

Business Meeting of the Board of Directors

Thursday 1 March 2018

Session in public at 10.00

**The Board Room
Blond McIndoe Building
Queen Victoria Hospital
Holtye Road
East Grinstead
West Sussex
RH19 3DZ**



MEETINGS OF THE BOARD OF DIRECTORS: 1 March 2018

Members (voting):

Chair	-	Beryl Hobson
Senior Independent Director	-	John Thornton
Non-Executive Directors:	-	Ginny Colwell
	-	Kevin Gould
	-	Gary Needle
Chief Executive:	-	Steve Jenkin
Medical Director	-	Ed Pickles
Director of Nursing	-	Jo Thomas
Director of Finance and Performance	-	Michelle Miles

In full attendance (non-voting):

Director of Operations	-	Sharon Jones
Director of Workforce & OD	-	Geraldine Opreshko
Director of Communications and Corporate Affairs	-	Clare Pirie
Deputy Company Secretary	-	Hilary Saunders
Lead Governor	-	John Belsey



Annual declarations by directors 2017/18

Declarations of interests

As established by section 40 of the Trust's Constitution, a director of the Queen Victoria Hospital NHS Foundation Trust has a duty:

- to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the foundation trust.
- not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.
- to declare the nature and extent of any relevant and material interest or a direct or indirect interest in a proposed transaction or arrangement with the foundation trust to the other directors.

To facilitate this duty, directors are asked on appointment to the Trust and thereafter at the beginning of each financial year, to complete a form to declare any interests or to confirm that the director has no interests to declare (a 'nil return'). Directors must request to update any declaration if circumstances change materially. By completing and signing the declaration form directors confirm their awareness of any facts or circumstances which conflict or may conflict with the interests of QVH NHS Foundation Trust. All declarations of interest and nil returns are kept on file by the Trust and recorded in the following register of interests which is maintained by the Company Secretary.

Register of declarations of interests

Relevant and material interests							
	Directorships, including non-executive directorships, held in private companies or public limited companies (with the exception of dormant companies).	Ownership, part ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS or QVH.	Significant or controlling share in organisations likely or possibly seeking to do business with the NHS or QVH.	A position of authority in a charity or voluntary organisation in the field of health or social care.	Any connection with a voluntary or other organisation contracting for NHS or QVH services or commissioning NHS or QVH services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with QVH, including but not limited to lenders of banks.	Any "family interest": an interest of a close family member which, if it were the interest of that director, would be a personal or pecuniary interest.
Non-executive and executive members of the board (voting)							
Beryl Hobson Chair	Director: Professional Governance Services Ltd (clients include health charities and the Royal College of Surgeons)	Part owner of Professional Governance Services Ltd	Part owner of Professional Governance Services Ltd	Professional Governance Services Ltd, has been commissioned by Age UK to undertake governance reviews. One of the charities selected for a review is Age UK, East Grinstead.	Nil	Nil	Nil
Ginny Colwell Non-Executive Director	Board advisor for Hounslow & Richmond Community Healthcare NHS Trust	Nil	Nil	Nil	Nil	Nil	Nil

Kevin Gould Non-Executive Director	Director, Sharpthorne Services Ltd; Director CIEH Ltd	Nil	Nil	<ul style="list-style-type: none"> Trustee for The Chartered Institute of Environmental Health and member of its risk and audit committee Governor at Staffordshire University 	Nil	Nil	Nil
Gary Needle Non-Executive Director	1. Director, Gary Needle Ltd; 2. Director, T& G Needle Property Ltd	Nil	Nil	Chair of Board of Trustees at East Grinstead Sports Club Ltd	Nil	Nil	Nil
John Thornton Senior Independent Director	1. Non-Executive Director: Golden Charter Ltd 2. Director of Oakwell Consulting Ltd	Nil	Nil	Nil	Nil	Nil	Nil
Michelle Miles, Director of Finance	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Ed Pickles Medical Director	Nil	Nil	Nil	Nil	I am a member of a private anaesthetic partnership, which provides anaesthetic services to several surrounding independent sector hospitals. This work may include NHS contract work.	Nil	Nil
Steve Jenkin Chief Executive	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Jo Thomas Director of Nursing	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Other members of the board (non-voting)							
Sharon Jones Director of Operations	Nil	Nil	Nil	Nil	Spouse currently has rolling three-month contract with Sophos (Sophos Safeguard used by Trust as one of its software programmes).	Nil	Nil

Geraldine Opreshko Director of HR & OD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Clare Pirie Director of Communications & Corporate Affairs	Nil	Nil	Nil	Nil	Nil	Nil	Nil
John Belsey Lead governor	Director of Golfguard Ltd Director of Mead Sport & Leisure Ltd	Nil	Nil	Trustee of Age UK Ltd, East Grinstead & District	None anticipated	Nil	Nil

Fit and proper person declarations

As established by regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (“the regulations”), QVH has a duty not to appoint a person or allow a person to continue to be an executive director or equivalent or a non-executive director of the trust under given circumstances known as the “fit and proper person test”.

By completing and signing an annual declaration form, QVH directors confirm their awareness of any facts or circumstances which prevent them from holding office as a director of QVH NHS Foundation Trust.

Register of fit and proper person declarations

Categories of person prevented from holding office							
	The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged.	The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.	The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40).	The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.	The person is included in the children’s barred list or the adults’ barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.	The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.	The person has been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.
Non-executive and executive members of the board (voting)							
Beryl Hobson Chair	NA	NA	NA	NA	NA	NA	NA
Ginny Colwell Non-Executive Director	NA	NA	NA	NA	NA	NA	NA
Kevin Gould Non-Executive Director	NA	NA	NA	NA	NA	NA	NA
Gary Needle Non-Executive Director	NA	NA	NA	NA	NA	NA	NA
John Thornton Non-Executive Director	NA	NA	NA	NA	NA	NA	NA
Steve Jenkin Chief Executive	NA	NA	NA	NA	NA	NA	NA
Michelle Miles Director of Finance	NA	NA	NA	NA	NA	NA	NA
Ed Pickles Medical Director	NA	NA	NA	NA	NA	NA	NA

Register of fit and proper person declarations

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	The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged.	The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.	The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40).	The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.	The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.	The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.	The person has been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.
Jo Thomas Director of Nursing	NA	NA	NA	NA	NA	NA	NA
Other members of the board (non-voting)							
Sharon Jones Director of Operations	NA	NA	NA	NA	NA	NA	NA
Geraldine Opreshko Director of HR & OD	NA	NA	NA	NA	NA	NA	NA
Clare Pirie Director of Communications & Corporate Affairs	NA	NA	NA	NA	NA	NA	NA
John Belsey Lead governor	NA	NA	NA	NA	NA	NA	NA

Business meeting of the Board of Directors
Thursday 01 March 2018
10:00 – 13:00
The Board Room, Blond McIndoe Building, Queen Victoria Hospital RH19 3DZ

Agenda: session held in public

Welcome			
34-18	Welcome, apologies and declarations of interest <i>Beryl Hobson, Chair</i>		
Standing items		Purpose	Page
35-18	Patient Story <i>Jo Thomas, Director of Nursing</i>	<i>Assurance</i>	-
36-18	Draft minutes of the meeting session held in public on 4 January 2018 <i>Beryl Hobson, Chair</i>	<i>Approval</i>	1
37-18	Matters arising and actions pending <i>Beryl Hobson, Chair</i>	<i>Review</i>	11
38-18	Chief executive's report (including BAF overview) <i>Steve Jenkin, Chief Executive</i>	<i>Assurance</i>	12
39-18	Freedom to speak up update <i>Andi Heaton, FTSU guardian</i>	<i>Information</i>	17
Key strategic objective 1: outstanding patient experience			
40-18	Board Assurance Framework <i>Jo Thomas, Director of Nursing</i>	<i>Assurance</i>	20
41-18	Corporate risk register (CRR) <i>Jo Thomas, Director of Nursing</i>	<i>Review</i>	21
42-18	Quality and governance assurance report <i>Ginny Colwell, Non-executive director and committee chair</i>	<i>Assurance</i>	35
43-18	Quality and safety report <i>Jo Thomas, Director of Nursing</i>	<i>Assurance</i>	38
Key strategic objective 2: world-class clinical services			
44-18	Board Assurance Framework <i>Ed Pickles, Medical Director</i>	<i>Assurance</i>	74

45-18	Medical director's report <i>Ed Pickles, Medical Director</i>	Assurance	75
Key strategic objectives 3 and 4: operational excellence and financial sustainability			
46-18	Board Assurance Framework <i>Sharon Jones, Director of Operations and Michelle Miles, Director of Finance</i>	Assurance	79
47-18	Financial and operational performance assurance report <i>John Thornton, Non-Executive Director</i>	Assurance	-
48-18	Operational performance <i>Sharon Jones, Director of Operation</i>	Assurance	81
49-18	Financial performance <i>Michelle Miles, Director of Finance</i>	Assurance	91
50-18	Delegation of authority <i>Michelle Miles, Director of Finance</i>	Approval	109
Key strategic objective 5: organisational excellence			
51-18	Board assurance framework <i>Geraldine Opreshko, Director of Workforce & OD</i>	Assurance	111
52-18	Workforce monthly report <i>Geraldine Opreshko, Director of Workforce & OD</i>	Assurance	112
Board governance			
53-18	Nomination & remuneration committee <i>Beryl Hobson, Chair</i>	Assurance	128
Any other business (by application to the Chair)			
54-18	<i>Beryl Hobson, Chair</i>	Discussion	-
Observations and feedback			
	Questions from members of the public <i>We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to Hilary.Saunders1@nhs.net clearly marked "Questions for the board of directors". Members of the public may not take part in the Board discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.</i>	Discussion	-

Date of the next meetings

Board of Directors:

Public: 03 May 2018 at 10:00

Sub-Committees

Charity: 08 March 2018

Audit: 21 March 2018

F&P: 26 March 2018

N&R: 17 May 2018

Q&G: 19 April 2018

Council of Governors

Public: 09 April 2018 at 16:00

Document:	Minutes (draft and unconfirmed)	
Meeting:	Board of Directors (session in public) Thursday 04 January 2018, 10.00 – 13.00, Boardroom, Blond McIndoe Research Centre, QVH RH19 3DZ	
Present:	Beryl Hobson, (BH)	Trust Chair (voting)
	Ginny Colwell (GC)	Non-Executive Director (voting)
	Kevin Gould (KG)	Non-Executive Director (voting)
	Steve Jenkin (SJ)	Chief Executive (voting)
	Sharon Jones (SLJ)	Director of Operations
	Gary Needle (GN)	Non-Executive Director (voting)
	Geraldine Opreshko (GO)	Director of Workforce and organisational development
	Ed Pickles (EP)	Medical Director (voting)
	Clare Pirie (CP)	Director of Communications and Corporate Affairs
	Jo Thomas (JMT)	Director of Nursing (voting)
	Jason McIntyre (JMc)	Acting Director of Finance (voting)
	John Thornton (JT)	Non-Executive Director (voting)
In attendance:	Hilary Saunders (HS)	Deputy Company Secretary (minutes)
Apologies:	John Belsey (JEB)	Lead Governor
Public gallery	6 members of the public, (including 4 governors)	

Welcome

05-18	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting. She began by introducing members of the Frontline team (who were observing today's meeting as part of the Trust's current 'well led' review), and went on to welcome four members of the public, (who were also public governors)</p> <p>Under Declarations of Interest, SLJ asked the Board to note that her spouse's current 3-month contract with Sophos was now a rolling agreement. (Sophos Safeguard is used by Trust as one of its software programmes). There were no further new declarations of interest.</p>
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Standing items

06-18	<p>Patient Story</p> <p>JMT read to the Board an email sent by a 23 year old male patient who had sustained a hand injury. He had been treated initially in the hand trauma unit, and subsequently by the physiotherapy team. The patient commended the calm professionalism of all staff and in particular commented on the compassionate care received from the hand therapist.</p> <p>The Board felt this was a short, but powerful testimony demonstrating the importance of a holistic approach to treatment and recovery, and asked that its thanks be conveyed to those concerned.</p>
07-18	<p>Draft minutes of the meeting session held in public on 02 November 2017 for approval</p> <p>The Board APPROVED the minutes of the meeting held on 7 September as a correct record, subject to the following amendments:</p> <ul style="list-style-type: none"> • 162-17: Dedicated trauma 'centre' to be changed to 'unit'; • 170-17: to read: 'JMT went on to report the details of a Never Event which had occurred the previous week during an eye procedure. This related to injection of local anaesthetic block to incorrect site'.
08-17	<p>Matters arising and actions pending</p> <p>The Board received and APPROVED the current record of matters arising and actions pending.</p>

Minutes of public Board session January 2018 DRAFT & UNCONFIRMED

09-18	<p>CEO report</p> <p>SJ began by setting out the Trust’s response to the recent national directive for hospitals to cancel non-urgent elective operations. The NHS had been under sustained pressure over the Christmas period and the new directive was aimed at managing this. All QVH staff had been notified that we would be working to minimise cancellations, at the same time as ensuring that we were making best use of our resources and supporting the wider NHS. In line with NHS England guidance, cancer operations and time-critical procedures should still go ahead as planned. SJ was conscious that staff had been working particularly hard over the Christmas and new year period, and expressed his thanks for their care and dedication.</p> <p>SJ moved onto his report, noting his two main areas of concern were workforce, and its resultant effect on patient experience. Other highlights of his report included:</p> <ul style="list-style-type: none"> • The results of the 2016 Children and young people’s inpatient and day case survey, which had been published recently by the Care Quality Commission (CQC). Across the board, QVH had maintained or done better in all categories during a challenging 12 months. SJ noted this was a tremendous achievement and well deserved by the team; • Following staff briefings held in the summer, the new bi-monthly Team Brief had been launched in November. These briefings were scheduled to follow on shortly after each Board meeting and designed to ensure all staff received information in a timely and consistent way; • SJ advised that all four GP practices in East Grinstead were now collaborating with the Trust to provide a town-wide urgent ‘on the day’ service, offering additional appointments within the Minor Injuries Unit (MIU). GPs have been available in MIU for a number of sessions each week since the launch of the initiative in November and much positive feedback had been received to date. • SJ and Andi Heaton, (Freedom to Speak Up Guardian) had met with representatives from the National Guardian’s Office recently; again, feedback had been very positive. • In November, Crawley CCG and Horsham and Mid Sussex CCG, together with High Weald Lewes Havens and Brighton and Hove CCGs had formed the new Central Sussex Commissioning Alliance. SJ assured the Board that QVH would work to maintain a strong approach to partnership, working locally as well as across the wider STP. The Board questioned what impact this could have on commissioning. EP responded that, to date decisions had been clinically and evidence based. The unification of CCG guidelines would enable greater scrutiny of criteria; this would reduce variation, thereby minimising the perception of ‘post-code lotteries’. • As reported at the last meeting, Bob Alexander had been appointed as STP lead for the Sussex & East Surrey Sustainability & Transformation Partnership (STP). He will become full-time from February, and is due to meet with the chief executives from acute trusts on 5 February. <p>The overall BAF been adjusted to reflect that the KSO 4 Financial Sustainability risk rating had increased to 20, which was due primarily to income performance below plan. The Trust was still forecasting to achieve plan by the end of the financial year, but there were risks to full year delivery in relation to capacity.</p> <p>There were no further comments and the Board NOTED the contents of the CEO’s update.</p>
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
10-18	<p>Board Assurance Framework: KSO3 and KSO4</p> <p>BH reminded the Board that she had placed the KSO3 and KSO4 items higher up the agenda this month, in order to facilitate additional time to debate the issues relating to finance and performance.</p>

	<p>SJ reported that the BAF for KSO3 highlighted the fortnightly improvement and RTT18 recovery plan meetings which she was currently chairing as part of mitigating current risks.</p> <p>As reported under the CEO update, the BAF for KSO4 had increased to 20, which reflected the current financial challenges. JMc advised that implementation of the Costing Transformation Programme was now scheduled for Q4 of 2017/18.</p> <p>The Board noted that the score for Finance and Use of resources should be shown as 2 (not 1 as published in the report).</p> <p>There were no further questions and the Board NOTED the contents of the BAF updates.</p>
11-18	<p>Financial and operational performance assurance report</p> <p>JT presented his report following the last Finance and performance committee meeting in December. There were matters on which he explained he was unable to give full assurance to the Board, which included meeting 18-week and recruitment and retention targets, and achieving the financial control total. Income was below plan and both pay and non pay costs were over budget for the first time this year.</p> <p>The Chair summarised discussions which had taken place during the earlier closed session, at which the Board had approved measures for implementation to achieve the control total, and to secure the Sustainable Transformation funding (STF) for the full year. Whilst JT reiterated he felt unable at this stage to provide full assurance to the Board, he agreed that there were clear trajectories and plans in place, which would continue to be monitored by the Finance and performance committee.</p> <p>There were no further questions and the Board NOTED the contents of the update.</p>
12-18	<p>Operational performance</p> <p>SLJ presented the regular update on current operational performance, noting that this had been reviewed by the Finance and performance committee in December. Particular areas she wished to highlight included:</p> <ul style="list-style-type: none"> • An update on the 18-week referral to treatment (RTT) open pathway target. QVH had achieved 83.5% against the 92% target and below the 84% trajectory that the Trust had submitted to NHSI. SLJ reminded the Board that much of the issues lay within the admitted element of the open pathway; • All cancer targets had been met with the exception of 31-day, (due to the shared pathways) • Outsourcing of routine hands work to the McIndoe had now started; • ‘See and Treat’ and ‘Super Saturday’ clinics continued to run successfully; • Operations teams had been hampered over a long period of time due to significant vacancies. However, appointments had been made recently to the performance and access, and business manager roles, and it was hoped this would alleviate some of the current pressures but the high level of nursing vacancies in theatres remained the limiting factor in putting on additional capacity to deliver 18RTT; • Although teams had planned well for Christmas, staff sickness had impacted on activity with 17 lists being cancelled which will have a negative impact upon 18RTT performance; • The Trust recently submitted its trajectories to NHSI and the CCG. No feedback had been received to date; • A useful discussion had been held with the CCG regarding referral rates of routine dental work from the West Kent area. Commissioners were unhappy with level of referrals to the Trust, but acknowledged there was nowhere else at present for these patients to be treated. SLJ explained that criteria had never been well defined in the past, and described the reasons why

	<p>such referrals had increased in recent years. The Board recognised that whilst it was clearly appropriate for QVH to treat complex orthodontic work, routine extractions should be undertaken by general dentist practitioners.</p> <p>BH was assured that these issues had been examined thoroughly at Finance and performance committee (F&PC), and the Board felt confident the organisation had a good understanding of the issues.</p> <p>There were no further questions and the Board NOTED the contents of the update.</p>
<p>13-18</p>	<p>Financial performance</p> <p>JMc presented the latest report which was based on figures reviewed at the December Finance and performance committee (F&PC) meeting. Key points included that:</p> <ul style="list-style-type: none"> • The Trust had delivered a deficit of £47k (£313k below plan). The year to date surplus had decreased to £959k (£585k behind plan). The key reason was underperformance, although this had been partially offset by a reduction in expenditure; • Pay expenditure had deteriorated, and increased agency usage within Plastics, which had resulted in the breach of the NHSI agency target. JMc felt it was unlikely this would have any negative impact on the Trust's score for finance and use of resources at this stage; • The Trust was still forecasting to achieve plan by the end of the year. However there were risks to full year delivery. Recovery plans had been developed, although success could not be guaranteed due to ongoing workforce issues. The Board had met earlier in the day to approve a series of measures designed to achieve the control total. Progress would be monitored through the Finance and performance committee. • Capital expenditure to date was approximately £648k behind, but it was anticipated that this would achieve plan by year-end. JMc described the reasons behind the shortfall and whilst the business planning process was robust, there had been difficulties procuring services following approval which had created delays. He assured the Board that the Estates teams had designed the backlog maintenance programme to begin earlier in 2018/19 to mitigate against similar difficulties. • The cost improvement programme had delivered savings of £2,132k to date; concerted work was underway to ensure that the full cost savings would be achieved by year end. • Whilst debtor balances had increased slightly, cash balances remained healthy. <p>JT explained the detail behind the profiling of the financial plan and noted that there was still an opportunity to recover the situation and achieve the control total by year end.</p> <p>There were no further questions and the Board NOTED the contents of the update.</p>
<p>Key strategic objective 1: outstanding patient experience</p>	
<p>14-18</p>	<p>Board assurance framework</p> <p>JMT reported that the current and residual risks ratings for the KSO1 BAF reflected the concerns regarding never events and workforce. A detailed review of never events had taken place at the December Quality and governance committee meeting.</p>
<p>15-18</p>	<p>Corporate Risk Register (CRR)</p> <p>JMT highlighted key changes to the CRR since the Board's last review:</p> <ul style="list-style-type: none"> • Three new risks had been added: <ul style="list-style-type: none"> • 1084: Data quality issue from Patient Tracking list (PTL): Issues had been reviewed and risks reduced (with no further actions) - although this hadn't been reflected in the current report; • 1087: Inability to demonstrate full compliance with Mental Capacity Act in adult

	<p>patient records. Work was underway with the Psychology team and safeguarding lead to change relevant documentation;</p> <ul style="list-style-type: none"> • 1089: QVH not currently providing level 3 adult safeguarding training as part of its training programme. JMT reminded the Board that they had been apprised of this previously and also of the subsequent actions. All relevant staff should be compliant by June 2018. • Two risks had been rescored following discussion with the risk owners as it had emerged that the initial scoring was too high. These were: <ul style="list-style-type: none"> • 1049 inability to recruit qualified paediatric staff, and • 1075: risk to BSUH outsourced CT service <p>The Board sought and received clarification in respect of the following:</p> <ul style="list-style-type: none"> • Risk 1082: Potential lack of compliance with requirements of General Data Protection Regulation. It was confirmed that whilst Information Governance provided updates to Quality and governance committee (Q&GC), implementation of GDPR was being monitored by the Finance and performance committee. The CRR would be updated to reflect this [Action: JMT] • SLJ reported progress in respect of 1081 demand and capacity mismatch in the Appointments team. Work had been undertaken on systems and processes and a report was due shortly. • The Board again acknowledged the great improvements made to the CRR over the last year. However, as a consequence many recorded risks were now more long-term and strategic (with around 40% over 12 months old). It was agreed it was now timely for the Board to review its risk appetite. CP reminded the Board that a risk workshop had been included as an option in the draft development programme for 2018/19. <p>There were no further comments and the Board NOTED the latest update.</p>
16-18	<p>Quality and governance assurance report</p> <p>GC tabled the assurance report following the December Quality & governance committee (Q&GC) meeting. She asked the Board to note in particular:</p> <ul style="list-style-type: none"> • The Freedom to Speak Up guardian had attended and spoke about her experience to date. The Committee had been assured that the post was working well and that issues were being resolved. However, the Board noted that the Freedom to Speak Up guardian also attended its meetings on a regular basis. To avoid duplication, GC agreed to check the governance process and report back. [Action: GC] • A new Never Event had been reported which related to a local anaesthetic eye block being inserted on the wrong eye. A root cause analysis was currently underway with GC noting early indications were that staff had not complied entirely with the WHO checklist. Details of other Never Events and Serious Incidents were also considered, including a review of two final Never Event reports. Further work was underway to strengthen the use of the WHO checklist. This included the appointment of a deputy theatre manager, whose remit was to include a focus on safety. The Q&GC had requested a detailed work programme be developed. • The Committee had also considered a flow chart identifying areas at which the Corporate risk register was reviewed at present. Proposals for improvements were discussed, and further modifications would be made. • The Committee had agreed that in future, the theatre productivity group would report to F&PC; • The Trust had received a report following the first Care Quality Commission (CQC) quarterly assurance visit. After a brief discussion, it was agreed that initially this report should be monitored by Q&GC. A decision as to whether it should come to Board would be made in March [Action: GC/JMT] • The Committee had considered the Quality and Safety strategy, which continued to be developed. Once complete, it was anticipated this would support the Trust in raising its CQC rating from 'good' to 'excellent'.

	<ul style="list-style-type: none"> • The Committee had also reviewed and approved a number of policies. <p>The Board considered the contents of the update, discussing in particular concerns regarding the level of Never Events. These included:</p> <ul style="list-style-type: none"> • The decision to create a new role of deputy theatre manager role to mitigate against further incidents had been taken by the Joint Hospital Management Group, reflecting the seriousness with which the Trust was taking the situation. • Whilst this role would support the organisation in improving culture and embedding learning, the Board was disappointed no improvements had been seen to date. EP noted that three Never Events had been recorded in 2017, with an average of two per year over the last six years. All events were linked to inadequate use of the WHO checklist. • The reports presented to Q&GC on Never Events had been comprehensive. The Board sought assurance that once new systems, processes and learning had been embedded, the Trust would consider what sanctions should be taken against individuals if policies and procedures continued to be disregarded. <p>There were no further questions and the Board NOTED the contents of the update.</p>
17-18	<p>Quality and safety report</p> <p>JMT presented the Quality and safety report, highlighting in particular:</p> <ul style="list-style-type: none"> • As previously discussed, key areas of focus for recruitment and retention were theatres, critical care and paediatrics, (though there had been some recent improvement in critical care and paediatric recruitment). • MIU continued to perform better than the national average; • As reported under the Q&GC assurance update, the first of the new format quarterly quality assurance visits took place in November. Prior to the visit QVH had been asked to submit a comprehensive assessment which was discussed in detail at the meeting. This had focused on Serious Incidents and Never Events. The visit had not raised any new concerns; • The Board was asked to note that wording relating to falls (P.76 of the report) should be amended to read: ‘There were eight inpatient falls during November 2017’. <p>The Board sought and received assurance in respect of the following:</p> <ul style="list-style-type: none"> • The number of medication related incidents had reduced, and JMT went on to describe processes followed by the Pharmacy Medicines Governance and Medication Safety officer when investigating any concerns; • Whilst Site Practitioners had been under pressure for several months, JMT highlighted some recently introduced new ways of working which had alleviated pressures on the team. • JMT confirmed that the Trust was still anticipating an unannounced CQC inspection at some stage in the near future. <p>There were no further questions and the Board NOTED the contents of the update.</p>
18-18	<p>CQC children and young person’s inpatients and day case survey 2016</p> <p>As referenced earlier under the CEO’s update, JMT now presented the full report on the 2016 children’s and young person’s inpatient and day case survey.</p> <ul style="list-style-type: none"> • The survey, published in November 2017, showed that QVH had achieved top scores in both age groups, ‘7 and under’, and ‘8-15’. • In 25 of the 63 questions asked, QVH was the highest scoring trust nationally. • Areas where scores were lower related to patient choice, an area over which the Trust had no influence. <p>The Board noted the high response rates were also a testament to patients’ experiences. The Board echoed SJ’s earlier comments that this was a tremendous achievement given the challenges</p>

	<p>of the last year and asked that formal congratulations be conveyed to the teams concerned.</p> <p>There were no further questions and the Board NOTED the contents of the latest report.</p>
<p>Key strategic objective 2: world class clinical services</p>	
19-18	<p>Board assurance framework</p> <p>EP advised that there had been no changes to the BAF risk rating since the last meeting. There were no further questions and the Board NOTED the contents of the report.</p>
20-17	<p>Medical director's report</p> <p>EP presented his regular update, highlighting the following:</p> <ul style="list-style-type: none"> • In line with the, 'Responding to and Learning from Deaths' policy, the Trust now publishes numbers of all on-site deaths, and all deaths occurring within 30 days of treatment at QVH. Two deaths (within 30 days of discharge) had been reported; EP went on to assure the Board there were no concerns regarding either of these; • The Trust had recently completed its latest data submission for the Seven Day Services initiative, focusing on the standard requiring all emergency admissions be reviewed by a consultant within 14 hours of admission. QVH results had greatly improved, and whilst being a specialist hospital made it more difficult to apply this standard, this confirmed we were compliant in 92% of cases using QVH criteria, which provided assurance both to the Trust and also to the CCG. • Three new plastic surgery consultants and three new consultant anaesthetists had recently been appointed. It was noted that the appointments included an experienced intensive care doctor which would strengthen the intensive care provision at QVH considerably. The Board was assured that, despite the difficulties in recruitment and retention of nursing staff, the Trust was still able to attract high calibre surgeons and anaesthetists; • Appraisal rates were improving and new data packs had now been introduced to support medical staff in preparing for their appraisals. An audit on the Appraisal and Revalidation process had been undertaken recently, with the report pending; • Following implementation of job planning, and approval of the new job planning policy, it was anticipated that all permanent staff will have undergone a job plan review by the end of March 2018. <p>The Board sought and received additional clarification in respect of the funding of plastic surgery trainees. EP confirmed that five were funded by the deanery, with the remainder by QVH.</p> <p>There were no further questions and the Board NOTED the contents of the update.</p>
<p>Key strategic objectives 5: organisational excellence</p>	
21-18	<p>Board assurance framework</p> <p>Scores remained the same as last month. Changes to controls and assurances this month included:</p> <ul style="list-style-type: none"> • Confirmation that the e-job plan 'super-user' training had now taken place, (as reported under the item 20-18). • Following approval at the September Board meeting, the Engagement and Retention action plan was progressing at pace. (The Board had received via email, a separate update from the Director of Workforce earlier in the week. This had included the recently launched 'Workforce Matters' factsheet for nursing and clinical staff). <p>There were no questions or comments and the Board NOTED the contents of the KSO5 BAF update</p>

22-18	<p>Workforce monthly report</p> <p>GO presented the Workforce and Organisational Development report for December 2017 which provided the Board with a breakdown of key workforce information. This report had previously been reviewed in detail at the December Finance and performance committee and GO asked the Board to note in particular that:</p> <ul style="list-style-type: none"> • Overall sickness absence had increased, as the Trust was currently experiencing high levels of short term sickness at every level. • Data provided by the Trust's Employee Assistance Programme indicated that staff were accessing support primarily for personal rather than work related issues. • Mandatory and statutory training rates had decreased slightly but were still relatively stable given current pressures on staffing; • The Trust had started work with a social media marketing agency. They had already facilitated focus groups and was launching a closed Facebook page as a precursor to the start of the recruitment campaign in January. It was noted that as this campaign was targeted specifically at nursing/clinical staff, members of the Board were unlikely to see any outputs. GO explained that this was an innovative project, not commonly used across the NHS. We have agreed KPIs for the campaign which would support the Trust in measuring overall success. • The new 'Refer a Friend' scheme had now launched, and the list of Trust job vacancies in the staff newsletter Connect will indicate which roles are eligible for this. • As part of the new retention plan, SJ and GO had now met with the first new starters after their first three months in the organisation. Initial responses had been positive. • A review of data relating to TRAC (the new recruitment system) showed that in the five months since implementation, there had been a significant improvement in the process; • The staff survey had now closed. There had been a 55% response rate, which was comparable to last year. The date on which results would be released had yet to be advised. <p>BH noted that the Chair and Chief Executive breakfast meeting before Christmas had been very positive and well attended. There were no further questions and the Board received and NOTED the contents of the latest report.</p>
Board governance	
23-18	<p>Board development</p> <p>The Board considered a review of training and development undertaken over the last twelve months to ensure it continued to have skills and experience relevant to keep QVH an innovative and high performing organisation. A number of new directors had joined during the current year and it was important that members continued to work together as a unitary Board.</p> <p>CP reminded the Board that the funds available for development within a small trust were limited. She asked the Board to consider the approach taken to date, and the priorities for the coming year.</p> <p>Whilst noting the importance of generic training in areas such as risk management and corporate manslaughter, the Board asked that consideration also be given to raising capability. It was noted that the facilitated Board development session planned for June 2018 would include work in this area.</p> <p>After due consideration, the Board NOTED the contents of the report and AGREED to consider proposals for further development opportunities following the outcome of the current Well Led review. [Action: CP]</p>

24-18	<p>Board of Directors annual evaluation</p> <p>As required under the FT Code of Governance, the Board was required to undertake a formal annual evaluation of its own performance and that of its committees and individual directors. In support of this, CP had prepared a report summarising activity over the last twelve months. She reminded the Board that a more comprehensive evaluation was currently underway (through the Well-Led review), the outcomes of which would be reported formally to the Board in March.</p> <p>In the meantime, the Board was asked to note:</p> <ul style="list-style-type: none"> • That the Finance and performance committee had also recently undertaken a light-touch self-assessment; • That the corporate risk register was reviewed by the Quality and governance committee as well as the Board and Audit committee. <p>There were no further questions and the Board NOTED the contents of the report.</p>
25-18	<p>Annual review of Board committee Terms of Reference</p> <p>As part of its overall annual Board evaluation, the Board was asked to review and approve its committees' terms of reference for the year ahead. (In most instances, key changes for the respective ToRs had been highlighted).</p> <p>GN stated that in reviewing the full complement of ToRs, he had noted some discrepancies in NED membership and variations in quoracy. The Board agreed that this should be considered further following completion of the Well-Led evaluation.</p> <p>There were no further comments and the Board APPROVED the ToRs for the respective committees.</p>
26-18	<p>Nomination and remuneration committee</p> <p>BH presented an assurance report following the Nomination and remuneration meeting in November. She highlighted in particular that in the view of recent guidance from NHSI, the Committee had agreed it would in future consider the national strategy in setting senior manager pay; this would replace principles previously agreed by the Committee regarding VSM pay and take account of the outcome of annual appraisals.</p> <p>There were no further questions and the Board NOTED the contents of the report.</p>
27-18	<p>Audit committee</p> <p>KG presented the assurance report following the recent Audit committee meeting. This also included details of the self-assessment survey recently undertaken by the Committee.</p> <p>In view of problems experienced in previous years, the Chair sought and received assurance that the internal audit plan was on track for completion by year end.</p> <p>There were no further questions and the Board NOTED the contents of the report.</p>
Any other business	
28-18	<p>The Chair reported that the Board had undertaken an 'away-day' in December which had focused on strategy. Outcomes would be followed up at the February seminar. The next Board development day was scheduled for 7 June.</p> <p>On behalf of the Board, BH thanked all members of staff who had worked so hard over the Christmas and New Year period.</p>

Observations and feedback

29-18

Questions from members of the public

There were none and the Chair closed the public session of the Board.

Chair

Date

Matters arising and actions pending from previous meetings of the Board of Directors									
ITEM	MEETING Month	REF.	TOPIC	CATEGORY	AGREED ACTION	OWNER	DUE	UPDATE	STATUS
1	January 2018	15-18	Corporate risk register	KSO1	CRR to be updated to show correctly that implementation of GDPR is monitored by F&PC	JMT	March		Pending
2	January 2018	16-18	Q&GC assurance	KSO1	Governance process for FTSU reporting to be clarified	GC	March		Pending
3	January 2018	16-18	Q&GC assurance	KSO1	Governance process for CQC quarterly reporting to be agreed	GC/JMT	March		Pending
4	January 2018	23-18	Board governance	Board development	Proposals for further development opportunities to be considered following results of well-led review	CP	May		Pending

Board Assurance Framework – Risks to achievement of KSOs

KSO 1 Outstanding Patient Experience	KSO 2 World Class Clinical Services	KSO 3 Operational Excellence	KSO 4 Financial Sustainability	KSO 5 Organisational Excellence
Patients lose confidence in the quality of our services and the environment in which we provide them due to increasing patient safety incidents, a decline in care standards and a failure to maintain a modern care environment	Patients, clinicians & commissioners lose confidence in our services due to a decline in clinical outcomes, a reduction in research output and fall in teaching standards.	Patients & Commissioners lose confidence in our ability to provide timely and effective treatment due to an increase in waiting times and a fall in productivity.	Regulators lose confidence in the long-term financial sustainability of the Trust due to a failure to create adequate surpluses to fund operational and strategic investments.	We seek to maintain a well led organisation delivering safe, effective and compassionate care through an engaged and motivated workforce

Current Risk Levels

The entire BAF was reviewed at executive management team meeting in December 2017. KSO 1 and 2 were reviewed at the December Quality and Governance Committee and KSO 3, 4 and 5 were reviewed at the December Finance and Performance Committee. Changes since the last report are shown in underlined type on the individual KSO sheets.

