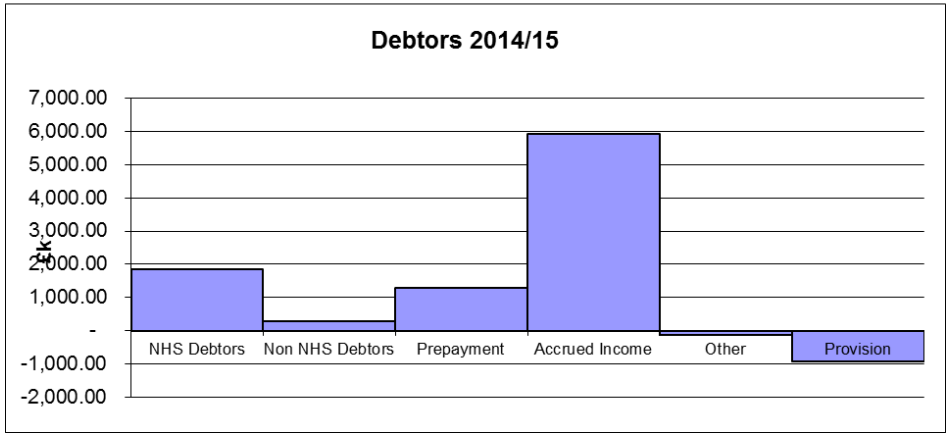
Actions

- Deliver planned projects.

Debtors – M10 2014/15

Queen Victoria Hospital NHS Foundation Trust





Summary

- Debtor balances continue to be below the prior year end balance.

Issues

- Debtor balances are at historically high levels because of delayed payments. Work continues with commissioners to reduce outstanding balances.
- Accrued income includes income over performance that is to be agreed and then invoiced.
- The bad debt provision is subject to monthly review and has been reduced by £130k this month.

Risks

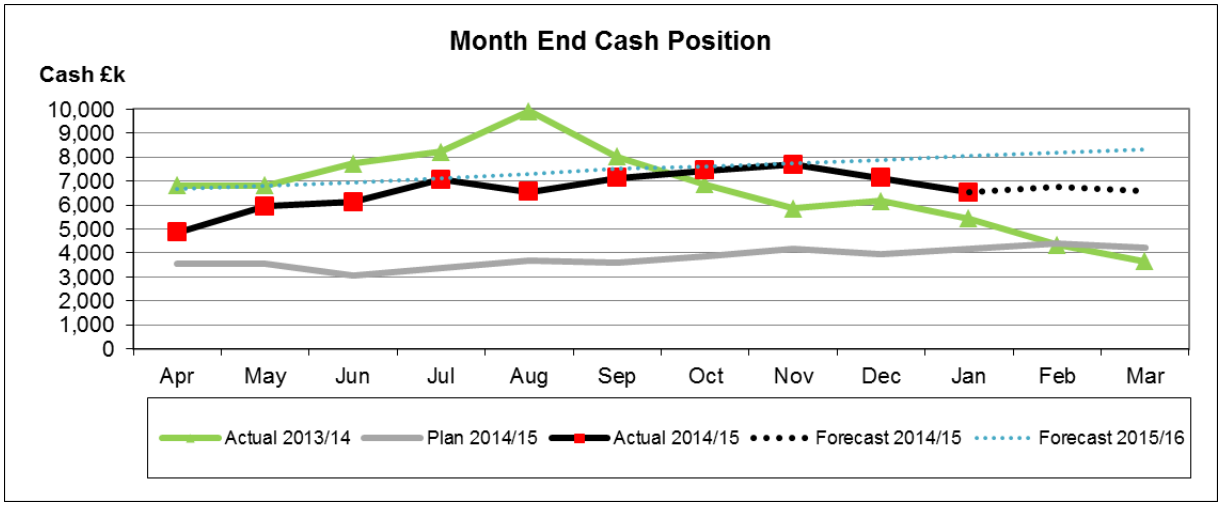
- Debt arising from over performance against income plans is slower to be paid.

Actions

- Continued liaison with commissioners to ensure prompt payment.

Cash – M10 2014/15

Queen Victoria Hospital NHS Foundation Trust



Summary

- Cash balances are significantly above plan because of reduced debtor balances and delays to capital expenditure.

Issues

- Cash balances are projected to remain at a high level to the year end.

Risks

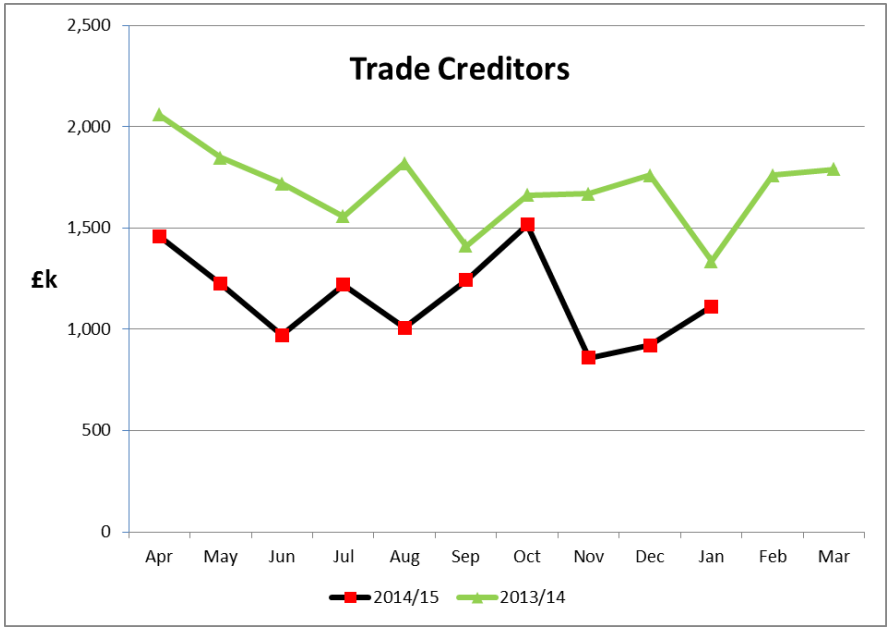
- Cash balances are sensitive to the level of surplus, payment performance of commissioners and the level of capital spend so these are risk areas.

Actions

- Continued liaison with commissioners to ensure prompt payment.
- Robust management of capital planning and associated schemes.

Creditors – M10 2014/15

Queen Victoria Hospital NHS Foundation Trust



Summary

- Trade creditors continue to be below 2013/14 levels.

Issues

- Payment performance against the 30 day target is below target.
- Daily monitoring of invoices on hold is helping to ensure payment but is focusing on payment of older invoices which impacts on reported performance.

Risks

- Working capital levels are such that prompt payment of suppliers does not pose a liquidity problem for the trust.

Actions

- Continued action to speed payment times with a view to paying 90% of suppliers within 30 days by the end of the financial year.

Better Payment Practice Code January 2015	2013/14 Outturn # Inv's	2013/14 Outturn £k	Current Month # Inv's	Current Month £k	YTD # Inv's	YTD £k
Total **Non-NHS** trade invoices paid	15,071	21,255	1,329	1,510	13,088	13,624
Total **Non NHS** trade invoices paid within target	9,386	15,087	849	896	8,534	8,836
Percentage of Non-NHS trade invoices paid within target	**62%**	**71%**	**64%**	**59%**	**65%**	**65%**
Total **NHS** trade invoices paid	1,082	4,544	68	350	799	4,391
Total **NHS** trade invoices paid within target	624	2,858	34	189	397	2,496
Percentage of NHS trade invoices paid within target	**58%**	**63%**	**50%**	**54%**	**50%**	**57%**

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	Thursday 26th February 2015
Reference number:	38-15
Report from:	Dominic Tkaczyk, Interim Director of Finance and Commerce
Author:	Elin Richardson, Head of Commerce
Report date:	Tuesday 17th February 2015
Appendices:	Contract Update (public)

2014/15 Contract Report

Key issues

1. This paper provides an update on activity and income performance against the signed contracts with the commissioners.
2. Trust actual income and activity is higher than the external commissioner plans at Month 10.
3. Over performance is predominantly in day cases, outpatient follow ups and outpatient procedures (specific to dental contract).
4. An update on ERT is provided.

Implications of results reported

5. Over performance against the external commissioner plans was anticipated both because commissioners commissioned below 13/14 outturn and because of the Trust growth plan There is a risk that commissioners will challenge this over performance due to their financial constraints.

Action required

6. At this stage the key action is continued monitoring, accurate reporting and timely responses to commissioner challenges.

Link to Key Strategic Objectives (delete those not applicable)

- Financial sustainability

7. Minimising the risks outlined will contribute positively to the financial sustainability KSO.

Implications for BAF or Corporate Risk Register

8. The risks in this paper are covered by the BAF.

Regulatory impacts

9. Currently the information reported in this paper does not impact on either our CQC authorisation or our Monitor continuity of services rating.

Recommendation

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

Queen Victoria Hospital NHS
NHS Foundation Trust

2014/15 Contract Report

Prepared for Board of Directors

17th February 2015

Elin Richardson, Head of Commerce

1.0 Executive Summary

The Trust continues to over perform against external contracts with CCGs and NHS England.

Over performance is predominantly in day cases, outpatient follow ups and outpatient procedures (specific to the dental contract). This is largely due to:

- Actions to reduce 18 week backlogs;
- Under commissioning by NHS England; and
- Extension of the provision of musculo-skeletal services (MSK) which had been removed from commissioner plans.

2.0 Overall Contract Performance

Table 1 below shows the year-to-date performance against all contract and non-contract activity before the removal of any penalties / adjustments. This shows that the Trust has over performed against these plans by £4m at Month 10 (up from £3.6m at Month 9). This is consistent with over performance seen in prior months with the exception of Month 9 (December).

The greatest over performance is in areas where signed contracts are in place i.e. General Acute (CCG contracts 9% over year to date), and dental and specialised (NHS England contracts 8% and 18% over year to date). These are broken down further in subsequent sections.

Table 1: Trust performance against contract and non-contract activity

Contract Group	YTD M10 Plan £	YTD M10 Actual £	Variance £
General Acute	£26,604,293	£28,890,530	£2,286,237
Dental	£9,534,409	£10,326,009	£791,600
Specialised	£5,101,841	£6,002,886	£901,045
NCA	£1,195,219	£1,187,443	-£7,775
AQPNOUS	£0	£89,327	£89,327
non-England NCA	£58,553	£76,925	£18,371
Private Patients	£52,700	£29,020	-£23,680
Overseas	£36,506	£24,231	-£12,275
Offenders	£2,982	£7,751	£4,769
Military	£3,929	£6,927	£2,998
Grand Total	**£42,590,431**	**£46,641,047**	**£4,050,616**

3.0 CCG Contracts for Acute Care

Table 2 below shows the year-to-date over performance against the general acute contracts – these are signed CCG contracts.

Table 2: Performance against general acute care contracts

CCG	YTD M10 Plan	YTD M10 Actual	Variance
NHS HORSHAM AND MID SUSSEX CCG	£3,825,268	£4,640,784	£815,515
NHS WEST KENT CCG	£3,619,206	£4,105,211	£486,005
NHS HIGH WEALD LEWES HAVENS CCG	£2,558,178	£2,779,311	£221,133
NHS EAST SURREY CCG	£1,935,937	£2,217,190	£281,253
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	£1,969,903	£2,007,570	£37,667
NHS MEDWAY CCG	£1,840,330	£1,967,879	£127,549
NHS COASTAL WEST SUSSEX CCG	£1,579,788	£1,674,643	£94,855
NHS HASTINGS AND ROTHER CCG	£1,363,452	£1,373,935	£10,484
NHS CRAWLEY CCG	£1,240,384	£1,343,156	£102,772
NHS EASTBOURNE, HAILSHAM AND SEAFORD CCG	£612,269	£862,017	£249,747
NHS BRIGHTON AND HOVE CCG	£1,054,888	£845,794	-£209,094
NHS SWALE CCG	£811,307	£778,594	-£32,713
NHS SURREY DOWNS CCG	£590,867	£651,578	£60,711
NHS SOUTH KENT COAST CCG	£592,319	£627,974	£35,656
NHS CANTERBURY AND COASTAL CCG	£522,058	£582,809	£60,751
NHS BEXLEY CCG	£511,663	£477,917	-£33,747
NHS BROMLEY CCG	£547,145	£473,542	-£73,603
NHS ASHFORD CCG	£313,481	£445,803	£132,322
NHS THANET CCG	£440,215	£394,438	-£45,777
NHS GUILDFORD AND WAVERLEY CCG	£358,918	£378,987	£20,070
NHS CROYDON CCG	£316,716	£261,398	-£55,318
Grand Total	**£26,604,293**	**£28,890,530**	**£2,286,237**

At Month 10 the Trust had over performed by £2.286m against these contracts. Continuing the trend from previous months the greatest over performance (in value) is with our host commissioner Horsham and Mid Sussex CCG.

As noted previously Horsham and Mid Sussex, Crawley and Brighton and Hove CCGs removed a block amount of activity for the change in their musculo skeletal services (MSK) contract. This was not profiled over the year but taken out in straight 1/12ths. The anticipated start of the new contract was October 2014 however QVH's provision was extended until the end of December 2014 therefore the plan is lower than would be expected at this point. The contract became live on the 1st January 2015 but currently the activity is reported within the CCG position whilst a reconciliation exercise is undertaken between Sussex MSK Partnership, the three CCGs and the Trust. Therefore the position will change from February and Sussex MSK Partnership will be reported as it's own contract.

The Trust continues to under-perform against the Brighton and Hove CCG contract predominantly in skin procedures (part of plastics).

Table 3 below breaks the general acute performance down to point of delivery (POD) level.