	Q3 2017/8	Q 2 2017/8	Q 1 2017/8	Q 4 2016/7	Residual risk
KSO 1	15	12	12	12	9
KSO 2	12	12	12	12	8
KSO 3	20	20	20	20	15
KSO 4	20	20	16	16	16
KSO 5	16	16	12	12	16

Chief Executive's Report

References					
Meeting title:	Board of Directors				
Meeting date:	01 March 2018	Agenda reference:	38-18		
Report title:	Chief Executive's Report				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Steve Jenkin, Chief Executive				
Appendices:	None				
Executive summary					
Purpose:	To update the Board on progress and to provide an update on external issues that may have an impact on the Trust's ability to achieve its internal targets.				
Recommendation:	For the Board to NOTE the report				
Purpose:	Information	Information	Information	Information	Information
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	External issues will be considered as part of the BAF 'horizon scanning' section				
Corporate risk register:	None				
Regulation:	NA				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	Executive Management Team				
	Date:	26.02.2018	Decision:	Review BAF	

CHIEF EXECUTIVE'S REPORT MARCH 2018

TRUST ISSUES

Director of Finance and Performance

Michelle Miles has joined QVH as our Director of Finance and Performance following interviews at the end of last year. I would like to place on record my thanks to Jason McIntyre, deputy director of finance, for taking on the Acting Director of Finance role for a number of months prior to Michelle starting.

Director of Operations

After 35 years in the NHS, Sharon Jones has decided to take early retirement and will leave the Trust next month. Sharon joined QVH nearly three years ago and has overseen steady growth in activity during that time. As this will be her last Board meeting, I would like to express my gratitude for her leadership during the past few years. Interviews for her replacement are scheduled for later this month. In the short-term, Mark Henry has joined us as Interim Director of Service Improvement to oversee a smooth handover of services.

Media

Our pioneering glaucoma surgery was featured across the BBC South East breakfast, lunchtime and evening news on Friday 26 January. The piece followed one of our patients, Lilian, during a pre-operation check-up and then again during her surgery which combined cataract removal with two glaucoma procedures. Our consultant Gokulan Ratnarajan is the only surgeon in the UK to combine minimally invasive glaucoma surgery to insert a micro-stent, with gently applying laser to control the production of fluid in the eye.



McIndoe on BBC The One Show Back in September, Adonia Montfort Bebb, Archibald McIndoe's daughter, returned to QVH where her father was a pioneering surgeon. This was filmed for a piece on The One Show about Archibald McIndoe which aired on Tuesday 30 January. It highlighted some of the medical techniques McIndoe developed here which revolutionised the way patients with burns were treated and are still used in plastic surgery today. Adonia summed up her father by saying: "Men called him maestro, they even called him god. I felt he didn't belong to me, he belonged to the world."

Well-led review

Foundation Trust boards are required to undertake an external review of governance every three years to ensure that their arrangements remain fit for purpose. QVH has approached this as a positive opportunity to improve our governance effectiveness and leadership culture.

QVH appointed an external team to carry out a review and the initial outputs of this review process were worked through in detail by Board members at the Board seminar workshop in February 2018. The final report should be available later this month.

CT Scanner

The League of Friends has agreed to fund the purchase of a CT (Computerised Tomography) scanner. The current service for QVH is provided off-site under a Service Level Agreement with BSUH. Bringing the service on site will support swift diagnosis, avoid the transfer by ambulance or taxi of sick patients, and therefore improve patient experience. We are delighted by this positive decision taken by the trustees of the League of Friends and the generosity of those who have made donations to the Friends over many years. It is anticipated that following a procurement exercise and some minor estates work that the CT scanner should be situ by July.

Our host commissioner Horsham and Mid Sussex CCG sought support from all the CCGs aligned to the QVH Contract. The 21 CCGs were invited to comment on our proposal and only a couple of queries were raised. In a letter from our Commissioner they have concluded there is support for QVH to purchase and site a CT scanner on our premises and this will be formally minuted at the QVH Contract Management Board on 7 March.

Board Assurance Framework (BAF)

Attached is the BAF front sheet, the following points are worth noting:

KSO 4 Financial Sustainability risk rating was increased to 20 in January 2018 due primarily to income performance below plan which is partially offset by expenditure underspends. The Trust is still forecasting to achieve plan by the end of the financial year, however there are risks to full year delivery in relation to capacity. Workforce challenges remain a concern with a brand new social media campaign aimed at recruiting nurses just launched at the end of February.

SECTOR ISSUES

Sussex & East Surrey Sustainability & Transformation Partnership (STP)

Bob Alexander is now working full-time as our STP lead and is keen to review the governance arrangements which will be discussed at the Programme Board and the Oversight Group both taking place on 6 March.

NATIONAL ISSUES

NHS Improvement (NHSI) Q3 publication of Providers Finance and Performance

Published on 21 February 2018, the figures cover the nine month period ending 31 December 2017.

The key headlines:

- During the first three quarters of this year, demand for hospital services continued to increase, with a significant spike related to winter – December saw almost 400,000 emergency admissions via A&E, 5.9% more than in December 2016. The rate of flu-confirmed hospital admissions is around three times higher than last year and greater than the peak reached in the previous seven seasons, making this the most significant flu season since the winter of 2010/11.
- Performance against the four-hour A&E standard was 89.5% at the end of December, similar to performance for the same period last year which was 89.6%. By the end of December 2017, 88.2% of patients waiting to start treatment had been waiting up to 18 weeks, compared with 89.7% in the same period last year. However, the volume of patients treated

within 18 weeks was greater: 10.27 million so far this year, 63,500 more than the same period last year.

- Providers failed in aggregate to achieve the waiting time standard for 14 of the 15 key diagnostic tests. This decline in performance has been driven partly by a significant increase in demand – there were 5.8% more tests requested per working day in December 2017 than in the same period last year. Waiting times for endoscopy tests have increased in particular, which account for around 12% of the diagnostics waiting list.
- In response to increasing demand, more patients began cancer treatment this year (37,153 during Q3, 2.3% more than in the same quarter last year) and all but one national cancer waiting-time standard was achieved in Q3. NHS providers failed to achieve the target of 85% for 62 day wait for first treatment following an urgent GP referral, with performance of 82.9% in Q3. This was, however, a 0.7% improvement on performance achieved in the same quarter last year (82.2%).
- Looking ahead, the provider sector is planning for a deficit of £931 million by the end of 2017/18, which is £435 million worse than planned (half-year forecast was £623m deficit).
- Agency spend has continued to decrease significantly. At Q3, the sector spent £108 million less than planned and £441 million less than the comparable period last year – a dramatic fall of 20%.
- For the first time, the report includes NHS Improvement data on workforce, based on management information from the sector – this gives the clearest indication so far of the scale of the workforce challenge facing providers. In addition to the 1.1 million whole-time equivalent staff employed by providers, there are around 100,000 vacancies. Although this has reduced slightly in the last quarter, these vacancies will continue to have an impact on provider performance.

Steve Jenkin
Chief Executive

Report cover-page					
References					
Meeting title:	The Board of Directors				
Meeting date:	01 March 2018	Agenda reference:		39-18	
Report title:	Freedom to Speak Up Guardian update (<i>March 2018</i>)				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Andi Heaton, Freedom to Speak Up Guardian				
Appendices:	N/A				
Executive summary					
Purpose:	The purpose of this report is to provide the board with a brief update on the activity of the Freedom of Speak up Guardian role since November 2017 and to provide an overview of plans and ideas for the next stage.				
Recommendation:	The Board are asked to note the report				
Purpose:	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	N/A				
Corporate risk register:	N/A				
Regulation:	National Guardian				
Legal:					
Resources:	N/A				
Assurance route					
Previously considered by:	Board of Directors (November 2017)				
	Date:	dd/mm/yy	Decision:		
Previously considered by:					
	Date:	dd/mm/yy	Decision:		
Next steps:					

Report to: The Board of Directors
Meeting date: Thursday, 01 March 2018
Agenda item reference no: 39-18
Report from: Andi Heaton, Freedom to Speak up Guardian
Date of report: Tuesday, 20 February 2018

Freedom to Speak up Guardian update (*March 2018*)

1. Purpose

The purpose of this report is to provide the board with a brief update on the activity of the Freedom of Speak up Guardian role since November 2017 and to provide an overview of plans and ideas for the next stage.

2. Activity since the last Board update

- i. The time allocated to the role has increased to one full day per week. I have reduced my hours with psychological therapies and will be on site Tuesdays, Wednesday and Thursdays.
- ii. I was recently interviewed as part of the well led review and I continue to meet with the Chief Executive at least once a month to update on all activity.
- iii. Further to this, to increase my presence, I attend the new staff induction programme alongside Katy McQueen under the banner of 'Care and Compassion at QVH,' and I now have regular slots to present at the new doctors induction.
- iv. We have created a small contact card to allow the service to be accessed discreetly and with ease.
- v. The group reflective practice will be reintroduced, similar to those that took place in 2015. These are scheduled to operate over lunchtimes and are a joint venture between Freedom to Speak Up and Psychological Therapies. The first session will commence on Wednesday, 21 March 2018 and Balj Dheansa is scheduled to chair the initial session.
- vi. The staff engagement event which took place on Friday, 16 February 2018 was a popular event with 30 staff across many departments attending the gospel choir workshop, funded by the QVH charity. The same number of emails were received, predominately from clinical staff commenting that they found it difficult to come away from their clinical areas. It is recognised that further work needs to be carried out on how clinical staff can be enabled to attend events such as these.

3. QVH activity

Table 1 details the activity of the Freedom to Speak up Guardian between 01 November 2017 and 02 February 2018:

Table 1

• 10 speak ups in total	
1	Related to potential patient safety issue. No patients were harmed
4	Related to complaints of bullying/unacceptable tone by managers
5	Related to unmanageable and unrealistic workload

Of the reported speak ups, none were anonymous and nobody requested that their identity be protected.

4. Demographics of speak ups

Table 2 details the demographics of the speak ups

Table 2

Staff group	Number reported
Administration and Clerical staff	3
Nursing	2
Allied Health Professionals	5
Medics	0
Management	0

Feedback accessed via survey monkey, has been positive and all responders have stated that they would speak up again and there have been no reports of ramifications. A consistent comment that has been received is that the meeting place does not feel secure.

5. Conclusion/Recommendation

A full update will be provided at the May board meeting which will include a cross reference to the outcomes from the staff survey. The board are asked to **note** the contents of this report and continue to support the role of the Freedom to Speak up Guardian.

KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality

Committee: Quality & Governance

Date last reviewed: 8 February 2018

Strategic Objective

We put the patient at the heart of safe, compassionate and competent care that is provided by well led teams in an environment that meets the needs of the patient and their families.

Risk

1) Trust is not able to recruit and retain workforce with right skills at the right time.
2) Patients lose confidence in the quality of our services and the environment in which we provide them , due to the condition and fabric of the estate.

Current Risk Rating 3(C) x 5(L) = 15, moderate risk

Residual Risk Rating 3(C) x 3 (L) = 9 , low risk

Rationale for current score

Positives:

Compliance with regulatory standards
Meeting national quality standards and bench marks
Very strong FFT recommendations
Very good performance in CQC 2016 inpatient surveys, sustained better than national average.

Patient safety incidents triangulated with complaints and outcomes monthly no early warning triggers
Theatres consultation

Negatives:

Affordable plan for modernisation of the estate in development
Recruitment and retention challenges, high nursing vacancy rates
National shortages of nurses and practitioners in theatres, critical care and paediatrics impacting on service provision .
Brexit
Theatres consultation

HORIZON SCANNING – MODIFIED PEST ANALYSIS

POLICY

Burns Network Requirements resulting in burns derogation work risk in the future that patient experience may deteriorate in the short term due to transfer of services to new site /new staff /different ways of working

COMPETITION

Patient choice -services closer to home
5YFV, integration of health and social care, STP – impact on market share, growth and commissioning intentions.
National staff shortages and difficulties in attracting and retaining at QVH.

INNOVATION

Patient experiences shared at public board
Ongoing work for Dementia patients, including double slots

RESILIENCE

Many services single staff/small teams.
Generational workforce analysis shows high nos. of nursing staff could retire in next 5 years

Controls / assurance

Estates maintenance and remedial work, monitored at Estates & Facilities Steering Group, update on estates strategy at board seminar 02/02/17
Clinical quality standards monitored by the Quality & Governance Committee and the Joint Hospital Governance Meeting ,monthly safer nursing care metrics
External assurance and assessment undertaken by regulatory bodies/stakeholders
Regular monitoring of FFT and patient survey results, Patient membership on the PEG,
Quality Account/CQUINS, PMO approach to CQUIN management
Benchmarking of services against NICE guidance, and priority audits undertaken
Compliance in Practice (CIP) audits assessing the clinical environment
Quality and safety strategy in place
Sub group for theatre workforce/recruitment, proposals approved at HMT June 2017
Interim paediatric staffing model in place to address vacancies in paed QVH BoD March 2018
Trust recruitment and retention strategy mobilised, Joined NHSI nursing retention initiative

Gaps in controls / assurance

Development of full estates strategy and development control plan, incorporating patient expectations
Robust clinical outcomes to be developed to ensure as effective baseline of clinical care
Lack of structured feedback from PLACE audits
Vacancies in theatres, critical care and C-Wing
Long term strategy required for paediatric service updated paed paper to be presented at November Board
Increase in negative FFT comments re appointments/waiting times, further work required to fully understand and identify appropriate actions
Lack of learning across the trust from never events

Report cover-page

References					
Meeting title:	Trust Board				
Meeting date:	01/03/2018	Agenda reference:		41-18	
Report title:	Corporate Risk Register				
Sponsor:	Jo Thomas, Director of Nursing				
Author:	Karen Carter-Woods – Head of Risk and Patient Safety				
Appendices:	None				
Executive summary					
Purpose:	For assurance; risks are being identified, reviewed and updated in a timely manner				
Recommendation:	The Board is requested to note the Corporate Risk Register information and the progress from the previous report. The key changes are five new corporate risks added, four re-scored & remained on CRR and there was one corporate risk closed.				
Purpose:		Information		Assurance	
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	Outstanding patient experience	World-class clinical services	Operational excellence	Financial sustainability	Organisational excellence
Implications					
Board assurance framework:	BAF submitted with Board papers for consideration with CRR				
Corporate risk register:	This document				
Regulation:	All NHS trust are required to have a corporate risk register and systems in place to identify & manage risk effectively.				
Legal:	As above				
Resources:	None				
Assurance route					
Previously considered by:	The Corporate Risk Register is considered monthly by the Executive Management Team(26/2/18) and quarterly at HMT(19/2/18). It is also presented at every public board.				
	Date:		Decision:		
Previously considered by:	Q&GC				
	Date:	15/2/18	Decision:		

Corporate Risk Register Report December 2017 and January 2018 Data

Key issues

1. **Five new risks were added** to the Corporate Risk Register between 01/12/2017 and 31/1/2018

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
3x4=12	1090	Apprenticeship Levy Impact	Failure to spend QVH's apprenticeship levy funds combined with the impact on service delivery of requirement for apprentices to have 20% off the job protected training time
5x3=15	1093	Site Practitioner Staffing	Unable to cover shifts with suitably qualified nurses leading to lack of senior support.
5x3=15	1094	C-Wing Staffing	Unable to cover shifts with qualified nurses leading to constant micro management of off duty rotas.
4x3=12	1095	Inability to provide full pharmacy services due to vacancies	MMOG 25/1/18
3x4=12	1096	Inappropriate storage facilities for special gases	Non-compliance with national guidance on storage of special gases

2. Corporate risks reviewed and re-scored: 4

Risk ID	Risk Description	Previous Risk Score	Updated Risk Score	Rationale for Rescore	Committee where change(s) agreed/proposed
1089	QVH not currently providing level 3 adult safeguarding training as part of its training programme, this means there is a gap	4x3=12	3x3=9	Initial score too high	Discussed with DoN & HoR
1075	Risk to BSUH outsourced CT service when XDS	5x3=15	3x3=9	Plan for QVH CT service	Reviewed & updated by Risk Owner

Risk ID	Risk Description	Previous Risk Score	Updated Risk Score	Rationale for Rescore	Committee where change(s) agreed/proposed
	is operational across S&S PACS Consortium: inability to report cross-site				
1059	Remote site: Lack of co-location with support services for specific services	4x4=20	4x3=12	MOU with BSUH approved, CT business case approved & funding secured	R/V with HoR and MD
1049	Unable to recruit qualified paediatric staff leading to challenges maintaining a 24 hour service	4x3=12	3x3=9	Vacancy rate (Dec)= 0.93wte	R/V with HoN & Paediatric matron

3 One Corporate Risk was closed during December 2017 & January 2018

Risk ID	Risk Description	Risk Score	Rationale for Rescore	Committee where change(s) agreed/proposed
1084	Data quality issue from Patient Tracking list (PTL)	3x5=15	-No evidence of significant inaccuracy in the existing PTL -New data warehouse is accurate.	21/12/17: Reviewed by all leads & Risk Owner

4. The Corporate Risk Register is reviewed monthly at Executive Management Team meetings (EMT), quarterly at Hospital Management Team meetings (HMT) and presented at Quality & Governance Committee meetings for assurance. It is also scheduled bimonthly in the public section of the Trust Board.

Implications of results reported

5. The register demonstrates that the trust is aware of key risks that affect the organisation and that these are reviewed and updated accordingly.

6. No specific group/individual with protected characteristics is identified within the risk register.

7. 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 NHSI.

Action required

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

Link to Key Strategic Objectives

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

9. The attached risks can be seen to impact on all the Trust's KSOs.

Implications for BAF or Corporate Risk Register

10. Significant corporate risks have been cross referenced with the Trust's Board Assurance Framework.

Regulatory impacts

11. The attached risk register would inform the CQC but does not have any impact on our ability to comply with CQC authorisation and does not indicate that the Trust is not:

- Safe
- Effective
- Caring
- Well led
- Responsive

Recommendation

12. The Board is asked to **note** the contents of the report.

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Progress/ Updates
1096	19/01/2018	Inappropriate storage facilities for special gases	Non compliance with national guidance on storage of special gases	1. Storage is locked and alarmed. 2. Restricted staff allowed access	Dr Edward Pickles	Steve Davies	Compliance (Targets / Assessments / Standards)	12	6		25/1/18; Exec lead & handler e-mailed for confirmation of risk grading
1095	19/01/2018	Inability to provide full pharmacy services due to vacancies	Delays to indirect clinical services (eg. updating policies / guidelines / audit / training Pharmacy vacancy rate is increasing. Lack of trained bank staff to cover	1. Recruitment for newly funded post in process (only one applicant) 2. Recruitment for part-time assistant underway - interviewed. 3. Recruitment for band 8a pharmacist underway. 4. Some part-time staff willing to work more hours. 5. Locum pharmacist agreed 6. Direct clinical work is the priority	Sharon Jones	Judy Busby	Patient Safety	12	4	1. Start recruitment for remaining vacancies	
1094	15/12/2017	Canadian Wing Staffing	Current vacancy 7.79 wte in total registered and unregistered workforce Unable to cover shifts with qualified nurses leading to constant micro management of off duty rotas. Unable to recruit staff to fill existing vacancy Unable to book sufficient agency staff to cover the shortfall On occasions there are insufficient staff to maintain safety and trauma or elective activity is cancelled or delayed to manage the shortfall	1. Use of agency and bank as available and movement of QVH staff to cover shortfall 2. Review of rota to identify new ways of working to address the shortfall in the short term & on-going rota scrutiny 3. Line-booked agency if available 4. Redeploying staff from other areas of the hospital to cover 5. Cancelling or holding trauma and electives	Jo Thomas	Nicola Reeves	Patient Safety	15	12	Discussion with Director of Nursing wc 18th December Proactive management of bed booking Line booking agency staff Planning further in advance to get increased choice of agency.	January 2018 update: - enhanced bank rates to include C-Wing - new ward matron in post
1093	18/12/2017	Site Practitioner Staffing	Current vacancy 2.0 out of 10 WTE of total registered workforce Unable to cover shifts with suitably qualified nurses leading to constant micro management of off duty rotas and leaving the organisation vulnerable due to lack of senior support. Unable to recruit staff to fill existing vacancy as two staff on temporary secondment. Unable to book agency staff to cover the shortfall due to the speciality of the role On occasions there are insufficient staff to maintain safety and trauma or elective activity	1. Use of existing staff to do bank. 2. Review of rota to identify new ways of working to address the shortfall in the short term & on-going rota scrutiny	Jo Thomas	Nicola Reeves	Patient Safety	15	12	Proactive management rota Substantive recruitment once the secondments completed Unable to support any further flexible working or secondment requests at this time.	

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Progress/ Updates
1090	11/12/2017	Apprenticeship Levy Impact	Failure to spend QVH's apprenticeship levy funds combined with the impact on service delivery of requirement for apprentices to have 20% off the job protected training time	Apprenticeship group; working to engage business units for appropriate representation and involvement in workforce planning Apprenticeship lead working with communications team and individual managers to promote apprenticeships across the Trust Option for non college attendance apprenticeships to have 10% of working time as protected study leave. The other 10% of off the job training can be met through learning new skills whilst at work, attending team meetings, undertaking required Trust training, etc.	Geraldine Opreshko	Annette Byers	Finance	12	9	New higher level apprenticeships being developed at national level – inc physiotherapy, nursing, radiography, etc will create greater range of potential programmes . – Apprenticeship lead to monitor and feed into the Apprenticeship group . Linking apprenticeships into QVH's recruitment and retention strategy – Director of HR and Apprenticeship Lead Linking in with the opportunities arising from the STP. Including working as consortiums to deliver higher level apprenticeships eg Associate nurse	
1089	24/11/2017	QVH not currently providing level 3 adult safeguarding training as part of its training programme, this means there is a gap	Some staff groups need to have level 3 adult safeguarding competencies we need a level 3 face to face session to support staff in the development of these	Level 2 adult safeguarding session in place Support from adult safeguarding named nurse Adult safeguarding link staff in place Level 3 session to be provided during first quarter of 2018 for specified QVH staff	Jo Thomas	Pauline Lambert	Patient Safety	9	4		
1087	03/11/2017	Not able to demonstrate full compliance with Mental Capacity Act in adult patient records	Unable to demonstrate we are safeguarding our most vulnerable patients (i.e. those without capacity to consent to treatment or surgery)	MCA health records audit has been completed and action plan in place MCA paperwork has been updated and made available to staff via QNET. Awareness has been raised at meetings Safeguarding section on new EDM system in which to save safeguarding and MCA forms	Jo Thomas	Pauline Lambert	Patient Safety	15	4	January 2018 Update: - agreed Trust lead for MCA requirements 6/12/17: Multi-professional meeting held to discuss issues	-revised MCA policy drafted to support new MCA documentation 6/12/17: Multi-professional meeting held to discuss issues

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Progress/ Updates
1083	22/09/2017	Deterioration in 18RTT performance	The trust's 18RTT position has deteriorated and is not meeting the target of 92%. This will mean that patients will wait longer, regulators are QVH more attention and our reputation will suffer.	-All areas are developing recovery trajectories with those failing working to achieve or improve their position and those already achieving looking to further improve their position, -18RTT recovery meeting in place - held fortnightly and chaired by the Director of Ops, -progress also monitored at the monthly performance review meetings chaired by the CE. -Additional sessions being put on where possible, eg Super Saturdays with 60 skin patients attending 'see & do' clinics; two limiting factors for additional procedures and theatre time are the high level of vacancies in theatres and the increase in dental referrals from Kent, we are the only provider. -The Max Fax business & service manager are putting together a business case for 2 additional consultants Bid put in as part of business planning process for additional validators as only have 3.4wte. This means the trust can only validate patients over 18 weeks and not those under 18 weeks, there is no capacity to undertake validation of the off site PTLs as they come on line, and the BMS undertake validation which is neither best	Sharon Jones	Paula Smith	Compliance (Targets / Assessments / Standards)	20	15	Outsourcing Routine Hand Surgey Design and implement different models of service provision	6/2/18: Request for additional validators put in as part of business planning processes - met deadline of Nov submission. Initial decision was not to approve, however this means that the managers will continue to validate and in their own time, this is not good practice nor is it sustainable. Validation should be a core practice done in hours; Additional outsourcing for max fax at the McIndoe being progressed. Approval in principle at Feb 5th EMT and are seeking improved 10% discount rate from The McIndoe, if not the sliding scale of 5%, 7.5% and 10% per 100 pts against tariff will be accepted - volumes sent through will depend upon consultant availability and the payrate which the McIndoe offer them, this is a McIndoe issue; Max Fax is the main driver for the deterioration with a mismatch between demand and capacity and the high levels of vacancies in theatre nursing (particularly band 5) as a surgical hospital 'clock stops' are mainly generated by a surgical procedure hence the need to increase theatre capacity in or out of house; Insourcing also being investigated - however this appears to be less palatable to the medical workforce; Long term vacant posts of Cancer data manager and Performance and Access Manager recruited to with one commencing in Jan and one Mid March; Trajectory being reviewed however the IST demand and capacity tool should be used to inform this but the trust would need to invest in additional support in the Business Intelligence team to support this, the assistant director in this area is looking to see if this can be sourced; The other limiting factor in delivery of the trajectory is the high level (20%+ at time of writing) in theatre nurse vacancies as the majority of our 18RTT clock stops require a surgical intervention; NHSI 'Critical Friend' visit made (as with all trusts) and recommended improvements as to how the PTL meeting is run with 'SMART' objectives, joint working with the BI team as to the data pull from the PTL, and action logs - however the meeting does not have admin support at present; The detail is in an action plan which covers all the issues raised and will be monitored by the outpatients productivity group, delivered by sub groups and report to the F&P committee. 12/12/17: The outsourcing of the routine hands work to the McIndoe has commenced with 15 patients already being treated and 25 more being scheduled in. 'See and Treat' clinics for skin patients continue to be successfully run with three clinics booked for December. These clinics continue to be popular with patients as they either have their entire pathway undertaken or leave with a 'TCI' and this is a good patient experience and the consultants and junior doctors have been positive about this as a service model. It is also contributing positively to the financial position.
1082	20/09/2017	Potential lack of compliance with requirements of General Data Protection Regulation	Specific compliance areas required under new data protection legislation. Insufficient resources currently in place to ensure successful implementation of required actions.	Action plan to attain compliance Regular review at Information Governance Group Working group to be implemented	Jason McIntyre	Dominic Bailey	Information Governance	12			27/11/2017: Action group underway. Update papers are regularly presented to IGG, EMT and Q&GC with progress updates against Action Plan. IG lead qualified as GDPR Practitioner 3/10/17: reviewed at IGG - Working group to be implemented
1081	19/09/2017	Longstanding demand & capacity mismatch in the appointments team, exacerbated by poor systems & processes within the team	Growth in referrals over the past two years not matched by increase in Health Records and Appointment team staffing; Systems & processes in the team are not standardised nor supported by adequately trained staff; Exacerbated by vacancies in the team plus sickness in the plastics clinical teams so a shortage of appts available	Fortnightly Improvement Meeting Chaired by Dir of Ops with key people attending; Service Manager advised to get additional staff for a period of up to 12 weeks and agency if needed, and to train these staff on focused areas; Some key work areas to be transferred to plastics for the interim period and to be reviewed fortnightly; Service Manager to focus on systems and process improvement alongside electronic referral system - the latter will also help with improving workflows in the medium to long term;	Sharon Jones	Paula Smith	Compliance (Targets / Assessments / Standards)	20	12	Recruitment of Interim Appts Service Improvement Manager Review, Recommendations & Action Plan	6/2/18 Draft review written and key recommendations will be made to EMT by the end of Feb. The detail is in an action plan which will be monitored by the outpatients productivity group, delivered by sub groups and report to the F&P committee. 12/12/17: Service improvement manager in post for 12 weeks; Substantive business manager apt and will join the trust in Feb 2018; Objectives set for the interim manager for the 12 weeks and have been included in the finance and performance and quality and governance papers
1079	06/09/2017	Inappropriate prescribing by Eastbourne DCTs due to inexperience	Eastbourne based DCTs are covering 1 in 10 rota at QVH with inadequate medicines training: All medicines have the potential to cause harm, risk is higher if inappropriately prescribed or not prescribed.	1. All trainees have been sent prescribing assessment packs 2. All have been made aware they cannot prescribe until assessment completed and passed. 3. A more structured induction training plan will be in place for the intake next year. 4. MMOGG support for pharmacists not allowing prescribing rights if they have concerns 5. Further assessments now prepared for those not passing the assessment first time	Dr Edward Pickles	Judy Busby	Patient Safety	12	8	1. Formal induction QVH training to be set up for Eastbourne DCTs	22/1/18: new induction programme planned All except one have had basic training and passed their assessment 19/1/18 One still has not passed assessment. A number of new assessment tests have had to be created for this one trainee 'Target' risk rating changed to 8

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Progress/ Updates
1077	22/08/2017	Recruitment and retention in theatres	<ul style="list-style-type: none"> * Theatres vacancy rate is increasing * Pre-assessment vacancy rate is increasing * Age demographic of QVH nursing workforce: 20% of staff are at retirement age * Impact on waiting lists as staff are covering gaps in normal week & therefore not available to cover additional activity at weekends 	<ol style="list-style-type: none"> 1. HR Team review difficult to fill vacancies with operational managers 2. Targeted recruitment continues: Business Case progressing via EMT to utilise recruitment & retention via social media 3. Specialist Agency used to supply cover: approval over cap to sustain safe provision of service / capacity 4. Trust is signed up to the NHSI nursing retention initiative 5. Trust incorporated best practice examples from other providers into QVH initiatives 6. RAG rating on the numbers of agency/substantive staff discussed on daily basis. 7. Management of activity in the event that staffing falls below safe levels. 	Jo Thomas	Nicola Reeves	Patient Safety	12	6		<p>January 2018 update: all HCA's now in post</p> <p>12/12/17: -Increased Bank rates implemented -'recommend a friend' staff incentive scheme -staff development (Dec QVH 'Workforce Matters' newsletter) October 2017 reduction in nursing vacancies, 12 wte HCA post accepted in theatres start dates are staggered across October and November August 2017: * Nursing Retention Group launched * DoN to meet with all nursing leavers for next three months to hear first hand what the issues are & to identify and implement plans to address these issues * 'Stay' interviews booked * Theatres: theatre manager & BU Manager developing a tool to assess safety of levels of agency nurses being used in theatres each day plus the deployment across theatre services</p>
1059	22/06/2017	Remote site: Lack of co-location with support services for specific services	Lack of co-location with clinical specialities & facilities which may be required to manage complications of procedures undertaken at QVH	SLA with BSUH re: CT scanning, acute medical care, paediatric care and advice Guidelines re: pre-assessment & admission criteria, to QVH Skilled and competent medical and nursing staff with mandatory training focused on QVH specific risks Clinical governance oversight of scope of practice at QVH	Dr Edward Pickles	Dr Edward Pickles	Patient Safety	12	10	PEG service review	<p>22/1/18: reviewed with Exec Lead - MOU approved, CT business case approved & funding secured. PEG service remains suspended, review due in March</p> <p>28/9/17: following PEG service review, PEG insertion service suspended for six months. - CT Business Case in development - MOU with BSUH awaiting BSUH Board approval 3/8/17: Response to PFD Notice tabled at Quality Surveillance Group with ongoing surveillance at CCG & CQC. Response to Prevention of Future Deaths notice required by August 2nd</p>
1052	12/05/2017	Limited spaces in busy Corneo and OPD environments could be problematic for children	Paediatric safeguarding - Limited space for children in busy outpatient and corneo departments can be hazardous for both children and adult patients	Meeting with Corneo department safeguarding representative Discussion with Director of Nursing Follow up with Outpatients Manager Quality Account action to review all OPD paediatric areas Update in January 2017 Monitored at quarterly Patient Experience Group	Jo Thomas	Pauline Lambert	Patient Safety	12	6		<p>October: works agreed and planned for Q4 2017/18 (Quality Account priority) 21/8/17: Plan drafted & consultation completed Glaucoma moving to Rycroft USS moving back to radiology 17/7/17: HoN, Outpatient managers and Patient Experience manager asked to identify suitable waiting areas for children</p>

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Progress/ Updates
1040	13/02/2017	Age of X-ray equipment in radiology	All X-Ray equipment is reaching end of life. No Capital Replacement Plan in place at QVH for radiology equipment	All equipment is under a maintenance contract, and is subject to QA checks by the maintenance company and by Medical Physics. Plain Film-Radiology has 3 CR x-ray rooms and therefore patients capacity can be flexed should 1 room breakdown. Fluoroscopy- was leased by the trust in 2006 and is included in 1 of these general rooms. Control would be to outsource all Fluoroscopy work to suitable hospitals during periods of extended downtime. Ultrasound- 3 US units are over the Royal College of Radiologists (RCR)5 year's recommended life cycle for clinical use. Plan is to replace 1 US machine in 2017-2018. Should machines fail, then clinical service will be compromised. Cone Beam CT installed in 2008- RCR recommends that all CT machines are	Sharon Jones	Sheila Black	Patient Safety	12	2		13.12.2017- Cone Bean CT scanner in procurement phase 1 Ultrasound machine in procurement phase Business planning 2018-2018 has plan for rolling capital replacement of radiology equipment 06/09/2017- business planning for 2017-2018 agreed for the CBCT and 1 US machine imaging equipment to be replaced. 14/03/2017: Replacement items to be included in Business Plan for 2018/19
1035	09/01/2017	Inability to recruit adequate numbers of skilled critical care nurses across a range of Bands	* Failure to recruit adequate numbers of skilled critical care nurses across a range of Bands * Intensive Care Society recommends 50% of qualified nurses working on CCU team should have ITU course: this is currently complied with due to existing workforce, new staff joining from C-Wing and transfer of vacancy rates * move of step-down beds to CCU has increased the vacancy rate	1. Burns ITU has a good relationship with 3 nursing agencies. Via these agencies we have a bank of 8 - 10 nurses who regularly work on our unit, and are considered part of our team. temporary staff are formally orientated to the unit with a document completed and kept on file. 2. A register is kept of all agency nurses working in CCU: they all have ITU Course or extensive experience 3. Concerns are raised and escalated to the relevant agencies where necessary and any new agency staff are fully vetted and confirmed as fully competent to required standards 4. Recruitment drive continues & review of skill mix throughout the day and appropriate changes made 5. Review of patient pathway undertaken following move of step-down patients to CCU: for review October 2017	Jo Thomas	Nicola Reeves	Patient Safety	12	9	Actions update	January 2018 update: - Increased Bank rates implemented - 'recommend a friend' staff incentive scheme Dec vacancy rate = 6.01wte 9/10/17: further improvement in recruitment - x2 Band 6 21/8/17: Two HCA's have joined the team & all staff working on the unit who do not have a formal ICU qualification undertake specific 'competencies' to develop the required skill set: this is a National document 6/7/17: Nursing workforce paper presented at Board: 47% vacancy in Critical Care (reflects transfer of vacancies from C-wing to establish Step-Down Unit. X2 RN's transferred to CC from C-wing & utilising HCA's in CC 28/06/2017: Discussed at CC Governance meeting: The vacancy rate remains at around 50% (13 WTE vacant positions) This is a National problem
1015	08/11/2016	Patient safety due to lack of junior doctors in plastics particularly at weekends	Lack of junior doctor cover due to vacancies which we are unable to recruit to and deanery unable to fill spaces.	Agency Doctors being recruited. Plan for Consultants to be on site from 8am - 2pm at weekends which will require changes to job plans and funding	Sharon Jones	Paula Smith	Patient Safety	15	9	Attempting to recruit agency doctors	January 2018 update: Business Planning 2018/19 – additional plastics SHO x 2 06/09/2017: r/v at Ops meeting: BU Manager to discuss with Medical Director 2/8/17: discussed at Operations meeting; request by Director of Operations for closure as pertains to 'junior' doctors not consultants as per description rationale for re-opening 8/5/17: Discussed at CGG: requested to be re-opened by Chair (MD) as consultants are not 'on-site' at weekends, they are on-call & attend for Ward Rounds. 11/4/17: discussed with BIU - only one vacancy currently; CLOSED 22/03/17: update requested: Still remains a significant issue as unable to recruit middle grades or find suitable agency doctors – leading to cancellation of elective activity and associated loss of income.

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Progress/ Updates
1004	14/10/2016	Information Technology Server Software Operating System	Windows 2003 Server operating system is no longer supported by Microsoft as of July 2015. 17 out of 140 servers are currently using unsupported operating system.	<ol style="list-style-type: none"> Internet access has been restricted or limited access is provided external support or so that application can function correctly. Up-to-date antivirus software has been installed with continuous updates. No access to the servers for users, only access to the application. The network is protected by firewalls Full nightly backups of the entire operating system where the server is virtualised. Project plan has been produced to upgrade the servers. 	Jason McIntyre	Nasir Rafiq	Information Management and Technology	12	8	<p>Supplier has confirmed that 4 servers cannot be upgraded - additional controls isolated system have been implemented. For remaining servers upgrade paths have been agreed with supplier which are due to be completed by the 31/03/17.</p> <p>A detailed plan to upgrade servers with dates of migration from software supplier 31/12/2016</p> <p>All unsupported operating systems to have the latest updates installed - 31/12/2016</p> <p>Controls to be put in place to restrict the software suppliers from carrying out upgrades until fully testing and compatibility assurance is provided 31/12/2016</p>	<p>5/9/17: r/v by Exec Lead:</p> <p>This risk reflects servers for ARC only</p> <p>-In total 6 servers are currently unsupported</p> <p>-4 servers have actions to resolve and these are stated separately in risk 1031</p> <p>-The action in relation is that we will migrate to a supported server by the end of October; delay has been with the supplier, engagement and technical issues.</p> <p>Once implemented this risk can be closed.</p> <p>(1) 23/12/2016 - action plan has been developed showing the status and date the migrations will be completed or not in some cases.</p> <p>(2) 23/12/2016 - where there is no migration route, Microsoft windows security updates and security controls will be installed in Jan 2017</p> <p>(3) 20/12/2016 - e-mail has been sent to the suppliers.</p> <p>(4) 01/03/2017 4 servers confirmed cannot be upgraded - additional controls isolated system have been previously implemented. For remaining servers upgrade paths have been agreed with supplier which are due to be completed by the 31/03/17.</p>
1003	14/10/2016	Information Technology Network Outage	Risk that a power outage within the Trust will result in the IT network taking up to 60 minutes to fully restore network connectivity after the power is restored. The impact could be loss of connectivity to all IT services and systems on-site and access to and from off-site.	<ol style="list-style-type: none"> The Data Centres are protected with uninterrupted power supplies (UPS). Each Data Centre is feed from a separate electricity feed and a separate generator. Some key areas are protected using UPS's e.g Theatres. 	Jason McIntyre	Nasir Rafiq	Information Management and Technology	12	4	<p>Communicate to departments to update their Business Continuity Plans in light of risk. 31/12/2016</p> <p>Use existing UPS's to protect the network in keys areas. 31/01/2017</p> <p>Additional electrical upgrade required to allow existing 4 UPS to be installed. Arranged to be completed and UPS installed 15/04/2017</p> <p>New UPS to be installed in prioritised critical areas 30/04/2017</p> <p>30/03/2017: Additional electrical upgrade required to allow existing 4 UPS to be installed.</p> <p>New UPS to be installed in prioritised critical areas Arranged to be completed and UPS installed 15/04/2017</p> <p>Investigate costs of UPS</p>	<p>12/12/17: UPS onsite & work progressing</p> <p>Updated 03/10/2017</p> <p>Alternative UPS's are still being sourced.</p> <p>5/9/17: r/v by Exec Lead:</p> <p>The order for the electrical contractor was raised in August 2017</p> <p>The electrical contractor tested the solution and expressed re approach</p> <p>Currently in the process of agreeing/sourcing an alternative - update expected by end of September</p> <p>- Once implemented this risk can be closed</p> <p>Update: 03/08/17: A full review of the locations has been undertaken by the electrical contractor, the order for the UPS will be placed in Aug 2017 for the work to be completed by Sept 2017.</p> <p>Updated 06/06/17: Budget has been approved, awaiting for quotation for electrical work and installation of hardware.</p> <p>01/03/17:</p> <p>(1) Additional electrical upgrade required to allow existing 4 UPS to be installed. Arranged to be completed by W/C 3rd April and UPS installed by Mid April</p> <p>(2) Additional UPS agreed from 17/18 capital programme. DDON & IT Manager prioritised systems for installation of the additional UPS. IT testing UPS products with installation due by the end of April.</p> <p>06/12/2016: Reviewed by Senior Management Team. DoF to provide e-mail from IT Manager to add to this risk and further review to ensure accurate score.</p> <p>(1) 22/11/16 - e-mail sent to HODs by Business Continuity lead.</p> <p>(2) 22/11/16 - agreed with Business Continuity Lead UPS's to be installed in Sleep Unit, Burns Unit, Canadian Wing and old server room. Work scheduled to be completed on Jan 2016.</p> <p>(3) 24/11/16 - Quotation to replace all UPS's £12.5k - further investigation is required to establish cost for UPS's in key</p>

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Progress/ Updates
958	20/06/2016	Delivery of commissioned services whilst not meeting all national standards/criteria for Burns and Paeds	-Potential increase in the risk to patient safety -on-call paediatrician is 1 hour away in Brighton -Potential loss of income if burns derogation lost -no dedicated paediatric anaesthetic lists	*Paeds review group in place *Mitigation protocol in place surrounding transfer in and off site of Paeds patients *Established safeguarding processes in place to ensure children are triaged appropriately, managed safely *Robust clinical support for Paeds by specialist consultants within the Trust *All registered nursing staff working within paediatrics hold an appropriate NMC registration *Robust incident reporting in place *Named Paeds safeguarding consultant in post *Strict admittance criteria based on pre-existing and presenting medical problems, including extent of burn scaled to age. *Surgery only offered at selected times based on age group (no under 3 years OOH) *Paediatric anaesthetic oversight of all children having general anaesthesia under 3 years of age. *SLA with BSUH for paediatrician cover: 24/7 telephone advice & 3	Jo Thomas	Nicola Reeves	Compliance (Targets / Assessments / Standards)	12	4	To be reviewed in July following Clinical Cabinet discussions Paper to be presented at Clinical Cabinet in June 2016 Paediatric review group met in August, paper to private board in September 2016.	November 2017: Position Paper presented to Board - final paper (Paeds staffing) to go to February HMT 9/10/17: reviewed with Exec Lead - Paediatric Position Paper re: paediatric inpatient burns to be presented at Board Nov 2017 21/8/17: Paper re: Paeds staffing agreed at EMT and presented at HMT. Issue re: no dedicated Paeds anaesthetic lists raised at HMT & Paeds Gov meeting - Plan: to be resolved at Theatre Utilisation Group July 2017: Review of all safety / clinical governance issues at monthly Paeds governance meeting; including all incidents & children transferred out for care. This links with 1049
949	08/04/2016	Threat to scheduling and reporting of patient waits and performance (RTT18) through system enhancement	Improved stability and detail of data from off-site locations will improve visibility of underperformance against national standards e.g. waiting time RTT18 but this will impact adversely upon reported performance. The lack of good data, along with access to their patient administration systems and so inability to include these patients on the QVH patient tracking list, is a long standing issue which is now being addressed. Medway is the main risk area as apart from a three month period in the summer of 2015, they have not been able to report their 18 RTT position since November 2014 and this has impacted upon QVH. When Medway was reporting, it was one of the worst performers in England.	1. Business unit managers are aware and working to gather data via manual and paper systems to assess risk as much as possible; 2. Accuracy of Onsite performance is validated and assured	Sharon Jones	Paula Smith	Compliance (Targets / Assessments / Standards)	15	6	22/06/2016 Risk reviewed with IHoR and IM Progress been made with East Kent to provide a data warehouse 3.A recovery plan will be commenced as soon as there is enough data and a trajectory agreed, this will be revised once there is more accurate data via the warehouse functionality To gain access to offsite PAS systems	2/8/17: r/v at Ops meeting = no change 21/12/2016 Risk reviewed at Business Unit Managers meeting - No change 08/08/2016 Risk reviewed with IM Lead additional action added - No further changes at this stage Update from risk owner A request was made to Medway for all patients on the speciality code 140 (oral surgery) to be sent to QVH; When this arrived, it showed significant data quality issues, with duplicate entries, patients on 2WW and patients who had already been treated. The QVH access team validated this data file. A subsequent file was requested but this showed even more data quality issues, with clock start dates ranging back a hundred years. QVH Performance & Access Manager has visited to Medway throughout June and will continue to visit fortnightly. She has spent time with the Medway informatics team, reviewing their patient lists and explaining what we require. A new data file will be sent to us but we still expect some data issues to be present. She is also supporting the QVH Medway based admin team with this work. This is a longstanding issue to resolve and will take a significant amount of work and capacity from the operations team to resolve 13/09/16 Reviewed in IM&T meeting

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Progress/ Updates
888	04/11/2015	Ageing specialist Histopathology laboratory equipment	The increasing age of the very specialist laboratory equipment.	<p>Hand cover slip all slides if the coverslipper breaks</p> <p>-Leica to loan a cryostat to cover the period of time between breakage and purchasing a replacement</p> <p>Items will be included in the capital business planning as required and will also be put on rolling program over the next 3 years.</p> <p>Where available, specialist maintenance contracts in place to ensure rapid response to repair essential equipment. However, this is not possible for some machines as they are too old and parts are no longer manufactured.</p>	Sharon Jones	Fiona Lawson	Estates Infrastructure & Environment	12	6	Ensure equipment to be replaced is part of business planning and capital bids for 2016-17	Update 9/1/18: Capital funding application submitted
884	22/10/2015	Potential for Unauthorised Data Breaches	Lack of technical and physical security measures around handling of personal information.	<p>EXTERNAL CONFIDENTIAL PATIENT INFORMATION BREACHES</p> <p>1. Mail checked for visible personal details by porters.</p> <p>2. Reminders of correct postal information required placed regularly in "Q-Net"</p> <p>3. E mail instruction sent to administration staff.</p> <p>RISK TO INFORMATION ASSETS</p> <p>1. Policy & Procedures in place</p> <p>2 Awareness Training undertaken by the Organisation</p> <p>FAILURE TO DESTROY COMPUTER HARD DISK</p> <p>1. All disks currently destroyed on site only</p> <p>POSSIBLE IG BREACH DUE TO USE OF UNSECURED E-MAIL ACCOUNTS WHEN FORWARDING PATIENT AND STAFF INFORMATION</p> <p>1. NHS e-mail accounts available for all staff upon request and encouraged through IG training</p>	Jason McIntyre	Dominic Bailey	Information Governance	12	8	<p>Contractor to be selected 25/07/2016 HoR & IG Lead reviewed risk - IG Lead to obtain update from radiology</p> <p>Purchase encryption hardware for Radiology</p> <p>IT disposal Policy to be ratified at July 2016 IGG</p> <p>Implement Data Leakage Prevention Software on Trust e-mail exchange</p>	<p>27/11/2017: All staff now have nhs.net accounts. IG Lead and HoR to meet and rationalise remainder of risk.</p> <p>10.10.2017 - requested to review by KCW S. Black - Looking at this risk from a radiology point of view it would seem that only the unencrypted CDs arising from PACS being sent in the post is related to radiology. Apart from Subject Access requests Radiology sends all PACS images via the secure Image Exchange Portal.</p> <p>Private patients requesting copies of their images are handed the CD of their images directly and sign to say they have received the images.</p> <p>5/9/17: R/V by Exec Lead</p> <p>Unsecured e-mail accounts – issue will be resolved through full roll-out of NHS mail solution for all users. This is currently underway and will be completed by the end of October 2017.</p> <p>Update required re: PACS encryption - e-mail sent to IG Lead and Radiology Manager</p> <p>28/03/2017: Risk tolerances were agreed in December 2016 - ITAD Policy to go to April 2017 IGG.</p> <p>QVH encryption software requires business case.</p> <p>e-mail surveillance software still not activated</p> <p>06/12/2016 Risk to be reviewed as part of IGG</p> <p>28/09/2016: Technical issues following trial - logged call with support</p> <p>25/07/2016: Encryption technology for radiology not procured.</p> <p>IT asset disposal policy to be re-drafted and considered by IGG on Tuesday 2nd August 2016. Propose that data leakage prevention software is activated (02/08/2016)</p>

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Progress/ Updates
877	21/10/2015	Financial sustainability	<p>1) Failure to achieve key financial targets would adversely impact the NHS's "Financial Sustainability Risk rating and breach the Trust's continuity of service licence.</p> <p>2) Failure to generate surpluses to fund future operational and strategic investment</p>	<p>1) Annual financial and activity plan</p> <p>2) Standing financial instructions</p> <p>3) Contract Management framework</p> <p>4) Monthly monitoring of financial performance to Board and Finance and Performance committee</p> <p>5) Performance Management framework including monthly service Performance review meetings</p> <p>6) Audit Committee reports on internal controls</p> <p>7) Internal audit plan</p>	Jason McIntyre	Jason McIntyre	Finance	20	15	<p>22/06/2016 Risk reviewed by IHoR need an update regarding current controls and any additional actions. Email sent to risk owner requesting an update, sent 22nd June 2016</p> <p>1) Development and implementation of delivery plan to address forecast underperformance. Review of performance against delivery plan through PR framework with appropriate escalation policies.</p> <p>2) Development of multi-year CIP/ transformational programme which complies with best practice guidelines.</p> <p>3) Development and embedding of integrated business planning framework and pro</p>	<p>3/10/17: reviewed at senior team meeting = no change</p> <p>06/12/2016: Reviewed by Senior Management Team. DoF to review further to ensure score accurately reflects current status.</p>
844	13/10/2015	Medical cover out of hours	<p>Ability of on site medical staff to function safely within the hospital at night team and ensure all patients have access to adequate medical expertise appropriate to both the needs of adults or children within a suitable timeframe; lack of understanding of the need for greater medical cover at all levels out of hours.</p> <p>Failure to comply with intensive care unit cover guidance; ability to assure support for junior medical and nursing staff out of hours, complying with the requirement of the 7 day services NHS standards.</p>	<p>Currently QVH has a skilled multidisciplinary team available 24/7. There is always a senior doctor on site (ST Anaes) however they can be pulled in more than one direction, in particular when they have responsibility for a case in theatres. Consultant advice is always immediately attendance is half an hour away.</p> <p>Communication with surgical leads has allowed a better time based understanding of the risks to care out of hours in particular the ability to a certain extent to control the level of activity and exposure to risk by adjusting and controlling the cases in theatres.</p> <p>Out of hours operating is managed according to absolute need on the background of the needs of other patients in the organisation.</p> <p>First assessment of the anaesthetic cover provided by consultant staff and how that links to handover ensuring patients can be clearly assessed and managed.</p>	Dr Edward Pickles	Dr Tim Vorster	Patient Safety	12	6	<p>3rd June 2016 Risk Reviewed with IHoR and MD: Actions now completed and therefore removed and new controls added. Review again in one month</p> <p>Proposals for achieving cover OOH prepared and to be put to exec team as cost pressure</p> <p>Business case has been approved and now in discussion with peers re costing infrastructure</p>	<p>9/1/18: NCEPOD/Emergency theatre hours have been amended to be in line with the extended hours now done by the Anaesthetic Consultants</p> <p>Job planning to be completed end of March 2018</p> <p>24/7/17: 'Extending of on-call surgical hours being explored as part of job-planning' - to be added to job planning 17/18</p> <p>24/4/17: reviewed with MD & updated: -extended hours consultant anaesthetist cover now in place: to 8pm weekdays and 8am-5pm at weekends plus out of hours trauma -Extending of on-call surgical hours being explored as part of job-planning</p> <p>20/3/17: risk owner e-mailed for update 3/4/17: follow-up email sent 11/4/17: further e-mail sent requesting update 05/09/2016 - Risk owner contacted by HoR for update on risk as part of risk review process.</p>

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Residual Rating	Actions	Progress/ Updates
792	31/03/2015	Unable to recruit adequate dental staff for off site clinics and theatres	<ul style="list-style-type: none"> Unable to treat patients within RTT 18 More Doctors are needed to deliver services in a timely manner Feb 16 - unable to recruit dental middle grades; score increased to 12 from 10.	<ul style="list-style-type: none"> Cancelling Clinics when unable to staff Some cases diverted to QVH and consultant lists 	Dr Edward Pickles	Ruth Barton-Anderson	Patient Safety	12	6	03/06/2016 - Risk discussed with IHoR and MD no new controls added and current rating (12) remains unchanged. this is to be discussed with Execs June 2016 Rolling recruitment advertisement Consultants approached to undertake additional activity to clear the back log Reviewing Clinic templates and operating sessions to provide additional capacity	12/12/17: additional staff recruited in September 2017 & reducing the waiting time for first appointment and treatment, however these are still outside of 18 weeks 28/9/17: reviewed with MD - Risk Owner e-mailed for update 19/9/17: Risk owner e-mailed for update 15/8/17: reviewed with MD - Risk Owner e-mailed for update 24/7/17: reviewed with MD - Risk Owner e-mailed for update
789	12/03/2015	Failure to meet Trusts Medical Education Strategy	Inability to meet Trusts Medical Education Strategy: limited pool of non-deanery trainees	<ol style="list-style-type: none"> Funding of the non deanery clinical lead Temporary education centre in place Manage non LETB similar to LETB Quality reviews from colleagues received GMC feedback provided Exit interviews undertaken with colleagues Action Plan being developed in response to GMC survey: developed & submitted to HEE & LaSE Deanery visit planned Nov 2017 	Dr Edward Pickles	Chetan Patel	Compliance (Targets / Assessments / Standards)	15	12	Recruitment drive commenced Permanent Education Centre has had outline Board approval and funding TBA Reduced activity in some areas 03/06/2016 Risk Reviewed with IHoR and MD: continued recruitment drive in place with focus upon plastics new controls added but scores remain unchanged as still a risk to the Trust review in one month	22/1/18: Plastics currently fully recruited, OMFS vacancies until April 2018. GMC survey results disappointing; Deanery visit awaited 01/11/2017: Risk reviewed at October 2017 Workforce Meeting - risk not responsibility of HR (Changed to Medical (Doctors)) 24/7/17: reviewed with MD - from Sept 2017 there will be a full complement of Plastics trainees (from Deanery) - vacancies in Maxfacs (registrar level) October 2017 - GMC survey 2017: disappointing for Plastics and CST 24/4/17: reviewed with MD -Recruitment drive continues -Discussions ongoing with the Deanery re: allocation of trainees -Ongoing exception reporting 02/11/2016 Risk reviewed with Medical Director - No changes

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	01/03/18	Agenda reference:		42-18	
Report title:	Quality and Governance Assurance report				
Sponsor:	Ginny Colwell, NED and Committee Chair				
Author:	Ginny Colwell, NED and Committee Chair				
Appendices:	None				
Executive summary					
Purpose:	To provide assurance to the Board in relation to matters discussed at the Quality and Governance Committee 15 th February 2018				
Recommendation:	The Board is asked to NOTE the contents of this report				
Purpose:	Approval	Information	Discussion	Assurance Y	Review
Link to key strategic objectives (KSOs):	KSO1: Y	KSO2: Y	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	KSO1: Outstanding patient experience and KSO2:World-class clinical services				
Corporate risk register:	The CRR was reviewed at Q&GC				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:	dd/mm/yy	Decision:		
Previously considered by:					
	Date:	dd/mm/yy	Decision:		
Next steps:	NA				

Report to: Board of Directors
Meeting date: 1 March 2018
Reference number: 42-18
Report from: Ginny Colwell, committee chair and NED
Author: Ginny Colwell, committee chair and NED
Appendices: N/A
Report date: 21 February 2018

**Quality and Governance Committee (Q&GC) Assurance Report
Meeting held on 15th February 2018
Areas of particular note for assurance**

1. The committee was assured on the progress of a number of internal investigations. The RCA for the Never Event; wrong side block was received and has been submitted to the CCG, It was presented at the Joint Hospital Governance Group in January.
2. Patient Safety Incidents per 1,000 spells appear to be rising. Q&GC have asked for the totals to be broken down into harm/no harm to provide further understanding.
3. MUST (Malnutrition Universal Screening Tool) 7-day assessment 70% target 95%. Scores are partly due to the small figures involved. Documentation has been improved to provide a timely prompt.
4. Corporate Risk Register. Staffing continues to be high risk. Site practitioner and C-Wing have problems. Paediatrics has improved.
5. An update of the action plan following the inquest was discussed. This is managed at CGG and will return in an exception report.
6. Infection control quarterly report. New audit standards for cleanliness inspections have resulted in low initial scores. (In December 18 fails out of 66). Actions are being taken to improve.
7. Quality report priorities for 2018/19 were discussed. These will be firmed up by the executive and come to the Board for approval.
8. CQUIN update for Q3. Expected to be on target with the exception of e-referrals CQUIN

9. Q3 compliance in practice report was received. This area is going to be reviewed and the committee asked for further evidence of actions and learning from the activity.
10. Safe working hours- Junior Doctors- the lack of exception reporting was noted. The committee requested that we triangulate information from other activities for assurance.
11. The social media policy was ratified
12. Feedback from 3 groups that were observed;
 - Decontamination group
 - Infection prevention and control group
 - Medical devices group

The current system of observation will be reviewed in April and the committee itself in February

13. Other reports received and are either covered by the executive report or had no significant assurance issues;
 - Emergency preparedness
 - Site security review
 - Patient experience
 - Seven days service report

Also, reports from:

- Clinical governance group
- Medicines management
- Safeguarding group
- Health and safety group
- Infection prevention and control group
- Research and development governance group

Report cover-page

References										
Meeting title:	Board of Directors									
Meeting date:	dd/mm/yy	Agenda reference:			43-18					
Report title:	Quality and Safety Report, November 2017 (period covers August and September 2017)									
Sponsor:	Jo Thomas, Director of Nursing and Quality									
Author:	Kelly Stevens, Head of Quality and Compliance									
Appendices:	<p>None at present, will be the following as part of the Board papers:</p> <ol style="list-style-type: none"> 1. Safe staffing/ workforce report 2. Patient Experience report <p>In addition, the Board is asked to agree the following three Quality Report 2018/9 priorities to be taken forward in the new financial year:</p> <ol style="list-style-type: none"> 1. Patient Safety: measurement of compliance with the WHO surgical safety checklist 2. Clinical Effectiveness: increased theatre productivity (continuation of 2017/18 priority over a two year period - previously the 2017/18 patient safety priority) 3. Patient experience: improved clinician communication and customer care expectations <p>Baseline metrics will be developed with a trajectory of quarterly improvement to ensure intended benefits can be realised and evidenced.</p> <p>Progress against the achievement of these priorities will be monitored by the Trust's Quality and Governance Committee on a quarterly basis, to ensure the necessary oversight and scrutiny around milestone delivery.</p>									
Executive summary										
Purpose:	To provide updated quality information and assurance that the quality of care at QVH is safe, effective, responsive, caring and well led.									
Recommendation:	The Committee is asked to review and seek assurance that the contents of the report reflect the quality and safety of care provided by QVH									
Purpose:	Approval	N	Information	Y	Discussion	N	Assurance	Y	Review	Y
Link to key strategic objectives (KSOs):	KSO1:	Y	KSO2:	Y	KSO3:	N	KSO4:	N	KSO5:	N
	<i>Outstanding patient experience</i>		<i>World-class clinical services</i>		<i>Operational excellence</i>		<i>Financial sustainability</i>		<i>Organisational excellence</i>	
Implications										
Board assurance framework:	KSO1: Outstanding patient experience and KSO2:World-class clinical services									
Corporate risk register:	The CRR was reviewed prior to writing this report.									
Regulation:	Compliance with regulated activities in Health and Social Care Act 2008 and the CQC's Essential Standards of Quality and Safety.									
Legal:	As above									
Resources:	No changes									
Assurance route										
Previously considered by:	Quality and Governance Committee									

	Date:	15/02/18	Decision: Three priorities be taken forward into 2018/19 were agreed - to progress to Board for ratification
Previously considered by:			
	Date:		Decision:
Next steps:			

Executive Summary - Quality and Safety Report, March 2018

Domain	Highlights
Quality Report Priorities for 2018/19	<p>A consultation letter was sent out to all Staff and the Trust's Governors in December 2017 asking for them to pick or propose three quality priorities for 2018/19 which would bring tangible improvements to our patients and staff. All suggestions were required to be measurable, as ongoing baseline metrics will be monitored by the Quality and Governance Committee (Q&GC) on a quarterly basis. Achievement of these priorities is published in the Trust's Annual Quality Account.</p> <p>The three priorities chosen for 2018/19 will cover the definition of quality for the NHS which first set out by Lord Darzi, who stated that the following three dimensions must be present to provide a high quality service, namely:</p> <ol style="list-style-type: none"> 1. Patient Safety: measurement of compliance with the WHO surgical safety checklist 2. Clinical Effectiveness: increased theatre productivity (continuation of 2017/18 priority over a two year period - previously the 2017/18 patient safety priority)) 3. Patient experience: improved clinician communication and customer care expectations <p>The Board is asked to agree the three Quality Report 2018/9 priorities to be taken forward in the new financial year.</p>
Safe	<p>Root cause analysis reports have been commended by the Clinical Commissioning Group and closed on first presentation. This recognition demonstrates the increased maturity in the Trust's approach to incident investigation and learning. This is supported by the improved competency of lead investigators and the advice and guidance provided by the patient safety lead.</p>
Effective	<p>The Trust is currently drafting the statutory Quality Report 2017/18 includes contributions and new developments from all QVH specialties.</p>
Caring	<p>There were three new complaints in December and eight new complaints in January. The main themes of these were clinician attitude and patient experience, all have been assessed as minor and are under investigation. Friends and Family scores have been sustained or improved in all areas of the trust with 51% of inpatients in January taking part in the survey and 98% of these would recommend the services.</p>
Responsive	<p>MIU performance continues to be better than national indicator. In December 99% and in January 100% of patients were assessed and treated within 4 hours.</p>

Well led

The Trust has responded to the to NHS winter pressures and increased flu prevalence by reviewing processes and allocating resources and clinical time appropriately to ensure that both urgent and scheduled surgeries still go ahead.

**Nursing
Workforce**

The Trust is actively recruiting for 41.24 wte qualified nurses and theatre practitioners which equates to 17.54 % vacancy rate (December ESR data) which is a deterioration from last months position. A social media recruitment campaign launched in February with a focus on theatre recruitment. Sickness remains above the target and as a result there has been an increase in agency and a smaller increase in bank usage. There is enhanced scrutiny of workforce and relationship between patient safety incident continues.

Key areas of focus for recruitment and retention are Theatres, Critical Care and C-Wing, there has been some improvement in paediatric recruitment.

Safe - Current Compliance

Domain	Current Compliance	Next Steps
Infection control	Zero MRSA bacteraemia cases and zero Clostridium difficile infections (CDI) attributed to QVH in Q3 2017 and January 2018.	
	Wassenberg machine in theatres has been commissioned for use following satisfactory water sampling results approved by authorising engineer. All scopes are now being decontaminated within the Trust.	
Medication errors	December 2017: 16 patient safety medication related incidents were reported – all no or low harm.	Prescribing errors include; prescribing 'omissions'- particularly of routine medications that patients are taking: harm avoided / prevented in all cases.
	January 2018: Ten patient safety medication related incidents were reported - all with no or low harm. In both months, identification of prescribing error by pharmacy staff prevented harm from occurring.	The Head of Pharmacy and the Medication Safety officer continues to co-ordinate the investigation of all medication incidents, working closely with clinical leads undertaking in-depth analysis of errors and ensuring that the learning from incidents is identified and shared in ward teams and trust wide forums.
Serious Incidents/ Never Event	No Serious Incidents or Never events were reported in December 2017 and January 2018. Feedback received from CCG on the RCAs for the wrong site surgery and the wrong site block commended the reports and these were closed by CCG at first presentation. This recognition demonstrates the progress being made in the Trust's approach to incident investigation and learning and the competency of the lead investigators supported by the patient safety lead.	New senior clinical posted appointed in theatres , this role has protected time to lead on safety culture in theatres , focusing on 5 steps to safer surgery and simulation training. Follow up visit to theatres by CCG booked for 1 March 2018.

Pressure ulcers

There were no grade 2 or above hospital acquired pressure ulcers reported in December 2017 or January 2018.

Falls

December 2017: There was four inpatient fall reported during December 2017. All graded as no or very minor harm.

January 2018: There were seven inpatient falls during January 2017. All were graded as no or very minor harm.

One patient fall (no harm) linked to a day when the ward was 1 trained nurse short, though no direct link as a causative factor. Additional falls work led by Head of Nursing with C-Wing staff and pharmacy to identify drugs that can contribute to falls and provide a simple tool which will be in all patients folders to prompt staff to consider this when doing falls risk assessments.

Flu vaccine uptake

The Trust has met its annual CQUIN: Improving the uptake of flu vaccinations for front line staff.

The national CQUIN is measured from October to December each year with Trusts required to vaccinate 70% of frontline staff as part of an annual immunisation programme. For the 2017/18 programme, the Trust's lead CCG locally agreed variance to the CQUIN which allowed QVH to include all staff members who had the vaccination elsewhere or declined. QVH achieved the CQUIN in full, with 72.7% of staff engaged in this process and a 59% vaccination rate.

Safe - Performance Indicators

Description (Activity per 1000 spells is based on HES Data: the number of inpatients discharged per month including ordinary, day case and emergency - figure /HES x 1000)	2015/16 total / average	Target	Quarter 4 2016/17		Quarter 1 2017/18			Quarter 2			Quarter 3			Quarter 4	12 month total / rolling average
			Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	
Infection Control															
MRSA Bacteraemia acquired at QVH post 48 hrs after admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium Difficile acquired at QVH post 72 hours after admission	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA screening - elective	98%	>95%	97%	97%	98%	98%	97%	99%	99%	99%	97%	98%	96%	97%	98%
MRSA screening - trauma	97%	>95%	94%	99%	95%	96%	96%	94%	97%	95%	96%	96%	96%	97%	96%
Incidents															
Never Events	0	0	0	0	1	0	0	0	1	0	1	0	0	0	3
Serious Incidents	3	0	1	0	0	1	0	0	0	1	0	0	0	0	3
OOH inductions:															
All patients: Number of patients operated on out of hours 22:00 - 08:00		5	2	1	2	6	5	8	2	5	3	4	3	4	45
Paediatrics under 3 years: : Induction of anaesthetic was between 18:00 and 08:00		0	0	0	0	0	0	0	0	0	0	2	0	0	2
Paediatric transfers out (<18 years)			2	1	3	0	1	0	2	0	0	2	0	0	11
Medication errors															
Total number of incidents involving drug / prescribing errors	191		16	11	8	10	8	4	8	9	20	16	16	10	136
No & Low harm incidents involving drug / prescribing errors	191		16	11	8	10	8	4	8	9	20	16	16	10	136
Moderate, Severe or Fatal incidents involving drug / prescribing errors	0		0	0	0	0	0	0	0	0	0	0	0	0	0
Medication administration errors per 1000 spells	2.5		0.7	1.1	2	2.7	0.5	1.7	0.5	2.2	2.4	1.2	0.6	0	1.3
Harm free care rate (QVH)	97%	>95%	97%	97%	100%	100%	100%	98%	97%	100%	100%	97%	100%	100%	99%
Harm free care rate (NATIONAL benchmark) - one month delay	94%	>95%	94.0%	94.1%	94.0%	94.2%	94.1%	94.2%	94.1%	94.3%	94.3%	94.2%	94.4%		
Pressure Ulcers															
Hospital acquired - category 2	11	15	1	0	0	2	2	1	0	3	0	0	1	0	9
Hospital acquired - category 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital acquired - category 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VTE initial assessment	98%	>95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94.7%	95.1%	99.2%
Patient Falls															
Patient Falls assessment completed within 24 hrs of admission	94%	>95%	100%	97%	100%	100%	100%	100%	100%	100%	100%	97%	87%	98%	98.04%
Patient Falls resulting in no or low harm (inpatients)	40		10	2	4	7	6	4	4	1	2	8	4	7	51
Patient Falls resulting in moderate or severe harm or death (inpatients)	0		1	0	0	1	0	0	0	0	0	0	0	0	2

Effective - Current Compliance

Domain	Current Compliance	Next Steps
Seven Day Services	<p>A conference call with NHS Improvement was held on Monday 29th January 2018 to discuss the audit results and progress with implementing the national standards.</p> <p>Work continues to ensure that through work schedules, resources and job planning consultants are available at the appropriate times and at the weekends.</p>	<p>Results of the September 2017 audit cycle will be sent to NHS Improvement and the Clinical Commissioning Group to discuss QVH's participation in the national audit, as the national 14 hour 7DS standards do not fit QVH's patient cohort.</p> <p>A trial of direct entry on Evolve will be undertaken for:</p> <ul style="list-style-type: none"> - Daily ward rounds and the morning board rounds - Delegated review (i.e. discussed with Consultant at trauma meeting, suitable for Registrar to review) <p>This trial will ensure consultant reviews are accurately captured.</p>
Mortality	<p>December 2017: There were no QVH mortalities and one patient died elsewhere.</p> <p>January 2018: There were no QVH mortalities and three patient died elsewhere.</p>	<p>All mortalities are reviewed by the Medical Director or appropriate consultant to ascertain whether a further investigation needs to be undertaken to review circumstances surrounding the patient's death.</p>
Transfers out	<p>There were three emergency or unexpected transfers out in December 2017. None of these were paediatric patients.</p> <p>Five emergency or unexpected transfers occurred in January 2018. None were paediatric patients. Two further patients are being investigated to ascertain whether they were emergency or unexpected transfers out.</p>	<p>An annual report summarising the monthly transfer outs will be produced to help identify trends and areas for improvement. This report will be presented to the Trust's Clinical Governance Group, which will also monitor any subsequent actions arising from such.</p>

Antimicrobial Stewardship

Quarter 3 data on antibiotic consumption has been submitted for the 'Reducing the impact of serious infections CQUIN. The Antimicrobial Pharmacist and Medical Director gave a presentation on antimicrobial stewardship at the Joint Hospital Governance January 2018 meeting. Following this presentation, it was observed that antibiotics were reviewed during a trauma ward round.

The ongoing national shortages of some antimicrobials is being managed. An action plan has been drawn up in response recommendations made by the South Regional Medicines Optimisation Committee.

An audit of antibiotic prescribing will be undertaken to confirm if this change is sustained.

A draft antimicrobial prescribing section for inclusion in the adult inpatient prescription chart was presented at the January Medicines Management, Optimisation and Governance Group. This prescription prompts a 72 hour review. The draft was approved in principal but needs input from nursing medical staff regarding its usability.

Clinical audit

QVH is unable to participate in the National Diabetes Inpatient Audit (NaDIA) due to our specialist nature.

However, with the increasing prevalence of diabetic patients' across the country, QVH has chosen to undertake this audit using the national tools. Findings identified the following areas for improvement:

- Improved compliance with Trust Policy required for patients with Type I diabetes and dealing with hypo and hyper and adjustment of insulin pre-theatre/starvation.
- Staff knowledge of diabetes to be improved and training for all HCAs and nurses to be arranged.

Work has begun on the Quality Report 2017/18. The format of the document will change to incorporate the Trust's achievements and innovations under the five CQC domains: safe, effective caring, responsive and well led.