Table 3: General acute care split by Point of Delivery (POD)

Point of Delivery (POD)	YTD M10 Plan £	YTD M10 Actual £	Variance £	YTD M10 Activity Plan	YTD M10 Actual Activity	Variance
Non elective	£5,899,877	£6,047,405	£147,528	2,721	2,641	-80
Day case	£5,687,570	£6,780,353	£1,092,783	4,886	6,134	1,248
Elective inpatient	£4,935,206	£4,726,987	-£208,219	2,291	2,224	-67
Outpatient First Attendance	£2,104,450	£2,208,633	£104,183	20,001	20,453	452
Outpatient Follow Up	£4,562,070	£5,184,302	£622,232	71,534	79,646	8,112
Exclusions	£1,071,729	£1,415,792	£344,063	0	0	0
Outpatient Procedures	£795,208	£819,146	£23,938	4,789	5,497	708
MIU attendances	£598,227	£627,250	£29,023	9,203	9,650	447
Radiology	£820,678	£945,852	£125,174	21,044	23,501	2,457
Other	£129,279	£134,811	£5,532	427	382	-45
Grand Total	**£26,604,293**	**£28,890,530**	**£2,286,237**	**136,897**	**150,128**	**13,231**

Day cases continue to over perform significantly representing nearly half over the overall over performance. This reflects

- the additional work under taken in Month 8 for the 18 weeks initiative;
- the underlying level of over performance particularly in ophthalmology; and
- the extension of the MSK services at QVH.

Outpatient follow ups represent nearly a third of the overall over performance. The service line team for ophthalmology continue to review the outpatient follow up process and data recording due to this area reporting a new to follow up ratio that is particularly high and an outlier with other specialist Trusts.

3.1 Developments in acute care contracting

MSK services – the Trust signed a sub contract with Sussex MSK Partnership to provide MSK services for the period 1st January to 31st March 2015 and will be agreeing arrangements for MSK services to the East Sussex CCGs over the next month.

Skin services – the Trust remains committed to supporting the community dermatology providers awarded the Any Qualified Provider (AQP) Community Dermatology contract for the CCGs in Horsham and Mid Sussex and Crawley. Kent CCGs have put their community dermatology services out to tender and the Trust will be supporting bids in this area.

AQP Non Obstetric Ultrasound (NOUS) and Direct Access Magnetic Resonance Imaging (MRI) for West Kent CCG – the Trust has bid to provide services in this area however initial feedback has been provided informing us that the Trust was not successful due to the service not being within the boundaries of West Kent. The Trust is appealing this decision.

High Weald Lewes Havens Community Services – the Trust is part of a bid (the lead accountable organisation being another provider) which has been successful at pre-qualification questionnaire(PQQ) stage. The response to the Invitation to Submit Outline

Solution (ITSOS) was completed and submitted on 22nd January 2015 and the Trust has participated in the first round of competitive dialogue. The process continues.

4.0 NHS England Contract for Specialised Care and Dental Services

Table 4 below shows the year-to-date over performance for the NHS England contract covering specialised services and dental. This shows over performance of £1.7m at Month 10 up from £1.4m at Month 9. This is again before the application of any penalties.

Table 4: Performance against the NHS England contract

Contract Name	YTD M10 Plan £	YTD M10 Actual £	Variance £
NHS England Specialised	£5,101,841	£6,002,886	£901,045
NHS England Dental	£9,534,409	£10,326,009	£791,600
Grand Total	**£14,636,250**	**£16,328,894**	**£1,692,645**

The over performance on the specialised element of the contract is in all PODs with the exception of 'other'. Daycase over performance has been predominantly in specialised ophthalmology.

The over performance on critical care bed days is offset by an under performance in dental critical care bed days.

Similarly the over performance in the dental contract is in all PODS (with the exception of 'other' and critical care noted above. As noted previously, NHS England commissioned at approximately 8% below the 13/14 outturn without any demand management schemes in place. The Trust, in good faith, signed the agreement on the basis of an activity / volume mechanism for payment and yet NHS England challenge all over performance.

Table 5: Performance against the NHS England specialised element of contract at Point of Delivery level (POD)

Point of Delivery (POD)	YTD M10 Plan £	YTD M10 Actual £	Variance £	YTD M10 Activity Plan	YTD M10 Actual Activity	Variance
Elective inpatients inc. day cases	£1,676,657	£ 1,999,433	£322,777	818	1006	188
Non elective inpatients	£1,366,395	£ 1,537,111	£170,716	548	628	80
First outpatients	£244,847	£ 315,136	£70,290	949	1,224	275
Follow up outpatients	£1,107,510	£ 1,249,131	£141,621	4,311	4,858	547
Critical care bed days	£317,363	£ 552,474	£235,111	129	295	166
Other	£395,981	£ 364,278	-£31,703	390	143	-247
Grand Total	**£5,108,751**	**£6,017,563**	**£908,811**	**7,145**	**8,154**	**1,009**

Table 6: Performance against the NHS England dental element of contract at Point of Delivery level (POD)

Point of Delivery (POD)	YTD M10 Plan £	YTD M10 Actual £	Variance £	YTD M10 Activity Plan	YTD M10 Actual Activity	Variance
Elective inpatients inc. day cases	£2,656,870	£ 2,947,972	£291,102	2,317	2,634	317
Non elective inpatients	£1,017,993	£ 1,090,040	£72,047	583	558	-25
First outpatients	£1,402,360	£ 1,562,273	£159,913	9,879	11,116	1,237
Follow up outpatients	£1,166,802	£ 1,275,664	£108,862	13,332	14,562	1,230
Outpatient procedures	£2,197,609	£ 2,614,867	£417,258	14,132	16,478	2,346
Critical care bed days	£278,830	£ 115,144	-£163,686	251	106	-145
Other	£813,943	£ 720,048	-£93,895	109	142	33
Grand Total	**£9,534,409**	**£10,326,009**	**£791,600**	**40,603**	**45,596**	**4,993**

5.0 Risks against contract income

Failure to achieve 18 weeks has previously been reported as a significant risk to contract income. This risk has now reduced due to the Trust achieving compliance and the finance report details the provision released on this basis.

6.0 Emergency Rate Threshold (ERT) update

Agreement in this area remains outstanding and is due to be discussed in the Programme Board with commissioners at the beginning of March.

End.

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	26th February 2015
Reference number:	40-15
Report from:	Graeme Armitage, Head of HR & Operational Development
Author:	Graeme Armitage, Head of HR & Operational Development
Report date:	17th February 2015
Appendices:	A: Workforce Performance Report

Workforce update – February 2015

Key issues

1. There are promising signs this month with regard to turnover, vacancies and sickness and these are covered in more detail within this month's report. The highlights therefore are as follows;

2. Turnover fell by 1% December 2014 to January 2015 to 13.5%. This follows a steady trend towards the Trust target and reflects in part the impact of the actions being taken forward by the Recruitment and Retention Task Group (see the attached Appendix A for further details). The success of the group to date and the enthusiasm of those associated with the initiatives being taken forward, have led to a decision to continue the group for a further 12 months. Planning has already started on a second Recruitment Day to be held in September 2015.

3. The number of vacancies through the year has been higher overall than for the previous 2 years. This is in line with the higher turnover rate which in turn has been driven by the retention problems seen in a few specific areas e.g. Canadian Wing. The number of vacancies has, however been steadily falling and this trend continues for the current period. The number of live vacancies i.e. 22.4wte still only represents approximately 24% of the gap between the funded establishment and the in post figure. Noticeably, the total of all paid staff, which includes bank, agency and overtime, is slightly above funded establishment. Previous years have seen a sharp increase in the number of live vacancies towards the end of Q4 however, with tighter controls in place and with little scope to increase establishments for next year, it is expected that the number of live vacancies will remain at a constant level to the end of the financial year. This will be monitored closely.

4. Pay remains overall in line with the plan and reflects much improved control on costs introduced towards the end of the 2013/14 financial year. Pay costs are impacted by the way in which managers use their staffing resources and therefore taking note of the points made in paragraph 3 above, we will need to monitor the number of vacancies over the next 2 to 3 months to maintain pay costs in line with the funded establishment.

5. Reported sickness has fallen below 3% for the first time since June 2014. Whilst it is too early to say that the 2% outturn target will be met by the end of March 2015, there continues to be encouraging signs that overall sickness levels are steadily falling. The reduction has been the result of better management of sickness cases, improved training and support for managers and a proactive approach to addressing, in particular, long term cases. Anecdotal information regarding the sickness in late January early February 2015 (Theatre Management) indicates that there may be a slight increase overall. This is being monitored and action taken to support the individuals concerned. There has been no adverse impact on bank and agency use due to sickness and as expected this continues to reduce as the number of sickness cases also fall.

6. Statutory and Mandatory Training also shows further signs of improvement. Overall compliance now stands at just over 70% with a further 5% of those who are non-compliant booked onto relevant courses. The number of training sessions has been increased where required to assist staff to maintain their personal compliance and managers are utilising the improved reporting available to them to address areas of non-compliance. The Learning and Development team are receiving far fewer queries regarding the online reports, demonstrating greater confidence in the information available. We can expect to see the overall position to steadily improve over the next 3 to 4 months.

Implications of results reported

7. The workforce metrics within this report have an impact on the quality of patient care and so robust management of those remain a priority.
8. The Trust has a duty to make reasonable adjustments to those covered by the Equality Act 2010 and this is taken into account when managing sickness absence.
9. Workforce data is shared with NHS England and may be used by commissioners.
10. The efficient use of resources is essential to being a well-run organisation and therefore effective and accurate workforce information being provided to managers through the HR teams supports managers to make good decision which impact positively on their services.

Action required

11. Turnover and recruitment have been highlighted as the main areas for concern at present and therefore have been prioritised accordingly. A Recruitment Task and Finish Group has been established to address the issues found in the areas most affected. Progress is being monitored monthly.

12. Continue with the controls for agency and bank usage which require senior management approval for non-clinical and over-establishment cover.

13. Continue to manage sickness absence proactively through collaboration between line managers, Human Resources and Occupational Health.

14. Further review of workforce metrics including breakdown of average staff costs in comparable services, e-rostering performance, recruitment timescales and staff development.

Link to Key Strategic Objectives

- Outstanding patient experience
- Financial sustainability
- Organisational excellence

15. Vacancies, sickness absence and bank and agency usage have an impact on the quality of patient care, cost more to the organisation and affect the wellbeing of staff who are at work. Therefore although the core stability of the Trust's workforce is very good i.e. over 95% turnover issues are being actively addressed and improvements to recruitment being implemented.

Implications for BAF or Corporate Risk Register

16. The issues raised at paragraphs 1 – 6 above are already included in the Corporate Risk Register and Board Assurance Framework where they impact on ensuring safe staffing levels and quality of services provided. The mitigations are currently felt to provide assurance that these issues are not impacting negatively on the Trust's overall performance.

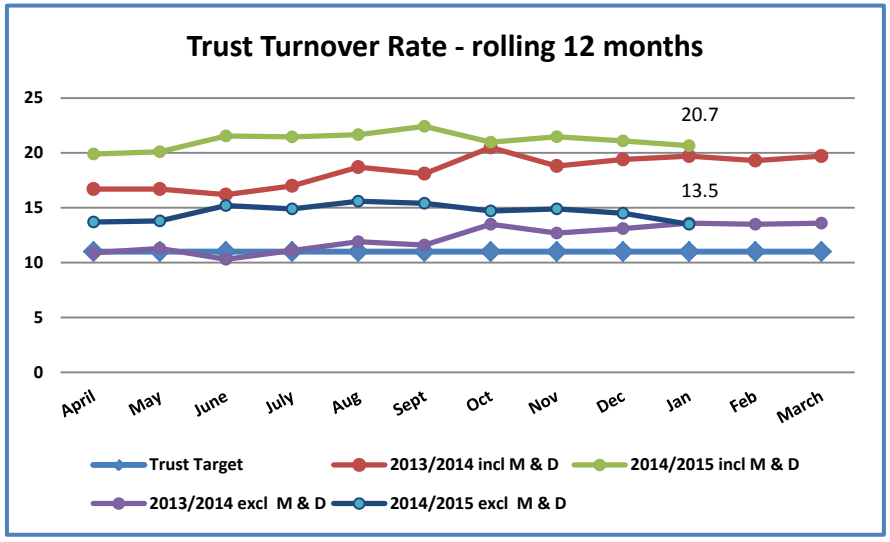
Regulatory impacts

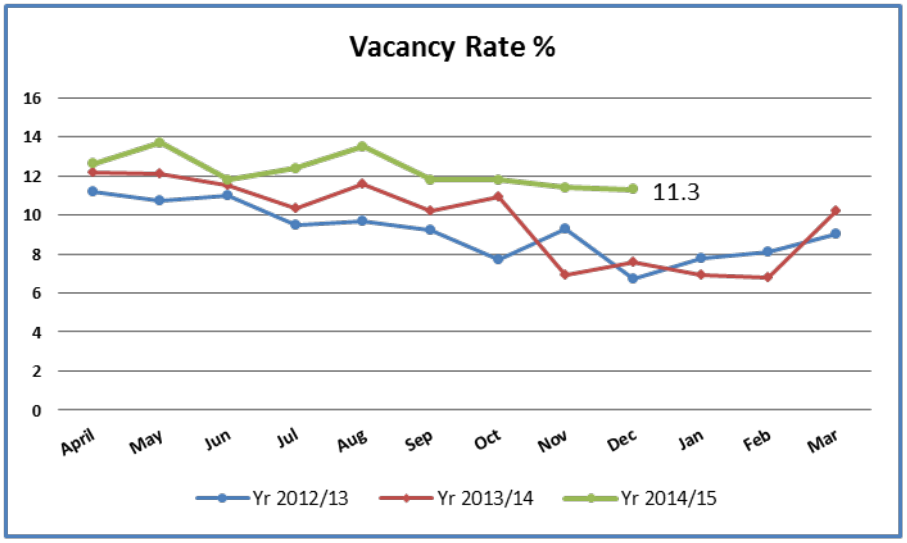
17. Although there is always a potential for high turnover and staff sickness to compromise quality of care and have a detrimental impact on the experience of other staff, it is not felt that the level of turnover and staff sickness prevailing currently is a genuine threat to regulatory compliance. Safety is maintained through use of temporary staff and the report shows that bank and agency use is low and recruitment to vacancies is improving.