Effective - Performance Indicators

Metric	2015/16 total / average	Target	Quarter 4 2016/17		Quarter 1 2017/18			Quarter 2			Quarter 3			Quarter 4	12 month total/ rolling average
			Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	
Mortality															
QVH Mortalities	6	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Mortality elsewhere within 30 days of discharge	15	0	2	2	1	4	2	0	1	0	1	0	1	3	17
Readmissions															
Emergency Readmissions Within 30 Days	1.87%	2.24%	2.02%	2.83%	2.64%	3.00%	4.53%	3.89%	4.19%	2.40%	2.78%	3.18%	1.58%	1.82%	2.94%
Emergency Readmissions Within 7 Days	1%	1.21%	1.05%	1.60%	1.03%	1.17%	1.90%	2.23%	1.77%	1.10%	1.26%	1.88%	1.08%	1.04%	1.44%
Paediatric safeguarding															
Paediatric safeguarding cases*			10	16	15	18	21	23	24	20	18	17	17	24	223
Allegations against staff			0	0	0	0	0	0	0	0	0	0	0	0	0
Safeguarding adults															
Adult Safeguarding cases*			2	10	4	5	8	5	5	7	3	6	3	2	60
Allegations against staff			0	0	0	0	0	0	0	0	0	0	0	0	0
Female genital mutilation (FGM) Risk Assessments undertaken			0	0	0	0	0	0	0	0	0	0	0	0	0
DoLS Applications			0	0	0	0	1	0	0	0	0	0	1	0	2
Prevent Referrals			0	0	0	0	0	0	0	0	0	0	0	0	0
Infection control audit															
Hand hygiene audit %			100%	99%	99%	100%	100%	99%	99%	98%	100%	97%	98%	98%	99%
Bare below the elbows %			99%	99%	99%	100%	100%	100%	99%	100%	98%	99%	97%	100%	99%
Trust Cleaning %			89%	90%	86%	88%	89%	88%	91%	90%	**				88%
*Concerns are reported via internally processes, and then referred on to the appropriate external agency															
** New reporting methodology being finalised															

Caring - Current Compliance

Domain	Current Compliance	Next Steps
Patient experience	We will be reviewing the patient and service user feedback and ensure that our learning can be evidenced in line with our Patient Experience Strategy.	The Trust will be undertaking an audit in early 2018 to evidence that learning has been shared.
Complaints	December and January – eleven complaints were received. Three relate to attitude/communication, three relate to appointment delays, two relate to post-operative concerns, two relate to clinical/nursing care/treatment and one related to cancellation of operation. All complaints have been graded as minor.	<p>Training on the complaints handling procedure will continue to be rolled out for all front line staff. In addition, we will continue to strive for further improvement in relation to meeting our internal target of responding to formal complaints within 30 working days.</p> <p>The Trust continues to put patients first and, listen to their concerns, fears and feedback so that we can continually strive towards delivering quality care and services that they can trust.</p>
Friends and Family Test (FFT)	Inpatients: In December 98% of inpatients (with a vastly improved response rate of 58%) who completed FFT survey would recommend QVH. In January this was again 98% (with a response rate of 51% (national target is 40%)) who completed the FFT survey would recommend QVH. Outpatients: The FFT score for out-patients in December was 94%, response rate of 17%. In January this was 95%, response rate again of 18% (national target is 20%).	The response rate for inpatients in December and January is greatly improved following engagement and discussion with the members Nursing and Quality Advisory Group who have taken this matter forward with their teams.

* Please see the patient experience exec summary in appendix 2

Caring - Performance Indicators

Metric	2015/16 total / average	Target	Quarter 4 2016/17		Quarter 1 2017/18			Quarter 2			Quarter 3			Quarter 4	12 month total/ rolling average
			Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	
Complaints															
Complaints per 1000 spells *	2.7		2.8	2.1	2.0	2.2	2.2	3.9	1.6	3.9	0.6	2.3	1.8	4.5	2.5
Claims per 1000 spells *	1.1		0.0	1.1	2.0	1.1	1.6	0.0	0.0	0.6	1.2	0.0	0.0	1.1	0.7
Friends and Family Test															
FFT score acute in-patients: likely and very likely to recommend QVH	99%	>90%	98%	99%	99%	99%	98%	98%	98%	98%	98%	99%	98%	98%	98%
FFT score acute in-patients: unlikely and very unlikely to recommend QVH	0%		0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.0	0%
FFT score MIU: likely and very likely to recommend QVH	94%	>90%	97%	94%	98%	98%	96%	95%	92%	96%	97%	97%	97%	97%	96%
FFT score MIU: unlikely and very unlikely to recommend QVH	3%		1%	2%	0%	1%	3%	3%	4%	1%	0%	1%	3%	1%	2%
FFT score OPD: likely and very likely to recommend QVH	95%	>90%	94%	95%	95%	95%	95%	94%	93%	94%	94%	95%	94%	95%	94%
FFT score OPD: unlikely and very unlikely to recommend QVH	2%		2%	2%	2%	2%	2%	2%	3%	2%	2%	2%	3%	2%	2%
FFT score DSU: likely and very likely to recommend QVH	97%	>90%	96%	97%	97%	97%	96%	96%	98%	98%	97%	97%	97%	97%	97%
FFT score DSU: unlikely and very unlikely to recommend QVH	1%		1%	0%	1%	2%	0%	1%	0%	0%	0%	2%	1%	1%	1%
FFT score Sleep disorder centre: likely and very likely to recommend QVH	97%	>90%	99%	100%	98%	94%	93%	100%	100%	98%	99%	94%	94%	96%	97%
FFT score Sleep disorder centre: unlikely and very unlikely to recommend QVH	1%		0%	0%	1%	1%	2%	0%	0%	0%	0%	0%	2%	0.0%	1%
Privacy and dignity															
Mixed Sex accommodation breach	0	0	0	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)	99%	>90%	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%	100%

* Activity per 1000 spells is based on HES Data: the number of inpatients discharged per month including ordinary, day case and emergency - figure /HES x 1000)

Responsive - Current Compliance

Domain	Current Compliance	Next Steps
Incident Reporting	<p>December 2017: 159 incidents were reported, 72 of which were Patient Safety incidents; 57 = No Harm/Near Miss incidents, 11 were Minor Harm & 4 were level of 'harm unknown' at the point of reporting. There no Moderate, Major or Catastrophic incidents reported.</p> <p>January 2018: 198 incidents were reported, 96 of which were Patient Safety incidents; 1 was for recording purposes only (a safeguarding incident) 71 No Harm/Near Miss incidents, 11 were Minor Harm incidents and there were 11 where level of harm was 'unknown' at the point of reporting.</p> <p>There were 2 Moderate Harm: 1 was an amber incident – patient required to return to theatre for repair of a palate wound.</p> <p>The other was a grade 4 Pressure Ulcer acquired prior to admission.</p>	<p>Since September 2017 there has been a steady increase in the number of incidents investigated and closed, with a significant reduction in the length of time taken to complete investigations.</p> <p>The Patient Safety Team continue to work with investigators, guiding & supporting with incident investigations and seeking further information / clarity around findings when required. All incidents are investigated thoroughly and any identified learning & actions to prevent recurrence are tabled at specialty governance meetings.</p> <p>There is continuing evaluation within the Patient Safety Team of the Datix system to ensure staff have the appropriate categories to select, enabling enhanced data capture and meaningful reporting.</p>

Well led - Current Compliance

Domain	Current Compliance	Next Steps
Response to winter pressures	<p>QVH has responded to the NHS winter pressures. The NHS national team advised trusts to hospitals to cancel non-urgent elective operations in order to help the NHS manage the high levels of sick patients coming in. NHS England has reiterated that cancer operations and time-critical procedures should go ahead as planned.</p> <p>The Trust's trauma admissions are important to the wider emergency system and it is working to minimise cancellations by making the best use of resources.</p> <p>The following actions have been implemented:</p> <ul style="list-style-type: none"> • Twice daily consultant review of all inpatients to facilitate swift discharge of patients when well enough to return home • Staffing levels increased to open our four escalation beds • Consultant advice available GP/clinician advice • All front line staff to have their flu vaccination immediately or complete a form confirming their decision not to do so • Emphasis on hand hygiene to prevent further transmission. 	<p>The Trust's response to winter pressures is in line with national guidance which recognises that the NHS has been under sustained pressure over the Christmas period with high levels of respiratory illness, limited additional beds, and early indications of increasing flu prevalence. QVH continues to work with partners and the wider health economy to ensure that patients continue to receive their elective and emergency procedures and outpatients appointments without disruption.</p>

Nursing Workforce - Current Compliance

Domain	Compliance	Actions
Ross Tilley	<p>During December and January there were 25/124 (13/122 in October and November) occasions where staffing numbers did not meet planned levels, 21 shifts with less than planned and 4 shifts with more than planned. All escalated to site practitioner as per trust protocol. Lower patient numbers relating to seasonal variance meant that several shifts were below planned levels.</p>	<p>Staffing according to bed occupancy and acuity with additional staff deployed on high acuity days and resources redeployed from other areas where template was below planned and additional staff required. All dates where escalation re staffing required have been triangulated with Datix safety incidents, ward FFT scores and complaints information. One patient fall(no harm) linked to a day when the ward was 1 trained nurse short, though no direct link as a causative factor safe. Additional falls work led by Head of Nursing with C-Wing staff and pharmacy to identify drugs that can contribute to falls and provide a simple tool which will be in all patients folders to prompt staff to consider this when doing falls risk assessments.</p>
Margaret Duncombe	<p>During December and January there were 18/124 (14/122 in October and November) occasions staffing numbers did not meet planned level, 8 shifts with less than planned and 3 shifts with more than planned. All escalated to the site practitioner as per trust protocol. Lower patient numbers relating to seasonal variance meant that several shifts were below planned levels.</p>	<p>Staffing according to bed occupancy and acuity with additional staff deployed on high acuity days and resources redeployed from other areas where template was below planned and additional staff required. All dates where escalation re staffing required have been triangulated with Datix safety incidents, ward FFT scores and complaints information. There were no patient safety incidents linked to the days when the ward was short staffed. Further analysis of Datix undertaken to assess if there has been an increase in staff reporting incidents relating to staffing levels.</p>

Burns	During December and January there were 10/124 occasions (9/122 in October and November) where staffing numbers did not meet planned levels, 5 of these related to staffing to lower patient numbers. The other 5 were escalated to site practitioner as per trust protocol.	Staffing according to bed occupancy and acuity resources redeployed from other areas where template was below planned and additional staff required. All dates where escalation re staffing required have been triangulated with Datix safety incidents, ward FFT scores and complaints information. There were no patient safety incidents linked to the days when the ward was short staffed.
Peanut	During December and January there were 21/124 (16/122 October and November) occasions planned numbers did not meet actual. The majority of these are night shifts as we have actively made the decision to prioritise staffing the day shifts when the majority of children require care. There were 8 nights in December when the ward was closed at 1930 or midnight. This resulted in 3 children being referred on to other burns units and 1 child being held at referring site overnight. Burns ward continues to take paediatric referrals or give phone advice if Peanut closed.	The interim opening hours continue and a paper was received at EMT in December detailing plans to make these interim arrangements permanent which was agreed. No incidents or harms align to these dates but the trust acknowledges the impact on patient experience for the three children referred on to other burns unit. Recruitment continues, one staff nurse post accepted since the last report.
Critical Care (ITU)	During December and January there were 18/124 occasions where staffing numbers did not meet planned levels (4/122 in October and November). All were escalated to site practitioner as per trust protocol. Reasons for not meeting planned staffing levels were staffing adjusted to bed occupancy and agency fill rates less than requested. All escalated to the site practitioner as per trust protocol. Lower patient numbers relating to seasonal variance meant that several shifts were below planned levels.	All dates where escalation re staffing required have been triangulated with Datix safety incidents, ward FFT scores and complaints information. There were no patient safety incidents linked to the days when the ward was short staffed. There continues to be daily review of the number of critical care beds open which reflects available staff and acuity of the patients.
Site Practitioner Team	During December and January there were 36/124 occasions where actual did not meet planned levels of two staff on duty (31/122 October and November) . Reasons for not meeting planned staffing are related to vacancy and higher levels of short term sickness in the team.	There was always a Site practitioner day and night with the Deputy Director of Nursing, Heads of Nursing and critical care providing additional support as required to the team and the Trust. Twilight shifts have been used to provide additional cover at the busiest times. Recruitment continues with two new part time member of staff commencing end of March/April.

Data extracted from the workforce score card in appendix 1



Qualified Nursing Workforce - Performance Indicators

QUALIFIED NURSING

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2016-17 & 2017-18	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Compared to Previous Month
Establishment WTE		267.61	267.61	267.61	267.61	257.21	257.21	257.21	257.21	253.30	253.30	253.28	253.28	253.28	◀▶
<i>Nursing Headroom</i>		<i>6.66</i>	<i>6.66</i>	<i>6.66</i>	<i>6.66</i>	<i>16.22</i>	<i>16.22</i>	<i>16.22</i>	<i>16.22</i>	<i>16.22</i>	<i>16.22</i>	<i>16.22</i>	<i>16.22</i>	<i>16.22</i>	◀▶
Adjusted Establishment (removed Headroom)		267.61	267.61	267.61	267.61	238.99	238.99	238.99	238.99	235.08	235.08	235.06	235.06	235.06	◀▶
Staff In Post WTE		204.02	201.21	200.89	199.87	200.37	199.66	200.21	201.53	201.35	199.35	199.44	198.44	193.82	▼
Vacancies WTE		63.59	66.40	66.72	67.74	38.62	39.33	38.78	37.46	33.73	35.73	35.62	36.62	41.24	▲
Vacancies %	> 12% 8% < 12% < 8%	23.76%	24.81%	24.93%	25.31%	16.16%	16.46%	16.23%	15.67%	14.35%	15.20%	15.15%	15.58%	17.54%	▲
STARTERS WTE (Excluding rotational doctors)		0.46	0.00	1.49	0.00	2.61	2.00	1.64	0.76	1.10	1.00	2.24	2.00	0.00	▼
LEAVERS WTE (Excluding rotational doctors)		3.00	4.60	2.40	2.00	1.96	2.85	2.00	0.80	1.00	4.26	3.28	3.00	6.31	▲
Starters & Leavers balance		-2.54	-4.60	-0.91	-2.00	0.65	-0.85	-0.36	-0.04	0.10	-3.26	-1.04	-1.00	-6.31	
Agency WTE		11.77	11.47	13.27	13.31	8.88	9.55	12.58	18.05	21.41	21.78	19.69	23.58	20.02	▼
Bank WTE		6.88	9.22	10.54	12.54	10.44	12.97	13.30	10.78	11.48	8.90	10.99	11.86	11.08	▼
Trust rolling Annual Turnover %	> = 12% 10% < 12% < 10%	22.75%	21.40%	21.44%	20.95%	19.87%	20.32%	19.95%	19.57%	18.58%	18.70%	16.76%	15.67%	16.95%	▲
Monthly Turnover		1.89%	2.27%	1.19%	0.74%	0.98%	1.42%	0.99%	0.40%	0.50%	2.14%	1.64%	1.51%	3.25%	▲
Sickness Absence %	> = 4% 4% < 3% < 3%	3.81%	3.25%	3.50%	2.67%	1.79%	2.56%	1.90%	2.22%	3.97%	4.79%	4.56%	4.17%	<i>4.66%</i>	December Indicative Figure

Unqualified Nursing Workforce - Performance Indicators




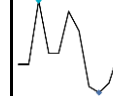


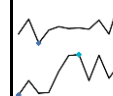


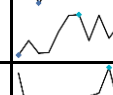


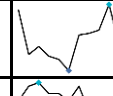


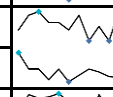


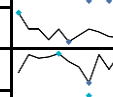


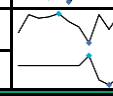





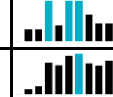





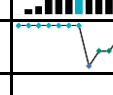




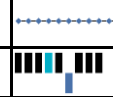


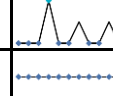





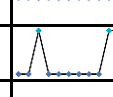


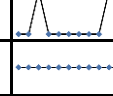








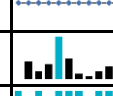





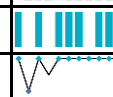


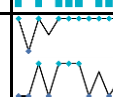


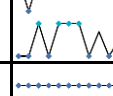
Unqualified Nursing

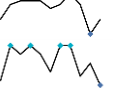

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2016-17			Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Workforce KPIs (RAG Rating) 2017-18			Dec-17	Compared to Previous Month
	>=12%	9%<<12%	<8%													>=12%	9%<<12%	<8%		
Establishment WTE				90.01	90.01	90.01	90.01	99.54	99.54	99.54	99.54	107.92	107.92	107.92	107.92				107.92	↔
Nursing Headroom				0.00	0.00	0.00	0.00	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33				8.33	↔
Adjusted Establishment (removed Headroom)				90.01	90.01	90.01	90.01	91.21	91.21	91.21	91.21	99.59	99.59	99.59	99.59				99.59	↔
Staff In Post WTE				73.17	75.44	76.09	76.55	76.17	77.13	82.13	81.19	81.81	78.25	84.33	85.64				81.64	▼
Vacancies WTE				16.84	14.57	13.92	13.46	15.04	14.08	9.08	10.02	17.78	21.34	15.26	13.95				17.95	▲
Vacancies %	>=12%	9%<<12%	<8%	18.71%	16.19%	15.46%	14.95%	16.49%	15.44%	9.96%	10.99%	17.85%	21.43%	15.32%	14.01%	>=12%	9%<<12%	<8%	18.02%	▲
STARTERS WTE (Excluding rotational doctors)				0.60	1.65	1.64	2.00	1.00	2.95	2.90	0.80	1.00	3.00	7.61	1.00	TARGETS: XXX			1.00	↔
LEAVERS WTE (Excluding rotational doctors)				1.00	0.46	0.00	1.00	0.38	1.00	2.20	2.73	0.00	5.00	2.19	0.46				1.00	▲
Starters & Leavers balance				-0.40	1.19	1.64	1.00	0.62	1.85	0.60	-1.93	1.00	-2.00	5.42	0.54				0.00	▼
Agency WTE				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.31	▲
Bank WTE <i>Note 2</i>				2.62	2.75	10.54	4.33	3.72	2.81	4.79	4.59	4.92	4.12	4.40	5.35				4.87	▼
Trust rolling Annual Turnover % (Excluding Trainee Doctors)	>=12%	10%<<12%	<10%	23.34%	21.75%	20.97%	19.75%	16.86%	18.46%	19.85%	22.10%	20.83%	23.19%	25.18%	23.03%	>=12%	10%<<12%	<10%	21.26%	▲
Monthly Turnover				2.73%	0.60%	0.00%	1.31%	0.50%	2.60%	2.66%	3.42%	0.00%	5.93%	2.69%	0.56%				1.18%	▲
Sickness Absence %	>=4%	4%<<3%	<3%	4.73%	3.21%	2.24%	1.97%	2.26%	1.49%	0.91%	1.39%	1.77%	3.93%	6.78%	5.70%	>=4%	4%<<3%	<3%	4.75%	<i>December Indicative Figure</i>



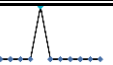

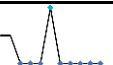

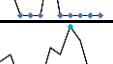

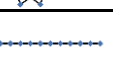
















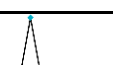

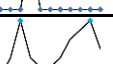











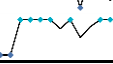



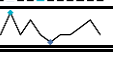
Note 1



BURNS WARD 12 MONTH ROLLING		MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	DoN Rating					
Staff Utilisation		No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Vacancies	WTE	6.7	9.65	7.15	8.84	8.84	9.92	7.91	2.88	1.91	2.51	6.12		10%			↓		Vacancy rate recalculated on minimum staffing requirement given at review Jan 18 opposed to budget w.e.f Oct 2017
Est =	(hrs)	1088	1568	1161	1436	1436	1612	1285	468	310	407	994.5		10%			↑		
Temp staffing exc RMN	Bank	366	276	394	372	337	513	426	447	249	200	279		10%			↑		
	Agency	110	0	34.5	178	92	23	69	121	46	11.5	69					↑		
Sickness	%	1.9%	1.8%	1.3%	1.1%	3.8%	2.3%	3.8%	3.1%	2.9%	4.3%	6.6%		2%			↑		high incidence of colds + 'flu 0.6 wte on Mat Leave
Shift meets est % Day	RN	98%	98%	99%	94%	98%	99%	98%	99%	93%	97%	91%		95%			↓		
	HCA	100%	94%	97%	95%	98%	98%	100%	100%	95%	84%	98%		95%			↑		
Shift meets est % Night	RN	97%	93%	98%	102%	100%	97%	95%	94%	90%	98%	82%		95%			↓		staffed to capacity and acuity
	HCA	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		95%			→		
Training / Appraisal		No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Appraisals	%	69%	81%	86%	81.3%	83.3%	93.3%	93.1%	87%	92.3%	83.9%	83.9%		95%			→		Email and discussion taken place with ward Matron. Situation must be addressed to
Statutory & Mand.	%	91%	93%	91%	86.8%	86.8%	88%	92.2%	90%	82.4%	92.5%	92.5%		95%			→		
Drug Assessments	%	100%	100%	100%	93%	93%	89%	89%	100%	100%	100%	100%		95%			→		
Staff FFT Score	%	-	-	-	-	-	-	-	-	-	-	-		-					
Budget	(YTD)	134000	40384	34632	38138	31005	2798	1539	26714	55353				>0			→		
Safe Care		No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Pressure Ulcers	G2+	0	0	0	0	0	0	1	0	0	0	0		0			→		
Falls	With harm	0	0	1	0	0	0	0	0	0	0	0		0			→		
Medication Errors	All	0	0	0	1	1	1	2	2	2	0	0		0			→		
C. Diff		0	0	0	0	0	0	0	0	0	0	0		0			→		
MRSA		0	0	0	0	0	0	0	0	0	0	0		0			→		
Incidents Reported (Datix)	Patient Safety	2	3	4	3	2	4	3	6	6	4	3					↓		
VTE reassessment	%	100%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	66.7%	83.3%	95%			↑		1 patient did not have this reassessment. HoN has requested improvement plan
Nutrition assessment (MUST)	Initial	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%			→		
	7 day r/v	0%	100%	100%	100%	100%	100%	N/A	100%	100%	100%	100%	100%				→		
Patient numbers		56	37	60	61	56	44	41	57	52	64	62		N/A			↓		
Patient FFT Score	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		95%			→		

CRITICAL CARE 12 MONTH ROLLING		MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	DoN Rating					
Staff Utilisation		No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Vacancies	WTE	7.89	7.89	14.39	9.02	9.02	13.28	11.28	5.65	5.01	6.01	9.16		10%					Vacancy rate recalculated on minimum staffing requirement given at review Jan 18 opposed to budget w.e.f Oct 2017
Est =	(hrs)	1282	1282	2338	1465	1465	2158	1833	918	814	976	1488							
Temp staffing exc RMN	Bank	150	227.5	101.5	169	189	179	182.5	175	223	149	316		10%					Mat Leave 1.8 wte to be covered
	Agency	226	448.5	252.5	265	586	825.5	839.5	444	827.5	482	689							
Sickness	%	3.8%	1.0%	1.5%	0.9%	0.7%	0.0%	2.2%	2.3%	2.5%	4.1%	1.7%		2%					
Shift meets est % Day	RN	95%	99%	100%	97%	97%	95%	99%	92%	96%	92%	100%		95%					
	HCA	115%	100%	100%	90%	100%	88%	94%	100%	97%	93%	92%		95%					
Shift meets est % Night	RN	78%	94%	91%	92%	95%	88%	83%	69%	94%	81%	94%		95%					staffed to capacity and acuity
	HCA	100%	100%	100%	100%	100%	100%	100%	125%	65%	53%	71%		95%					
Training / Appraisal		No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Appraisals	%	83%	88%	88%	100%	89.5%	100%	100%	94%	90.5%	90.5%	90.5%		95%					Email and dicussion taken place with ward Matron. Situation must be addressed to
Statutory & Mand.	%	77%	79%	80%	89.3%	88.3%	92%	92.8%	89%	88%	90%	90%		95%					
Drug Assessments	%	100%	100%	100%	100%	100%	100%	100%	81%	88%	88%	94%		95%					
Staff FFT Score	%	-	-	-	-	-	-	-	-	-	-	-		-					
Budget	(YTD)	33000	13367	34161	58686	894	-20940	9594	943	11190				>0					
Safe Care		No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Pressure Ulcers	G2+	0	0	0	2	0	0	1	0	0	1	0		0					
Falls	With harm	0	0	0	0	0	0	0	0	0	0	0		0					
Medication Errors	All	0	0	1	0	0	0	0	0	0	1	1		0					
C. Diff		0	0	0	0	0	0	0	0	0	0	0		0					
MRSA		0	0	0	0	0	0	0	0	0	0	0		0					
Incidents Reported (Datix)	Patient Safety	3	10	6	9	20	11	5	4	6	8	11							
VTE reassessment	%	100%	N/A	100%	0%	100%	100%	100%	N/A	100%	100%	100%		95%					
Nutrition assessment (MUST)	Initial	100%	N/A	100%	50%	100%	100%	100%	100%	100%	100%	100%		95%					1 patient not reviewed
	7 day r/v	N/A	N/A	100%	N/A	100%	100%	100%	N/A	75%	N/A	50%	N/A						
Patient numbers		-	-	-	-	-	-	-	-	-	-	-		N/A					
Patient FFT Score	%	-	-	-	-	-	-	-	-	-	-	-		95%					

CANADIAN WING 12 MONTH ROLLING		MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	DoN Rating						
Staff Utilisation														No / %	Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Vacancies	WTE	7.12	7.12	4.79	6.29	8.99	11.13	11.82	5.62	6.55	7.41	9.79		10%			↑		Vacancy rate recalculated on minimum staffing requirement given at review Jan 18 opposed to budget w.e.f Oct 2017	
Est =	(hrs)	1157	1157	778	1022	1460	1808	1921	913	1064	1204	1590								
Temp staffing exc RMN	Bank	509.5	243.5	316.5	555	407	424.5	360.5	541.5	732	302	557		10%			↑		Increased use of bank and agency due to current vacancy. Now budget accurate can clearly map staff required to be recruited. 1.23 wte Mat leave to be covered	
	Agency	314.5	54	174.5	115	173	333.5	464.5	331	799	968	1044.5					↑			
Sickness	%	3.2%	2.2%	3.2%	3.5%	2.6%	2.9%	0.5%	4.9%	3.6%	3.9%	5.4%		2%			↑		Increase in short term sickness in month	
Margaret Duncombe														Safe Staffing	Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Shift meets est %	RN	98%	99%	100%	97%	99%	97%	100%	98%	98%	95%	98%		95%			↑			
Day	HCA	95%	102%	100%	90%	97%	94%	100%	105%	102%	100%	104%		95%			↑			
Shift meets est %	RN	98%	95%	100%	97%	94%	91%	96%	93%	98%	88%	95%		95%			→		Staffing is matched to patient acuity to ensure safe staffing. HCA vacancy currently which has led to challenges with temporary staffing cover.no unsafe care	
Night	HCA	89%	93%	100%	100%	73%	84%	90%	68%	77%	88%	91%		95%			↓			
Ross Tilley														Safe Staffing	Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Shift meets est %	RN	95%	99%	100%	100%	100%	98%	99%	102%	99%	91%	95%		95%			↑			
Day	HCA	92%	100%	98%	100%	98%	94%	100%	100%	93%	96%	91%		95%			↓			
Shift meets est %	RN	98%	89%	94%	83%	99%	91%	104%	93%	95%	89%	89%		95%			→		lower staffing levels at night reflect bed occupancy	
Night	HCA	89%	90%	96%	95%	85%	84%	81%	67%	79%	73%	86%		95%			↑			
Training / Appraisal														No / %	Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Appraisals	%	98%	100%	100%	98%	94%	95.9%	91%	93.5%	93.5%	100%	97.8%		95%			→			
Statutory & Mand.	%	89%	88%	88%	91%	94.5%	94.6%	95%	95%	94.8%	90.6%	93.3%		95%			→			
Drug Assessments	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		95%			→			
Staff FFT Score	%	-	-	-	-	-	-	-	-	-	-	-		-						
Budget	(YTD)	103000	11267	20589	28289	33744	47435	47794	63502	72524				>0			↑		Budget now reflected therefore underspend in budget.	

CANADIAN WING 12 MONTH ROLLING		MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	DoN Rating					
Safe Care														Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Margaret Duncombe																			
Pressure Ulcers	G2+	0	0	0	0	1	0	0	0	0	0	0		0			→		
Falls	With harm	1	1	0	0	0	2	0	0	0	0	0		0			→		
Medication Errors	All	3	4	0	1	0	5	4	8	6	1	2		0			↑		Review by ward pharmacist and ward matron new training package developed
C. Diff		0	0	0	0	0	0	0	0	0	0	0		0			→		
MRSA		0	0	0	0	0	0	0	0	0	0	0		0			→		
Incidents Reported (Datix)	Patient Safety	7	11	8	8	6	16	7	10	12	8	15					↑		
VTE reassessment	%	100%	100%	100%	100%	100%	90%	100%	100%	88.9%	91.7%	53.8%	66.7%	95%			↑		
Nutrition assessment (MUST)	Initial	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%			→		
	7 day r/v	100%	100%	33.3%	100%	100%	100%	100%	100%	0%	66.7%	50%	100%				↑		
Patient numbers		166	171	170	169	160	145	144	139	146	122	129		N/A			↑		
Patient FFT Score	%	100%	98%	100%	96%	99%	99%	96%	100%	100%	95%	99%		95%			↑		
Ross Tilley														Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Pressure Ulcers	G2+	0	0	0	0	0	0	0	0	0	0	0		0			→		
Falls	With harm	0	0	0	1	0	0	0	0	0	0	0		0			→		
Medication Errors	All	0	2	6	2	1	1	2	4	5	6	3		0			↓		
C. Diff		0	0	0	0	0	0	0	0	0	0	0		0			→		
MRSA		0	0	0	0	0	0	0	0	0	0	0		0			→		
Incidents Reported (Datix)	Patient Safety	4	3	11	6	8	6	5	8	16	13	20					↑		
VTE reassessment	%	100%	100%	100%	100%	100%	100%	100%	100%	71.4%	88.2%	83.3%	60%	95%			↓		
Nutrition assessment (MUST)	Initial	100%	100%	100%	100%	100%	100%	100%	100%	92.9%	100%	100%	94.4%	95%			↓		
	7 day r/v	N/A	N/A	100%	100%	100%	100%	75%	100%	50%	80%	100%	100%				→		
Patient numbers		189	168	206	212	234	227	199	209	219	181	215		N/A			↑		
Patient FFT Score	%	97%	100%	97%	99%	97%	96%	97%	97%	98%	99%	97%		95%			↓		

PEANUT WARD 12 MONTH ROLLING		MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	DoN Rating					
Staff Utilisation		No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Vacancies	WTE	4.5	6	6.49	6.5	6.5	4.89	3.89	2.45	2.45	0.93			10%			↓		Vacancy rate recalculated on minimum staffing requirement given at review Jan 18 opposed to budget w.e.f Oct 2017
Est =	(hrs)	731	975	1054	1056	1056	795	632	398	398	151								
Temp staffing exc RMN	Bank	365	234.5	265	381	373	253	324.5	369	437.5	168			10%			↓		
	Agency	34.5	50	46	46	210	213	236	197	17.5	57						↑		
Sickness	%	3.1%	3.2%	2.6%	3.1%	3.7%	4.8%	8.7%	12.0%	5.6%	7.9%			2%			↑		Increase in sickness is being monitored by HoN includes 2 long term sick
Shift meets est %	RN	96%	98%	101%	90%	99%	98%	99%	101%	93%	87%	100%		95%			↑		
Day	HCA	106%	100%	100%	97%	103%	94%	97%	91%	100%	100%	91%		95%			↓		
Shift meets est %	RN	56%	51%	49%	51%	59%	44%	49%	67%	45%	55%	63%		95%			↑		reflects interim planned staffing levels and reduced opening hours
Night	HCA	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		95%			→		
Training / Appraisal		No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Appraisals	%	64%	77%	80%	84%	83.3%	83.3%	82.6%	79%	75%	75%	75%		95%			→		Email and discussion taken place with ward Matron. Situation must be addressed to
Statutory & Mand.	%	85%	84%	88%	90.2%	91.3%	89.5%	85.7%	86%	84.3%	83%	83%		95%			↓		as above
Drug Assessments	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		95%			→		
Staff FFT Score	%	-	-	-	-	-	-	-	-	-	-	-		-					
Budget	(YTD)	29000	2222	4611	5910	11060	1469	6253	1682	23045				>0			↑		
Safe Care		No / %												Target	Var.	RAG	Change	Trend	Improvement Plan/Actions
Pressure Ulcers	G2+	0	0	0	0	0	0	0	0	0	0	0		0			→		
Falls	With harm	0	0	0	0	0	0	0	0	0	0	0		0			→		
Medication Errors	All	1	1	0	0	1	0	0	1	0	1	0		0			↓		
C. Diff		0	0	0	0	0	0	0	0	0	0	0		0			→		
MRSA		0	0	0	0	0	0	0	0	0	0	0		0			→		
Incidents Reported (Datix)	Patient Safety	4	1	2	5	5	1	3	1	3	2	3					↑		
VTE reassessment	%	-	-	-	-	-	-	-	-	-	-	-		95%			→		N/A
Nutrition assessment (MUST)	Initial	-	-	-	-	-	-	-	-	-	-	-		95%			→		N/A
	7 day r/v	-	-	-	-	-	-	-	-	-	-	-					→		
Patient numbers		191	191	209	205	222	205	196	191	193	181	173		N/A			↓		
Patient FFT Score	%	97%	100%	100%	100%	99%	100%	100%	97%	98%	97%	100%		95%			↑		



Patient Experience Board Report

1 December 2017 – 31 January 2018

Performance Indicators	Jan 2018	Dec 2017	Nov 2017	Oct 2017	Sept 2017	Aug 2017	July 2017	June 2017	May 2017	April 2017	Mar 2017	Feb 2017	Jan 2017
Overall number of active complaints	14	11	8	8	13	-	-	-	-	-	-	-	-
Number of new formal complaints received in the month	8	3	4	1	7	3	7	4	4	3	4	4	7
Number of complaints referred to the Ombudsman for 2 nd stage review	0	0	0	0	1	0	0	1	0	0	0	0	2
Number of complaints re-opened	0	0	0	0	0	1	0	0	0	1	0	0	0
Number of complaints closed	5	0	4	3	4	3	3	2	5	1	2	4	0
Total number of complaints due to be closed in month	6	-	-	-	-	-	-	-	-	-	-	-	-
Actual number of complaints closed in month	3	-	-	-	-	-	-	-	-	-	-	-	-
Number of complaints upheld	0	0	2	2	1	0	2	1	0	1	0	2	0
Number of complaints	3	0	1	1	1	2	0	1	2	0	1	0	0

upheld in part													
Number of complaints unsupported	2	0	1	0	2	1	1	0	3	0	1	2	0
Overall number of active claims	63	70	70	71	-	-	-	-	-	-	-	-	-
Number of new claims	2	0	0	2	1	0	4	2	2	3	2	0	2
Number of closed claims	9	0	1	3	3	1	0	0	0	2	0	0	2

Complaints Activity

This section of the report aims to provide a review of the complaints activity over the past month. A complaint is a matter which the complainant wishes to be registered and investigated in accordance with the NHS Complaints (England) Regulations 2009. A complaint may be written or oral expressions of dissatisfaction and will be investigated in line with the Trusts Policy and Procedure for the management of Complaints, Concerns, Comments and Compliments.

If a complainant is unhappy with the response received from the Trust, they have the right to contact the Parliamentary and Health Service Ombudsman (PHSO) to request an investigation. All PHSO requests and decisions are outlined in this section of the report.

Across the Trust we take all complaints very seriously and wherever possible we use them to learn from and to make changes and improvements to our services. We ensure that all staff at induction are given training about handling and dealing with complaints.

Open Complaints

In December 2017 (3) and January 2018 (8) we received in total 11 new complaints.



Summary of Complaints open (December 2017)

Plastic Surgery

1. **Outpatient – Plastics – Admin/Clerical – Referral/Appointment:** The patient was referred but was not allocated an appointment. When the patient rang to enquire about the referral they were advised that would need to go back to GP as we did not provide this service.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: Still under investigation

Plastic Surgery

- 2. Day surgery – Plastics – Medical – Overall surgical treatment:** Aesthetic look of area where skin was taken. Wishes to have an explanation as to why this area was considered a suitable site and why they were given no advice on alternatives.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: still under investigation

Imaging and Diagnostics

- 3. MRI – Admin/Clerical – Appointment:** Delays that occurred in organising an MRI/CT scan at other hospital.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: Comments obtained – response being drafted

Summary of Complaints open (January 2018)

Diagnostics and Therapeutics

- 3. Radiology – Medical – Referral/Appointment:** The patient was referred for imaging and at appointment was informed that this was not necessary.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: Comments obtained – response being drafted – the clinical indications on the form submitted did not fulfil the referral criteria therefore the appointment was cancelled.

Plastics

4. **Outpatient – Plastics – Medical – Attitude of clinician:** When the patient attended for appointment they were made to feel that they were wasting the clinician's time.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: See closed complaint 5.

Plastics

4. **Rowntree – Medical/Admin – Cancellation of surgery on day:** There was an initial delay in the referral being processed and the patient being given an appointment and the patient was cancelled on the day of surgery.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: Comments obtained – response being drafted.

Sleep

5. **Outpatient – Medical – Attitude of clinician:** The patient felt that the clinician was rude and dismissive at consultation.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: Still under investigation.

Theatres/Day Surgery

6. **Rowntree – Nursing – Care provided:** Whilst undertaking the patient's weight measurement, they slipped off the equipment and sustained a superficial injury to their leg.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: Comments obtained – response being drafted.

Maxillofacial

- 7. Day Surgery – Medical – Post-operative concerns:** Following a minor procedure, the patients wound was dressed with a dry dressing which could be removed within 48hrs. The patient received conflicting advice from the GP about the length of time the dressing should remain in place.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: Clinicians comments have been obtained and with the patients consent a copy of their GP notes relating to this episode has been requested.

Maxillofacial

- 8. Off site – Medical – Attitude of clinician:** The patient experienced a delay in being seen for their clinic appointment. The patient also considers that they were treated rudely and unprofessionally.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: Still under investigation.

Maxillofacial

- 9. Day Surgery – Medical – Post – operative concerns:** Following dental extraction the patient experienced pain. When the patient called the on-call team they were advised that it was normal to experience this level of pain. Patient then visited dentist who advised the patient that they had an infection and prescribed antibiotics.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: Still under investigation.

Summary of Complaints closed

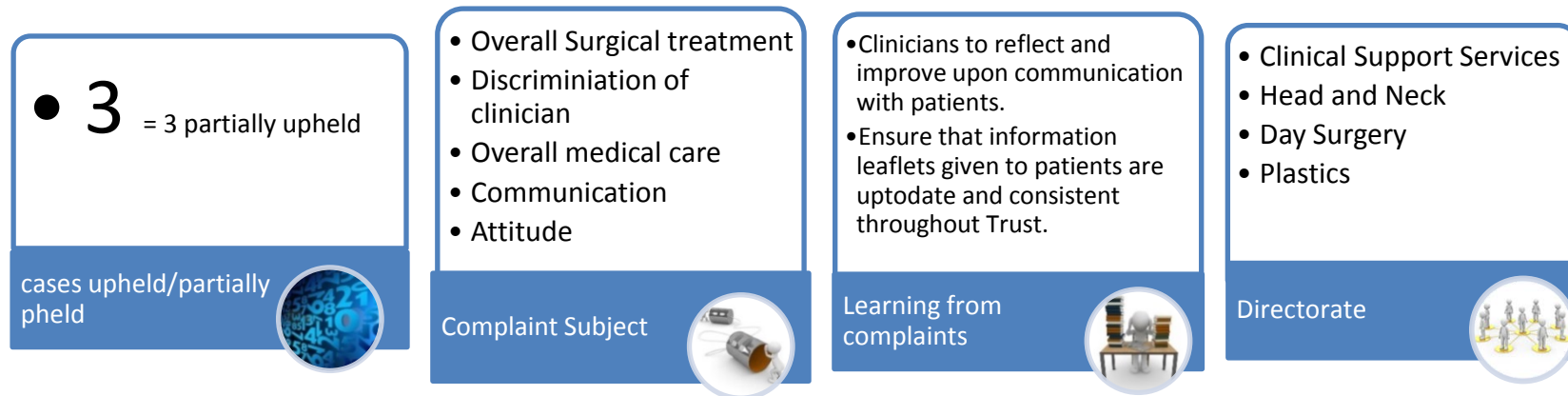
Overall five complaints were closed during this period. Three cases were partially upheld and two were not upheld.

Definition:

Upheld: If a complaint is received which relates to one specific issue, and substantive evidence is found to support the complaint, then the complaint is recorded as upheld.

Not upheld: Where there is no evidence to support any aspects of a complaint made, the complaint is recorded as not upheld.

Partially upheld: Where a complaint is made about several issues, if one or more of these, (but not all), are upheld then the complaint is recorded as partially upheld.



Clinical Support Services

1. **Outpatients – Fracture clinic – Medical (visiting consultant) – Overall medical care:** Concerns raised about content of clinic letter following consultation, inconsistencies and also overall manner of clinician.

Risk grading: Minor

Likelihood of recurrence as: Possible

Comment/actions: We have contacted the patients GP to ensure that they have all information about the patient's diagnosis and suggested treatment plan. Clinician has been asked to fully reflect on the manner in which they consult with patients.

Outcome: Complaint partially upheld

Head and Neck

2. **Outpatients – Maxfac – Medical – Overall medical care:** Following tooth extraction in 2015 patient has been told that a fragment of bone has been left in mouth and also has suffered from numbness in lip. Patient requesting an explanation as to how this has occurred.

Risk grading: Minor

Likelihood of recurrence as: Possible

Comment/actions: Complaint reviewed by Clinical Lead and full explanation given of treatment provided. It is considered that the treatment was performed appropriately and patient was consented and fully informed of risks of dental surgery.

Outcome: Complaint unsupported. .

Head and Neck

3. **Outpatients – Maxfac – Medical – Discrimination:** Patient refused to be treated by clinician due to their gender.

Risk grading: Minor

Likelihood of recurrence as: Possible

Comment/actions: Patient was offered an alternative date for treatment.

Outcome: Complaint unsupported.

Plastics/Theatres

4. **Day surgery – Plastics – Medical/Nursing – Overall medical care/communication:** Patient experienced pain during skin graft procedure, lack of communication with the patient during the procedure and lack of information given about aftercare.

Risk grading: Minor

Likelihood of recurrence as: Possible

Comment/actions: Apologies given for any distress caused or pain endured throughout the surgery. We will ensure that the information that is given to patients regarding skin graft advice is consistent throughout the trust.

Outcome: Complaint partially upheld

Plastic Surgery

5. **Outpatient – Plastics – Medical – Attitude of clinician/communication:** When the patient attended for appointment they were made to feel that they were wasting the clinician's time.

Risk grading: Minor

Likelihood of recurrence as: Possible

Current status: Apologies have been conveyed to the patient if the clinician came across as being dismissive in any way as this was not their intention. This member of staff has fully reflected on this and will aim to improve on their communication skills.

Outcome: Complaint partially upheld.

Summary of Complaints re-opened

Please note that there were no complaints re-opened during this period.

Parliamentary and Health Service Ombudsman (PHSO)

Please note that there have been no complaints reported to the PHSO during this period.

If a complainant is unhappy with the response received from the Trust, they have the right to contact the PHSO to request an investigation into their complaint.

The PHSO is the final point in the NHS complaints process and offers an independent view on whether the NHS has reasonably responded to a complaint. The PHSO has increased the number of investigations it undertaken and consequently the Trust has seen a slight increase in the number of complaints investigated by the PHSO.

Claims

There were no claims opened or closed in December 2017. There were 2 claims opened in January 2018.

Incident date	Claim opened date	Type	Speciality	Service	Description (allegations within solicitors letter)	Complaint made	Reported as Incident
14/10/2017	18/01/2018	Clinical Negligence	Maxfac	Medical	Alleged failure to use reasonable skill and care in the provision of dental treatment.	No	No
08/01/2015	02/01/2018	Clinical Negligence	Plastics	Medical	Following admission for elective surgery the issues relate to whether the compartment syndrome and subsequent pseudomonas infection could have been avoided.	No	No

Overall there were 10 claims closed in January 2018, 9 of which were closed due to having been dormant for the past 3 years (these have not be listed).

Incident date	Claim opened date	Type	Speciality	Service	Description (allegations within solicitors letter)	Complaint made	Reported as Incident	Outcome
11/12/2014	09/03/2016	Clinical Negligence	Maxfac	Medical	Intra-operative problems during dental surgery.	Yes	No	Claim settled.

Patient Experience – NHS Choices/Care Opinion






Between December – January the NHS Choices/Care Opinion websites received three comments.

All reviews are emailed to senior staff within departments and ward areas for information and actioned where possible.

Friends and Family Test (FFT) – How we are doing?

The FFT is intended as a service improvement tool, measuring performance continually and enabling increased responsiveness to near real time feedback. It is also a mechanism to encourage and motivate staff and reinforce good practice.

The monthly FFT comments from all respondents are considered, waiting times and delays whilst in clinic or for surgery are also raised as an issue, mostly by those who would recommend the trust and have other positive things to say about their experience.

	Increase compared to previous month
	Same as previous month
	Decrease compared to previous month

month	Area	% of patients who would recommend us	% of patients who would not recommend us	response rate	number of response	number of patients eligible
	Inpatients			Target >40%		
April		99%	0%	39.5%	224	567
May		99%	0%	51%	329	645
June		98%	0%	33.5%	216	647
July		98%	0%	38%	255	672
Aug		98%	0%	38.5%	239	621
Sept		96%	0%	49%	284	580
Oct		98%	0%	40.5%	241	596
Nov		99%	0%	29%	175	610
Dec		98%	0%	58%	320	548
Jan		98%	0%	51%	293	579
	Outpatients			Target >20%		
April		95%	2%	16%	1855	11675
May		95%	2%	15%	2067	14165
June		95%	2%	15%	2093	13757
July		94%	2%	16.5%	2158	13064
Aug		93%	3%	15.5%	2044	13305
Sept		94%	2%	16.5%	2079	12635
Oct		94%	2%	16%	2233	13767
Nov		95%	2%	16%	2288	14415
Dec		94%	3%	17%	1920	11458
Jan		95%	2%	18%	2427	13356
	MIU			Target >20%		
April		98%	0%	24%	220	919
May		98%	1%	20%	202	994

June		96%		3%	22%		233	1060
July		95%		3%	22%		239	1097
Aug		92%		4%	25%		249	1006
Sept		96%		1%	24%		209	880
Oct		97%		0%	26%		229	896
Nov		97%		1%	25%		208	833
Dec		97%		3%	27%		234	869
Jan		97%		2%	20%		160	796
NEW	Trauma clinic				Target >20%			
Sept		82%		6%	22%		78	353
Oct		96%		0%	23%		79	348
Nov		90%		4%	23%		82	350
Dec		97%		1%	22%		70	323
Jan		97%		1%	23%		73	322
	Day Surgery				Target >20%			
April		97%		1%	40%		295	740
May		97%		2%	37%		285	778
June		96%		0%	48%		308	649
July		96%		1%	54%		323	597
Aug		98%		0%	42%		374	887
Sept		98%		0%	31%		268	865
Oct		97%		0%	35.5%		334	941
Nov		97%		2%	40%		352	900
Dec		97%		1%	35%		278	794
Jan		97%		1%	41%		397	968

KSO2 – World Class Clinical Services

Risk Owner: Medical Director
 Committee: Board of Directors
 Date last reviewed: 8th February 2018

<p>Strategic Objective We provide world class services, evidenced by clinical and patient outcomes. Our clinical services are underpinned by our high standards of governance, education research and innovation.</p>	<p>Current Risk Rating 4 (C) x 3 (L) = 12, moderate risk Residual Risk Rating 4 (C) x 2 (L) = 8, low risk</p>	<p>HORIZON SCANNING – MODIFIED PEST ANALYSIS</p>	
<p>Risk Patients, clinicians & commissioners lose confidence in services due to inability to show external assurance by outcome measurement, reduction in research output, fall in teaching standards., or lack of effective clinical governance.</p>	<p>Rationale for current score ITU compliance and burns derogation. Paediatric inpatient compliance. Seven Day Standards for urgent care. Junior doctor recruitment, conflict between education vrs service delivery, and GMC NTS survey results Internal and spoke governance resources. External and internal research funding and organisation. Job planning. Coroner’s Report to Prevent Future Deaths. Induction and training processes for dual site junior doctors and dentists. <u>Culture of safe and collaborative practice</u></p>	<p>POLICY National Standards: ITU (ICS, SECCAN, ODN Burns) Paediatrics (ODN burns and RCPCH) General eg NICE, CQC Junior Doctor contract Seven Day Services Learning, Candour and Accountability.</p>	<p>COMPETITION Positive: BSUH MoU and clinical partnership development. Private patients STP collaboration Negative: NHS, NHS funded & private providers Consultant workforce changes: Part time/ retiring early/LLPs STP competition</p>
<p>Controls and assurances: Clinical governance group and leads and governance structure. Revising clinical indicators NICE refresh and implementation CQC action plan; ITU actions including ODN/ICS Spoke visits service specification EKBI data management Relevant staff engaged in risks OOH and management Networks for QVH cover-e.g. burns, surgery, imaging Training and supervision of all trainees with deanery model Creation of QVH Clinical Research strategy</p>		<p>INNOVATION Efficient electronic job planning Efficient theatre/OPD use Optimum OOH care/training Multi-professional education, Human factors and simulation Research strategy Outcomes publication New services</p>	<p>RESILIENCE Engagement of workforce Shared care, local and STP networks Leaders: CDs and governance leads Demand in many services with opportunities in STP. CEA incentives Management support for operational initiatives</p>
		<p>Gaps in controls and assurances: Limited extent of reporting /evidence on internal and external standards Limited data from spokes/lack of service specifications Scope delivering and monitoring seven day services (OOH) Plan for sustainable ITU on QVH site Recruitment challenges Achieving sustainable research investment Balance service delivery with medical training cost Job planning Compliance with new Junior Doctor contract terms and conditions Ongoing actions in response to Coroner’s PFD report Detailed partnership agreement with acute hospital</p>	

Report cover-page					
References					
Meeting title:	QVH Business Meeting of the Board of Directors				
Meeting date:	1 st March 2018	Agenda reference:	45-18		
Report title:	Medical Directors Report				
Sponsor:	Dr E Pickles, Medical Director				
Author:	Dr E Pickles, Medical Director				
Appendices:	NA				
Executive summary					
Purpose:	The purpose of this report is to provide information and assurance to the Board				
Recommendation:	The Board is asked to NOTE the contents of the report				
Purpose:	Approval	Information Y	Discussion	Assurance Y	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2: Y	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	BAF KSO2				
Corporate risk register:	NA				
Regulation:	NA				
Legal:	NA				
Resources:	None				
Assurance route					
Previously considered by:	NA				
Next steps:	NA				

Report to: Board of Directors
Meeting date: 01 March 2018
Reference number: 45-18
Report from: Ed Pickles, Medical Director
Author: Ed Pickles, Medical Director
Appendices: N/A
Report date: 21st February 2018

Medical Director's Report March 2018

1. Clinical Governance and Responding to and Learning from Deaths

In line with our policy, 'Responding to and Learning from Deaths', we publish numbers of all on-site deaths and all deaths occurring within 30 days of treatment at the QVH. All on-site deaths will undergo 'Structured Judgement Review' (SJR) of case notes, in accordance with methodology described by the Royal College of Physicians. All case notes of off-site deaths undergo a preliminary review, with any concerns leading to a full SJR. For all deaths, the relatives or carers and the General Practitioner are contacted to enquire if they have any concerns regarding the quality of care delivered by the QVH. Any concerns will be investigated via the SI and Datix systems.

a) Mortalities (2017 / 2018)

	Aug	Sept	Oct	Nov	Dec	Jan
QVH mortalities	0	0	0	0	0	0
Mortalities elsewhere within 30 days of discharge	1	0	1	0	1	3

No significant concerns have been raised from the preliminary case note review for the four recent deaths, but we await feedback from families and GPs.

There was one QVH site mortality in February. SJR of the case notes is underway and will be referenced in the next report.

Since April 2017 there have been two mortalities on the QVH site and thirteen deaths elsewhere within 30 days of discharge. These numbers are broadly similar to previous years, but an annual review of mortalities and rates will be included in the July report.

b) Clinical Indicators

We routinely collect data on transfers out, returns to theatre and unexpected readmissions to hospital within 30 days of discharge. There were eight patients transferred out unexpectedly from the QVH in December and January. None were paediatric patients. Rates of transfer out remain stable.

c) Never events and serious incidents

No Serious Incidents or never events were reported in December 2017 or January 2018. An RCA has been completed for the never event in October, and has been through the governance process, with dissemination and approved action plan.

We have successfully recruited to a Deputy Theatre Manager post, with responsibilities for clinical quality and safety improvement in theatre, and specifically to help lead work around the 'Five Steps to

Safer Surgery'. Benefits from this post in terms of policy development, qualitative audit and training are already evident.

d) Clinical Research

The excellent performance of the QVH Clinical Research department in patient recruitment to national portfolio studies in 2017/18 has been recognised. The funding allocation to the QVH from the Kent Surrey Sussex Clinical Research Network will increase by approximately 15% in recognition of this activity.

Mr Nduka has returned from his employment break, and development of the facial palsy FRAME and MIRROR studies continues. The Scar Study, also supported by the QVH Charity, has received further funding from the Blond McIndoe Research Foundation and the QVH League of Friends, and negotiations around partnership with an academic partner continue.

2. Sustainability and Transformation Plan and Regional Services

The Sussex and East Surrey STP Clinical Board continue to meet fortnightly. Membership includes the Medical Directors of the acute providers and lead clinicians from the CCGs, with the predominant aim being to reduce unwarranted variations in acute care.

The Clinical Board now have reports from the 'Getting It Right First Time' (GIRFT) programme for all the SES STP acute providers for several acute specialties, including maxillofacial and ophthalmic surgery. The variations in effectiveness and efficiency between providers will hopefully be a useful quality driver and tool in the planning of regional provision.

The revised 'case for change' is under development, although the acute configuration aspects still require significant work. A sub-group of acute provider Medical Directors has had its first meeting.

In January, we had a useful site visit from the NHS Specialised Commissioning Medical and Nursing Directors to facilitate better understanding of our networked head and neck surgical cancer care pathways. This will hopefully contribute to a clearer commissioning arrangement, as demanded by the Quality Surveillance Group, in response to the Coroner's Prevention of Future Death report in 2017.

3. Education

A programme of improvements in the training provision for our junior plastic surgery doctors continues. The 'exception reporting' by junior doctors of disrupted educational opportunities appears to be being better utilised since the rotation of Junior Doctors in February, and this helps focus resources.

'Darzi Fellows' have now been appointed to the KSS leadership programme and are in the process of nominating their favoured leadership projects. We currently have 3 fellows interested in our QVH paediatric burns project.

As Medical Director, I am to commence the King's Fund Senior Clinical Leaders Programme in March. It is a 12 day course over 7 months designed for Medical and Nursing Directors and its stated aims include challenging participants to actively change the culture of their organisation, influence and build networks within and between organisations and increasing the ability and influence to shape care in and beyond their own organisation. The aims chime strongly with our current internal and regional challenges, and I am grateful to the trust for their support in my participation.

In January, Mr Keith Altman, Consultant Maxillofacial Surgeon, delivered an excellent evening lecture on Surgery for Facial Feminisation to a multidisciplinary audience. Negotiations with NHS Northern Ireland regarding bringing patients for this surgery to the QVH are progressing well.

4. Medical & Dental Staffing

There are currently 102 doctors for whom the QVH is the Designated Body. (LETB trainees have a prescribed connection to their Deanery). All doctors are registered with a licence to practice. There are no current GMC processes.

In December three new substantive consultant appointments were made in anaesthetics, and one locum, less than full time consultant in anaesthesia and intensive care. One appointment is in post. Anaesthetic Consultant staffing will be challenging until the other new appointments join in April to May of 2018.

Mr Mark Pickford will be stepping down as Clinical Director for Plastic Surgery in April, and I am very grateful for the leadership he has demonstrated over the past 4 years. Mr Martin Jones has been appointed as his successor. Martin is tremendously well respected by his clinical and managerial colleagues alike, particularly as a trainer of junior doctors. His skills will be very welcome as we improve the training environment for our junior medical staff.

Dr Kenneth Sim, Consultant Anaesthetist, has announced his intention to retire in April. Ken was appointed as a substantive consultant in 1996 and in his 22 year consultant career he has held various leadership roles in the trust, including Director of Clinical Audit and Clinical Director for Critical Care and Anaesthesia. His wealth of experience, wisdom and wit will be hugely missed by the department and trust alike.

Appraisal rates remain satisfactory. The appraisal and revalidation processes were subject to internal audit completed by Mazars. All adequacy of controls were rated as green. Two amber areas were identified in the effectiveness of controls, one regarding the Terms of Reference for the Appraisal and Revalidation Group, and the other regarding our records of appraiser training. These are being addressed.

Consultants are currently undertaking a complete round of job planning using a new 'Allocate' software, with the aim of having centrally collated, consistent and transparent job plans for all permanent medical staff by the end of March 2018.

5. IM&T

Mr Jeremy Collyer and Dr Chris Barham continue to share the Chief Clinical Information Officer role, reporting to the Medical Director, and working with the CIO, James Cooper.

Current work in the IM&T strategy includes the scoping of requirements for 'E-observations' – an electronic and portable method of collecting and recording physiological observations such as pulse, blood pressure, and oxygen levels. The advantages in rapid identification and alerts of the deteriorating patient could be a major improvement in the safety of clinical care at QVH.

Dr Edward Pickles
Medical Director
21st February 2018

KSO3 – Operational Excellence

Risk Owner – Director of Operations

Committee – Finance & Performance Committee

Date last reviewed – 20/2/18

<p>Strategic Objective We provide streamlined services that ensure our patients are offered choice and are treated in a timely manner.</p>	<p>Current Risk Rating 5 (C) x 4 (L) = 20, major risk Residual Risk Rating 5 (C) x 3 (L) = 15, moderate risk</p>	<p>HORIZON SCANNING – MODIFIED PEST ANALYSIS</p>	
<p>Risk Patients & Commissioners lose confidence in our ability to provide timely and effective treatment due to an increase in waiting times and a fall in productivity. Some spoke sites (Medway) have capacity issues which can impact upon our services at that site</p>	<p>Rationale for current score</p> <ul style="list-style-type: none"> • Case mix and referral changes resulting in increase in day cases and so higher volumes to be seen & treated plus an overall growth in open pathway baseline as described in F&P papers; • Demand, capacity, process & system issues within the appts team • Demand and Capacity issues in MaxFax alongside lack of PTL and visibility of waiting list at Medway with increased referrals due to the electronic referral service plus resumption of BSUH ENT list; • Data capture from off site services is impacting upon demand and capacity planning; • Capacity issues in referring trusts have a negative impact upon QVH as we get late referrals to this site plus where we provide services at spoke sites, we are constrained in providing extra clinics etc. as we do not own the estate, and the host trust will always prioritise their activity for any spare capacity 	<p>POLICY</p> <ul style="list-style-type: none"> • National Policy changes to access targets e.g. Cancer & complexity of pathways, QVH is reliant on other trusts timely referrals onto the pathway; • NHS Tariff changes & volatility; 	<p>COMPETITION</p> <p>Negative</p> <ul style="list-style-type: none"> • Spoke sites begin to repatriate routine elective work & so loss of activity & associated income; <p>Positive</p> <ul style="list-style-type: none"> • Neighbouring trusts requiring additional elective capacity;
<p>Controls / Assurance</p> <ul style="list-style-type: none"> • Regular access meetings with forward plans activity/booking- includes Cancer; • Appts and 18RTT recovery plan also in place; • <u>Additional Validator funding approved;</u> • <u>New role of business manager for spokes and access in post to give focus to the appts, outpatients and access services alongside successful recruitment to the performance & access manager & cancer data manager – both posts have been vacant for a significant period;</u> • <u>Outsourcing in place and more being sourced but more required;</u> • Monthly business unit performance review meetings & dashboard in place with a focus on exceptions, actions and forward planning; • Data warehouse project in place and beginning to give off site PTL visibility with QVH Board March 2018 validation being undertaken so the scale of the issue (particularly at Medway) can be seen and managed accordingly 	<p>Gaps in controls / Assurance</p> <ul style="list-style-type: none"> • Not all spoke sites on QVH PAS so access to timely information can be limited plus some spoke sites have reporting issues • Shared pathways for cancer cases with late referrals from other trusts • Demand and capacity modelling with benchmarking requires continual development for each speciality • Late referrals for 18RTT from neighbouring trusts, two of which are in special measures and others with severe pressures • Increase in referrals greater than growth assumptions • High vacancy rate in theatre nursing/OPD limits ability to out on extra lists in a sustainable manner 		

KSO 4 – Financial Sustainability

Risk Owner: Director of Finance & Performance

Committee: Finance & Performance

Date last reviewed: 21st February 2018

Strategic Objective

We maximize existing resources to offer cost-effective and efficient care whilst looking for opportunities to grow and develop our services

Risk

Loss of confidence in the long-term financial sustainability of the Trust due to a failure to create adequate surpluses to fund operational and strategic investments

Current Risk Rating 4 (C) x 5(L)= 20 , major risk
Residual Risk Rating 4(C) x 4 (L) = 16, major risk

Rationale for current score (at Month 10)

- Surplus £1,261k/£1496k surplus plan (-0.36%)
- CIP forecast delivery - (£126k gap)
- Finance & Use of resources – 2
 - Capital Service cover - 2
 - Liquidity -1
 - I&E Margin –1
 - I&E Margin Var from plan – 2
 - Agency Cap – 2
- STP variance to control total and operating plan risk

Rationale for residual score

- CIPP pipeline schemes identified to bridge the gap ; granular level planning underway.
- Recovery plans to address underlying position have been developed
- Forecast delivery in line with plan/ control total
- High risk factor – availability of staffing in particular nursing
- Commissioner challenge and scrutiny over existing arrangement
- Potential changes to commissioning agendas
- Impact of winter pressure on spoke sites – cancellation of theatre sessions
- 2018/19 CIPP Gap

HORIZON SCANNING – MODIFIED PEST ANALYSIS

POLICY

- NHS Sector financial landscape
 - Regulatory Intervention
 - Autonomy
 - Capped expenditure process
- Single Oversight Framework
- Commissioning intentions – Clinical effective commissioning
- Annual NHS contract
- 5YFV & Sustainability and transformation footprint plans
- Proposed 2 year tariff arrangements
- Pay awards – removal of 1% pay cap
- Planning timetables – Trust v STP

INNOVATION

- New workforce models and strategic partnerships designed to address resilience issues internally and support the wider health economy
- Using IT as a platform to support innovative solutions and new ways of working

COMPETITION

- Spoke-site activity repatriation
- New entrants into existing market
- Ability to capture new activity streams
- Strategic alliances \ franchise, chains and networks

RESILIENCE

- Small teams that lack capacity, agility, technical and back-up support.
- Systems and processes that cannot support real-time decision making.
- Aging, deteriorating estate
- Limited resources to invest

Controls / Assurances

- Performance Management regime in place
- Standing Financial Instructions revised and ratified
- Contract monitoring process
- Performance reports to the Trust Board
- Finance & Performance Committee in place
- Audit Committee and reports
- Internal Audit Plan including main financial systems and budgetary control
- Budget Setting and Business Planning Processes (including capital programme)

Gaps in controls / assurances

- Structure, systems and process redesign and enhanced cost control
- Carter Report Review and implementation
- Costing Transformation Programme -Implementation Q4 2017/18
- Enhanced pay and establishment controls including performance against the agency cap

Report cover-page										
References										
Meeting title:	Board of Directors									
Meeting date:	1 March 2018	Agenda reference:	48-18							
Report title:	Operational Performance									
Sponsor:	Sharon Jones, Director of Operations									
Author:	Paula Smith, Deputy Director of Operations									
Appendices:	Appendix 1: Assumptions & Risks in 18RTT Recovery Plan and Development of Trajectory Appendix 2: Trajectory Performance for 18RTT and 62CWT Cancer Breaches									
Executive summary										
Purpose:	To provide assurance as to current operational performance									
Recommendation:	To note the report									
Purpose:	Approval	Y/N	Information	Y/N	Discussion	Y/N	Assurance	Y/N	Review	Y/N
Link to key strategic objectives (KSOs):	KSO1:	Y/N	KSO2:	Y/N	KSO3:	Y/N	KSO4:	Y/N	KSO5:	Y/N
	<i>Outstanding patient experience</i>		<i>World-class clinical services</i>		<i>Operational excellence</i>		<i>Financial sustainability</i>		<i>Organisational excellence</i>	
Implications										
Board assurance framework:	Controls / Assurance <ul style="list-style-type: none"> Regular access meeting reviews and forward planning activity/booking- includes Cancer; Monthly business unit performance review meetings in place with a focus on exceptions, actions and forward planning; Demand and Capacity planning ongoing; Patient tracking lists accessible by all relevant managers; Performance Dashboard in place; New management structure in MaxFax/Plastics/Theatres which aligns the surgical management; Productivity programme in place for theatres; 									
Corporate risk register:	Risks <ul style="list-style-type: none"> Not all spoke sites on QVH PAS so access to timely information can be limited plus some spoke sites have reporting issues; - 728 , 799 Shared pathways for cancer cases with late referrals from other trusts; - Directorate Risk Register (DRR); Demand and capacity modelling with benchmarking requires further development for each speciality (DRR); Late referrals for 18RTT from neighbouring trusts, two of which are in special measures and others with severe pressures (DRR) 									
Regulation:	CQC – operational performance covers all 5 domains and in particular:- <ul style="list-style-type: none"> Are they effective? Are they responsive to people's needs? Are they well-led 									
Legal:	The NHS Constitution, states that patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, (i.e. patients should wait no longer than 18 weeks from GP referral to treatment) or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'.									
Resources:	Nil above current resources									
Assurance route										
Previously considered by:	Finance and performance committee									
	Date:	18/12/2017	Decision:	Noted						
Next steps:	None									

Report to: Board of Directors
Meeting date: 26th February 2018
Reference number: 48-18
Report from: Sharon Jones, Director of Operations
Author: Paula Smith, Deputy Director of Operations
Appendices: Appendix 1: *Trajectory Performance for 18RTT and 62CWT*
 Appendix 2: *Cancer Breaches*
Report date: 19th February 2018

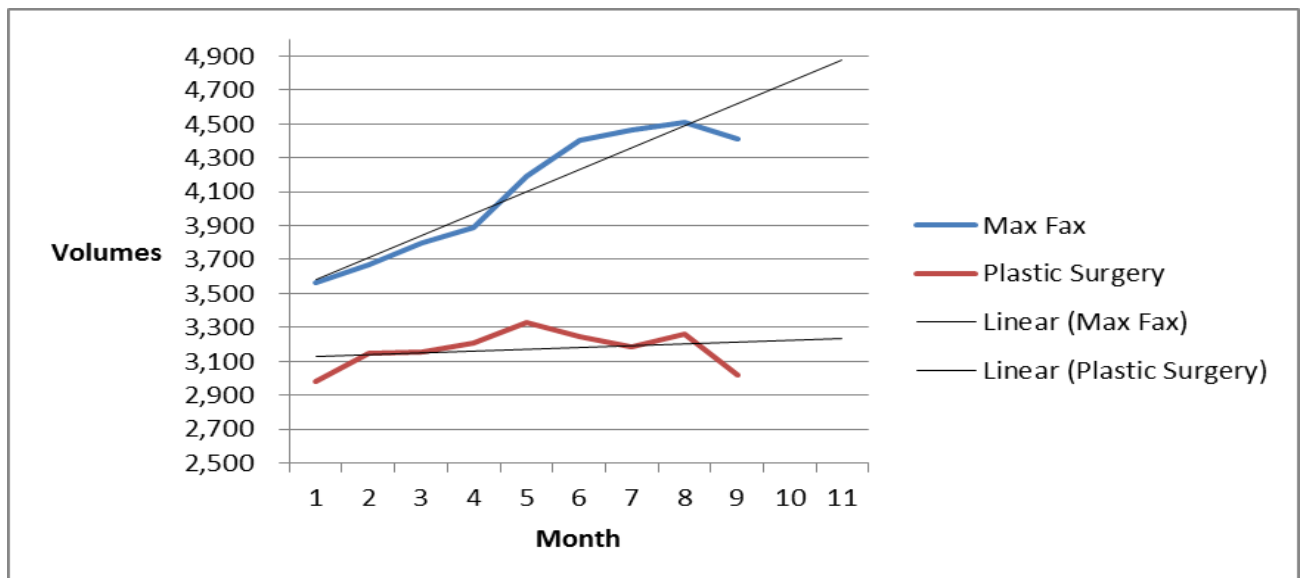
Operational Performance: Targets, Delivery and Key Performance Indicators

1. Diagnostic Waits

- There were eight diagnostic breaches in Radiology in January related primarily to off-site CT delays and eight breaches in Sleep Studies related to Christmas closure and staff sickness. The Trust therefore achieved 98.2% against the diagnostic target of 99% of patients to have their diagnostics completed within 6 weeks of referral. The trust therefore failed to meet this target in January;
- In radiology the Cardiac CT breaches were due to issues with BSUH capacity, but funding has now been approved to increase capacity and we expect improvement. Three breaches related to Paediatric MRI at BSUH have been addressed;
- The Sleep service anticipates an improvement in this position but is aware that this could be hampered by the increasing demand for diagnostics. This will be monitored.

2. Monitor 18 RTT Open Pathway Target

- Submission for January 2018 was 79.29%. This would have been a slightly higher number but there were some technical issues that impacted upon validation. The main area of underperformance is Max Fax and this is key 18 RTT risk to the trust. The actions taken to improve the plastics position are now having a positive impact. As can be seen in the graph below of the open pathway the Trust needs to focus its efforts on managing the Max Fax volumes to be able to sustainably match demand and capacity in order to deliver an improved 18RTT position;



- The trajectory is being reviewed and a model being built with colleagues in Business Intelligence that will allow improved forecasting as initiatives and issues will be able to be 'plugged in' as they occur. However due to leave, sickness, new issues arising that needed to be included a robust revised trajectory is not available at the time of writing but will be shared as soon as possible and included in the next report. The working assumptions and risks that are being included are summarised in Appendix 1.
- The main reasons for the underperformance are reduced validation resource in December & January and an under estimation of list cancellations due to workforce issues. The peri-operative workforce vacancies increased by just under 3% between Oct and Dec – from 18.77% to 21.52%. Whilst the revised pay rates over the Christmas period helped, the impact of the additional lists was diminished as they mitigated list cancellations during the week. The pay rates have been continued, however now the Christmas period is over, the take up from staff has declined. Lists continue to be cancelled on site due to the theatre nursing & OPD workforce issues e.g. 6 lists the week of 12th February. However this masks that individual specialities may lose more lists than this as lists are reallocated to ensure that cancer patients, those with a complex work up and post up care needs (such as a critical care bed) and patients already cancelled once before are not cancelled.
- There is also a short term lack of anaesthetics which has also had a negative impact. This has meant that general anaesthetic lists have been converted to local anaesthetic lists due to lack of anaesthetists (12 lists week of 19th February). Four lists were also cancelled at Medway Hospital by Medway due to the guidance issued to Trusts with an A&E over the latter part of the winter period. All of this impacts upon scheduling, cancer waiting time and 18RTT performance. It also means that the additional lists scheduled at weekends etc. do not give a performance gain and only partially mitigate the lost lists.

Summary of speciality achievement in December:-

	Over 18	Under 18	Total	Percentage
Corneo	71	1546	1617	95.6%
Max Fax	1273	3141	4414	71.2%
Plastics	673	2349	3022	77.7%
Cardiology	9	82	91	90.1%
Other - sleep	18	914	932	98.1%
Total	2049	8452	10501	80.5%

- Theatre utilisation by business unit from July 2016 to June 2017 can be seen below – this data is currently being refreshed to assess whether the actions undertaken were successful. These include an extra patient to be booked onto the Plastics & eyes lists. The other two workstreams that are being developed are the removal of staggered waiting times, a holding bay and for consultants to call for a patient from a ward when they think it is appropriate to do so, rather than automatically wait until the current patient is in recovery.