Recommendation

18. The Board is recommended to note the contents of the report.

HEADLINE HR KPIs February 2015





Staff Movements

	Jan 14	Feb 14	Mar 14	Apr 14	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14	Jan 15
Headcount	967	971	971	966	966	967	965	957	961	965	966	965	973
WTE in Post	825	823.78	823.78	816.86	816.07	816.78	816.79	816.79	812.47	816.49	818.86	818.48	825.73
WTE Funded Establishment	867.99	867.99	867.99	897.51	897.51	897.51	897.51	897.51	897.51	897.18	897.14	897.14	897.14
New Hires	16	29	7	10	7	19	10	23	24	23	12	8	15
Leavers	11	22	15	9	9	21	12	44	17	17	12	12	7
Maternity Leave	16	17	19	19	20	17	16	19	20	18	16	16	13
Vacancy Rate	6.9%	6.8%	10.2%	12.6%	13.7%	11.8%	12.4%	13.5%	11.8%	11.8%	11.4%	11.3%	N/A
Turnover Rate Headcount	1.14%	2.37%	1.55%	1.04%	1.04%	2.18%	1.35%	4.62%	1.77%	1.76%	1.24%	1.24%	0.72%
Turnover Rate	1.14%	2.05%	1.65%	0.93%	0.93%	2.07%	1.24%	4.49%	1.69%	1.66%	1.14%	1.15%	0.66%

Rolling 12 Monthly Turnover Figures

	Jan 14	Feb 14	Mar 14	Apr 14	May 14	June 14	July 14	Aug 14	Sept 14	Oct 14	Nov14	Dec14	Jan 15
12 Month Turnover (including Medical & Dental)	19.70%	19.32%	19.74%	19.94%	20.15%	21.55%	21.45%	21.66%	21.61%	20.97%	21.47%	21.09%	20.66%
12 Month Turnover (Excluding Medical & Dental)	13.59%	13.51%	13.62%	13.67%	13.79%	15.19%	14.93%	15.57%	14.87%	14.74%	14.96%	14.50%	13.50%

HEADLINE HR KPIs

Turnover (12 month rolling turnover)

Trust turnover for the 12 month rolling period ending 31st January 2015 has seen a slight fall of 1% over the previous month to 13.50%, although still above Trust target, turnover is at its lowest since February 2014.

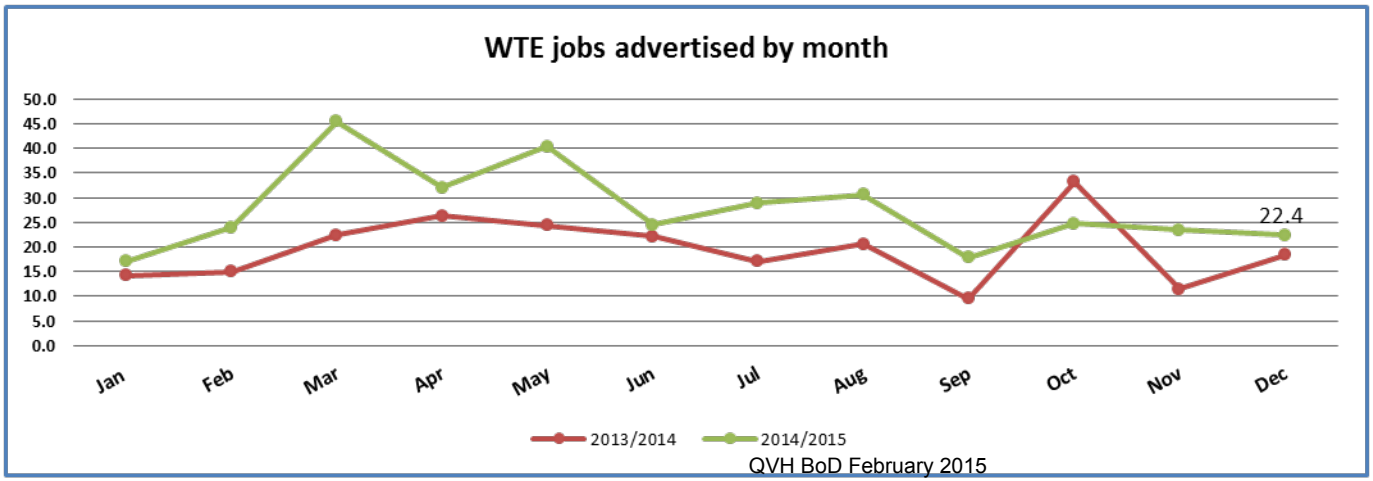
January saw 7 leavers (5.44 WTE), this is at its lowest for the last 12 months. The majority of leavers for January were Medical and Dental with 5 Leavers, (1 – retirement age, 2 – end of fixed term contract and 1 – voluntary resignation - child dependents and 1 – voluntary resignation – reason unknown). The 2 remaining leavers were from Nursing who have rejoined to work on the bank.

Vacancies Rates (figures 2 month in arrears)

Vacancy rate for December is 11.3% of which 22.4 WTE were actively being recruited to. Bank and agency were being used to the total of 82.26 WTE. The reason for this is the need to cover establishment vacancies, maternity leave (currently 13 employees on maternity leave) and long-term sickness (6 employees with sick leave of 4 weeks or more) 4 of these employees are due to return in January 2015. The vacancy rate saw a slight fall of 0.1% for December, this follows the slow downward trend for the past 2 years, with a predicted rise through quarter 4, due to under spent budgets used to fill vacant posts.

Vacancies/Recruitment (figures 2 months in arrears)

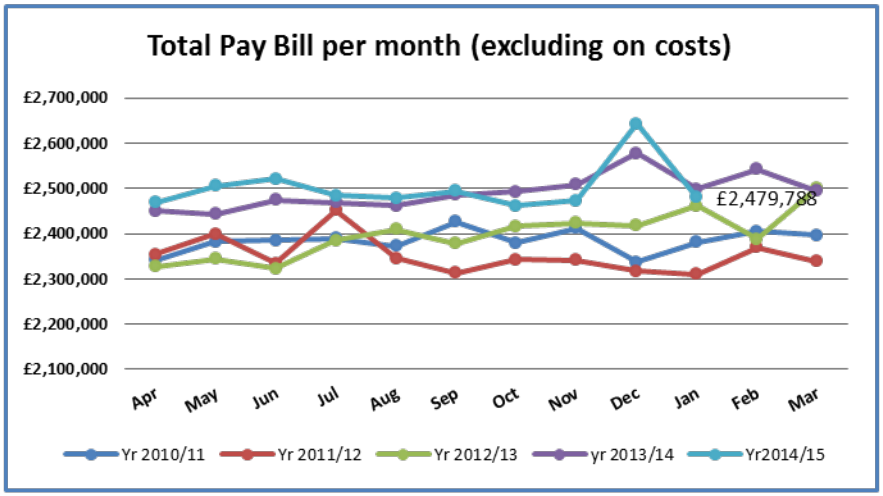
There were 22.4 WTE vacancies advertised in December of which included, 10.6 WTE Nursing posts, 4.7 WTE Admin and Clerical posts and 4.6 WTE Medical and Dental posts.

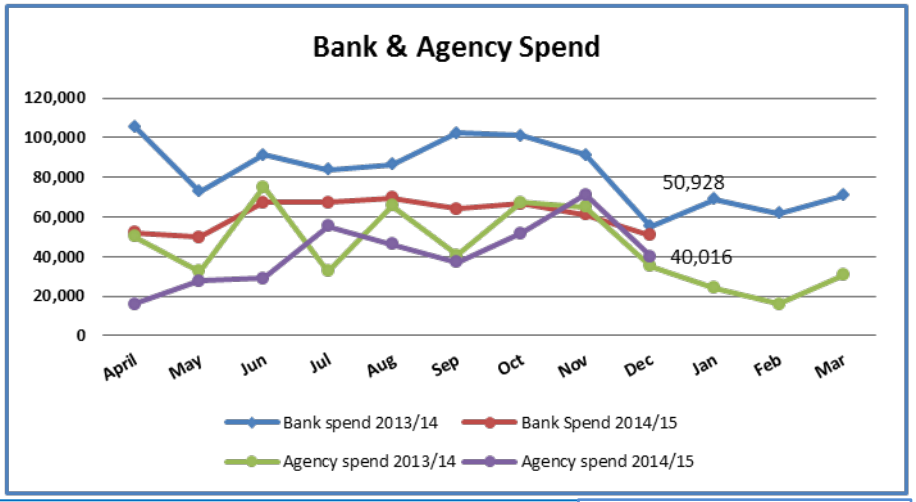


RAG Rating

HEADLINE HR KPIs

HEADLINE HR KPIs





Pay Bill – (1 months in arrears) reported pay does not include on costs. Pay for January decreased by £163,945 to £2,479,788

A breakdown of the split between total staff paid WTE and bank/agency and overtime is reported in arrears and for December 14, shows WTE staff in post was 818.48 however total WTE paid was 910.20 this is inclusive of 34.74 WTE Bank, 55.58 WTE Agency (excluding RMNs) and 1.40 WTE over-time. The Budgeted establishment inclusive of temporary staffing is budgeted at 902.71, currently the paid WTE inclusive of temporary staffing is at 910.20, which indicates that the paid WTE is over budgeted establishment by 7.49 WTE for December.

Bank and Agency usage – (figures are 2 month in arrears)
Bank expenditure for December was £50,928 a decrease of 15% from last month, this is on trend with the same period last year, with a reduction in bank usage due to Christmas and New Year. Agency expenditure (excluding RMN) was £40,016 a decrease of 44% for December, this is on trend with the same period last year. Bank and agency expenditure is predicted to rise for January due to increased short-term sickness (seasonal Cough, Cold and Flu and gastrointestinal problems) and establishment vacancies.

The top three highest users of bank and agency expenditure were Canadian Wing at a combined amount of £22,651 a decrease from last month due to activity over the Christmas and New Year period. Burns Centre has a combined expenditure of £11,418 an increase of £6170 due to high patient acuity and additional workload. Corneo nursing has a combined expenditure of £10,729 a slight decrease from last month. Expenditure was due to establishment vacancies and additional workload.

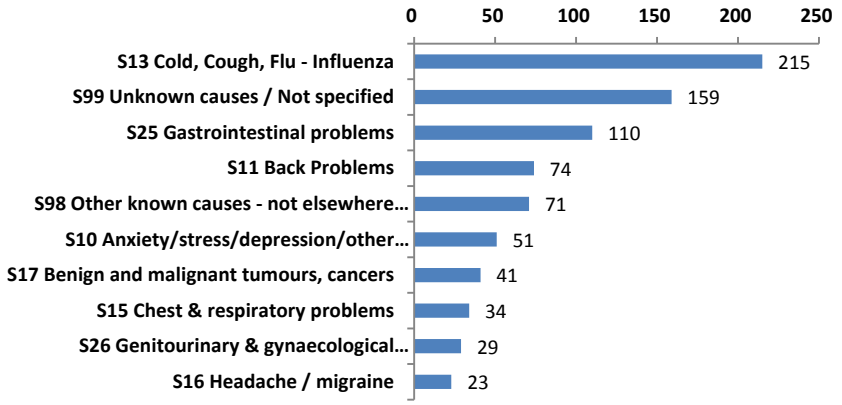
Actions

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

RAG Rating

HEADLINE HR KPIs

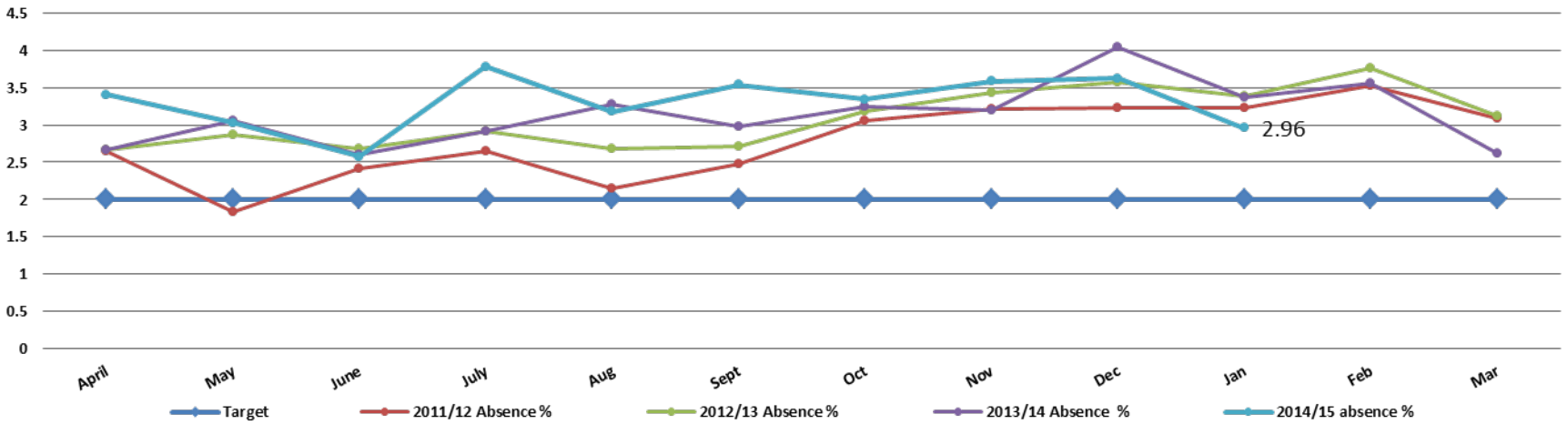
Top 10 Absence Reasons byAbsence Days for January



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

Staff Group	Estimated Cost	Absence Occurrences
Add Prof Scientific and Technical	£9,300	19
Additional Clinical Services	£7,571	52
Administrative and Clerical	£13,167	55
Allied Health Professionals	£1,697	9
Estates and Ancillary	£4,086	18
Healthcare Scientists	£0	0
Medical and Dental	£11,756	8
Nursing and Midwifery Registered	£17,761	52
Grand Total	£65,338	212

Trust Absence Timeline



HEADLINE HR KPIs

Sickness/Absence

Trust sickness for January is at 2.96% a fall of 0.66% from last month and the lowest since June 2014. The lower sickness rate is due to long-term cases returning to work , currently there are only 6 reported cases of long-term sickness and 2 of these are currently being managed within the HR department.