Business Unit	Available minutes	Sum of case length	Unutilised minutes	Percentage utilised
Eyes	181,170	142,327	38,843	78.56%
Oral	265,300	193,265	72,035	72.85%
Plastics	629,535	506,134	123,401	80.40%
Total	1,076,005	841,726	234,279	78.23%

- A summary of achievement against the STP trajectories for 18RTT, 52 weeks and 62 CWT are included in **Appendix 2**.
- In December the Trust reported 18 52week breaches against the trajectory of 22. 14 of these were in Max Fax and 4 in Plastics. Root Cause Analysis (RCAs) has been completed for all patients who are reviewed at a monthly clinical harm meeting chaired by the Medical Director.

3. Elective Day Cases

- The plan for day cases for 2017/18 is a weekly average of 239 patients;
- In January the weekly activity was 191; 210; 218; and 210 respectively giving a weekly average for January of 207 patients treated compared to 168 in December; 205 in November – but there were 2 shorter activity weeks. The reason for the difference in numbers patients treated per week is as in previous papers;
- Non-surgical day cases have a planned weekly average of 11 and for January this was 4; 8; 15; and 16 respectively giving a weekly average of 13; compared to 9 in December and 12 in November;

4. Elective/In Patient Activity

- The plan for elective patients treated per week for 2017/18 is 47 per week;
- In January the numbers of patients treated was 30; 44; 50; and 51 respectively giving a weekly average of 44 compared to 38 in December and 41 in November;
- Non-surgical elective activity has a plan of 31 per week and for January this was 21; 18; 27; and 20 respectively giving a weekly average of 21.5 compared to 24 in December and 30 in November;
- In January Peanut (Paediatric) ward had staffing available for 26 nights out of 31 if required for either elective or trauma patients;
- In total 18 patients were in over 12 of the staffed nights;
- 14 nights had no children in the hospital so staffing was not required;
- On 5 nights the ward was closed from 19.30 as no staff available – no adverse events or transfers recorded;

5. Medway Backlog

- The validation resource for this work has been temporarily redirected to focus on the overall 18RTT position, however with the additional posts this will be reviewed so this work can continue. The vacant post of Performance and Access Manager has been successfully recruited to and so this will add to the ability to undertake this work.

6. Cancelled Operations

- There were 11 non-urgent operations cancelled on the day in January (compared to 14 in December);
- There were 7 plastics patients cancelled – 3 due to no nursing staff in theatres on the day due to sickness; 3 due to trauma cases taking priority; and 1 due to incorrect booking to DSU;
- There were 2 trauma patients cancelled on the day due to more urgent cases;
- There was 1 Max Fax patient cancelled due to no critical care nursing staff;
- There was 1 corneo patient cancelled – due to lack of time with other cases taking longer than expected;
- 1 of the patients cancelled on the day was an urgent patient – the operation was rescheduled within 20 days;

7. Monitor Cancer Standards

- Below is the Trusts performance for December 2017. The breach report is attached as appendix

Month	Target	Standard	Total	Breaches	Performance
December	2WW GP referral to first seen (urg. susp. cancer)	93%	223	4	98.2%
December	31 day Decision to first treatment	96%	57	3	94.7%
December	31 day Decision to subseq treatment (surgery)	94%	36	2	94.4%
December	62 day GP referral to first treatment	85%	18.5	6.5	64.9%

8. Actions within Cancer

- These continue as highlighted in previous reports;
- The main issues in 31day achievement relate to the number of patients being referred for Sentinel Lymph Node Surgery and the capacity to treat within the time due to late referrals to the trust;
- NHSI undertook a critical friend visit to the Trust on 8th December and 24th January to review both skin and breast pathways and the PTL meeting to see if they can offer any advice or guidance to the trust on how to manage our pathways. An action plan is being developed. The post of cancer data manager has now been successfully recruited to after a significant vacancy gap which meant that prior to the successful recruitment, 5 people (mainly interims) had been in this post in a 30 month period.

9. Business Unit Specific Operational and Performance Issues

- Business unit specific updates covering issues not already mentioned are given below;

10. Max Fax/Oral Surgery Business Unit

- The key focus point for Max Fax/Oral Surgery Business Unit is to improve the current RTT18 performance against the open pathway target of 92%. As part of this the business unit is exploring ways to increase activity including use of Queen Mary's at Sidcup for day cases. This site is more accessible for West Kent patients than traveling to QVH. Following a recent meeting with the Trust, it is unlikely that this will be a feasible option until later in the year;
- Additional Saturday theatre lists have been scheduled until the end of March 2018, however these are reliant on the availability of the workforce;
- The outsourcing plan is as in appendix 1;
- The service continues to face a period of challenge relating to staffing and the training of senior registrars, until April 2018 the number of senior registrars within the business unit has reduced from five to three;
- They unit has gained approval to appoint two locum consultants. This recruitment process in place alongside successful in recruitment of speciality dentists.

11. Plastics Business Unit

- The outsourcing of the routine hands work to the McIndoe continues and will be increased with the addition of routine breast patients – circa 15 per month & is due to commence in April;

12. Ophthalmology Business unit

- The business unit lost 6 lists this month due to lack of staffing in theatre and were unable to run their Saturday lists for the same reason. This impacts upon 18RTT and the trajectory;

- The business unit need to increase OPD space to support activity as the present space does not have the capacity to treat the number of referrals and accommodate safely 5 consultants and 6 fellows. A business case is being prepared to support additional accommodation

13. Sleep Services

- The business unit continue to deliver activity above plan this year and are delivering the 18RTT target;
- The sleep department remain challenged with regard to staffing. Additional staff has supported the unit to achieve the activity for day cases and OPD which will ensure all available beds are filled and patients are treated in a timely manner. Three substantive appointment have been made and staff have started;
- Space is an issue particularly at Bognor memorial hospital due to the success of this new site which has seen increasing volumes of activity. The business unit have identified and agreed space at Arundel. The sleep centre will deliver clinics weekly at this site once they are fully established and have given notice to Bognor;
- Referrals for the sleep centre are going up significantly from 60 referrals a month to 100;
- The service has gained funding for a clinical fellow for sleep which will enable the treatment of additional patients & contribute towards workforce resilience;

14. Clinical Support Services

- QVH continues to work with the Healthy East Grinstead Partnership (a rapid test site for Primary Care Home) and in particular continues to develop MSK self-referral and other smaller projects to improve primary care capacity locally. In addition the new Respiratory service has started and an urgent on the day solution for primary care capacity, linked to our MIU started successfully in November 2017. This is delivering 6 sessions a week of GP capacity at present rising to 10 sessions a week in due course.
- Issues with Rheumatology provision in East Sussex has led to a significant increase in Rheumatology referrals from this area and a rise in waiting times. QVH is liaising with Sussex MSK Partnership East to discuss and working towards increasing capacity, and has recruited a GP with special interest to work alongside our consultant Rheumatologist, starting 20th Feb 2018.

15. MIU

- The Trust MIU performance for the weeks in January was 100%; 99.6%; 100% and 100% respectively giving a weekly average of 99.9%;
- Activity through the MIU was 161; 260; 187; and 163 in January – giving a weekly average of 193 patients compared to 200 patients in December;

16. Recommendation

The Committee is recommended to **note** the contents of the report.

Appendix 1 – Assumptions and Risks in 18RTT Recovery Plan & Associated Trajectory Development

Action	Expected Impact	Additional Comments
Funding gained for substantive additional validators	<ul style="list-style-type: none"> Increases validation resource from 2.44wte to 5.44wte; Increases capacity to validate in a timely manner; Improves governance as managers no longer required to validate; Builds in sustainability as validation undertaken in working hours rather than out of hours; Builds in a consistent approach 	<ul style="list-style-type: none"> Whilst recruitment is being undertaken, 2 interims have been recruited and commenced on February 19th; New Business Manager for Access & Spoke sites commenced on February 1st; Cancer data manager post now filled – this has been a difficult to fill post which had 5 people in it in the past 30 months – 4 were interims covering after the substantive post holder left; Performance & Access Manager joins the trust on March 12th, post has been vacant for 18 months – and was jointly covered by those covering the cancer data manager post
Max Fax – Rejection of Tier one & two dental referrals has also commenced as has paper referrals	<ul style="list-style-type: none"> Impact will not be felt until June/July as honouring those referrals already in the system; Currently calculating the anticipated impact as some of these referrals may come in as Tier 3 so will be rejected at 1st OPA rather than at referral 	
Max Fax – Outsourcing work to McIndoe	<ul style="list-style-type: none"> Maximum of 34 cases per week with a mix of up to four GA/LA/Sedation sessions per week, 5 to 6 patients per list depending on complexity; Two MOS session per week treating up to seven patients per session 	<ul style="list-style-type: none"> Awaiting confirmation of available lists
Plastics – Continued Outsourcing work to McIndoe	<ul style="list-style-type: none"> 30 additional hand patients scheduled; Circa 15 routine breast patients to be included from April; 	<ul style="list-style-type: none"> Confirming Breast nos
Max Fax – Using QMS site	<ul style="list-style-type: none"> Potential to use this site from April onwards for OP, procedures and day cases 	<ul style="list-style-type: none"> Awaiting further information from DVH; Plan on a page to be submitted by business unit
Max Fax – scoping of Insourcing		<ul style="list-style-type: none"> In discussions with a company who can 'insource' and provide the clinical team and use our theatres at the weekend; They can provide the entire team, consultant only, anaesthetist and nurses or just nurses; Have been used by other trusts such as the Royal Free; Trust needs to take a view as to whether this is a

Action	Expected Impact	Additional Comments
<p>Recruitment and Retention - Nursing</p> <ul style="list-style-type: none"> • Recruitment and Retention – Anaesthetists; • Currently there are four vacancies of which one is filled and in post, the other three have been recruited to but will not start until March and April 	<ul style="list-style-type: none"> • No additional impact has been included from the recruitment and retention initiatives; • Any impact from the Pegasus campaign will not be felt until June/July and so a view will be taken at that point as to whether this offers an opportunity to increase capacity and review the trajectory • Neutral – will prevent lists being cancelled or changing to LA; • At the time of writing (w/c Feb 19th) the weeks activity has 4 lists converted to LAs plus 4 more with no cover at present 	<p>palatable option, however significant additional capacity is required to manage the Max Fax demand</p> <ul style="list-style-type: none"> • Peri- operative vacancies have increased in the past three months from 18.77% (Oct), 19.91% (Nov) and 21.52% (Dec) leading to an increased number of list cancellations and so this will be factored into the trajectory. It is hoped that the Jan position shows a steadying of this trend as at present it is having a detrimental impact upon the recovery and trajectory

Appendix 2 – Original Trajectory & as in Contract for 18RTT and 62CWT

RTT 18	Open Pathways												
	Baseline	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Trajectory	92.90%	91.5%	91.6%	91.7%	91.8%	91.9%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Actuals		91.6%	91.61%	90.03%	86.98%	86.81%	84.41%	83.50%	83.0%	80.5%	70.29%		

Cancer	CWT 62 Day												
	Baseline	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
Trajectory	83.5%	83.5%	83.5%	83.5%	83.5%	83.5%	83.5%	83.5%	83.5%	83.5%	83.5%	83.5%	83.5%
Actuals		84.6%	64.0%	71.8%	84.1%	66.7%	64.4%	76.5%	85.4%	64.9%			

The trajectory submitted for 52weeks

Month	Trajectory
November 2017	26
December 2017	22
January 2018	16
February 2018	11
March 2018	8
April 2018	0

The revised trajectory submitted for 18weeks RTT

Month	Trajectory	Performance
November 2017	84.0%	83.0%
December 2017	84.5%	80.5%
January 2018	85.0%	79.29%
February 2018	86.0%	
March 2018	87.0%	
April 2018	87.0%	
May 2018	88.0%	
June 2018	88.5%	
July 2018	89.0%	
August 2018	90.0%	
September 2018	90.0%	
October 2018	90.0%	

62 Day Cancer Breach Analysis

Shadow Reporting will commence once Cancer Data Manager has completed induction

Reporting Month	Tumour Type	First seen Trust	Wait Days	Breach reason	Breach Allocation
Dec-17	Head & Neck	Queen Victoria Hospital NHS Foundation Trust	75	Complex pathway	1
	Head & Neck	Queen Victoria Hospital NHS Foundation Trust	66	Patient did not attend appointment	1
	Head & Neck	Surrey And Sussex Healthcare NHS Trust	68	Referral received Day 55	0.5
	Other	Maidstone & Tunbridge Wells NHS Trust	88	Complex diagnosis	0.5
	Skin	East Sussex Healthcare NHS Trust	75	Referred on day 61	0.5
	Skin	East Sussex Healthcare NHS Trust	76	Referred on day 39	0.5
	Skin	East Sussex Healthcare NHS Trust	70	Referred on day 43	0.5
	Skin	Queen Victoria Hospital NHS Foundation Trust	93	Delay in histological diagnosis as a supplementary report required.	1
	Skin	Medway NHS Foundation Trust	105	Admin delay – being investigated	0.5
	Skin	Medway NHS Foundation Trust	71	Referred on Day 29	0.5

Report cover-page										
References										
Meeting title:	Board of Directors									
Meeting date:	01/03/2018	Agenda reference:		49-18						
Report title:	Finance Report M10 January 2018									
Sponsor:	Michelle Miles, Director of Finance									
Author:	Jason McIntyre, Deputy Director of Finance									
Appendices:	Finance Report M10 January 2018									
Executive summary										
Purpose:	<p>To provide an overview of the financial performance of the Trust.</p> <p>The Trust delivered a deficit of £72k in month; £258k below plan. The YTD surplus has decreased to £1,261k; £235k adverse to plan.</p>									
Recommendation:										
Purpose:	Approval	Y/N	Information	Y	Discussion	Y	Assurance	Y	Review	Y/N
Link to key strategic objectives (KSOs):	KSO1:	Y/N	KSO2:	Y/N	KSO3:	Y	KSO4:	Y	KSO5:	Y
	<i>Outstanding patient experience</i>		<i>World-class clinical services</i>		<i>Operational excellence</i>		<i>Financial sustainability</i>		<i>Organisational excellence</i>	
Implications										
Board assurance framework:	See latest BAF update.									
Corporate risk register:	See latest CRR.									
Regulation:	The Finance Use of Resources rating is 2.									
Legal:	None.									
Resources:	None.									
Assurance route										
Previously considered by:	Finance and Performance Committee									
	Date:	26.02.18	Decision:	N/A						
Previously considered by:										
	Date:	dd/mm/yy	Decision:							
Next steps:	N/A									

Finance Report January 2017

Executive Director: Michelle Miles



3. Summary Position
4. Surplus Trend Position
5. Activity Performance by POD
6. Financial Position by Business Unit
7. Cost Improvement & Productivity Programme
8. Balance Sheet
9. Capital
10. Debtors
11. Cash
12. Creditors
13. Appendices
14. Appendix 1: Single Oversight Framework Finance and use of resources score - QVH Calculation
15. Appendix 2: Agency ceiling & Analysis
16. Appendix 3: Activity trend
17. Appendix 4: Forecast

Summary Position – YTD M10 2017/18

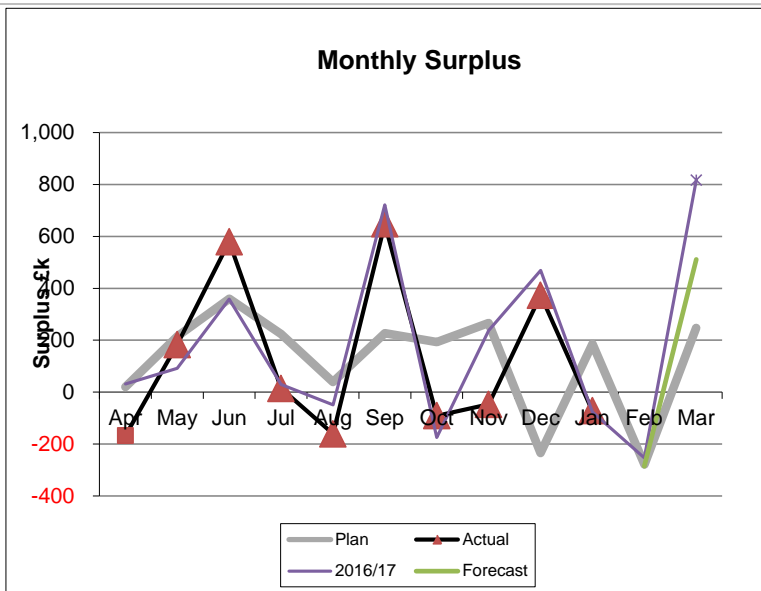
Table 1 – Financial Performance

Financial Performance	2017-18	January 2018			Year to Date 2017-18		
	Annual Plan £k	Actual £k	Budget £k	Variance (Favourable/ Adverse)	Actual £k	Budget £k	Variance (Favourable/ Adverse)
Patient Activity Income	66,056	5,389	5,664	(275)	53,825	55,140	(1,315)
Other Income	3,706	429	246	183	3,337	3,233	105
Total Income	69,762	5,818	5,910	(92)	57,162	58,372	(1,210)
Pay	(44,537)	(3,794)	(3,711)	(83)	(36,513)	(37,114)	602
Non Pay	(19,271)	(1,750)	(1,639)	(112)	(15,886)	(16,021)	135
Financing	(4,489)	(345)	(374)	29	(3,503)	(3,741)	238
Total Expenditure	(68,297)	(5,890)	(5,724)	(165)	(55,901)	(56,876)	975
Surplus / (Deficit)	1,465	(72)	186	(258)	1,261	1,496	(235)
Surplus (Deficit) %	2.10%	-1.23%	3.15%	-4.38%	2.21%	2.56%	-0.36%
Adjust for Donated Depn.	(251)	(19)	(21)	(2)	(192)	(210)	(18)
NHSI Contol Total	1,716	(52)	207	(259)	1,452	1,706	(254)

Summary - Plan Performance

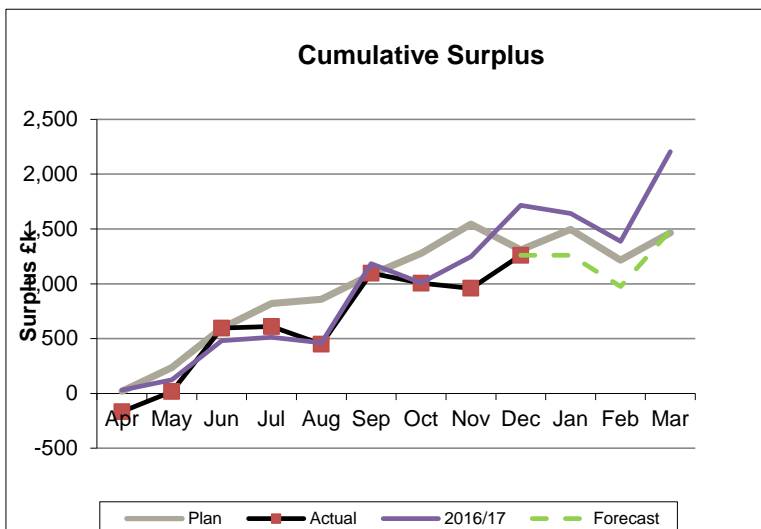
- The Trust delivered a deficit of £72k in month; £258k below plan. The YTD surplus has decreased to £1,261k; £235k adverse to plan.
- The main driver of the YTD position is the under-recovery of income of £1,210k which was offset by expenditure underspends.
- Income has under-performed in month by £92k. The key drivers are:-
 - Clinical income was below plan by £275k in month 10. This includes a re-classification transfer of £110k to Other Income relating to the West Kent Dermatology. The main areas of underperformance YTD remain in planned care for plastics and eyes service lines.
 - Sustainability and Transformation funding of £110k in month has not been assumed as the control total has not been met for the month. The YTD position includes Q1-3 of STF income £611k.
 - CQUIN risk £83k and a provision for activity challenges of £40k have been included into the year to date position.
 - Other income has over recovered in month due to re-classifying £110k income from patient activities and clinical excellence award income of £77k. PGME income is below plan by £80k in month (£240k Q4). This is under query with Health Education England.
- Pay expenditure is overspent by £83k in month decreasing the YTD underspend to £602k. The in month adverse position is due to the payment of clinical excellence awards which is offset by income. Agency usage at £205k in month is higher than trend due to increased Nursing Agency relating to sickness on Canadian Wing and Doctors in Training therefore the NHSI Agency Target has been breached.
- Non pay is overspent by £83k in month due to clinical supplies. The YTD position is underspent by £373k and the key drivers include overspends on clinical supplies (£524k) being offset by reserves and prior year VAT benefit of £377k and Rent and Rates underspend of £94k.
- Financing is underspent in month by £29k (£238k YTD) due to depreciation.
- The Finance Use of Resources rating is 2.
- The Trust is forecasting to achieve plan by the end of the year. However there are risks to full year delivery in the final two months of the year; particularly in relation to PGME income, RTT, capacity and the staffing.

Surplus Trend Position – M10 2017/18



Summary

- There is a £72k deficit in month against a planned surplus of £186k. The YTD surplus is £1,261k which is behind plan by £235k.
- The monthly financial profile reflects the impact of working days, seasonal variation, bank and school holidays.
- The graph reflects the surplus and not the control total; excluding the impact of donated depreciation.



Activity Performance by POD : M10 2017/18

Table 1 - Performance by POD

Activity Performance		PY Average Activity	Month 10 (January)			Month 10 (January)			Year to date			Year to date		
POD	Currency		Plan Acty	Act Acty	Acty Var	Plan Ek	Actual Ek	Var Ek	Plan Acty	Act Acty	Acty Var	Plan Ek	Actual Ek	Var Ek
Minor injuries	Attendances	909	924	797	(127)	68	59	(9)	9,116	9,344	228	673	690	17
Elective (Daycase)	Spells	1,038	1,113	1,124	11	1,240	1,298	59	10,877	10,379	(498)	12,056	11,602	(454)
Elective	Spells	324	343	277	(66)	810	725	(85)	3,382	3,210	(172)	7,946	7,605	(341)
Non Elective	Spells	447	457	418	(39)	1,171	1,064	(107)	4,515	4,625	110	11,558	11,258	(301)
XS bed days	Days	75	118	33	(85)	33	9	(23)	1,165	524	(641)	322	147	(175)
Critical Care	Days	52	61	81	20	79	137	58	603	783	180	777	899	121
Outpatients - First Attendance	Attendances	3,761	3,902	3,985	83	548	554	6	38,473	37,615	(858)	5,399	5,170	(229)
Outpatients - Follow up	Attendances	10,415	10,630	10,600	(30)	765	810	45	104,773	103,397	(1,376)	7,541	7,702	161
Outpatient - procedures	Attendances	2,147	2,382	2,031	(351)	321	266	(55)	23,512	23,955	443	3,166	3,199	33
Other	Other	3,370	2,645	4,066	1,421	472	420	(52)	26,107	37,903	11,796	4,624	4,529	(95)
Work in progress and coding adjustment						159	46	(113)				1,077	1,025	(53)
						5,664	5,389	(275)				55,140	53,825	(1,315)

Summary

- **Minor injuries** attendances are 127 and £9k lower than plan. YTD activity is 228 attendances and £17k above plan.
- **Daycase** activity in month is 11 spells and £59k above plan with over-performance in Skin £118k being offset underperformance in Hands £51k. YTD activity is 498 spells and £454k under plan with Hand Surgery £501k and Corneo Plastics £359k below plan. This has been partially offset by above plan performance within Skin which has generated an additional £619k above their planned income target year to date.
- **Elective** activity in the month is 66 spells below plan and under delivered income by £85k - YTD activity is 172 spells and £341k under plan largely within Plastics (Hand Surgery) (£223k) and Breast Surgery (£205k).

Table 2 - Performance by Service Line

Activity Financial Performance	Month 10 (January)			Year to date		
	Plan Ek	Actual Ek	Var Ek	Plan Ek	Actual Ek	Var Ek
Perioperative	79	137	58	777	899	122
Clinical Support	532	685	152	5,216	6,267	1,051
Eyes	603	562	(41)	5,753	5,347	(406)
Oral	1,146	1,158	12	11,309	11,457	148
Plastics	2,803	2,432	(371)	27,632	24,939	(2,694)
Sleep	342	369	27	3,376	3,891	516
Other including WIP/ coding	159	46	(113)	1,077	1,025	70
Grand Total	5,664	5,389	(275)	55,140	53,825	(1,315)

NB

* Other clinical income has been added to analysis (i.e. STF, RTA, Private patients) to reconcile to total Clinical Income.

** Further activity trend analysis is included at Appendix 3.

*** Total in month and YTD service line performance does not reconcile to activity income analysis by business unit page 6 as non SLAM activity income has not been disaggregated to business unit.

- **Non-elective activity** has under performed by 39 spells and £107k in month. The YTD position reports an over-performance of 110 spells and £301k underperformance with over-performance in Oral being offset by an underperformance in Burns. There is an overperformance on Oral due to BSUH transfer activity - which is being offset by underperformance within Plastics (Burns/ Hands). The miscoding issue with Trauma Clinic activity being incorrectly coded to MIU remains within the activity data however has been manually adjusted for in the accounts to reflect the true business unit positions, £931k of activity has been reattributed to Plastics & Oral.
- **Critical care** days have over-performed by 20 days in month and £58k. The YTD position is an achievement of plan however there is the WIP accrual for critical care long stayers who have yet to be discharged to be applied, which will further improve the position.
- **Outpatient** attendances (FA/FUs) are 53 attendances and £52k higher than plan in month and £68k below plan YTD. Outpatient procedures are £55k under plan in month and £33k over YTD.
- **Overall** - The YTD under performance is largely driven by planned activity (Elective & Daycase) within the Plastics (Breast & Hands) and Eyes service lines which is being offset by overperformance within Clinical Support and Sleep. The two key concerns are the underperformance within plastics partly due to medical sickness and the deteriorating position within Eyes which has been addressed by weekend working.

Actions

- **Plastics and Maxillofacial** are undertaking additional Saturday lists.
- **Eyes services** to increase income by undertaking a second Femto laser list.

Financial Position by Business Unit – M10 2017/18

Summary

Activity Income: The main pressure is within Plastics (adverse £214k in month and £1,700k YTD) and Eyes (adverse £28k in month and £426k YTD) Both have seen a challenging year suffering from key staff sicknesses. (Further details can be found on the activity performance slide)
The adverse performance has been partially mitigated by Sleep and Oral. Perioperative services have also contributed well, in particular ITU seeing a favourable in month performance. £110k of STF funding has not been recognised as the control total has not been met.

Other income: Clinical support, although showing improvement in month (£14k favourable in month and £87k adverse YTD) has seen YTD pressures due to cessation of national CEA . This has been mitigated with positive income generation from Operational Nursing within Staff accommodation and Paediatric services. CC’s Histopathology and Orals Maxillofacial business units received in month YTD funding for CEA awards (£77k) offset within pay.
Non Clinical infrastructure is £157k YTD favourable due to over performance in Patient transport Income, which mitigates the non-pay pressure.

Pay: The key drivers for underspend are:-

- HCAs (£35k in mth £308k YTD) partially mitigated the overspend on medical staffing. This underspend will reduce in future months with the recruitment to the posts in the theatres business case.
- Nursing (£42k in month and £497k YTD) this is mainly due to the vacancies being carried within Theatres, Critical Care and Paediatrics; these are recognised hard to recruit to areas and work is underway to address this.
- AHPs/Healthcare scientists (£61k underspent in month £593k YTD). This is within clinical support services due to vacant posts primarily within therapies and histopathology.
- Admin is £50k below plan in month against £485k YTD underspend. The YTD underspends are mainly attributable to vacancies within corporate areas.
- This partially offset the overall agency variance of £183k in month and £1,360k YTD.

Variance by type: in £ks	Activity Income		Other Income		Pay		Non Pay		Position	for January 2018			Total Year To Date		
	CMV	YTDV	CMV	YTDV	CMV	YTDV	CMV	YTDV		Annual	Actual	Budget	Variance	Actual	Budget
performance against financial plan															
Operations															
1.1 Plastics	(214)	(1,700)	53	12	(31)	99	3	28	(24,006)	(1,862)	(2,051)	(189)	(18,546)	(20,107)	(1,562)
1.2 Oral	36	210	20	33	(31)	51	(109)	(257)	(6,192)	(450)	(535)	(85)	(5,243)	(5,206)	36
1.3 Eyes	(28)	(426)	6	(2)	6	63	5	22	(3,732)	(326)	(337)	(12)	(2,756)	(3,099)	(343)
1.4 Sleep	6	556	(0)	0	(21)	(205)	4	(137)	(1,887)	(152)	(163)	(11)	(1,800)	(1,586)	214
1.5 Clinical Support	(23)	10	14	(87)	24	442	4	(77)	2,167	152	171	19	1,495	1,783	288
1.6 Perioperative	93	117	(11)	22	(32)	(105)	(76)	(598)	11,459	980	954	(27)	10,109	9,546	(563)
1.7 Operational Nursing	2	6	6	65	(8)	123	(35)	(63)	3,662	339	305	(34)	2,921	3,051	130
Operations Total	(128)	(1,228)	88	44	(93)	467	(205)	(1,082)	(18,529)	(1,318)	(1,656)	(338)	(13,820)	(15,619)	(1,799)
Nursing & Clinical Infrastructure															
2.1 Clinical Infrastructure	(0)	(0)	(0)	(0)	5	(56)	(4)	(31)	990	82	83	0	913	825	(88)
2.5 Director Of Nursing	-	-	(13)	(128)	(2)	(68)	18	228	2,819	231	234	3	2,320	2,351	31
Nursing & Clinical Infrastructure	(0)	(0)	(13)	(128)	2	(124)	14	196	3,809	313	316	3	3,233	3,177	(56)
Corporate Departments															
3.1 Non Clinical Infrastructure	(13)	(130)	11	157	(21)	(58)	(6)	(67)	4,123	373	343	(30)	3,534	3,435	(98)
3.2 Commerce & Finance	-	1	(1)	4	2	(42)	1	(9)	2,631	216	218	2	2,242	2,195	(46)
3.4 Finance Other	(133)	42	107	(37)	42	423	130	1,421	3,876	226	371	145	1,283	3,132	1,849
4.1 Human Resources	-	-	(11)	47	4	18	(12)	(97)	892	93	74	(19)	775	743	(32)
5.4 Corporate	-	-	3	18	(19)	(82)	(4)	11	1,734	168	147	(21)	1,493	1,440	(53)
Corporate Total	(147)	(87)	108	190	8	259	109	1,258	13,255	1,076	1,154	78	9,326	10,946	1,620
QVH Total	(275)	(1,315)	183	105	(83)	602	(83)	373	(1,465)	72	(186)	(258)	(1,261)	(1,496)	(235)

Non Pay expenditure: In month there has been an overspend in Oral (£109k adverse in month and £257k YTD), predominantly driven by clinical supplies and prior months additional activity at spoke sites, to manage Maxillofacial implant and prosthesis pressures.

Table 1 – CIPP Performance YTD

Business Unit	Month 10 Plan	Month 10 Actual	Month 10 Variance	YTD CIPP Plans	YTD Delivery	Performance Against Target
Clinical Infrastructure	3	-	(3)	28	5	(23)
Clinical Support Services	36	57	21	333	570	237
Corporate	50	41	(10)	480	422	(57)
Eyes	23	56	32	238	177	(61)
Non Clinical Infrastructure	12	11	(1)	117	115	(2)
Oral	49	44	(6)	439	418	(21)
Plastics	75	61	(14)	675	477	(198)
Sleep	7	2	(4)	59	285	227
Operational Nursing	38	14	(24)	218	162	(56)
Director of Nursing	4	1	(4)	43	4	(39)
Peri-op	3	-	(3)	23	14	(9)
Grand Total	301	286	(15)	2,651	2,651	(0)

Table 2 – CIPP Forecast

Business Unit	CIPP target	Forecast Delivery	Performance Against Target
Clinical Infrastructure	(33)	(8)	(25)
Clinical Support Services	(409)	(724)	315
Corporate	(580)	(464)	(116)
Eyes	(283)	(229)	(53)
Non Clinical Infrastructure	(140)	(140)	-
Oral	(537)	(458)	(80)
Plastics	(826)	(544)	(282)
Sleep	(71)	(290)	219
Operational Nursing	(294)	(244)	(50)
Director of Nursing	(51)	(6)	(45)
Peri-op	(29)	(20)	(9)
Grand Total	(3,253)	(3,127)	(126)

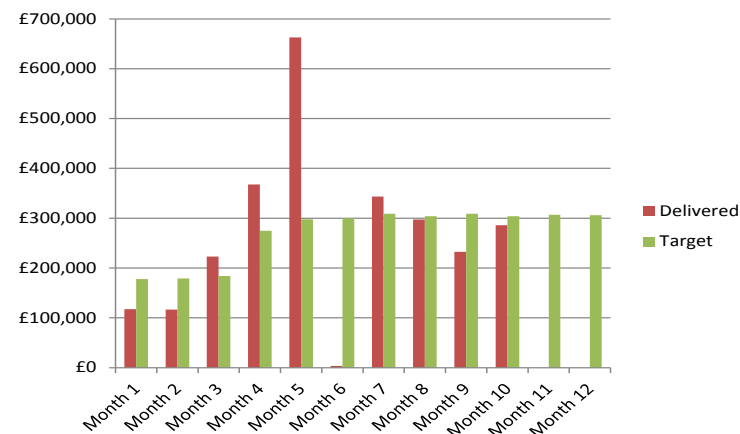
Summary

- The Trust have delivered savings of £2,651 YTD against a planned savings target of £2,651k. The YTD delivery represents 100% of planned savings.
- The in month Eyes variance is driven by increased Glaucoma and Femto income. The key drivers of the YTD overperformance are the additional contribution generated by the increased activity delivered within Radiology (£208k) and Sleep (£219k) which are offsetting against the reduced delivery of schemes within Plastic Surgery due to the underdelivery on the MSK Hub and Delayed Breast Reconstruction income generation CIPPs, Eyes due to Femto £24k under delivery and Corneo Nurse Specialist £32k behind plan.
- The Trust are continuing to explore additional schemes to mitigate against under performance against existing schemes and in preparation for next years CIPP program.
- The Trust is forecasting delivery of £3.127m against a target of £3.252m, a shortfall of £126k. There is concerted work underway to address the issues preventing the non delivery of key CIPPs within Plastics as well as in depth work being carried out to identify savings within theatres these are anticipated to bridge the forecast gap.

Actions

- An in depth theatre review has been undertaken looking into the utilisation and booking of theatre lists. This has been shared with Business Units for action with has resulted in additional cases being included in some plastics lists and moving to 6 cataracts per list in Eyes in line with GIRFT guidance.
- Additional Saturday lists being undertaken in Maxillofacial and Plastics.

CIPP Performance 17/18



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Delivered	£117,380	£116,535	£223,214	£367,686	£662,907	£3,638	£343,591	£297,474	£232,553	£286,107	£0	£0
Target	£178,000	£179,000	£184,000	£275,000	£298,000	£300,000	£309,000	£304,000	£309,000	£304,000	£307,000	£306,000

* NHSI Reported Phasing

Balance Sheet – M10 2017/18

Balance Sheet as at the end of January 2018	2016/17 Outturn £000s	Current Month £000s	Previous Month £000s
Non-Current Assets			
Fixed Assets	44,279	43,569	43,752
Other Receivables	-	-	-
Sub Total Non-Current Assets	44,279	43,569	43,752
Current Assets			
Inventories	429	439	442
Trade and Other Receivables	7,068	8,419	8,206
Cash and Cash Equivalents	7,784	8,367	8,060
Current Liabilities	(7,413)	(8,166)	(7,758)
Sub Total Net Current Assets	7,868	9,060	8,949
Total Assets less Current Liabilities	52,147	52,629	52,701
Non-Current Liabilities			
Provisions for Liabilities and Charges	(684)	(684)	(684)
Non-Current Liabilities >1 Year	(6,600)	(5,823)	(5,823)
Total Assets Employed	44,862	46,122	46,194
Tax Payers' Equity			
Public Dividend Capital	12,237	12,237	12,237
Retained Earnings	22,614	23,876	23,947
Revaluation Reserve	10,011	10,010	10,010
Total Tax Payers' Equity	44,862	46,122	46,194

Summary

- Net current assets have remained stable with an increase of £0.1m this month.
- Trade and other receivables have increased by £0.2m due to over-performance invoices awaiting payment.
- Cash has increased by £0.3m, reflecting the increase in creditors and lower capital spend this month.
- Current liabilities have increased by £0.4m reflecting invoices received, awaiting authorisation and the public dividend accrual.

Issues

- Sufficient cash balances need to be generated by the Trust to provide liquidity, service the capital plan and to meet future loan principal repayment obligations.

Actions

- Further details of actions taken to ensure robust cash management processes are outlined on the debtor and cash slides.

NB Analysis is subject to rounding differences

Capital – M10 2017/18

Month 10 - January 2018	Annual Plan £000s	YTD Actual £000s	YTD Plan £000s	YTD Variance £000s	Full Year Forecast £000s	Full Year Variance £000s
Estates projects						
Backlog maintenance - Roofs	179	170	179	9	173	6
Backlog maintenance - Health & Safety	226	133	188	55	351	(125)
Backlog maintenance - Cladding & Fenestration	179	38	149	111	44	135
Backlog maintenance - Energy Management	124	64	103	39	202	(78)
Backlog maintenance - Internal Accommodation	194	34	162	128	147	47
Trauma Clinic	113	98	113	15	105	8
Other projects	680	326	716	390	612	68
Estates projects	1,695	863	1,610	747	1,634	61
Medical Equipment	576	436	600	164	738	(162)
Information Management & Technology (IM&T)						
EDM	130	190	108	(82)	210	(80)
Ordercomms (IM&T Strategy)	310	48	207	159	202	108
Health & Social Care Network (IM&T Strategy)	150	32	100	68	73	77
Other projects	289	111	150	39	254	35
Information Management & Technology (IM&T)	879	381	565	184	739	140
Contingency	250	-	-	-	39	211
Contingency	250				39	211
Total	3,400	1,680	2,775	1,095	3,150	250

Summary

- The capital programme has been developed through the 2017/18 business planning process via the Capital Planning Group and with EMT and Board approval.
- The largest element of the Estates programme is backlog maintenance. The Trust is in year 2 of a 5 year programme.
- The IT programme is largely based on the IM&T Strategy. The EDM project is continuing although deployment in OFMS has taken longer than planned as a number of issues have arisen during implementation. The Evolve product is fully live in Sleep and OFMS services and is currently being deployed in Eyes; the implementation within Plastics is later than expected. The capital element of the project cost is above plan but the increase is offset in-year by savings on the deferred Health & Social Care Network.
- Capital YTD expenditure is 1,606k, £849k behind indicative plan. It is expected that spend will be in line with plan by year end.
- The full-year forecast is £3.15m which is below plan due to unused contingency.

Issues

- Achievement of the annual plan is largely dependent on projects being delivered as per project plans.

Risks

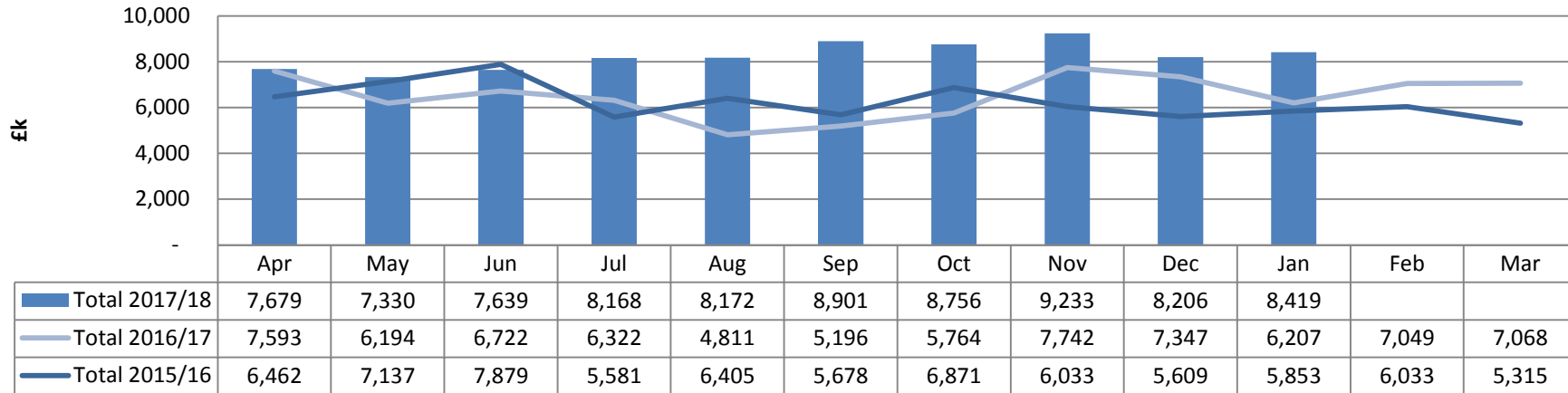
- Material delays in project delivery could put the achievement of the plan at risk.

Action

- Progress will be actively monitored by the Capital Planning Group and reported to the Finance & Performance Committee.
- Further analysis is to be undertaken to understand the revised project timeline and financial implications for the delays within EDM.

Debtors – M10 2017/18

Debtor Trend



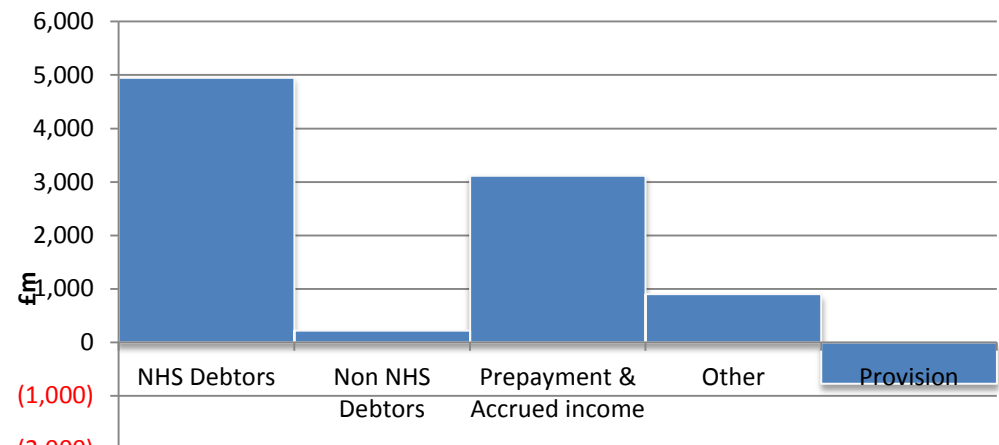
Summary

- The debtor balance increased by £0.2m (3%) from Month 9.
- The month 10 debtor balance of £8.4m is 29.5% above the average monthly balance in 2016-17. This is largely due to prior months invoices relating to over-performance which are yet to be paid.
- At Month 10 there is £1.52m of accrued income for activity over-performance and NCAs, which is a decrease of £0.01m compared to the previous month.

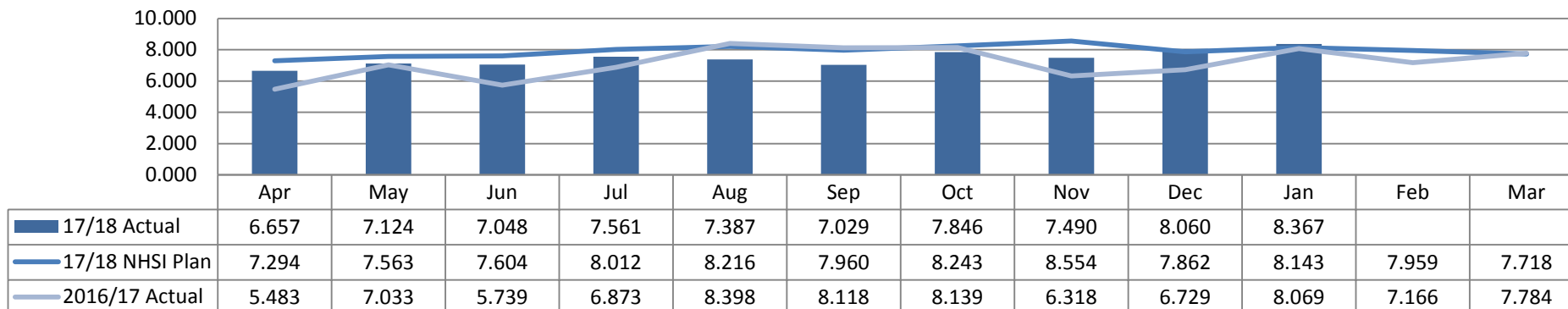
Next Steps

- Financial services continue to work with the business development team to ensure billing is accurate, timely and resolutions to queries are being actively pursued.

Debtors 2017/18



Cash Balances Summary



Cash Balance	Actual (£m)									
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Opening Balance	7.784	6.657	7.124	7.048	7.561	7.387	7.029	7.846	7.490	8.060
Receipts from invoiced income	4.620	5.989	5.579	4.692	5.624	5.060	5.681	5.440	6.110	5.482
Receipts from non-invoiced income	0.142	0.158	0.134	1.152	0.636	0.271	0.175	0.164	0.425	0.139
Total Receipts	4.763	6.147	5.714	5.844	6.260	5.331	5.857	5.604	6.535	5.621
Payments to NHS Bodies	(0.488)	(0.513)	(0.312)	(0.340)	(1.030)	(0.422)	(0.338)	(0.641)	(0.429)	(0.377)
Payments to non-NHS bodies	(2.049)	(1.715)	(1.463)	(1.492)	(1.884)	(1.097)	(1.146)	(1.751)	(1.435)	(1.378)
Net payroll payment	(1.909)	(1.968)	(1.980)	(1.966)	(2.011)	(2.008)	(2.007)	(2.048)	(2.016)	(2.013)
PAYE, NI & Levy payment	(0.886)	(0.924)	(0.970)	(0.961)	(0.950)	(0.975)	(0.969)	(0.945)	(1.003)	(0.966)
Pensions Payment	(0.557)	(0.560)	(0.572)	(0.573)	(0.558)	(0.571)	(0.580)	(0.575)	(0.595)	(0.580)
PDC Dividends Paid	0.000	0.000	(0.492)	0.000	0.000	(0.616)	0.000	0.000	(0.487)	0.000
Commercial Loan Repayment	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total Payments	(5.890)	(5.680)	(5.790)	(5.332)	(6.434)	(5.689)	(5.040)	(5.960)	(5.965)	(5.314)
Actual Closing Balance	6.657	7.124	7.048	7.561	7.387	7.029	7.846	7.490	8.060	8.367
17/18 NHSI Plan	7.294	7.563	7.604	8.012	8.216	7.960	8.243	8.554	7.862	8.143

Summary

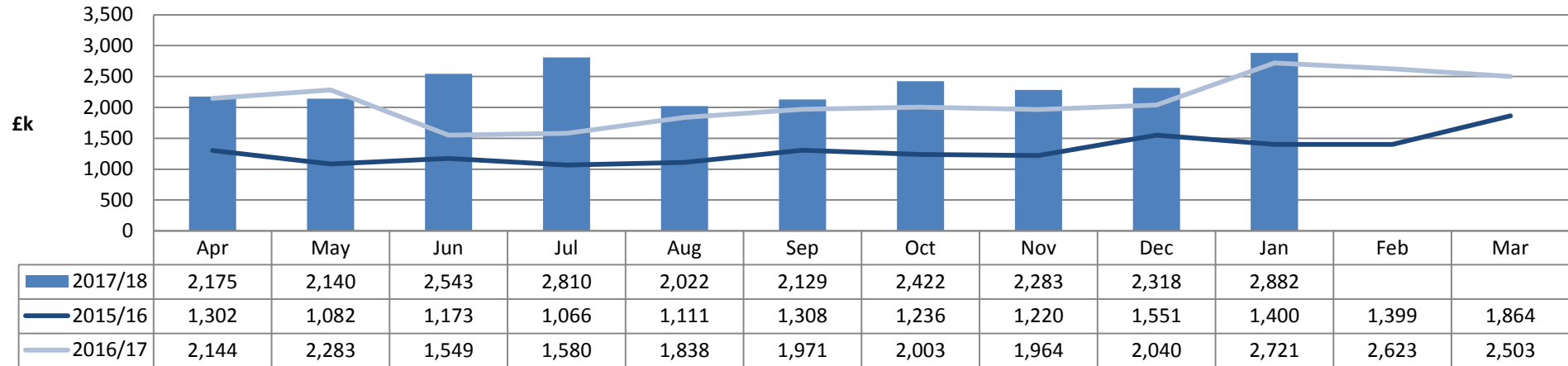
- The in month cash position is favourable on the basis of current liquidity and debt service ratios.
- The cash balance at the end of Month 10 has a favourable variance of £0.2m against the plan submitted to NHSI.
- Cash balances are forecast to remain above or in line with plan for the remainder of 2017/18.

Next Steps

- The Trust will continue to review short term cash flow on a daily basis to manage liquidity and inform decision making.
- Financial services will work with commissioners to ensure payments are made in a timely manner.

Creditors – M10 2017/18

Trade Creditors



Summary

- Trade creditors at Month 10 is £2.9m compared to an average of £2.1m during 2016-17.
- There is an increase of £0.6m in month, due to a number of invoices on the ledger awaiting authorisation.
- The Trust's BPPC percentage has decreased in month by 10% and the average days to payment decreased to 24 days. This has been due to late authorisation of invoices.
- Savings from prompt payment discounts taken in month amounted to £2k, in line with plan.

Next Steps

- Financial services are continuing to review areas where invoice authorisation is delayed in order to target and support training needs.

Better Payment Practice Code (17/18) January	2016/17 Outturn # Invs	2016/17 Outturn £k	Current Month # Invs	Current Month £k	YTD # Invs	YTD £k
Total Non-NHS trade invoices paid	18,533	22,571	1,590	1,726	16,655	17,201
Total Non NHS trade invoices paid within target	14,932	17,627	1,341	1,491	14,468	14,491
Percentage of Non-NHS trade invoices paid within target	81%	78%	84%	86%	87%	84%
Total NHS trade invoices paid	801	4,496	55	263	696	3,128
Total NHS trade invoices paid within target	504	2,879	28	143	448	1,731
Percentage of NHS trade invoices paid within target	63%	64%	51%	54%	64%	55%

Appendices

Appendix 1: Finance Score (Single Oversight Framework)

Table 1

Single Oversight Framework					
Finance Score: January 2018					
	Metrics £k	Measure	Rating	Weight	Score
Continuity of Services:					
Capital Service Cover					
Operating surplus (Adj YTD)	4,777	2.47	2	20%	0.40
Capital Servicing Obligation YTD	1,935				
Liquidity					
Working Capital	8,539	49.9	1	20%	0.20
Operating Costs (per day)	171				
Financial Efficiency:					
Control Total Margin (%)					
Adj. Surplus (deficit) YTD	1,452	2.54%	1	20%	0.20
Income year to date	57,162				
Margin Variance From Plan					
Adj. Actual surplus margin	2.54%	-0.41%	2	20%	0.40
Adj. Plan surplus margin	2.95%				
Agency Cap					
Agency Spend	1,576	7.36%	2	20%	0.40
Agency Cap	1,468				
Finance Score: January 2018			2		

Table 2

Area	Weighting	Metric	Definition	Score			
				1	2	3	4 ¹
Financial sustainability	0.2	Capital service capacity	Degree to which the provider's generated income covers its financial obligations	>2.5x	1.75-2.5x	1.25-1.75x	< 1.25x
	0.2	Liquidity (days)	Days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown	>0	(7)-0	(14)-(7)	<(14)
Financial efficiency	0.2	I&E margin	I&E surplus or deficit / total revenue	>1%	1-0%	0-(1)%	≤(1)%
Financial controls	0.2	Distance from financial plan	Year-to-date actual I&E surplus/deficit in comparison to Year-to-date plan I&E surplus/deficit	≥0%	(1)-0%	(2)-(1)%	≤(2)%
	0.2	Agency spend	Distance from provider's cap	≤0%	0%-25%	25-50%	>50%

Summary

- The use of resources score is 2, the second highest available.
- Table 2 details a definition of each of the metrics and the scoring mechanism.

Table 1 Agency Ceiling performance

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Total	YTD
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Agency Ceiling	147	147	147	147	147	147	147	147	146	147	147	150	1,766	1,469
Agency Actuals	171	58	129	171	176	189	137	177	165	205				1,577
Variance	(24)	89	18	(24)	(29)	(42)	10	(30)	(19)	(58)				(108)

Table 2 - Agency Expenditure by staff category

Staff Group	Current Month Actuals £'000	YTD Actuals £'000
AGENCY NURSING	128	936
ALLIED HEALTH PROFESSIONALS AGENCY	0	37
CAREER STAFF GRADE AGENCY	10	108
CONSULTANTS AGENCY	-	10
HEALTHCARE SCIENTISTS AGENCY	-	-
MEDICAL TRAINEE GRADE AGENCY	14	80
OTHER AGENCY	52	405
Total	205	1,577

Summary

- NHSI has allocated each NHS provider an agency cap as a mechanism to reduce agency expenditure across the provider sector. QVH has been allocated an agency cap of £1.768m for the year. The cap is monitored on a monthly basis via the monthly financial monitoring returns. The YTD agency expenditure of £1.577m is £108k more than the QVH NHSI ceiling.
- The Trust has to average £94k agency expenditure each month for the remainder of the year to meet the ceiling which is unlikely.
- Performance on the agency ceiling is one of the 5 metrics included within the Use of Resources measure in the single oversight framework.
- The year to date Agency expenditure on Clinical Operations is £1.288m and Corporate £289k. Table 2 - within the Nursing category - Theatres accounts for £679k of the total £936k.

Appendix 3: Activity Trend analysis











POD	2016-17 Activity Trend												2017-18										Trend
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	
Minor injuries	799	921	859	989	917	961	912	865	817	837	702	910	918	993	993	1,095	1,005	880	895	832	869	797	
Elective (Daycase)	973	1,019	1,061	1,076	1,009	1,004	1,056	1,064	1,030	1,029	1,059	1,136	908	1,029	1,029	1,029	1,039	1,037	1,131	1,039	980	1,124	
Elective	345	302	325	318	311	343	352	326	310	325	291	322	275	329	329	343	338	340	340	349	288	277	
Non Elective	379	445	433	497	440	473	446	440	416	381	355	447	453	502	502	541	482	413	447	417	427	418	
XS bed days	237	130	111	19	66	64	66	39	71	59	109	146	41	39	39	30	45	75	40	62	160	33	
Critical Care	58	76	47	59	89	45	66	37	43	52	58	34	28	30	30	76	52	53	55	72	84	81	
Outpatients - First Attendance	3,666	3,834	3,836	3,505	3,861	3,845	3,815	3,935	3,300	3,617	3,355	3,756	3,777	3,935	3,935	3,855	3,928	3,760	3,943	4,205	3,717	3,985	
Outpatients - Follow up	10,198	10,112	10,641	9,715	10,042	10,491	10,312	11,042	9,477	10,324	10,111	10,905	9,416	11,117	11,117	10,701	10,668	10,549	10,942	10,707	9,228	10,600	
Outpatient - procedures	2,201	2,117	1,980	1,953	2,154	2,152	2,099	2,412	2,045	2,378	1,729	2,640	2,012	2,308	2,308	2,132	1,916	1,820	2,442	2,183	1,247	2,031	
Other	2,630	2,937	3,061	2,784	3,891	3,823	3,688	3,931	3,454	3,873	3,433	4,017	3,264	3,291	3,291	2,924	2,643	3,583	3,512	3,842	3,407	4,066	
Work in progress and coding adjustment																							

Table 1 – FOT

Income and Expenditure	Annual Plan £k	M1-10 Actual £k	M11	M12	Total
Patient Activity Income	66,056	53,825	5,052	5,921	64,798
Other Income	3,706	3,337	334	356	4,027
Total Income	69,762	57,162	5,386	6,277	68,825
Pay	(44,537)	(36,513)	(3,746)	(3,738)	(43,997)
Non Pay	(19,271)	(15,886)	(1,575)	(1,677)	(19,138)
Financing	(4,489)	(3,503)	(350)	(351)	(4,204)
Total Expenditure	(68,297)	(55,901)	(5,671)	(5,766)	(67,339)
Surplus / (Deficit)	1,465	1,261	(285)	511	1,486
Adjust for Donated Depn.					(230)
Surplus / (Deficit) adj after Donated Asset Depreciation					1,716
NHSI Control Total					1,716
Variance to Control Total					(0)

Summary

The baseline forecast has been updated based on YTD M10 actual performance adjusted for non recurrent items and cost pressures. A new risk has materialised in M10 relating to reduced Q4 PGME income totalling £237k. This is under investigation Health Education England however if this not resolved successfully then the Trust would be unlikely to meet the NHSI control total. The above forecast assuming a successful resolution of this issue.

The forecast assumes the following :-

- No further deterioration of clinical income performance on M1-10 run rate
- CQUIN delivery risk and challenges are consistent with M1-10
- CIPP delivery in line with forecast
- STF funding delivery of £0.942m (assumes full delivery – YTD normalised position includes £611k actuals)
- Interventions are delivered

Report cover-page							
References							
Meeting title:	Board						
Meeting date:	01/03/2018	Agenda reference:		50-18			
Report title:	Delegation of Authority						
Sponsor:	Michelle Miles, Director of Finance						
Authors:	Michelle Miles, Director of Finance Jason McIntyre, Deputy Director of Finance Hilary Saunders, Deputy Company Secretary						
Appendices:	None						
Executive summary							
Purpose:	To gain approval for the Finance and performance committee to have delegated authority to approve the Trust's submission of its annual plan to the regulator – NHS Improvement (NHSI).						
Recommendation:	To approve recommendation.						
Purpose:	Approval	Y	Information	Discussion	Assurance	Review	
Link to key strategic objectives (KSOs):	KSO1:		KSO2:		KSO3: Y	KSO4: Y	KSO5: Y
	<i>Outstanding patient experience</i>		<i>World-class clinical services</i>		<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications							
Board assurance framework:	None						
Corporate risk register:	None						
Regulation:	The delegation of authority is required in order to comply with NHSI operating plan submission timetable.						
Legal:	None.						
Resources:	None.						
Assurance route							
Previously considered by:							
	Date:		Decision:				
Next steps:							

Report to: Board of Directors
Date: 1 March 2018
Reference no: 50-18
Report from: Michelle Miles, Director of Finance
Authors: Jason McIntyre, Deputy Director of Finance
Michelle Miles, Director of Finance and
Hilary Saunders, Deputy Company Secretary
Date of report: 21st February 2018

Delegation of Authority

1. Introduction

1.1. The purpose of this report is to gain approval for the Finance and performance committee to have delegated authority to approve the Trust's submission of its annual plan to the regulator – NHS Improvement (NHSI).

2. Executive summary

2.1. The Board is required to approve the annual budget prior to the beginning of the financial year and before final submission to NHSI. However due to the late release of regulator planning guidance the final board approved operating plan is due by the end of April.

2.2. Given that the Board will not be meeting formally in April, and that the Finance and performance committee is best placed to receive and review this plan, it is proposed that the Committee has delegated authority to approve the annual plan on the Board's behalf.

3. Conclusion

3.1. The Trust is required to submit its annual plan by 30th April. This is normally required to be approved by the Trust Board. As the Board does not meet formally in April, alternative approval arrangements are required. The most appropriate route is for the plan to be approved by the Finance and performance committee.

4. Recommendation

4.1. The Board is recommended to delegate to the Finance and performance committee the responsibility for approving the Trust's annual plan prior to submission to NHSI.

4.2. As in previous years, all members of the Board should be invited to attend the Finance and performance committee meeting on Monday 23rd April to participate in discussions if they wish.

KSO5 – Organisational Excellence

Risk Owner: Director of Workforce & OD
 Committee: Trust Board
 Date: 14 December 2017

Strategic Objective

We seek to maintain a well led organisation delivering safe, effective and compassionate care through an engaged and motivated workforce

Current Risk Rating 4 (C) x 4 (L) = 20, major risk

Residual Risk Rating 4 (C) x 4 (L) = 16, major risk

Rationale for current score

- Capacity planning & workforce modelling
- Additional corporate restructuring
- managers skill set in workforce/activity/financial planning
- unknown impact of STP
- Staff survey results and SFFT show staff engagement is lower than previous years
- impact of recruitment and retention in key national shortage specialties
- Impact on adequate substantive staffing resource in theatres to support productivity/meet RTT

Risk

- Staff lose confidence in the Trust as place to work due to a failure to offer: a good working environment; fairness and equality; training and development opportunities ; and a failure to act on feedback to managers and the findings of the annual staff survey.
- Insufficient focus on recruitment and retention across the Trust leading to an increase in bank and agency costs and having longer term issues for the quality of patient care

HORIZON SCANNING – MODIFIED PEST ANALYSIS

POLICY

- Consultant contract negotiations resume in 2018
- Junior doctor contract implemented Feb 2017
- CQC recommendations
- Introduction of agency caps and IR35
- Support recommendations in Freedom To Speak Up review

COMPETITION

- More private sector competition, lower cost for same quality
- Competitors becoming more agile and responsive i.e. delivering services through new job roles and responsibilities

INNOVATION

- National terms and conditions can inhibit flexibility to address local issues e.g. retention of skilled nursing staff
- Workforce systems need to become user friendly to benefit from self service and other e-solution investment

RESILIENCE

- High turnover in some nursing specialties vs lack of turnover in corporate functions
- Adapting to changes in service delivery i.e. new ways of working

Controls and Assurances

- Developing long term workforce plan (3 years) for FY17/18 and linking to business planning process – includes skills mix/safe staffing reviews
- Leadership programme launched Jan 2017 with encouraging on going high demand
- Engaged in NHS Employers workforce retention programme nationally and part of NHSI Retention Support Programme
- Increased compliance requirement to 95% for MAST and Appraisal from Jan 2017
- monthly challenge at Performance review
- Investment made in key workforce e-solutions, implementation has begun, TRAC delivered on time, E-job plan super user training taken place
- Engagement and Retention paper presented to Board Sept 2017 actions ongoing/launched March 2018
- social media campaign February

Gaps in controls and Assurances

- Current level of management competency in workforce planning
- Continuing resources to support the development of staff – optimal use of imposed apprenticeship levy budget
- Continuing attraction and retention problems in theatres , critical care and paediatrics and C Wing
- Workforce theatre productivity group ongoing
- Capacity of workforce team to support the required initiatives to address recruitment and retention challenges including pay and agency controls
- Further expertise required in use of social media as a tool
- Reconciliation required between ledger and ESR to enable full establishment control

Report cover-page

References					
Meeting title:	Board Meeting				
Meeting date:	1 st March 2018	Agenda reference:	52-18		
Report title:	Workforce Report – February 2018 (January data)				
Sponsor:	Geraldine Opreshko, Director of Workforce and OD				
Author:	David Hurrell, Deputy Director Workforce				
Appendices:	A: NHS Draft Workforce Strategy consultation				
Executive summary					
Purpose:	<p>The Workforce and OD report for February 2018 (January data) provides the Board of Directors with a breakdown of key workforce indicators and information linked to performance</p> <p>Appendix A provides the Board with an overview of the ongoing consultation into an NHS wide Workforce Strategy</p>				
Recommendation:	The Board are asked to note the report.				
Purpose:				Assurance	
Link to key strategic objectives (KSOs):	KSO1				KSO5:
	Outstanding patient experience	World-class clinical services	Operational excellence	Financial sustainability	Organisational excellence
Implications					
Board assurance framework:	Trust reputation as a good employer and ensuring there are sufficient and well trained staff to deliver high quality care				
Corporate risk register:	Recruitment and retention being addressed along with sickness absence and bank and agency usage.				
Regulation:	N/A				
Legal:	N/A				
Resources:	Managed by HR/OD with support from Finance and Operations				
Assurance route					
Previously considered by:					
	Date:		Decision:		

Human Resources & Organisational Development

Workforce Report – February 2018

Reporting Period: January 2018

1.1 Contextual Narrative

Please note the recommendations from the Safe Nursing paper were implemented October 2017 so that establishment and vacancy levels are more accurately reflected.

1.2 Current Month Picture

KPI	Narrative
Vacancies Section 2	<p>'Staff in Post' numbers show a decrease for a third consecutive month, by 4.28 WTE.</p> <p>Vacancies increased slightly for the trust but have decreased in Operational Nursing, Eyes, Oral and Sleep. In total 37.60 WTE posts advertised in January and 22.87 WTE were qualified nursing posts.</p> <p>There were 10.51 WTE starters with the trust: 0.72WTE theatre practitioner, 2.80 HCA and 6.99 WTE in various other roles throughout the trust.</p> <p>Vacancies in Theatres and C Wing go live in line with the Facebook media campaign from 20th February.</p>
Turnover Section 3	<p>A slight increase was seen in turnover from last month, from 18.62% to 18.87%. This was prompted by increases in turnover within Corporate Services, Clinical Support and Clinical Infrastructure, mitigated somewhat by a decrease in turnover in most other areas.</p> <p>Total leavers this month (13.78 WTE) were higher than starters, all business units had leavers with the exception of Plastics. The highest leavers wte was within Theatres, with a total of 2.76wte (0.76wte Band 6 registered, 2wte Band 2 HCA), followed by 2wte Band 6 Specialist Therapists and 2wte Band 1 Domestic Support staff.</p>
Temporary Staffing Section 4	<p>Bank usage across the Trust increased (from 40.4 to 58.14wte), particularly in Peri-Operative Services (from 10.09wte to 16.06wte). This increase was expected for two reasons: new pay incentives came into effect to improve fill rate and support additional weekend activities (namely the 'Super-Saturdays' initiative); and the recording of whole additional shifts worked as 'overtime' ceased, with overtime defaulting back to original definition as unplanned and minimal additional hours.</p> <p>Agency usage reached a new peak at 33.76wte, with Perioperative Services returning to previous levels around 17.19wte, Operational Nursing increasing from 6.63 to 7.87wte, and Corporate Services continuing its increasing trend from 4.47wte to 5.1wte.</p>
Sickness Section 5	<p>Sickness has decreased from 3.46% in November to 2.66% in December with a reduction in both long term and short term sickness. There were fewer long term absences compared to the previous month with the number of occasions of over 7 days sickness decreasing from 52 to 35.</p> <p>Given the anecdotal feel of sickness in December this figure does seem low and we are monitoring reporting through Healthroster, although it may be that a number of staff worked despite feeling unwell.</p>
Appraisals Section 6	<p>The January position increased slightly compared to December from 81% to 81.22%, but has largely remained unchanged since September 2017. The Director of Nursing area appraisal rate increased the most from 66.67% to 87.88%. Smaller increases were seen in Corporate, Eyes, and Perioperative, with small decreases in remaining areas.</p>
MAST Section 6	<p>The Trust MAST compliance rates have increased marginally again from 88.48% to 89.97%. Information Governance compliance rates continue to improve slowly, but are still low at 74.19%. Safeguarding Children Level 3 compliance has decreased further at 1.05%, to a new total of 75.79% compliance.</p>

1.3 KPI Summary

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2016-17			Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Workforce KPIs (RAG Rating) 2017-18			Jan-18	Compared to Previous Month
	>12%	8%<>12%	<8%																	
Establishment WTE <i>*Note 1</i>				962.72	962.72	962.72	969.76	969.76	969.76	969.76	980.46	980.46	955.65	955.65	955.65				955.65	◀▶
Staff In Post WTE				828.91	824.59	822.81	825.71	834.28	837.51	831.88	840.54	843.26	859.91	856.13	845.60				841.32	▼
Vacancies WTE				133.81	138.13	139.91	144.05	135.48	132.25	137.88	139.92	137.20	95.74	99.52	110.05				114.33	▲
Vacancies %	>12%	8%<>12%	<8%	13.90%	14.35%	14.53%	14.85%	13.97%	13.64%	14.22%	14.27%	13.99%	10.02%	10.41%	11.52%	>12%	8%<>12%	<8%	11.96%	▲
Agency WTE				26.04	25.48	26.36	16.02	15.15	17.38	25.64	28.60	28.53	28.12	30.96	26.95				33.76	▲
Bank WTE <i>*Note 2</i>				35.72	37.76	47.79	40.37	44.05	48.60	47.60	47.05	42.01	40.40	47.11	40.40				58.13	▲
Trust rolling Annual Turnover % (Excluding Trainee Doctors)	>=12%	10%<>12%	<10%	16.72%	16.55%	17.06%	17.02%	17.09%	17.92%	18.98%	18.58%	18.92%	18.22%	18.41%	18.67%	>=12%	10%<>12%	<10%	18.87%	▲
Monthly Turnover				1.43%	1.04%	1.60%	1.34%	1.08%	2.11%	2.24%	1.02%	1.74%	1.00%	1.56%	1.80%				1.75%	▼
Stability %	<70%	70%<>85%	>=85%	98.7%	99.2%	98.8%	98.7%	99.1%	98.4%	98.5%	97.64%	98.77%	98.58%	98.61%	98.90%	<70%	70%<>85%	>=85%	98.68%	▼
Sickness Absence %	>=4%	4%<>3%	<3%	3.20%	3.01%	2.43%	2.06%	2.75%	2.04%	2.06%	2.61%	3.15%	3.59%	3.46%	2.66%	>=4%	4%<>3%	<3%	3.20%	Jan trend figure
% staff appraisal compliant (Permanent & Fixed Term staff)	<70%	70%<>85%	>=85%	78.7%	82.3%	92.6%	83.3%	84.8%	83.5%	84.1%	86.27%	83.86%	81.24%	81.38%	81.00%	<80%	80%<>95%	>=95%	81.22%	▲
Statutory & Mandatory Training (Permanent & Fixed Term staff) <i>*Note 3</i>	<70%	70%<>80%	>=80%	87.0%	88.9%	89.3%	87.2%	81.6%	88.5%	89.2%	89.57%	89.94%	89.60%	88.81%	88.48%	<80%	80%<>95%	>=95%	89.97%	▲
Friends & Family Test - Treatment	Quarterly staff survey to indicate likelihood of recommending QVH to friends & family to receive care or treatment Measure Extremely likely/likely % : Extremely unlikely/unlikely %			2016-17 Quarter 2: Of 42 responses: 92.9% : 4.8%	2016-17 Quarter 4: Of 236 responses: 95.3% : 2.1%			2017-18 Quarter 1: Of 273 responses: 95.2% : 2.6%			2017-18 Quarter 2: Of 212 responses: 92% : 2.4%			National Staff Survey 2017 : 54.9%			Qtr 2 & Qtr 2 ▼ Responses ▼ Likely ▼ Unlikely			
Friends & Family Test - Work	Quarterly staff survey to indicate likelihood of recommending QVH to friends & family as a place of work Measure Extremely likely/likely % : Extremely unlikely/unlikely %			2016-17 Quarter 2: Of 42 responses: 57.1% : 32.0%	2016-17 Quarter 4: Of 236 responses: 64.0% : 18.7%			2017-18 Quarter 1: Of 273 responses: 57.5% : 24.2%			2017-18 Quarter 2: Of 212 responses: 66% : 19.8%			Qtr 2 & Qtr 2 ▼ Responses ▲ Likely ▼ Unlikely						

*Note 1 - 2017/18 Establishment not available in May data reporting period, establishment updated for April, May and June in this report. Establishment updated in August 2017 with nursing update in October 2017

*Note 2 - Bank WTE does not include extra hours worked by medical staff within establishment or overtime worked by all staff groups.

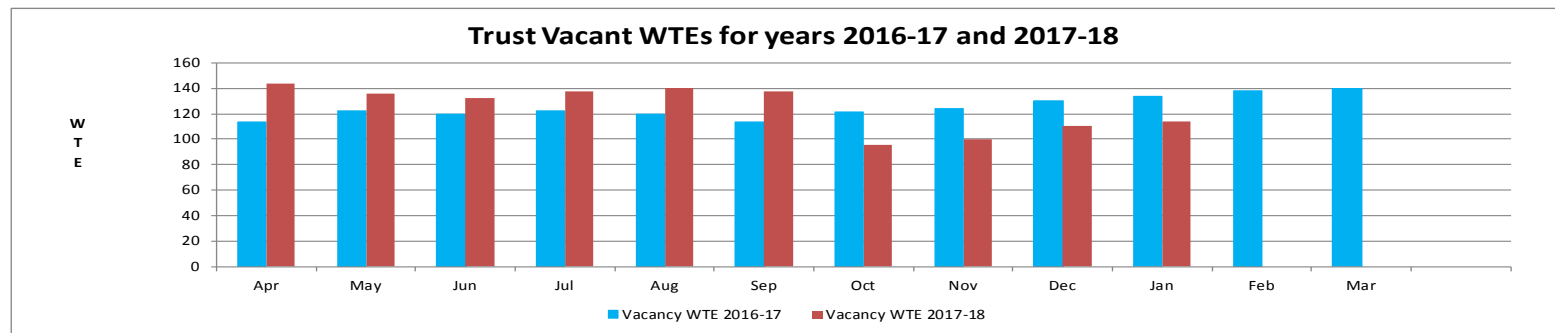
*Note 3 - New RAG ratings for 2017/18 for Appraisals and for Statutory & Mandatory Training plus 2 new Board Reportable competences introduced - Fire Safety and Safeguarding Adults Level 2.