There were 206 episodes of short-term sickness throughout January, with the highest number of short-term sickness cases being Cough, Cold and Flu, equating to 30% of all short-term sickness reported and gastrointestinal problems being the second highest level of short-term sickness, equating to 17% of all short-term sickness recorded.

Long term sickness cases which are over 28 days have decreased to 6 for January (2 of which are being dealt with under the capability due to ill health. The top two main causes reported are 1) Benign and malignant tumours/cancer and 2) Unknown causes/not specified

There were 888 absence days lost (760.39 FTE) due to sickness. The average days lost to sickness for January was 6.60 days with a cost to the Trust of £65,338. Monday was the highest first day absent for a continuing month, a recurring trend for the Trust – work is being undertaken to identify any individuals who take sickness absence on a Monday.

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

For the second month running, Admin and Clerical staff had the most sickness absence in January with 55 occurrences of sickness, 5 x long-term cases and 50 short-term occurrences of sickness due to Cough, Cold and Flu, Gastrointestinal problems and Unknown causes not elsewhere specified. The top admin and clerical departments are;

- SLR Skin, Breast - Hands and Burns, due to Cough, Cold and Flu and unknown causes not else where specified.
- SLR maxillofacial - due to Cough, Cold and Flu and Genitourinary & Gynaecological disorders.
- Finance - due to Gastrointestinal problems.
- Risk Management - due to Cough, Cold and Flu.

Nursing Registered had the second highest sickness absence in January with 52 occurrences of sickness, 2 x long-term cases and 50 short-term sickness relating to Cough, Cold and Flu and Gastrointestinal problems. The top nursing wards are;

- Canadian Wing – Cough, Cold and Flu and Other Known Causes, not else where classified
- Paediatrics – Cough, Cold and Flu
- Burns Centre – Cough, Cold and Flu

RAG Rating

HEADLINE HR KPIs

Sickness Absence continued

Exceptions

The main affected areas are; Medical Education at 34.84%, this should be noted that this is a small department of 3 carrying 1 x long-term sickness over 21 days.

Plastics – Hand and skin at 19.18%, 6 short-term sickness cases due to Cough, Cold and Flu and headache/migraine.

Clean Room at 15.05%, this is a small department carrying 1 x long-term sickness case over 21 days.

Risk Management at 11.96%, a small department with 3 x short-term sickness cases due to Cough, Cold and Flu.

Pre-assessment at 9.81%, with 6 short-term sickness cases this month resulting from Cough, Cold and Flu, gastrointestinal and stress and anxiety. The HR Advisor is working with the manager to assess the issue of stress and anxiety.

Site Practitioners at 9.64%, a small department carrying 1 x long-term sickness since April 2014 and 3 short-term sickness cases for January. The employee on long-term sickness has put in a formal request for ill-health retirement as there is no chance this employee will be able to return to work. Recruitment is underway to replace the long-term sick employee which will hopefully lesson the stressors within the department.

Catering at 9.18% a small department carrying 1 x long-term sickness cases due to 'Injury/facture' due to return this month and 4 x short-term sickness cases due to Cough, Cold and Flu and gastrointestinal problems.

Theatres at 7.59% (does not include DSU or RDU) includes 3 x long-term sickness cases, just returned in January 2015 and 39 short-term sickness cases due gastrointestinal problems and sickness not specified.

Peanut at 6.03%, 11 cases of short-term sickness due to Cough, Cold and Flu and gastrointestinal problems.

Actions

The HR Advisors are working with managers and occupational health to manage short-term sickness in line with Trust policy and procedures.

The e-Rostering team are looking to remove sickness that is being recorded as "Sickness not Specified "and "Unknown causes not specified" as a sickness reason as a true record of sickness is not possible whilst these options are available to chose from.

RAG Rating

HEADLINE HR KPIs

Payroll

All staff were paid on time, overpayments remained at 1, the volume not changing from December. The overpayment was due to a failure to return from maternity leave.

There were 26 Interim payments made in January, 25 of which were due to incorrect payment for additional work during the November 2014 RTT 18 initiative.

Payroll errors decreased from 1 to 0.

Employee Relations

The HR Advisors have been actively managing long-term sickness with a further 4 employees returning to work in January 2015, there are 2 existing long-term cases that are currently being managed and 1 new case this month.

There are 2 temporary re-deployments being trialled this month and will be for approximately 6 months.

The probationary review case has now closed as the employee has successfully met their competencies.

There are 7 new informal short-term sickness cases and 4 existing cases being actively managed in-line with Trust policy. There is 1 new case of formal short-term sickness and 3 existing cases.

There are no cases of disciplinary or conduct this month.

Case Type	Number of cases
•Disciplinary	0
•Bullying & Harassment	0
•Conduct	0
•Capability	4 (this includes sickness capability cases)
•Long-term sickness	3
•Change Management	1
•Grievance	0
•Whistleblowing	0
•Probationary	0
•Appeals	0
•Suspension	0
•Flexible Working	0
•Dismissals	0
Total 8	

RAG Rating

Statutory and Mandatory Permanent Staff Training – 2.2.15

Competence Name	Does not meet requirement	Expired but Booked	Meets Requirement	Grand Total	Trust Overall (Expired + Meets Req)
CSTF Equality, Diversity and Human Rights - 3 Years	41.85%	6.36%	51.79%	100.00%	58.15%
CSTF Health, Safety and Welfare - 3 Years	19.42%	5.13%	75.45%	100.00%	80.58%
CSTF Infection Prevention and Control - Level 1 - 1 Year	71.11%	0.00%	28.89%	100.00%	28.89%
CSTF Infection Prevention and Control - Level 1 - 3 Years	17.72%	3.16%	79.11%	100.00%	82.28%
CSTF Infection Prevention and Control - Level 2 - 1 Year	10.56%	9.89%	79.55%	100.00%	89.44%
CSTF Information Governance - 1 Year	29.91%	1.12%	68.97%	100.00%	70.09%
CSTF Moving and Handling - Level 1 - 3 Years	23.86%	3.81%	72.34%	100.00%	76.14%
CSTF Moving and Handling - Level 2 - 1 Year	35.94%	11.24%	52.81%	100.00%	64.06%
CSTF NHS Conflict Resolution (England) - 3 Years	29.86%	3.61%	66.53%	100.00%	70.14%
CSTF Resuscitation - Level 2 - Adult Basic Life Support - 1 Year	22.18%	8.06%	69.76%	100.00%	77.82%
CSTF Resuscitation - Level 2 - Paediatric Basic Life Support - 1 Year	23.19%	8.47%	68.35%	100.00%	76.81%
CSTF Safeguarding Adults - Level 1 - 3 Years	20.76%	2.79%	76.45%	100.00%	79.24%
CSTF Safeguarding Children - Level 1 - 3 Years	13.39%	2.79%	83.82%	100.00%	86.61%
CSTF Safeguarding Children - Level 2 - 3 Years	27.15%	1.69%	71.16%	100.00%	72.85%
CSTF Safeguarding Children - Level 3 - 3 Years	28.95%	0.00%	71.05%	100.00%	71.05%
LOCAL Emergency Planning - Non-Clinical - 3 Yearly	16.67%	2.54%	80.79%	100.00%	83.33%
LOCAL Emergency Planning: annual	13.29%	9.49%	77.22%	100.00%	86.71%
LOCAL PDR - annual	35.71%	0.00%	64.29%	100.00%	64.29%
Grand Total	25.12%	4.53%	70.36%	100.00%	74.88%

Statutory & Mandatory Training

The overall Trust figure of statutory and mandatory training meeting requirements has again increased from 64.07% to 70.36%. This is due to continued competency re-alignments amendments by L&D which is resulting in more accurate reporting figures.

Exceptions

Infection Control The Level 1 – 1 yearly renewal for Non Clinical Domestics & Porters as they are often in clinical areas, has dropped by 4%. The 71.11% who do not meet the requirement is actually 32 individuals. The suggestion will be made to the IPACT team that some specific departmental sessions should be carried out to boost compliance.

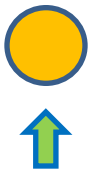
Moving & Handling Since last month we have amended level 1 recurrence to 3 years only to avoid confusion. Level 1 is predominantly non-clinical and Level 2 is predominantly Clinical staff.

Equality, Diversity & Human Rights. Despite remaining in red, the overall figures have increased again this month (4%) and individuals are booking onto future courses. We have approximately 375 staff still requiring the training.

Health, Safety & Welfare : This is the nationally recognised title for Risk. All staff now need to repeat this every 3 years.

ACTIONS: Continuation of the outstanding competency cleanse anomalies before proactively targeting individuals for specific training courses.

RAG Rating



QVH Recruitment –Task & Finish Group – updated on 12th February 2015

Area	Activity	Details	Who	Timescale	Progress RAG	Progress update
	First Level / Tier					
		Agreed at December forum to book 2 days per month for recruitment activity – (for all depts inclusive) –none specific but aimed primarily towards nurse recruitment from January **2015** onwards:- 11 Feb – Jubilee Rm 17 Feb – Jubilee Rm 06 Mar – Jubilee Room 18 Mar – Jubilee Rm T&F group successes report – (1 side A4 End Jan 15) – (**Actioned)** - given to Dominic (I/DOF) by MDH on the 26/01/15 email.	MDH Agreed as an action at December 2014 meeting	Dec 2014		Update brief given at January 2015 meeting
		Development of an Apprenticeship Training Scheme within QVH	MDH and Dominic I/DOF discussions Dec 2014 Develop for:- • Hotel Services • Medical Secretaries	To be agreed		
Employment Incentives and Support	Nurse post rotations Bands 5 & Band 6	• Implement rotational postings for QVH nursing workforce - commencing with B5 Posts ;- **approved** 15/12/14 –all B5 posts rotate at 6m intervals – Including ENT Nurses with exception of Theatres due to training issues –B6 post to follow	Matrons Matrons / Ward Mngrs / Recruitment Team Matrons /Ward Managers	Dec 14 - **actioned**		Update brief given at January 2015 meeting

Recruitment / Reward Initiatives	Post Registration Course Training	• Document Nurse rotational / 6 month post structuring in future recruitment advertisements discussions - (Burns / C Wing /O/Patients) (begin with Band 5 –**actioned** migrate to Band 6 over time • Band 5 Nurse JD discussed Jan 14 meeting –develop B6 JD next • Record rotational area work cycles into new /existing Nurse B5 Nurse JD – basic competencies • Contract in place with Brighton University to fund Burns and plastic surgery modules for nursing degree top up modules or clinical enhancement pathways dependant • Michael Turner recruitment of 6 posts -2 posts mid Feb 50% nursing staffing **Action**: MT to liaise with MB ref this activity) • Offer of Nurse Post Registration course as part of PD at 18 month stage of service with QVH	Matrons / Ward Managers / Deputy Head of HR - Recruitment DON / Matrons / L&D Team - **All agreed in principle** Michael Brown (CDP) Will raise paper for Feb 15T&F meeting MT to discuss at Feb meeting **Agreed at Jan meeting** – reflect this in future documentation and JD's	Dec 14 – **achieved** DON not present at Dec meeting but all in agreement – subject to financial approval MDH liaise with matrons and recruitment ref this action		Update brief given at January 2015 meeting
	Estates & Facilities (Hotel Services)	• Consideration towards development of a staff 'apprenticeship' scheme • 18+ apprenticeship • Katherine Bond knows about funds to develop scheme • 4 days PW at QVH	Raised by Dominic Tkaczyk (I/DOF) in early Jan 2015 for group consideration?	Raise via Board paper in next business quarter for Board support?		Update brief given at January 2015 meeting

		• 1 day at college • £1000 grant per student • Pathway to develop working alongside work experience scheme/				
	Relocation Allowance	• (Out of date) Relocation Expenses Policy Dated 10/03, stipulates :- 1) Current / new workplace location is at least 50ml apart in distance 2) Is relocation required /arrangements made reasonable? 3) Alleviation of hardship if not supported 4) Can be financially supported 5) 100% / part refundable on scale if post holder leaves within a 2yr timeframe 6) None householder – renting accommodation up to £2k maximum in expenses 7) House owner can claim up to £5K max in expenses. **<u>Relocation Allowance - criteria of eligibility :-</u>** Eligibility Assistance with relocation expenses may be given in the following circumstances: 1 Where, on taking up a new post with QVH the relocation of an employee's home is necessary and the post is one which has been designated as 'eligible' in advance, i.e. is at the advert stage, as attracting support with relocation. 2. Posts that will be eligible for assistance with relocation expenses in accordance with this agreement , must:	(or agreed distance? 50 mile proposal currently? Time limit for claiming this within 6 months of moving? Agreed at Jan mtg Leads :- Head of HR / Deputy Head of HR / DON & Matrons <u>Item b</u> - Dependent upon individual circumstances	2015-16 financial year?		Updated from January 2015 meeting Updated from January 2015 meeting

		a. be clearly stated on the UK Home Office Border Agency, Shortage Occupation List?. Or: b. be proven, by unsuccessful advertisement on 2 occasions, to be a 'hard to fill' post. In this case the recruiting manager must demonstrate this and have agreement from the Dir of Nursing / Finance Dir & Head of Human Resources, clearly stating on subsequent adverts that relocation expenses will apply to this post. 3. The Head of HR retains the discretion to extend eligibility to other posts that may not meet criteria above, but are seen as key to service delivery in QVH. - It is anticipated that any such exceptions will be minimal. 4. Where suitable employment is offered and accepted as an alternative to redundancy and the new post involves a change of base, necessitating relocation, etc. 5. In circumstances where the Trust agrees with the employee that relocation is not appropriate or practical, including circumstances where the employee is not in a position to move home, assistance with excess travelling expenses may be given for a period of up to 3 years? 1. Any such payments will be made irrespective of their grade. Such reimbursements will be subject to income tax deductions under PAYE. 6.Mileage rate will be reimbursed at public transport rate, which be reviewed in light of any changes to nationally agreed mileage rates. Retention of good unsuccessful candidates at interviews for other roles deemed to be a good fit?	As and when to be agreed by the current I/DOF and HOD This scheme Excludes Medical Consultants in QVH who have a separate policy and structure for this As contractually different Deputy Head of HR & / Matrons Database with limited shelf life and word of mouth from Matrons and ward managers ref good candidates –with :- • Skillsets • Put names and offer to bank rosters – if agreeable for admin /clerical take up? • Offer other vacancies to them as opportunities arise whilst on bank contracts			Updated from January 2015 meeting

	Utilisation of 'good' candidates interviewed from other roles –not 100% for role they applied for but good fit for similar / other roles within QVH	Establish structure of notifying good 'second place' candidates to other recruiting managers. Within a 7 day timeframe – spreadsheets /database/word of mouth!				
	Xmas 2015 Issues	Internal Quick Wins Schemes for staff rewards				
	Xmas Lunch – December 2015 Xmas decorations around QVH (2015)	• Develop a situation that works for everyone -transparency to process! • Staff subsidy –charitable funds £10ph token to all staff • Agreed funding package • Set aside funds for this - £1000 initially to grow over the 12m? Same vein discussions as for staff xmas support package	Agenda item next JNC/LNC meeting? – develop and canvass staff for opinions so we can action before summer 2015? • Available to everyone • Token via payroll? • Release email c Sept 2015 with agreed package for staff IPAC censored Xmas decorations spend - £2000? Charitable league of friends?	Discuss again at February 2015 meeting		Updated from January 2015 meeting

	Positive action to staff sickness	• Staff who have a nil record of sickness in year 2014 -15 are rewarded from • 1 x days (7.5 hrs.) extra leave - 2015/16 • Half days xmas shopping - or gift voucher to spend • Discretion to give it over a 3m period Nov-Jan e.g.	• Equality impact this? • Need to ensure sickness is unrelated to a known chronic condition /issue • Development of a buy back your leave scheme for those in key posts who cannot take all their leave over the set period			Updated from January 2015 meeting
	Second Level / Tier					
	Permanent clinical staff shift reward initiative scheme	• If permanent nursing staff in Pembury Ward (Tunbridge Wells Hospital) do 20 hours on bank roster per month in additional to their normal clinical duties then they get a £300 bonus award	• Need to guard against tired staff going off sick subsequently /increased stress levels??			
	Refer a friend scheme / Staff Reward incentive **Development of**	• (Strictly on a case by case basis; subject to management approval) • £250 per head / staff recruited member into a post after a 3m period • Further £250 payment at the 12m stage subject to / • **Develop somewhere in the**	OK in principle post meeting with Stuart Butt 04/12 – Scheme if approved is subject to strict caveats of not having close families working in same dept as **Use of Old Theatre #5**	MDH saw Dominic (I/DOF on 15/1 – **scheme not supported so issue is now closed**		In lieu of no financial backing for this venture - remove from the agenda (for the time being)

	a non-clinical recreation area for QVH staff	**Trust that could be utilised and developed – tables/chairs fridge Microwave TV? etc. for non-clinical staff to have lunch** • **Meet for coffee etc.;**	**areas was mentioned in Feb 2015 mtg?**			
	Exit Surveys	• All staff leaving QVH complete a staff exit questionnaire online / paper copy • Develop /analyse trends developing? • Patterns emerging • Tell us what you think?	Jan & Jan mtg group approach:- Open Envelope and hard copy survey approach –exciter places the survey into the envelope – seals it and HR picks it up approach? Sense check and owned by HR	MDH to raise email to managers raising awareness of exit interviews <u>Karol G & team briefed on this 21/1</u>		MDH emailed managers on this issue 10/02/2015
Trust / NHS Jobs Website	Refresh QVH Web-based Media	To include: • NHS jobs hyperlink on intranet • Video clip of QVH key staff advertising QVH as a 'good place to work' – then hyperlinks to get more information? • Jobs available to staff application form – • Review recruitment packs • Patient stories of QVH as a centre of excellence to work in. • Meet with Michael Brown (PDC) to share /explore best practice he undertakes –/ conversion rate - who stays at QVH? • Information about East Grinstead and any local attractions?	Driven by recruitment Matrons/ Deputy Head of HR & Matrons Deputy Head of HR	Nov 14 - onwards		

	Weekly Jobs Bulletin	• Make use of NHS jobs 2 and current website / new website on line in May to develop and improve recruitment media communications. • Production of a weekly internal jobs bulletin on public noticeboards to identify posts being recruited to QVH to support promotion and joint working between departments. • QVH Intranet Posters adverting working here in public areas – • canteen notice board • /hospital notice board –main corridor • TV screen in waiting area listing current QVH vacancies? • **Production on a new professional look 'Recruitment' promotional video on the new intranet** • - new intranet live in May 2015	MDH / Deputy Head of HR / Matrons Listing of Posts on HR Intranet ?? ??	Immediate		

		• Recruitment terms • HR metrics				
	<u>NHS Jobs 2</u>	• **Use of video clips to accompany NHS jobs advertisements currently used?** • **Recruitment 'template' pool –to work with managers on** **Consider the use of short films / media clips about QVH as a place to work (as background activity to the event):-** **1.(A short film on the internet is known to exist so that could be used initially with others to follow as a theme) (All)**	**Deputy Head of HR / Matrons** • **Need to set up a scoping meeting with recruitment** • **Life for busy people?** • **MDH to canvass Southampton Hospital HRD for opt out discussions NHS jobs** • **Ideas base?** • **MDH spoke to Soton GH HRD <u>on 21/1</u> ref opting out of NHS Jobs 2 process – work still in progress** **The comments opposite are feedback comments from specific Staff in HR and Matrons who participated in the 27th Jan 2015 open day event**	**Graeme Armitage & Olive Jones to meet up and develop in Feb 2015**		

		2. Use of the 'in house medical photographic department in signage for the event has saved QVH a lot of money and they are only too willing to help! (GH) **3. Signage - Permanent signage erected on Holtye Road entrance directing people to NHS Jobs -it was apparent that none clinical visitors at the open day in January 2015 did not know of the existence of NHS jobs (GH)** **Promotion of F&F Test comments to aid the process?**				
QVH **Branding and Promotion - (Kathleen Dalby)**	**Communications Dept promotion of QVH as a 'good' place to work?** **–** **What is Kathleen Dalby and wider media team doing in future regarding plans ref promotional work in 2015/ and in what time frame**		• Reflective wording on new /current documentation?	Deputy Head of HR liaise with Comms?		
	Use of 'Friends and Family' Test results		• Utilising the friends and family test results to promote QVH as a place to work- weave this into future staff attitude survey action plans / promotions etc.; • Add a strap line to all vacancies about current QVH average. • Top performing Cancer care NHS Trust -100%	Deputy Head of HR /All MDH sent out 2 emails to QVH staff ref F&F Q4 2014-15		
	Increasing Employee Advocates		• Identifying individuals in QVH who will act as 'advocates' for the Trust, through	All		

		promoting their department and roles to prospective candidates.			
	Utilisation of planned open days for registered nurse corporate recruitment – (to build on from the January 2015 open day event) **Next recruitment open day event staged in September 2015 on a Saturday / weekend based on previous event in January success –free parking access for visitors and staff needed to make the event a success free of other commitments on the day (logistics) – need to start preliminary planning for the event via the T& F group circa June /July 2015?** **Run event twice a year (3rd event if a need arises)?** HCA corporate recruitment on agenda? **Ask how did HR staff in other hospitals manage the interview process on their open days**? **Need the right rooms booked e.g. if use OT6 again then both seminar rooms booked on the day and available for interviews – Burns and a mixed team to rotate/swap roles over time –one interview one network and provide advice /talk to visitors etc.**;	• Creating QVH wide open days for registered nurses to offer a one stop shop process.-interview guaranteed with a senior member of the team upon arrival. • Offer interviews and assessments on the day? • Ensuring information and general literature is available for prospective staff. • Wide publication of events. • Share names after the event with other QVH areas.	Matrons		Agree the value of corporate/individual open days –. Broaden the existing plan to move to a corporate calendar of activity. 47 visitors attended the open day on 27/01/2015 – data capture on all attendees done and advice on way forward given – 2 themes :- Nursing and HCA vacancies
	Utilisation of Recruitment Open days for staff every year? – agreed in Feb meeting to hold 2 events per year – next event Sept 2015 (with initial planning lead up June 2015 via T&F group)	• Creating Trust wide open days for HCA recruitment to offer a one stop shop process for those who wish to understand and undertake the role. • Offer interviews and assessments on the day.	All		

	Third Level				
Overseas Recruitment	Secure a strategic partner(s) for overseas recruitment	• Secure a strategic partner(s) for overseas recruitment campaign, via a procurement exercise. • Partners(s) must be able to focus on nursing supply, and other key areas (Medical, AHP). • Selection process to be conducted during August / September.	All (if required)		Not currently being addressed
	Employee Accommodation	• Accommodation for new nursing staff? • Draw up business plan in 2015? To explore issues and funding? • 2 x protected house in meridian way	DON		
	Set up alternative interview screening processes for direct hires	Establish a formal process for interviewing via internet media such as Skype. Set up a Skype interview hub.			
Recruitment of newly qualified registrants	Co-ordinate corporate recruitment events to maximise recruitment from new qualifiers (2x year) • Michael Brown - (Paper written and submitted to steering group in Dec 14) – raised at Jan 2015 meeting)	• Participate in all available recruitment open days run by local HEI's. • Run corporate trust wide interview process for newly qualified staff twice yearly. • Run corporate induction and oversee local induction process and	MB to link with Michael Turner in Burns unit to develop		

		preceptorship for recruits. • Aim to ensure promotion prior to London Hospitals.			
Utilisation of Candidates					
	Talent database? Ongoing overseas campaign to Spain/Portugal for registered nurses – (incentive supported) •**Development of a Skype interview process for potential candidates if/when called upon to develop this initiative via QVH or 3rd party supplier?** •Continue overseas campaign to Spain/Portugal to secure additional WTE's. •Review package including a golden welcome to ensure QVH remains competitive with other overseas recruiters.	Explore how a talent database could be created to hold details potential candidates (2nd place, or appoint able in the future with experience). Not incentive not currently being addressed			

Next meeting in Feb 2015 (from Jan meeting):-

- Emphasis about recruitment as an agenda item
- Feedback ref recruitment open day –Tues 27th Jan 2015

- Later items on the agenda not discussed at Jan meeting-take up

Key:

Anticipate Impact	Definition	Progress RAG	Definition
High	Likely to yield more than 10 candidates	Green	Complete
Medium	Likely to yield more than 5 but less than 10	Amber	In progress
Low	Likely to yield less than 5 candidates	Red	Significant slippage against target and / or at significant risk

V1.0 November 2014

Review further use of local Recruitment and Retention payments (in line with Agenda for Change terms and conditions) for hard to recruit posts, and where there is a specific business need. Identify plan for the next 6 months.

Ensure sustained system to centrally monitor use of R&R. Note that R&R premia must be funded by the Divisions / Operational area.

Depts to review R&R Premia for B5 Nurses, working together to review cases and design appropriate premia. –consideration to appointing B6 nurses to fill vacancies existing but also provide a higher level of nursing to work within our specialist foundation trust.

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	26th February 2015
Reference number:	41-15
Report from:	Graeme Armitage, Director of HR & Operational Development
Author:	Graeme Armitage, Director of HR & Operational Development
Report date:	17th February 2015
Appendices:	A: Board update

KSO 5 Organisational Excellence Board update – February 2015

Key issues

1. The attached report provides the Board with an update on progress against the objectives identified in delivering Organisational Excellence.

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

3. Highlights include SafeCare implementation, the planned opening of the simulation suite and launch of the new leadership and management development framework. Example Board information/reports will be provided by the Director of HR/OD for information only.

Implications of results reported

4. The progress reported impacts on the quality of patient care and so robust management of those remain a priority.
5. The Trust has a duty to make reasonable adjustments to those covered by the Equality Act 2010 and this is taken into account when managing sickness absence.
6. The efficient use of resources is essential to being a well-run organisation and therefore effective and accurate workforce information being provided to managers through the HR teams supports managers to make good decision which impact positively on their services.

Action required

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

Link to Key Strategic Objectives

- Outstanding patient experience
- Financial sustainability
- Organisational excellence

Implications for BAF or Corporate Risk Register

8. The issues raised at paragraphs 1 – 3 above are closely monitored where they impact on ensuring safe staffing levels and quality of services provided. The mitigations are currently felt to provide assurance that these issues are not impacting negatively on the Trust's overall performance.

Recommendation

9. The Board is recommended to note the contents of the report.

Queen Victoria Hospital NHS
NHS Foundation Trust

Key Strategic Objective 5 – Organisational Excellence

Board Update February 2015

Graeme Armitage – Head of HR/OD

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

1. Leadership Development

Click arrow for progress

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

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

2. Performance Management

Click arrow for progress

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

Click arrow for progress

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

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

3. Innovation

Click arrow for progress

Click for Home

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

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

1. Leadership Development

Click to return

Progress to date

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

- Engagement sessions completed successfully during November / December 2014
- Consultation completed early February and staff affected by the new structure will notify their preferences by end of February 2015. Interviews scheduled for end February early March 2015.
- Interim Directors of Finance and Nursing appointed, interviews for Director of Finance taking place Mid February 2015.
- Re-structure planned to be completed by July 2015.