2. Vacancies and Recruitment

VACANCY PERCENTAGES	Nov-17	Dec-17	Jan-18	Compared to Previous Month
Corporate	5.83%	6.88%	9.45%	▲
Eyes	11.06%	11.06%	9.52%	▼
Sleep	-5.52%	-5.52%	-9.84%	▼
Plastics	-0.21%	1.55%	3.60%	▲
Oral	9.86%	9.64%	9.23%	▼
Periop	19.91%	21.52%	22.20%	▲
Clinical Support	6.94%	7.92%	8.40%	▲
Clinical Infrastructure	13.76%	16.48%	19.74%	▲
Director of Nursing	19.65%	19.65%	19.95%	▲
Operational Nursing	13.18%	14.52%	10.31%	▼
QVH Trust Total	10.41%	11.52%	11.96%	▲

NON-MEDICAL RECRUITMENT(WTE)	Posts advertised this month	Recruits in Pipeline
Corporate	2.00	0.00
Eyes	0.80	1.60
Sleep	2.80	0.80
Plastics	0.00	0.00
Oral	1.00	0.80
Periop	17.70	3.00
Clinical Support	7.00	1.20
Clinical Infrastructure	0.00	4.00
Director of Nursing	1.37	0.00
Operational Nursing	4.93	1.00
QVH Trust Total	37.60	12.40
<i>of which Qual Nurses / Theatre Practs (external)</i>	22.87	2.00
<i>of which HCA's & Student/Asst Practs (external)</i>	1.53	1.00

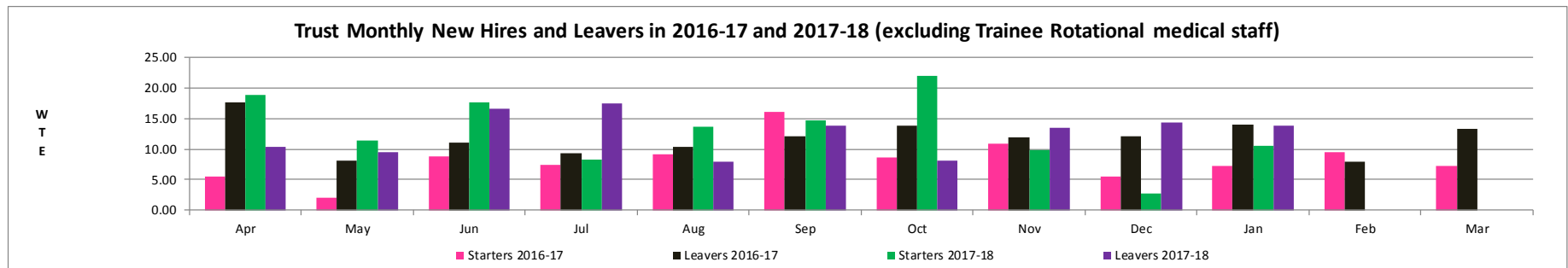
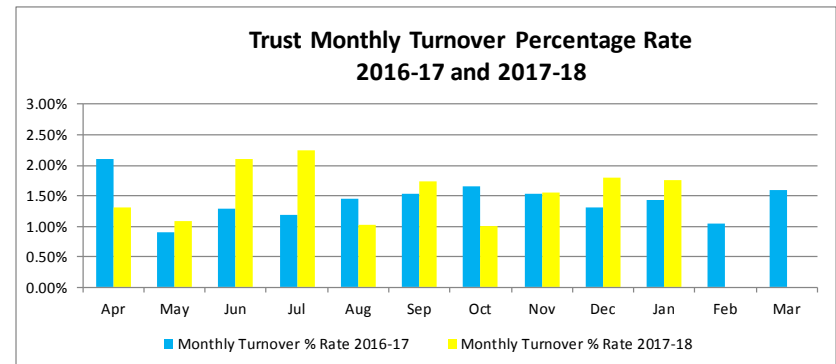
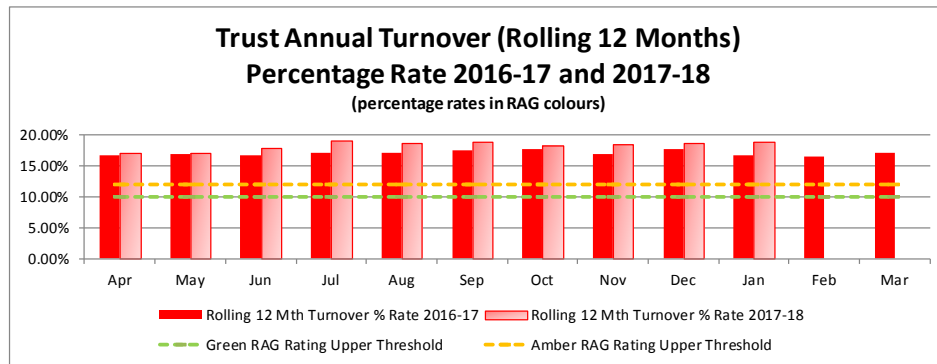
MEDICAL RECRUITMENT (WTE)	Posts advertised this month	Recruits in Pipeline
Clinical Support	0.00	2.00
<i>of which are Deanery Trainees, Trust Registrars or Fellows</i>	0.00	1.00
<i>of which are SAS doctors</i>	0.00	1.00
<i>of which are Consultants (including locums)</i>	0.00	0.00
Plastics	1.00	9.00
<i>of which are Deanery Trainees, Trust Registrars or Fellows</i>	1.00	9.00
<i>of which are SAS doctors</i>	0.00	0.00
<i>of which are Consultants (including locums)</i>	0.00	0.00
Eyes	3.00	2.00
<i>of which are Deanery Trainees, Trust Registrars or Fellows</i>	3.00	2.00
<i>of which are SAS doctors</i>	0.00	0.00
<i>of which are Consultants (including locums)</i>	0.00	0.00
Sleep	0.00	1.00
Oral	0.00	2.00
<i>of which are Deanery Trainees, Trust Registrars or Fellows</i>	0.00	2.00
<i>of which are SAS doctors</i>	0.00	0.00
<i>of which are Consultants (including locums)</i>	0.00	0.00
Periop	0.00	11.00
<i>of which are Deanery Trainees, Trust Registrars or Fellows</i>	0.00	8.00
<i>of which are SAS doctors</i>	0.00	0.00
<i>of which are Consultants (including locums)</i>	0.00	3.00
QVH Trust Total	4.00	27.00
<i>of which are Deanery Trainees, Trust Registrars or Fellows</i>	4.00	23.00
<i>of which are SAS doctors</i>	0.00	1.00
<i>of which are Consultants (including locums)</i>	0.00	3.00



3. Turnover, New Hires and Leavers

ANNUAL TURNOVER ROLLING 12 MTHS excl. Trainee Doctors	Nov-17	Dec-17	Jan-18	Compared to Previous Month
Corporate %	14.13%	15.37%	17.61%	▲
Eyes %	25.02%	25.06%	22.93%	▼
Sleep %	16.08%	12.29%	10.83%	▼
Plastics %	27.95%	23.31%	21.76%	▼
Oral %	11.69%	15.60%	14.03%	▼
Peri Op %	17.76%	19.26%	19.26%	◀▶
Clinical Support %	15.18%	14.85%	16.08%	▲
Clinical Infrastructure %	34.01%	34.25%	37.72%	▲
Director of Nursing %	9.83%	9.99%	8.41%	▼
Operational Nursing %	23.37%	22.84%	21.79%	▼
QVH Trust Total %	18.41%	18.67%	18.87%	▲

MONTHLY TURNOVER excl. Trainee Doctors	Nov-17	Dec-17	Jan-18	Compared to Previous Month
Corporate %	0.62%	1.76%	2.54%	▲
Eyes %	2.34%	0.00%	2.13%	▲
Sleep %	3.01%	0.00%	3.13%	▲
Plastics %	1.29%	1.29%	0.00%	▼
Oral %	0.60%	3.85%	1.22%	▼
Peri Op %	2.81%	3.21%	1.68%	▼
Clinical Support %	0.91%	1.33%	1.65%	▲
Clinical Infrastructure %	3.15%	0.00%	3.39%	▲
Director of Nursing %	3.72%	0.00%	1.87%	▲
Operational Nursing %	0.61%	1.35%	1.29%	▼
QVH Trust Total %	1.56%	1.80%	1.75%	▼



4. Temporary Workforce

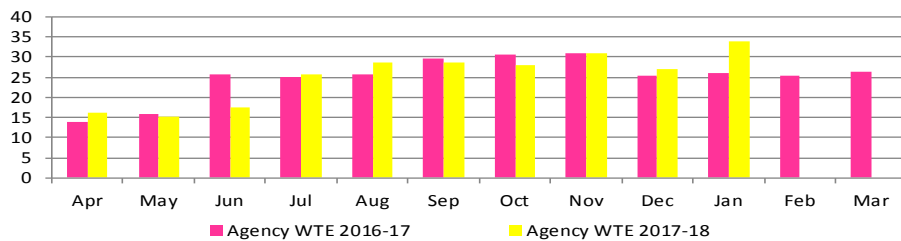
Agency				
BUSINESS UNIT (WTE)	Nov-17	Dec-17	Jan-18	Compared to Previous Month
Corporate	4.05	4.46	5.11	▲
Eyes	0.00	0.00	0.00	◀▶
Sleep	0.00	0.00	0.36	▲
Plastics	0.71	1.02	1.36	▲
Oral	0.92	0.21	0.64	▲
Periop	18.29	13.63	17.19	▲
Clinical Support	1.98	1.01	1.23	▲
Clinical Infrastructure	0.00	0.00	0.00	◀▶
Director of Nursing	0.00	0.00	0.00	◀▶
Operational Nursing	5.01	6.63	7.87	▲
QVH Trust Total	30.96	26.95	33.76	▲

Bank				
BUSINESS UNIT (WTE)	Nov-17	Dec-17	Jan-18	Compared to Previous Month
Corporate	5.80	4.99	6.57	▲
Eyes	2.42	1.93	3.29	▲
Sleep	2.88	2.53	3.09	▲
Plastics	3.20	2.62	2.28	▼
Oral	2.51	1.74	2.57	▲
Periop	9.67	10.09	16.06	▲
Clinical Support	7.02	6.28	7.72	▲
Clinical Infrastructure	6.00	4.57	7.06	▲
Director of Nursing	1.22	0.68	2.14	▲
Operational Nursing	6.39	4.97	7.36	▲
QVH Trust Total	47.11	40.40	58.14	▲

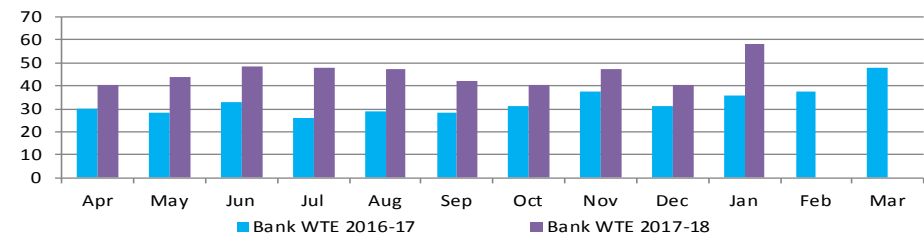
Agency				
STAFF GROUP (WTE)	Nov-17	Dec-17	Jan-18	Compared to Previous Month
Qualified Nursing	23.58	20.02	24.14	▲
HCA's	0.00	0.31	1.34	▲
Medical and Dental	0.43	0.95	0.93	▼
Other AHP's & ST&T	1.98	1.01	1.60	▲
Non-Clinical	4.97	4.67	5.75	▲
QVH Trust Total	30.96	26.95	33.76	▲

Bank				
STAFF GROUP (WTE)	Nov-17	Dec-17	Jan-18	Compared to Previous Month
Qualified Nursing	11.86	11.08	19.34	▲
HCA's	5.35	4.87	5.58	▲
Medical and Dental	0.00	0.00	0.00	◀▶
Other AHP's & ST&T	3.23	2.85	3.80	▲
Non-Clinical	26.68	21.59	29.41	▲
QVH Trust Total	47.11	40.40	58.14	▲

Trust Agency Usage in WTEs for years 2016-17 and 2017-18



Trust Bank Usage in WTEs for years 2016-17 and 2017-18

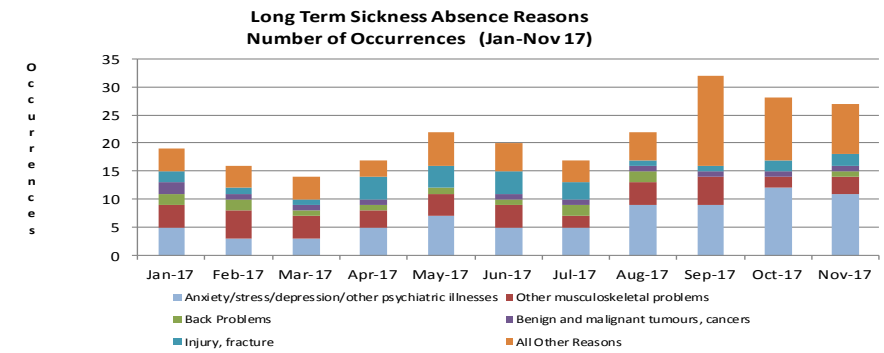
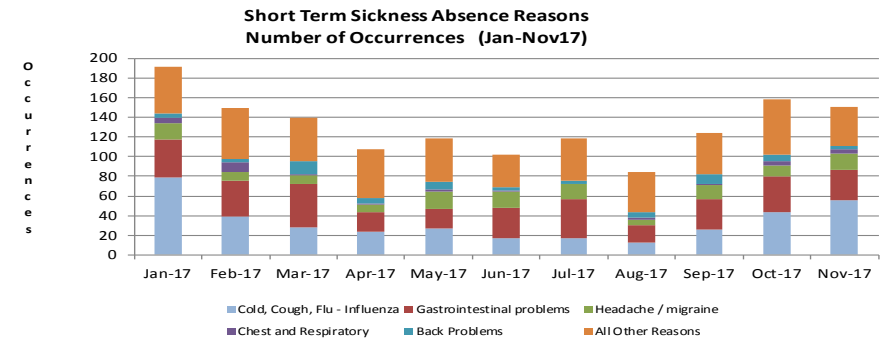


5. Sickness Absence

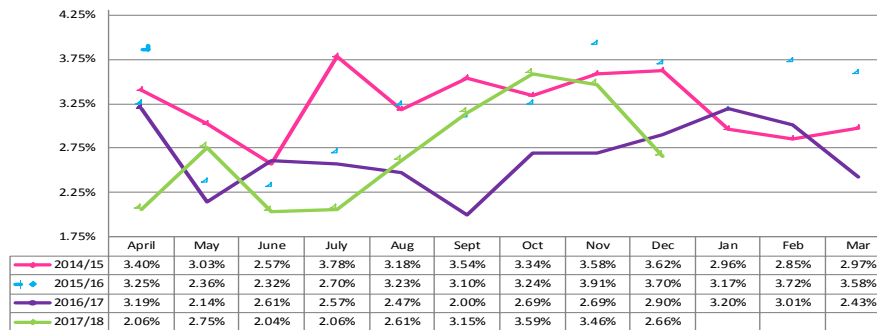
SHORT TERM SICKNESS	Oct-17	Nov-17	Dec-17	Compared to Previous Month
Corporate	1.74%	1.36%	1.28%	▼
Clinical Support	1.68%	1.71%	1.10%	▼
Plastics	1.36%	1.75%	1.70%	▼
Eyes	1.88%	2.08%	0.43%	▼
Sleep	0.31%	0.11%	1.78%	▲
Oral	1.34%	2.02%	1.06%	▼
Periop	2.17%	2.23%	1.25%	▼
Clinical Infrastructure	1.60%	1.36%	1.12%	▼
Director of Nursing	0.62%	3.24%	1.32%	▼
Operational Nursing	2.47%	1.61%	2.24%	▲
QVH Trust Total	1.72%	1.67%	1.33%	▼

LONG TERM SICKNESS	Oct-17	Nov-17	Dec-17	Compared to Previous Month
Corporate	0.00%	0.00%	0.28%	▲
Clinical Support	0.74%	1.66%	1.21%	▼
Plastics	0.00%	0.00%	0.00%	◀▶
Eyes	2.99%	1.13%	0.03%	▼
Sleep	4.17%	4.20%	4.29%	▲
Oral	3.44%	2.87%	0.78%	▼
Periop	1.97%	1.42%	1.40%	▼
Clinical Infrastructure	7.57%	9.99%	12.42%	▲
Director of Nursing	4.02%	1.37%	0.00%	▼
Operational Nursing	3.55%	3.18%	1.92%	▼
QVH Trust Total	1.87%	1.79%	1.33%	▼

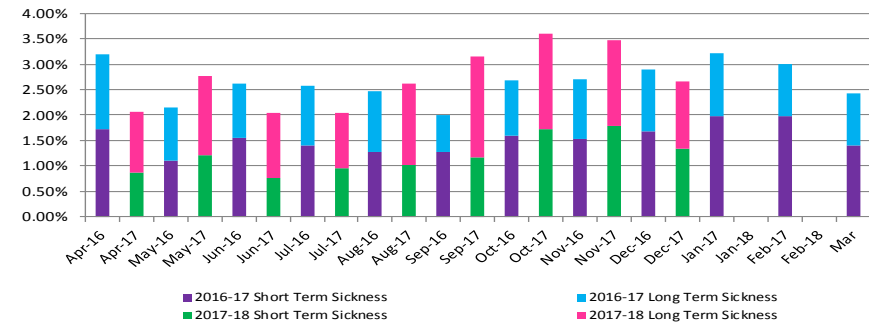
ALL SICKNESS (with RAG)	Oct-17	Nov-17	Dec-17	Compared to Previous Month
QVH Trust Total	3.59%	3.46%	2.66%	▼



Trust Sickness Absence Rates 2014-2018 by month



Trust Sickness Absence Rates 2016/17 and 2017/18
by Long term & Short term sickness



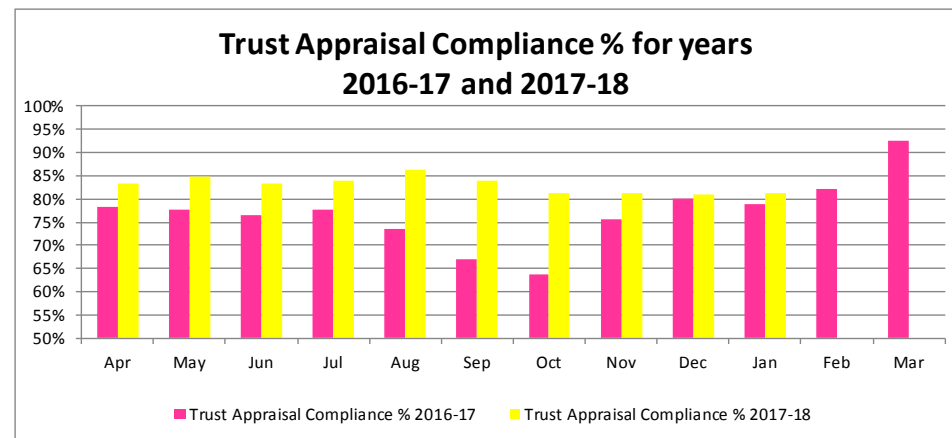
6. Training, Education and Development

New Targets/RAG ratings for 2017/18:

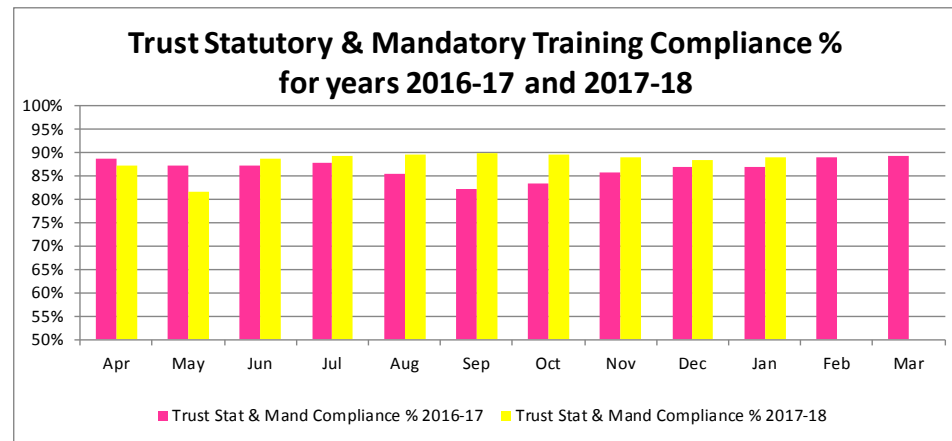
% staff - appraisal compliant	<80%	80%<-95%	>=95%
% staff - Statutory & Mandatory Training compliant	<80%	80%<-95%	>=95%

Performance:

APPRAISALS	Nov-17	Dec-17	Jan-18	Compared to Previous Month
Corporate	77.65%	84.12%	84.43%	▲
Clinical Support	90.13%	86.58%	86.00%	▼
Plastics	78.45%	78.57%	75.22%	▼
Eyes	82.69%	67.31%	74.51%	▲
Sleep	93.55%	93.55%	90.00%	▼
Oral	85.57%	86.17%	85.26%	▼
Periop	74.74%	74.73%	75.14%	▲
Clinical Infrastructure	63.16%	71.05%	67.57%	▼
Director of Nursing	69.70%	66.67%	87.88%	▲
Operational Nursing	93.55%	89.25%	86.96%	▼
QVH Trust Total	81.38%	81.00%	81.22%	▲



MANDATORY AND STATUTORY TRAINING	Nov-17	Dec-17	Jan-18	Compared to Previous Month
Corporate	92.43%	91.72%	92.55%	▲
Clinical Support	93.81%	93.31%	94.12%	▲
Plastics	80.52%	80.13%	80.13%	◀▶
Eyes	91.38%	90.72%	91.14%	▲
Sleep	93.12%	92.59%	94.29%	▲
Oral	88.89%	87.67%	86.92%	▼
Periop	86.60%	86.71%	87.46%	▲
Clinical Infrastructure	88.14%	88.42%	87.83%	▼
Director of Nursing	88.81%	86.92%	89.44%	▲
Operational Nursing	88.53%	89.24%	89.52%	▲
QVH Trust Total	88.81%	88.48%	88.97%	▲



7. Medical and Dental Workforce

Medical Workforce			
<ul style="list-style-type: none"> • Recruitment: Restricted visas were finally approved by the Home Office for 2 Corneo Fellows that should have started 1 January, hopefully now 1 March; • Revalidation and Appraisal: Appraisal rates for medical and dental staff has continued to decrease, the Trust position now at 81.76% from 86.3%: 			
Business Unit	Compliance Rate %	Total Staff Nos	Non-Compliant Staff
Plastics	79.49%	39	8
Perioperative Services	87.50%	24	3
Eyes	100.00%	12	0
Oral (including Orthodontics)	83.33%	30	5
Clinical Support	71.43%	7	2
Sleep	100.00%	4	0
<ul style="list-style-type: none"> • Medical and Dental Locum Bank and Agency Locums: usage remains low, with only 0.93wte being utilised on agency in month 			

Medical Education
<p>January 2017</p> <ul style="list-style-type: none"> • Funding has been received from HEE KSS to support the development of educational supervisors; individual educational supervisors are being supported to book onto courses to further their development • The junior doctors' forum took place on 22 January and was attended by representatives from all specialties, as well as the Freedom to Speak up Guardian. • An update report on the action plans for core surgery and higher plastic surgery (relating to the 2017 GMC survey results) was submitted to HEE KSS. • Following the recent plastic surgery LFG, Medical Education and Medical Workforce are working with a plastic surgery consultant and the rota coordinator to improve the training opportunities for core trainees. • Mr Keith Altman, OMFS consultant, presented at the lecture evening on 17 January and was extremely well received. <p>Upcoming developments</p> <ul style="list-style-type: none"> • New cohort of junior doctors started on Wednesday 7 February and will be attending Junior Doctors' induction on their first day. • A new cycle of local faculty group meetings is taking place throughout January, February and March, reporting to the Local Academic Board in March. • A full day of consultants' mandatory training is booked for 26 February. <p>Statutory and mandatory training compliance</p> <ul style="list-style-type: none"> • Permanent/fixed term medical and dental employees are currently showing 83.6% compliant, which is the same as the previous two months. • Medical and dental bank workers are showing 62.8% compliant, which is an improvement on the previous month. There have been changes of personnel on the bank list and all members were chased in January. Non-respondents will be suspended or removed from the bank.

8. Organisational Development

- The social media recruitment campaign aimed at theatre nurses, critical care nurses and c-wing has launched and we are monitoring 'clicks' through
- Applicants for the nurse associate role were low in numbers due to quite demanding entry level requirements. However interest was high and there are now a number of HCA's working through the numeracy and literacy requirements ready for the next cohort in autumn
- A launch event for the next phase of Leading the Way took place at the end of January with a focus on the next qualification programme
- We have been successful in securing funds to support a number of further workshops for the passport route
- An impact evaluation of Leading the Way will be covered in the May Board cross referenced to the NHS staff survey results
- Staff survey results are now with Trusts but publicly embargoed until 9:30 on 6th March
- On behalf of the NHS system, Health Education England is leading a consultation into 'Facing the Facts, Shaping the Future', a draft health and social care workforce strategy for England. The draft document outlines why the NHS needs a workforce strategy; actions to grow capacity and capability; and recognises that education, training and workforce reform takes time by extending the workforce planning lens to 2027. The attached (appendix 2) provides a concise overview of the document and the questions being asked.

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Draft Health and Care Workforce Strategy for consultation

Developing people for health and health care
www.hee.nhs.uk

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What is it?

- Will lead to first system wide workforce strategy for twenty five years
- Covers health and social care, and carers, self-carers and volunteers
- Includes what has been done since 2012, what we are doing now and ask what we should do next
- Timeframe from 2012 to now; from present to 2022; and beyond to 2027 to reflect HEE's Framework 15
- Produced by HEE, with NHSE; NHS; PHE; and DH as main partners but also Chief Professional Officers; Regulators; Unions and others in key sectors
- A consultation with a final strategy to be published in June/July 2018 to coincide with NHS 70

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A Health and Care Workforce Strategy which...

- ... tells the story of recent years and where we have already made a difference
- ... recognises change can be difficult and complicated but we can succeed together
- ... outlines the key interventions we will make now to deal with current issues
- ... analyses the transformation the NHS workforce needs for the future
- ... and sets out the actions that will start that journey

A workforce strategy for the whole NHS to improve the quality of care for patients now and in the future by ensuring a workforce in the right numbers, with the right skills, values and behaviours in the right place at the right time.

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Since 2012

- The NHS spends 65% of budget on staff
- Nurse education commissions up 15% in 3 years
- Adult nurses have grown 9% (14.5k) since 2012.
- Almost every clinical profession has grown since 2012
- Emergency Medicine Consultants have grown 37.5% since 2012
- There are 40k more NHS clinicians than in 2012
- Nurse/bed ratio has grown from 1.86 to 2.02
- The NHS payroll is £3.7bn larger than in 2012

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Current workforce....

The Social Care workforce is larger than the NHS workforce	4m, 13.5% of all employed people work health or social care	With over 350 the NHS has greatest range of roles in world, inc: non clinical	The population has grown 2.1m (4%) since 2012, and aged
There are 40k NHS clinical vacancies, 92% covered by Agency/Bank	Nurses leaving the NHS grew from 7.1% to 8.7%	5k more nurses left the NHS other than for retirement in 2017 than 2012	If retention had stayed the same there would 16k more nurses today

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What's next...

Turnover rates between NHS trusts range vary by 3:1	25% more clinical placements funded for future new nurses	Medical Student places to grow by 25%	8k health support workers applied for 2k Nursing Associate posts
4k people on clinical Return to Practice Courses	Without change the NHS will need 190k new staff by 2027	At 2012/17 rates, with no change, the NHS will grow by 72k by 2027	Of 45k Nursing Associates by 2027, 17k will have become nurses

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The Draft Strategy...1

- **Developing a Workforce Strategy**
 - NHS history of fragmented, unaligned planning and subject to demand spikes;
 - The NHS faces many workforce challenges in service delivery and in making the Five Year Forward View real;
 - In many areas action has already been taken since 2012;
 - All organisations at different levels have some workforce responsibilities making it a complex landscape;
 - Current and future trends offer workforce challenges and opportunities;
 - We propose six principles to make better workforce planning and policy decisions

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The Draft Strategy...1a

- **The Six System wide principles**
 - Securing the supply of staff the health and care system needs to deliver high quality care in the future.
 - Training, educating and investing in the workforce to give new and current staff flexibility and adaptability.
 - Providing broad pathways for staff so they have careers, not just jobs.
 - Widening participation in NHS jobs.
 - Ensuring that the NHS, and other employers in the system, are model modern employers.
 - Ensuring that in future service, financial and workforce planning are properly joined up.

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The Draft Strategy ...2

- **Facing the facts, The NHS workforce in 2017**
 - There are 40,000 more clinical staff substantively employed in the NHS now than in 2012;
 - Growth rates differ between professions and regions, but almost all professions and all regions have seen growth;
 - The NHS needs to do more to attract newly qualified staff and retain current staff because the current rate of growth is not as fast as it could be;
 - Despite growth there are around 40,000 vacancies well, mostly covered by Bank and Agency staff;
 - We need to increase clinical training placements and make the NHS the employer of choice.

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The Draft Strategy ...3

- **Growing our workforce**
 - Growth comes from three areas: new graduates; return to practice and recruitment from outside the NHS, alongside retention of current staff;
 - We have turned on all these supply taps;
 - Education will grow to deliver nurse, AHP and medical graduates over the coming years;
 - New roles will grow the NHS and improve skill mix, but retention of current staff has the most immediate impact on growth and quality of care;
 - We need to move towards self sufficiency for staff but also play our part in the wider world as a world class provider of education and training.

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The Draft Strategy ...4

- **The workforce responses to the FYFV**
 - FYFV Next Steps outlined priority areas to deliver overall vision;
 - Integrating care will be vital to the delivery of nearly all these priorities and the vision overall;
 - HEE has produced workforce responses to each of these priority areas:
 - Cancer
 - Mental Health
 - Urgent and Emergency Care
 - Maternity
 - Primary Care
 - Learning Disability is another area where workforce change is needed.

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The Draft Strategy ...6

- **Workforce requirements beyond 2021/22**
 - Workforce, finance and service planning must be better aligned to deliver the future we want and patients need;
 - If we do not reduce demand, change services or increase productivity the NHS will need 190,000 more staff by 2027;
 - On current rates the NHS will only grow by 72,000 over that period, but a number of initiatives are in place to accelerate this;
 - Trusts will require further support to manage retention and productivity;
 - The system needs to reduce demand from 190,000 new staff and increase supply from 72,000 to find the best way of delivering a sustainable NHS.

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The Draft Strategy...7

- **Shaping the future**
 - The NHS needs better data and intelligence to deliver better planning;
 - A greater focus on public health will require development of public health workforce and support for the rest of the health and care workforce;
 - Only an engaged workforce can reduce variation and really delivery productivity that lasts;
 - Regulation, upskilling and advanced clinical practice vital to improving skill mix;
 - Reviews announced into improving the mental health of NHS staff; how technology will impact on education and training and greater support for carers, volunteers and self-carers through healthcare training.

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The Draft Strategy...8

- **Developing the NHS Workforce**
 - The workforce groups addressed here are: medicine; nursing and midwifery; dental; AHPs; healthcare science; pharmacy and the wider workforce;
 - Seven workforce groups each have own characteristics, issues and responsibilities as well as a number of cross-cutting issues;
 - Multi-disciplinary working requires professions to be confident and developed around what they bring to the team; each unique and important;
 - Advances in technology, innovation, care and treatment will transform some professions and healthcare;
 - A Leadership development programme is required across the system.

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Questions for consultation

- Do you support the six principles proposed to support better workforce planning; and in particular aligning financial, policy, best practice and service planning in the future?
- What measures are needed to secure the staff the system needs for the future; and how can actions already under way be made more effective?
- How can we ensure the system more effectively trains, educates and invests in the new and current workforce?
- What more can be done to ensure all staff, starting from the lowest paid, see a valid and attractive career in the NHS, with identifiable paths and multiple points of entry and choice?

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Questions for consultation

- How can we better ensure the health system meets the needs and aspirations of all communities in England?
- What does being a modern, model employer mean to you and how can we ensure the NHS meets those ambitions?
- Do you have any comments on how we can ensure that our NHS staff make the greatest possible difference to delivering excellent care for people in England?
- What policy options could most effectively address the current and future challenges for the adult social care workforce?

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Have your say

We want to hear views from across the country to inform the Workforce Strategy that will be published in July 2018 to coincide with the NHS's 70th birthday. We will, for example:

- Hold at least one stakeholder event in each region, in partnership with ALBs
- Hold webinars/online discussions on specific topics
- Consult at LETB meetings in this period
- Take advantage of already scheduled stakeholder events and meetings across ALBs
- Create a web-based mechanism for final responses and ongoing Q&As
- Use social media to promote the consultation

The consultation will be open until 5pm on Friday 23 March 2018

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What can you do to help?

- Please share it with your stakeholders;
- Engage with HEE about the content; and
- Respond to the consultation

Link to the workforce strategy
<https://www.hee.nhs.uk/our-work/planning-commissioning/workforce-strategy>

Link to the consultation portal
<https://consultation.hee.nhs.uk/>

Report cover-page					
References					
Meeting title:	The Board of Directors				
Meeting date:	01/03/18	Agenda reference:		53-18	
Report title:	Nomination and Remuneration Committee update				
Sponsor:	Beryl Hobson, Chair				
Author:	Beryl Hobson, Chair				
Appendices:	n/a				
Executive summary					
Purpose:	The purpose of this report is to provide feedback to the board of directors on the recent meeting of the Nomination and Remuneration committee.				
Recommendation:	To note the contents				
Purpose:		Information			
Link to key strategic objectives (KSOs):			KSO3:	KSO4:	
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:					
Corporate risk register:	n/a				
Regulation:	n/a				
Legal:	n/a				
Resources:	n/a				
Assurance route					
Previously considered by:	n/a				
	Date :	dd/mm/yy	Decision:		
Previously considered by:					
	Date :	dd/mm/yy	Decision:		
Next steps:					

Report to: The Board of Directors
Meeting date: 01 March 2018
Agenda item reference no: 53-18
Report from: Beryl Hobson, Chair
Date of report: Monday, 19 February 2018

Nomination and Remuneration Committee update

1. Purpose

The purpose of this report is to provide feedback to the board of directors on the recent meeting of the Nomination and Remuneration committee.

2. Feedback

- i) The committee received updates on the timeline for appraisals and review of the executive directors. It was agreed that, as in previous years, the Non-Executive Directors will provide feedback to the CEO for the executive directors' appraisals.
- ii) This year Executives objectives will include specific board objectives which will be the same as those for the Non-Executive Directors.
- iii) The committee was informed of the timings of the appraisals for the Non-Executive Directors. The committee recognised this is a matter for the Appointments Committee of the Council of Governors.
- iv) The committee received an update on the clinical excellence awards and the national pay negotiation.
- v) The committee agreed with the CEO's proposal to advertise the role of Director of Operations and agreed the proposed salary range.

3. Recommendation

The committee is asked to **note** the contents of this report