- **Talent Management**

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

- **Leadership and Management Development**

  - New programme

- New leadership framework finalised with soft launch in December 2014
- Framework formal launch 27th February 2015 for final testing.

  - Basics of management

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

  - Management development / 360 Appraisal

- Targeted programme for new managers appointed to new structure and available from April 2015

- **Values based recruitment**

- Implemented

- **Commerce and marketing**

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

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

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

2. Performance Management

Click to return

Progress to date

- **Review existing performance management system**
  - System revised and changes implemented in 2013/14. 1 year transition to new process completed in October 2014. System currently under review to ensure compliance data accurate and alignment with incremental progression. Review completed by End of December 2014.
  - System provides basis for leadership development and talent management.

- **Effective 3 year workforce plans**
  - Aligned to 2015/16 business planning process for 1st year. 2nd and 3rd year plans to be developed through Qs 1 and 2 of 2015/16 to build up detail following implementation of revised management structure. This is a priority within the Workforce Strategy
  - Deputy Head of HR appointed from February 2015 and will be tasked to drive this forward

- **Future Reward Strategy**
  - Outline scoping work to be taken forward by Director of HR/OD during 2015/16 proposals to go back to Nom and Rem Com late Q4. Staff side representatives have indicated a willingness to have meaningful discussions on options and trial local QVH contract to be implemented within Prosthetic Services in Q4.

- **Vacancy management / Exit interviews**
  - Recruitment and Retention task / finish group established to take forward initiatives. Detailed recruitment/ retention analysis taking place from Q3.
  - Changes to the recruitment team have been actioned.
  - Nursing open day took place in January 2015 and Task Group to be continued for further 12 months. The success of the event has prompted planning for second open day in September 2015
  - Medical staffing open day planned for March 2015.
  - Recruitment and retention being monitored closely by HR

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

2. Performance Management

Click to return

- **Board reporting / HR metrics**

- **HR early warning system**

  – **e-Rostering Safer Care module**

  – **Staffing schedules**

Progress to date

- New HR metrics more complimentary to effective decision making and used within accountability agreements. Included over next 6 months; average staff costs, productivity measure, training, sickness % and cost, time to recruit, stability, turnover, paid wte against budgeted wte
- New Deputy Head of HR will be taking this forward in Q1 and Q2 2015/16
- Using existing information systems to provide managers with and early warning of potential workforce problems. Accurate data now available from SafeCare relating to main ward areas
- Additional HR resource has been engaged to project manage the implementation. Scoping and costs being worked through for Mobile version - provides real time scheduling
- SafeCare implemented in line with project plan and scheduled to go live March 2015. Successful data collection late January and February 2015 and results indicate areas of over staffing compared to acuity.
- Bespoke model developed for Paediatrics and Burns with successful testing leading to further refinement
- Results lead to better management decisions. Cooperation between wards enabling staff to be moved to areas where demands are higher.

KSO 5 – Organisational Excellence

Queen Victoria Hospital NHS
NHS Foundation Trust

3. Innovation

Click to return

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

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to: Board of Directors
Meeting date: 26th February 2015
Reference number: 42-15
Report from: Jo Thomas, interim Director of Nursing
Author: Jo Thomas, interim Director of Nursing
Report date: 18th February 2015
Appendices: Corporate Risk Register

Corporate Risk Register

Key issues

1. The trusts top four risks are, risk of;
   - ability to meet RTT18 targets (risk escalated to 20).
   - breaching cancer targets.
   - failing to maintain continuous Estates services due to staff shortages e.g. sickness and recruitment.
   - impact on the Trusts decontamination services due to relocation of core surgical services at Synergy healthcare.

2. One new risk was rated as a 12 - Inadequate emergency alarm system (sirens and lights) in place in Theatres to direct staff to emergencies.

3. One risk was closed and contents encompassed within an existing Board Assurance Framework Risk.

4. Changed risk score (1 identified) to reflect action taken to increase current controls to reduce risk of adverse patient outcome when undergoing head and neck surgery (10 hours+).

5. The corporate risk register was reviewed at the monthly clinical governance group and Clinical Cabinet in December.

Implications of results reported

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

Action required

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

Link to Key Strategic Objectives (delete those not applicable)

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

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

Implications for BAF or Corporate Risk Register

6. Significant corporate risks have been cross referenced with the trusts Board Assurance Framework.

Regulatory impacts

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

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

Recommendation

9. The Board is recommended to note the contents of the report

Clinical Cabinet and Trust Board
Summary of Risk Register Overview (Risks scoring 12 and above) - January 2015
(includes February change information on the Trust top six risks)

January 2015 data (01/01/2015 – 31/01/2015)

For the period of 01/01/2015 – 31/01/2015 there were 41 open risks scoring 12 and above, which is an increase from 40 for December 2014. All Board Assurance Framework (BAF) Risks have been added to the Datix System; those scoring 12 and above have not been included in this report.

The Trusts top eight risks are given below (*all were reviewed in December 2014 or January 2015*):

- RTT18 – Risk ID 159 - Ability to operationally meet 18 week target for all Directorates (Score=20)
- Cancer – Risk ID 474 – Cancer target breaches (Score=20)
- Estates services - Risk ID 670 - Failure to maintain estates service due to continued staff shortages (Score 16)
- Decontamination provider relocation - Risk ID 756 - Impact/disruption to the delivery of core surgical services due to Synergy healthcare relocation of the sterilisation unit (Score 15)

New Risks added between 01/01/2015 and 31/01/2015 – One new risk was added scoring 12 and above during January 2015.

Risk register	Risk Score (C/L)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
Dept	4x3=12	779	Inadequate emergency alarm system (sirens and lights) in place to direct staff to where the emergencies are occurring.	21/01/2015 - Discussed with Clinical Director for Anaesthetics and for discussion at Feb 2015 TUG

Risks Closed between 01/01/2015 and 31/01/2015 – One (non-BAF) risk was closed scoring 12 and above during January 2015.

Risk register	Risk ID	Risk Description	Risk Score (C/L)	Rationale for closure	Committee where closure agreed/proposed
Corp	710	Increasing bed occupancy on MD ward restricting the trusts ability to deliver care	3x5=15	Focus of risk has changed – Detail now included within Risk ID 749 (relating to staffing)	To be closed at CGG – 12/01/2015

Changes to Risk Scores for January 2015 – One risk scoring 12 or above was given a reduction in its risk score:

Risk Register	Risk ID	Risk Description	Previous Risk Score (CxL)	Updated Risk Score (CxL)	Rationale for Rescore	Committee where change(s) agreed/ proposed
Corp	750	Risk of adverse patient outcome when undergoing head and neck surgery (10 hours+) due to limited compliance with the national guidance includes additional recruitment to post of Head & Neck Oncology Consultant.	4x4=16	↓ 4x3=12	Discussion with Medical Director, Service Manager and Head of Operations	

Committee Key:

- TB – Trust Board
- AC – Audit Committee
- Q&RC – Quality and Risk Committee
- MDC – Medical Devices Committee
- PDC - Patient Documentation Committee
- HNE – Head, Neck & Eye Clinical Directorate
- TUG – Theatre User Group
- CSS – Clinical Support Services Committee

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
474	10/03/2011	Cancer target breaches	Breach in any quarter for an Oncology treatment targets for 31 and 62 day pathways resulting in delay to patient care and reduction in Monitor rating. This could also result in financial loss to Trust.	1.Administration Staff for plastics and maxfacs failing to follow alerts on potential breaches identified by cancer data coordinator. 2.Lack of theatre capacity. 3. Lack of outpatient capacity. 4. Delays in recieving referals from other trusts. 5. Patient choice to wait longer for surgery however the clock continues to run. Small numbers at QVH cause this to be an issue.	1 - Cancer Data Co-coordinator issues reviewed monthly by Directorate Manager 2 - Patient tracking list for the specialties in place and produced twice a week. 3 - Cancer Data Co-coordinator communicates with staff on potential breaches. 4 - Secretaries respond to requests to bring patients forward wherever possible. 5 - Off site team leader in place to contribute and reconcile breaches. 6 - Appointments team allocate 2 week wait referrals to avoid delay. 7 - All breaches reviewed weekly by Directorate Manager. 8 - Project team established to integrate the cancer pathway. 9 - Action plan for skin cancer performance devised and implemented including process mapping sessions 10 - Cancer Outcomes Dataset report reviewed on a monthly basis by cancer team	Dominic Tkaczyk	Jane Morris	Compliance (Targets / Assessments / Standards)	20	8	Introduce and use cancer network databases within QVH for all MDT's.- Completed Streamline current referral pathwaysfor all types of cancer Establish Cancer Group and Cancer Data Management/MDT team for QVH. Proposals in development - Completed Setting up of 2 week skin cancer clinic - Completed Setting up of central referral management - No longer required Implementation of infoflex and Somerset cancer databases on site - completed Introduce same day see and do LOPA slots - Completed Expand use of infoflex system across Trust Establish business continuity cover in the absence of the data co-ordinator - completed - restructure being agreed and implemented from 22nd April - Completed Create local access policy for the Trust- completed Establish project team to integrate the cancer pathway- Completed Process mapping of skin cancer pathway and cancer data - Completed Action plan specifically focused on skin cancer performance to be devised and implemented including process mapping sessions. - Completed Set up QVH cancer improvement steering group - completed Review COSD data completeness and agree action plan to improve % - Completed	09/01/2015

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
159	29/11/2006	Ability to operationally meet 18 week target for all directorates	Failure to meet referral to treatment time of 18 weeks (RTT18)for a second month could result in reduced Monitor rating and a financial loss of 1.2 million. This could be for the trust aggregate failing to meet target which could be more than two specialties failing in one month.	1. Failure to update booking system on changes during pathway - administration errors 2. Failure to update system on patients declining treatment dates 3. Increased number of patients requiring treatment 4. Inadequate number of surgeons or Consultant absence 5. Lack of theatre space (capacity) 6. Poor validation of data.	1. RTT18 PTL established and now circulated daily. 2. Weekly escalation process now established via clinical specialties managers, OPG meeting twice a week to ensure all capacity is fully utilised. 3. 18 week steering group, each specialty highlighting capacity issues in issues log. 4. RTT 18 action plan being reviewed at steering group. 5. Additional theatre lists provided on Saturdays 5. RTT18 clinical outcome recorded on PAS 6. Additional data analyst post to provide cover for DH returns. 7. Clinical outcome forms revised for each specialty. 8. Develop reports to monitor specialty performance, planned w/l with expected TCI, backlog and open pathways monthly. 9. Validation of PTL lists weekly including admitted, non admitted and open pathways. 10. Amended policy incorporates new guidance re planned cases. 11. Training and guidance issued. 12. Monthly review of planned cases without date for attendance at QVH. 13. Develop early warning systems to track increased demand and mismatch with future capacity 14. Proactively discuss W/L each week at OPG for patients 10 weeks plus who do not have TCI date to avoid breach in each speciality 15. Review and validate all pending TCI's for Apr, May, June to ensure patients booked within 18 weeks 16. Complete modelling tool to monitor backlog reduction and provide assurance to the board of when compliance will be achieved sustainably 17. Introduce new LA DC facility by July to increase capacity	Dominic Tkaczyk	Jane Morris	Compliance (Targets / Assessments / Standards)	20	8	Centralise all referrals through one access point - Completed Plans and agreements in place until the end of November 2014 to enable compliance from December 2014 Restructure of appointments and admissions teams to achieve consistent Trust wide approach to management of elective pathway bookings Training and guidance to be issued to all relevant staff - Completed Review to take place in January 2011. - Completed 3. Ensure all Planned cases have estimated TCI's when placed on list - Ongoing Implement daily ptl - completed Ensure all future TCI's are validated in relation to 18 weeks- completed 6. Introduce a new automated 6 month administrative WL validation - Completed Agree business case for increasing capacity in sleep studies - completed Explore locum for Ocular plastics - completed 1. Expediate Medway hub 2. Develop matrix of planned cases seen at QVH - Completed Policy being redrafted, to launch May, with associated training package. - completed Clinic outcome forms being revised within specialities - Completed 5. Clinical pathways for top 3 procedures within specialities with clock stops being devised with CD's - agreed, being put into	09/01/2015
756	02/12/2014	Availability of sterilised equipments for use in theatres and clinics	Impact/disruption to the delivery of core surgical services due to Synergy healthcare relocation of the sterilsation unit. Possible delays/cancelations to patient care Damage to QVH reputation Financial impact	Trustwide disruption to the processing of sterile equipment during the relocation of the sterile service facility	Contingency plans in service contract to provide an on going service	Amanda Parker	Jo Davis	Finance	15	6		02/12/2014
670	17/12/2013	Failure to maintain estates service due to continued staff shortages.	Failure to maintain estates service due to continued staff shortages. Continued staff shortages due to un planned absences and long term vacancies which we have been unable to find suitable candidates and annual leave entitlement, has put pressure on the service.	• Unable to maintain a full on call cover 24/7 • Increased stress in the work place leading to potential sickness absences. • Insufficient staff to cover annual leave. • Potential breeches in compliance work being carried out. • Loss of reputation. • Loss of business.	• Recruitment to temporary staff authorised by CEO • Staff volunteering for additional on call duties. • Use of external contractors and agency staff to cover staff shortfalls e.g. lighting, storm damage and electrical failure Use of external contractors for March 2014 to provide additional cover.	PRODIR	John Trinick	Estates Infrastructure & Environment	15	6	June 2014-Company commissioned to undertake a review of the Estates Service - Draft Report due end of September 2014	16/12/2014
779	21/01/2015	Inadequate emergency alarm system (sirens and lights) to direct staff to where the emergencies are occurring.	Inadequate emergency alarm system (sirens and lights) in place to direct staff to where the emergencies are occurring.		Ward grade system currently in place (incorrect level of alert given). Staff attend as required (where available)	Dr Ken Sim	Jo Davis	Patient Safety	12	8	Full Estates review and replacement of system Emergency alert drill to be developed and put in place Estates Dept reviewed current system - Completed - increased level of sirens (slightly)	21/01/2015

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
750	12/12/2014	Risk of adverse patient outcome when undergoing head and neck surgery (10 hours+) due to limited compliance with the national gu	Risk of adverse patient outcome when undergoing head and neck surgery (10 hours+) due to limited compliance with the national guidance includes additional recruitment to post of Head & Neck Oncology Consultant.	Single consultant surgeon operating	Clinical audits undertaken on key outcome data on a monthly basis Data submission to DAHNO Consultant Outcomes Publication (COP) database Local review undertaken to identify options for resolution e.g. appointment of a second surgeon and review of job planning. Major Oncology H&N cases to only be run with 2 x surgeons from Jan 2015	Steve Fenlon	Nicola Reeves	Patient Safety	12	8	Actions identified from completed review Major Oncology H&N cases to only be run with 2 x surgeons from Jan 2015 - Completed Major cases moved to Monday for joint sessions	08/01/2015
753	27/11/2014	Inaccurate search results for specimens	V number searches do not always highlight the results; searches required both on V number and names.		1. Two searches have to be carried out. 2. Staff reminded to accurately complete request forms.	Amanda Parker	Emma Kerr	Compliance (Targets / Assessments / Standards)	12	2	BSUH to devise new electronic reporting system for ICNs - ongoing issue	22/01/2015
748	03/10/2014	Field safety notice FSN83000189 patient data may not be updated when exporting to 3rd party devices using the auto export featur	Patient identifiable information on x-rays may not be updated in the VNA (vendor neutral archive. Studies pulled back from the VNA or pushed into a new PACS will potentially contain incorrect patient demographics.	Philips Healthcare released an FSN regarding their implementation of a PACS/Ris solution dated 27/07/2014 stating that when a study requires patient informaion be updated the updated informaion is not always passed to the VNA. There is no fix for for our current version of PACS but there is a solution in the next release of software (Kona). However the release of Kona has been delayed due to desktop intergration issues.	We await the following from Philips: -An explanation as to what workflow causes this miss match in patient data between PACS and VNA. -A description of a workflow to reduce/remove the risk of miss- matched patient data between the PACS and VNA -Implement Kona across Surrey and Sussex to correct this error -Identify studies that have miss-matched data -Produce and implement a fix for the identified miss-matached data	Paul Gable	Paul Gable	Information Governance	12	6		02/12/2014
742	12/09/2014	Limited ability to disseminate information on criminal sanctions	Non-Compliance to NHS Protect Security Standards due to ilimited ability to disseminate information on successful convictions due to infrequent occurrences	No criminal sanctions brought to date to demnstrate compliance	Head of Risk added reference to disseminating information on successful convictions to the Draft Comms Strategy in Sept 2014. Use of newletters e.g. Connect, and new Risk newsletter. Induction, mandatory training and other traingin sessions Dissemination of LSMS leaflets and information	Amanda Parker	Alison Vizulis	Compliance (Targets / Assessments / Standards)	12	12	NHS Protect approached for advice on utilising a historic case to demonstrate compliance with processes - Completed Discussed with the LSMS - Completed Identification of a local case/incident that may be relevant - completed	08/12/2014
743	09/09/2014	Reputational damage to the Trust as a result of the occurrence of Never Events	Reputation damage to the Trust as a result of the occurrence of Never Events		Risk Management and Incident Reporting Policy Completion of RCAs Never Event reporting and notification process that includes internal and external notifications Internal incident reviews and analysis undertaken via meetings/committees etc Monitoring via dashboards External publishing of Never Event occurrence via NHS England	Amanda Parker	Alison Vizulis	Compliance (Targets / Assessments / Standards)	12	8	Revisions scheduled for CQC regulations in 2015 Governance reporting review underway	08/12/2014
745	09/09/2014	Risk of non compliance with CQC, HSE and IRMER requirements due to level of Radiology capacity/resources	Risk of non compliance with CQC, HSE and IRMER requirements due to level of Radiology capacity/resources From Risk ID 744 (Closed 02/12/2014 to combine with Risk ID 745): Recent vacancy of Head of Radiology and RPS have led to there being a vacant RPS post within Radiology.		Provision of an additional day included in the BSUH Radiology SLA. Radiation Protection Committee reporting and governance structures and reporting Positive outcome of 2014 IRMER inspection From Risk ID 744 (Closed 02/12/2014 to combine with Risk ID 745): Nominated RPC in place Extended SLA with MTW physics for on-site presence and support on half day a month RPS role is written into the job description of the new band 6 role. Until this person is in post the service manager, operational lead and existing band 6 will share this role. Physics to provide a course for these staff members.	Steve Fenlon	Kirsty Humphry	Patient Safety	12	8		10/01/2015

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
733	12/08/2014	restricted access to blood fridge/cross infection from staff movement	due to the recent restrictive access status of the burns unit there is a potential for delay for both obtaining units of blood and blood gas analysis	delays to treatment for patient burns staff diverted from patient care to manage theatre requests cross infection between burns and theatres	controlled access by burns staff who retrieve blood units and process blood gas cost and introduce a seperate blood fridge and blood gas anaylsis machine for theatres	Dr Ken Sim	Jo Davis	Patient Safety	12	2	Idneitifation of funding for additional blood fridge in Theatres Review of Blood Fridge arrangements to be undertaken-to include exploration of the purchase of an additional fridge	21/01/2015
732	11/08/2014	Use of Long Term Model Box Store for Maxfacs	Identification of alternative storage for Maxillofacial models on a long term basis		Existing model storage can be accessed by authorised staff using appropriate PPE Risk assessment in place for use of existing location Email sent to owners of materials found in area asking for clearance to enable resiting of model boxes	Stephanie Joice	Alison Vizulis	Staff Safety	12	6	HoR to meet with new Records Manager (SJ) and Matron for Elective Services to agree action plan for documentation belonging to Department that is retained there to be reviewed as per retention guidelines	08/12/2014
728	29/07/2014	Risk of non-compliance with best practice and regulatory requirements at spoke sites	Risk of compliance with regulatory and best practice requirements e.g. CQC, HSE, CiP assessments and audit etc at spoke sites offering QVH services		Annual H&S assessments programme (monitored by quarterly H&SC) Annual infection control/decontamination reviews CQC/HSE notifications of queries relating to service provision	Amanda Parker	Alison Vizulis	Patient Safety	12	8	Annual CiP assessments to continue at spoke sites revised programme of infection control and decontamination annual assessments	08/12/2014
727	21/07/2014	Limited on site Physician cover and non compliance with NCEPOD standards	Limited on site Physician cover and non compliance with NCEPOD standards		Cover arrangements managed by Consultant Plastic Surgeon Onsite cover available on Monday, Wednesday and Thursdays (Part BSUH, part agency locum) Telephone cover provided as part of SLA with Brighton. Geriatrics Clinic covered by Locum Geriatrician from SASH Patient would be transferred to Brighton (Haywards Heath) if specialised care required	Mr Asit Khandwala	Paul Gable	Patient Safety	12	6	Explore GPSI option and cover from London Trusts SLA proposal from East Surrey Hospital Arrangements agreed in principal with ESH Meeting between QVH Medical Director and Head of Geriatrics at ESH	09/12/2014
711	30/05/2014	Reliability of Theatre Doors	Defective doors to theatre areas are affecting entry for both staff and patients - Please note this affects ALL automatic doors	Musculoskeletal injury to staff Restricts high levels of privacy and dignity for patients Inconsistency across a range of Theatre doors could lead to staff applying inappropraite pressure when opening doors	Risk Assessment completed and Risk added to the Theatre Risk Register on staff musculoskeletal injury. Two year "Willmott Dixon" agreement for repair of new build includes Theatre Doors Regular meetings to monitor situation takingplace Doors currently being reset by Estates and Theatre staff when faults occur Willmott Dixon visit on 5th and 6th July to fully service all doors Work schedule to upgrqde the doors to correct standard has been agreed with Wilmott Dixon and a financial framework has also been agreed. Timetable to be agreed.	Steve Fenlon	John Trinick	Staff Safety	12	6	Affected staff to use alternative access to Theatres one Theatre door to be replaced to "test" if issue could be resolved by replacing the door - Completed Ongoing updates at Theatre User Group Meeting regarding this risk Willmott Dixon agreed to replace doors - Date to be agreed Work schedule to upgrqde the doors to correct standard has been agreed with Wilmott Dixon and a financial framework has also been agreed. Timetable to be agreed. Trial of replacement door-motors on doors on Theatre 1 and Theatre 4 Increased follow-up with Estates & Willmott Dixon Notices to be put up in Theatres to alert staff of defective doors - Completed Staff utilised to retain privacy and dignity - in affecetd areas - Completed Raise staff awareness at team meetings - completed	21/01/2015

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
689	25/04/2014	Potential to adversely affect statutory and mandatory training due to increasing number of vacancies (3mths and over)	Risk to patient safety if staff are not up to date with their statutory and mandatory training.	Staff would be unaware of latest updates relating to key clinical and non-clinical areas including infection control, M&H, risk management and governance arrangements.	1. Statutory and mandatory training reviewed monthly and reported to Board. 2. Departmental feedback from above. 3. Utilisation of bank and agency staff to release others to attend training. 4. Risk monitored as part of BAF risks 5A & 5B	Richard Tyler	Graeme Armitage	Compliance (Targets / Assessments / Standards)	12	6	Training frequency under review to ensure match with NHS education passport Continue with utilisation of agency/bank staff to release others for training Review being completed of training matrix and adjustment of profiles as part of KSF skills passport Implementation of more elearning options Overseas recruitment initiative being taken forward Erostering review being undertaken to utilise staff efficiency/availability	08/12/2014
681	13/02/2014	Failure of cleanroom air handling unit due to wear and tear and age of unit - ongoing issues	Repeated failure of the cleanroom air handling unit is occuring due to the age of the plant equipment leading to cancelled internal and external grafts, loss of income and harm to reputation (unit was installed in 2004 and it has a life expectancy of 10 years)	cancelled internal and external grafts, loss of income and harm to reputation	Ad hoc repairs. Unit on quarterly maintenance contract (as recommended) Company last attended site on 13/02/2014 to fix the bearings Reporting of breakdowns on Datix (on 13/02/2014 ID 11705, On 28/03/2014 ID11878, and on 03/06/2014 ID12119).	Steve Fenlon	Nigel Jordan	Estates Infrastructure & Environment	12	8	28/10/2014: Head of Estates to recommend to Finance Director that a 'reduced scheme' be agreed to the value of £30K as per Clinical Scientists submission. Case to the Estates & Facilitaties Steering Group on 08/09/2014 with quotes for decision Business Case/options appraisal being drafted by General Manager for 3 Options	16/12/2014
648	06/11/2013	Cross infection resulting in an outbreak and closure of services	1. Infection to patients causing harm and delay in recovery. 2. Closure of department resulting in loss of activity 3. Potential for this bacteria to spread to other patients 4. 26/11/2014-Following several deep cleans by Hotel Services, area has again been used for storage by person(s) unknown.	1.Spread of Multi Resistant Infections to burns patients 2.Unable to contain bacteria/outbreak	- Hand hygiene (failure to achieve 90% compliance in any staff group leads to matron audit) - Robust implementation of gowning procedure - Strict universal precautions - Review of patients requiring admission on individual basis with consultant microbiologist and clinician - Regular outbreak review meetings to discuss other actions required. - Monitoring via Datix reporting - Internal inspections undertaken e.g. PLACE inspections and Hotel Services cleaning audits - Reporting of outbreaks as required e.g. Health Protection Agency, CCG, PHE. - Mandatory training of all staff and awareness raising sessions. - Implementation of trust policies.	Amanda Parker	Emma Kerr	Patient Safety	12	4	Dept training as required Abx review by microbiologist Complete RCA / PIR / outbreak report / SUI Specific interventions depend on risk identified. Prepare Rycroft Ward as possible decant area (patients to be transferred in, not enough equipment to be set up as an additional ward).-NB Since action completed, area continually used for storage by person(s) unknown.	22/01/2015
639	10/10/2013	Support and access from supplier to ORSOS will cease 03/16 leaving Trust without electronic theatre record	Unable to record data for operations. - impact on scheduling - effect on live theatre management - ORSOS reporting including management reports.	Source company withdrawn support.	Discussed at ICAG monthly and theatre user group. Paper back up	Jane Morris	Mr Mark Savage	Information Governance	12	4	Agree on the preferred solution before sourcing the new supplier Source the new supplier Demo of ORSOS completed in Sept 2014 Specification being drawn up to procure new/replacement system ICAG reviewing progress of replacement each month; also Theatre User Group	08/12/2014

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
623	19/07/2013	Failure to meet CQUIN requirements for 2014/15 therefore incurring a loss of CQUIN funds £1.4M	1. Financial penalty and loss of CQUIN funds	1. Failure to meet CQUIN requirements set for 2013/14	1. VTE risk assessments within each patient drug chart - VTE policy in place 2.Dementia - process in place to identify trauma patients >75 years of age.Clinical lead identified. 3. Dementia training in place 4. Patient experience group in place reviewing and ensuring actions implemented and linked to OPD experience. Family and friends test score. 4.NHS safety thermometer completion is linked within deputy director of nursing job role and harm score reported to the Board. 5. Organisational performance against CQUIN measures are monitored and reported to Trust board on a monthly basis. 6. High impact intervention CQUINS reports produced each quarter and reviewed by Q&R Committee.	Amanda Parker	Amanda Parker	Compliance (Targets / Assessments / Standards)	12	3	Risk to be updated for 2014/15 CQUINS and 2014/15 BAF Ongoing audit reports to demonstrate CQUIN compliance e.g. WHO checklist and MaPSaF Provide Q3 update to quality and Risk Committee and Board	08/12/2014
627	19/07/2013	Failure to embed safer surgery checklist process due to lack of engagement	1. Patient harm due to incorrect procedure 2. Lititigation 3. damage to reputation	1. Key safety checks not undertaken for each individual patient such as correct patient, operation site and side and procedure. 2, Not all staff engaged in process so vital members could be missing	1. 1st stage consent by experienced surgeon in out patients. 2. 2nd stage consent on admission (check with patient) 3. Surgical safety checklist-sign in and time out stages. 4. Patient marking policy changed, presentations to all medical staff and directorates by MD. 5. Consent working group set up to improve consent before day of operation. 6. Pre list brief in place and effective prior to full list starting 7. Safer surgery checklist in place - (WHO Checklist) 8. Information and awareness sent to all theatre staff and clinicians 9. Audit of checklist quality in place 10. operating surgeon is now responsible for timeout 11. training in place for all staff 12. patient safety forum in place to review practice. 13. Addition of WHO checklist compliance as a 2014/15 CQUIN - Q1 & Q" audit reports submitted. 14. WHO checklist audit developed for 2014/15 CQUIN and reporting commenced 15. WHO checklist audits x 2 reviewed at monthly Theatre User Group and Patient Safety Forum.	Steve Fenlon	Jo Davis	Patient Safety	12	4	Ongoing monitoring at Patients Safety Forum and reporting as an indicator on the Quality Metrics dashboard - Completed Audit tool amended following pilot to improve robustness - Completed WHO CQUIN audit reports fro Q3 & Q4 to be submitted Quality audit of Time out and sign out process to be reviewed monthly at Theatres and anaesthetics Meeting - Completed and ongoing	10/11/2014

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

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
602	10/02/2013	Business continuity risk to the organisation due to failure of IT network infrastructure	1: Inability for the organisation to function and provide services 2: Delay/inability to provide patient care 3: Financial loss and reputational damage	1: Failure of organisational IT network infrastructure 2: Lack of access to data/patient information i.e PACs, Clinical and business systems. 3: Lack of immediate replacement/back-up hardware/system	1: Available support from an external company to repair if failure occurs. 2: Limited support available on-site 3. A full network review has been carried out and awaiting budget approval. Funding approved for new infrastructure - Budget approved	Dominic Tkaczyk	Nasir Rafiq	Information Governance	12	8	Looking to procure new network (by 31/03/2016) IT Capital bids programme for 2014/15 monitored at Information Management and Governance Committee IT annual plan for 2014/15 in place to monitor progress on IT renewal Purchase and install 2nd core switch which is connected to all edges and other core switch New equipment to be rolled out within 12 months covered by life time warranties	07/10/2014
584	23/11/2012	Potential harm from medical devices due to inadequate training	1: Harm to patient from incorrect use of medical devices 2: Financial loss due to litigation 3: Reputational damage from complaints	1: Staff operating devices without training	1. Training and competencies for high risk devices 2. Meetings with medical device co-ordinators to develop action plans for above. 3. Training compliance monitored by medical device officer quarterly. 4. Junior doctors familiarisation session incorporated into induction. 5. Speciality training assessment forms available for ad hoc junior doctor starters. 6. Incident reports used to identify and monitor trends that would highlight training as an issue 7. Monitoring at quarterly Medical Device Committee (with actions) 8. High risk and moderate risk competencies to be completed by Medical Devices Officer 9. Risk rescoring amended to reflect L&D Strategy Group output 10. Dermatome related incident review and business case completed due to number of incidents reported and purchase of devices 11. Elearning completed for dermatomes	Steve Fenlon	Alison Vizulis	Patient Safety	12	6	Elearning options being utilised e.g. dermatomes Medical Devices Officer to review all medical device related incidents from 01/09/2014 High risk and moderate risk competencies to be completed by Medical devices Officer Risk rescoring amended to reflect L&D Strategy Group output	10/11/2014
540	26/04/2012	Risk of Diagnostic tests involving Pathology	Risk to patients condition and treatment being misdiagnosed or delayed due to ineffective communication for diagnostic tests involving pathology. These include Histopathology (including Biopsy), Clinical Chemistry, Microbiology and Haematology.	1. Ineffective communication for diagnostic tests. 2. Lack of request forms. 3. Incorrect information on forms. 4. Specimens lost in transit / department. 5. Results not reported back to clinician. 6. Misdiagnosis of test.	1. Diagnostic Policy details procedure for each step of process. 2. Contract with BSUH for services. 3. Contract lead from BSUH provides training and support. 4. On site microbiologist 5. Infection prevention and control team in place. 6. Blood transfusion lead for the Trust and committee in place. 7. Monitoring of procedures within diagnostic policy. 8. New Interim Pathology Clinical Director in post 9. Successful accreditation achieved in Pathology - 2014 10. Quarterly Blood Transfusion Committee in place (incidents and risks reviewed)	Steve Fenlon	Rachael Liebmann	Patient Safety	12	6	Actions to be implemented from the June 2014 Histopathology SI Performance notice issued, awaiting a response	10/11/2014

ID	Opened	Title	Hazard(s)	Cause(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Date Reviewed
513	04/01/2012	Potential failure to act on infection concerns due to unavailability of Microbiologist	1. Delay in updating policies 2. Reduced patient care due to review not conducted by microbiologist on site 3. Delay in reporting on specimens 4. Reduced attendance on site by Microbiologist	1. Problems recruiting consultants at BSUH 2. No regular microbiology consultant cover on-site 3. Failure for BSUH to fulfil contract requirements	1.Daily lab sheet of positive specimen results however, not all positive specimen are listed on this sheet. 2. Presence of microbiologist during week on site has reduced, remainder of cover provided via telephone (24/7) 3. Trust policies and procedures. 4. Staff mandatory training 5. Access to ICE system winpath for ICNs to review organism resistances 6. Daily visits to wards by ICNs. 7. New consultant and Locum Microbiologist employed from Sept 2014	Amanda Parker	Emma Kerr	Patient Safety	12	6	QVH to review BSUH contract to ensure appropriate microbiolgy service and consultant cover is available on site - BSUH issued with performance notice regarding the microbiology service provided to the QVH. Identify BSUH ability to deliver increased on site attendance Waiting feedback from BSUH	22/01/2015
27	07/01/2005	Infection risk to individual patients due to poor systems and practice of control	Increased risk of patient(s) contracting a HCAI such as MRSA, C.diff, MRAB or Norovirus.	1. Unknown infection to patients admitted to hospital. 2. Infected patients not isolated on admission. 3. Poor hand hygiene / environmental cleaning.	1. Mandatory training of all staff and awareness raising sessions. 2. Implementation of trust policies - isolation, screening, treatment including root cause analysis for all C Diff / MSSA/Ecoli bacteraemia cases and PIR review for all MRSA bacteraemia. 3. Routine audit of practice, and monthly PLACE inspections. 4. Cleaning strategy implemented including deep clean arrangements 5. Monitoring of trajectory targets for MRSA bacteraemia, MSSA, E Coli and C.diff. 6. Monthly monitoring and Board reports from DIPC to inform organisation of acquisition of infection 7. Failure to achieve 90% or more in any staff group for hand hygiene leads to action plan and matron auditing. 8. Decant arrangements include wider involvement of matrons regarding single room use, with advice from IPACT. 9. Specific interventions depends on risk identified i.e. staff undertake an MRSA protocol treatment 10: Training completed for IPAC Team re: access to BSUH IT System. Awaiting ICNet. 11. Review of investigation processes completed 12. Follow up actions from current infections completed 13. Infection control nurses have direct IT access to BSUH Microbiology system 14. Antibiotic policy reviewed to ensure best practice use and reduce risk of C.diff 15. Departmental training provided as and when required	Amanda Parker	Amanda Parker	Patient Safety	12	6	Awaiting ICNet computer system access 5. Provide direct IT access to BSUH Microbiology system - complete 3. Follow up actions from current infections - Completed 4. Review of anti-biotic policy to ensure best practice use and reduce risk of C.diff - completed 2. Review of investigation process - Completed 7. Complete actions from RCA/PIR investigations as required. Complete actions from MRAB SI report 6. Monitor microbiologist attendance on site to ensure antibiotic prescribing reviewed	22/01/2015

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to: Board of Directors
Meeting date: 26th February 2015
Reference number: 44-15
Report from: Lester Porter, Non-Executive Director
Committee meeting date: 29th January 2015

Report of the Chair of Nomination & Remuneration Committee

Key issues discussed

1. The CEO gave an update on progress on the organisational restructure which is on schedule.

2. The appointment of the Director of Finance and Head of Operations was now under way again, with interviewing taking place from mid-February.

3. Regarding amended titling of the Head of Ops and Head of HR who attend the Board but are non-voting members, the Committee agreed that a distinction needed to be made between voting and non-voting Board members. The responsibility for finalising this was delegated to the Chief Executive with a request to notify the Committee members on his conclusions.

4. The process of recruiting an additional non-executive Director was under way, with a target date for appointment before end March.

5. The salary range for the new Director of Nursing was agreed to be increased to a maximum of £105k following a review of similar posts in other NHS Trusts.

6. In view of the current changes in organisation structure and in a number of senior management posts being currently held by interim appointments, it was agreed to defer the implementation of a Board led senior management development and succession planning programme until early in 2016. The Committee will review a detailed proposal for this programme, aligned to the Trust wide leadership development programme, at the July N & R Committee meeting.

Items to be referred to the Board of Directors

There are no matters to be referred to the board of directors, in their capacity as corporate trustee, at this stage.

Additional information or assurance sought

Implications for Board Assurance Framework or Corporate Risk Register

There were no items identified which should be added to the Board Assurance Framework or the Corporate Risk Register.

Recommendation

The Board is recommended to note the committee's actions and findings.

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	26 February 2015
Reference number:	45-15
Report from:	Audit Committee
Committee meeting date:	3 December 2014
Appendices:	None

Report of the Chair of Audit committee

Key issues discussed

1. External Audit

Changes to the External Audit team

We now have a new lead partner from KPMG on our audit team; this is Neil Hewitson who replaces Neil Thomas. Since this meeting I have been advised by Neil that the number two on the team is also changing. Mike Lowe has left KPMG to join Monitor and is being replaced by James Carroll. This was unexpected and I have discussed the need for Neil to be more involved while James settles in. KPMG's contract will be reviewed in 12 months' time.

Annual Audit Plan

At the time of the meeting this could not be issued because the Annual Reporting Manual had not been released so it was still in draft. The Audit plan has now been provided to us and agreed.

2. Internal Audit

Responses to recommendations

An internal audit on Stock Management Arrangements had been completed but could not be presented to audit committee because the recommendations had not been signed off by the parties concerned. The audit had not identified any major concerns but executive were asked to ensure those involved understood importance of considering and responding to recommendations.

Outstanding Internal Audit actions

Actions had been taken to improve the clarity of presentation of outstanding actions to help committee identify issues. This highlighted that a high number of 'high priority' recommendations were still outstanding. There was a discussion on the process for prioritising actions and setting of realistic time scales for action.

Three actions were agreed to improve the process:

- Greater clarity from internal audit on how a risk is prioritised when setting actions
- Greater care in setting appropriate target dates for resolution

- More detail to be provided in report on risk owners and accountability

Internal Audit Contract

The current internal audit contract is until end of March 2015 and the Committee was reminded that the contract would be put out to tender in Q4. This process in now well underway and presentations from the four firms on the short list, including the incumbents, took place on 11 February. A final decision is to be made on 18 February.

3. Counter Fraud

LCFS had investigated a claim that a member of staff had been manipulating timekeeping records to accrue unearned TOIL. The review did not find any evidence of deliberate manipulation, but executive were asked to consider the messages implied concerning values and behaviours when one person was accruing such significant TOIL.

Implications for BAF or Corporate Risk Register

None of the issues discussed required a change to the BAF or Risk Register.

The BAF has been a topic of discussion at every audit committee. BAF should be a key tool for highlighting areas of risk on which the Board is keen to get assurance and on which the assurance provided should be tested.

The committee considered that following completion of the 2015/16 plan it would like to engage with the Board to ensure that the key risks for the BAF have been identified in order to help set the committee's annual plan.

Recommendation

The Board is recommended to **note** the Committee’s actions and findings

Proposed Schedule March Board of Directors

Thursday 26th March 2015

The Council Chamber, East Court, College Lane, East Grinstead RH19 3LT

BOARD SUB-COMMITTEE		
09.00 – 10.00	**Charitable Funds Advisory Committee**	
INFORMAL SEMINAR		
10.00 – 1200	**TBC**	TBC
12.00 – 12.30	**Presentation: Therapies**	Interim Therapies Service Manager
13:00	**FORMAL BOARD AGENDA**	
	PATIENT STORY	
	Safety	Interim Director of Nursing & Quality
	RESULTS AND ACTIONS	
	Patients	Interim Director of Nursing & Quality
	Operational Performance	Interim Head of Operations
	Financial Performance	Interim Director of Finance & Commerce
	Contract update	Interim Director of Finance & Commerce
	Workforce	Head of HR & Organisational Development
	STRATEGIC PRIORITIES	
	Quarterly update on delivery of KSO1: Outstanding Patient Experience	Interim Director of Nursing & Quality
	Quarterly update on delivery of KSO2: World Class Clinical Services	Medical Director
	GOVERNANCE	
	Corporate Risk Register	Interim Director of Nursing & Quality
	Approval of Annual & 5-year plan	Interim Director of Finance & Commerce
	Information Governance Toolkit submission	Interim Director of Finance & Commerce
	Board Assurance Framework update	Interim Director of Nursing & Quality
	Board Governance Review – interim report	Chair Designate
	SUB-COMMITTEE REPORTING	
	Quality & Risk	Committee Chair
	Clinical Cabinet	Chief Executive
	Audit Committee	Committee Chair