Queen Victoria Hospital
NHS Foundation Trust

Business Meeting of the Board of Directors

Thursday 1 November 2018

Session in public at 11.00

The Education Centre
Queen Victoria Hospital
Holtye Road
East Grinstead
West Sussex
RH19 3DZ

Queen Victoria Hospital
NHS Foundation Trust

MEETINGS OF THE BOARD OF DIRECTORS: 1 November 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	-	Abigail Jago
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 2018/19

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 Deputy 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 Director of Longmeadow Views Management Company	Part owner of Professional Governance Services Ltd		Nil	PGS clients include health charities, including a Royal College and a health based livery company. PGS has also recently undertaken work for a charity in East Grinstead	Not as far as I am aware	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	• Trustee and Deputy Chair for The Chartered Institute of Environmental Health • Independent member of the Board of Governors at Staffordshire University	Sharpthorne Services has a contract to provide consulting services to Grant Thornton LLP, although no work has been performed to date.	Nil	Nil

Gary Needle Non-Executive Director	1. Director, Gary Needle Ltd, (management consultancy) 2. Director, T& G Property Ltd (residential property development)	Chair of Board of Trustees at East Grinstead Sports Club Ltd (registered sport and lifestyle activities charity)	Nil	Nil	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
Steve Jenkin Chief Executive	Nil	Nil	Nil	Nil	I have known David Cowan (of Cowan Architects, East Grinstead) for 20 years	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 EGAS (East Grinstead Anaesthetic Services). A partnership of QVH anaesthetic consultants who, in addition to their NHS work, also provide some private perioperative and anaesthetic care to patients in several local independent hospitals. These patients may be privately insured, self-funded or as part of an NHS contract in the independent sector	Nil	Nil
Jo Thomas Director of Nursing	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Other members of the board (non-voting)							
Abigail Jago Director of operations	Nil	Nil		Nil	Nil	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 Councillor, Mid Sussex District Council	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
Jo Thomas Director of Nursing	NA	NA	NA	NA	NA	NA	NA
Other members of the board (non-voting)							
Abigail Jago 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

Queen Victoria Hospital
NHS Foundation Trust

Business meeting of the Board of Directors
Thursday 1 November 2018
11:00 – 14:00
The Education Centre, Queen Victoria Hospital RH19 3DZ

Agenda: session held in public			
Welcome			
155-18	**Welcome, apologies and declarations of interest** *Beryl Hobson, Chair*		
Standing items		**Purpose**	**Page**
156-18	**Patient story**	*assurance*	-
157-18	**Draft minutes of the meeting held in public on 6 September 2018** *Beryl Hobson, Chair*	*approval*	1
158-18	**Matters arising and actions pending** *Beryl Hobson, Chair*	*review*	9
159-18	**Chair's report** *Beryl Hobson, Chair*	*assurance*	11
160-18	**Chief executive's report** *Steve Jenkin, Chief executive*	*assurance*	15
161-18	**Freedom to speak up** *Andi Heaton, FTSU guardian*	*assurance*	28
Key strategic objectives 3 and 4: operational excellence and financial sustainability			
162-18	**Board Assurance Framework** *Abigail Jago, Director of operations and* *Michelle Miles, Director of finance*	*assurance*	31
163-18	**Financial, operational and workforce performance assurance** *John Thornton, Committee chair*	*assurance*	33
164-18	**Operational performance** *Abigail Jago, Director of operations*	*assurance*	36
165-18	**Financial performance** *Michelle Miles, Director of finance*	*assurance*	54
166-18	**Estates strategy** *Michelle Miles, Director of finance*	*information*	64

Key strategic objective 5: organisational excellence			
167-18	**Board assurance framework** *Geraldine Opreshko, Director of workforce & OD*	*assurance*	67
168-18	**Workforce monthly report** *Geraldine Opreshko, Director of workforce & OD*	*assurance*	68
169-18	**Equality and diversity annual report** *Geraldine Opreshko, Director of workforce & OD*	*assurance*	80
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services			
170-18	**Board Assurance Framework** *Jo Thomas, Director of nursing, and* *Ed Pickles, Medical director*	*assurance*	122
171-18	**Quality and governance assurance** *Ginny Colwell, Non-executive director and committee chair*	*assurance*	124
172-18	**Corporate risk register (CRR)** *Jo Thomas, Director of nursing*	*review*	127
173-18	**Quality and safety report** *Jo Thomas, Director of nursing, and* *Ed Pickles, Medical director*	*assurance*	136
174-18	**6-monthly nursing workforce review** *Jo Thomas, Director of nursing*	*assurance*	169
Governance			
175-18	**STP governance arrangements** *Steve Jenkin, Chief executive*	*information*	185
176-18	**Audit committee** *Kevin Gould, Committee chair*	*assurance*	195
177-18	**QVH Charity** *Gary Needle, Committee chair*	*information*	-
178-18	**Annual report on use of Trust seal** *Clare Pirie, Director of communications and corporate affairs*	*assurance*	197
179-18	**Annual review on co-operation with third parties** *Clare Pirie, Director of communications and corporate affairs*	*assurance*	199
Any other business (by application to the Chair)			
180-18	*Beryl Hobson, Chair*	*Discussion*	-

Questions from members of the public			
181-18	*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.* *Beryl Hobson, Chair*	*discussion*	-

Date of the next meetings	
Board of directors: **Public**: 03 January 2019 at 11:00	**Council of governors** **Public**: 14 January 2019 at 16:00

Document:	**Minutes (draft and unconfirmed)**	
Meeting:	**Board of Directors (session in public)** **Thursday 6 September 2018, 10:00 – 13:00, Archibald McIndoe board room, QVH site**	
Present:	Beryl Hobson, (BH)	Trust chair (voting)
	Ginny Colwell (GC)	Non-executive director (voting)
	Kevin Gould (KG)	Non-executive director (voting)
	Abigail Jago (AJ)	Director of operations (non-voting)
	Steve Jenkin (SJ)	Chief executive (voting)
	Michelle Miles (MM)	Director of finance (voting)
	Gary Needle (GN)	Non-executive director (voting)
	Geraldine Opreshko (GO)	Director of workforce and OD (non-voting)
	Ed Pickles (EP)	Medical director (voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
	Jo Thomas (JMT)	Director of nursing (voting)
Apologies:	John Thornton (JT)	Non-executive director (voting)
In attendance:	John Belsey (JEB)	Lead governor
	Hilary Saunders (HS)	Deputy company secretary (minutes)
Public gallery:	Eight members of the public, including six governors, one member of staff and a CQC inspector.	

Welcome

125-18 **Welcome, apologies and declarations of interest**

BH opened the meeting and, for the benefit of members of the public, explained how the board agenda was developed in alignment with the Trust's key strategic objectives. The flexibility of the agenda allowed sufficient emphasis to be given to important issues.

BH advised that the usual patient story item had been removed from the agenda at short notice as the patient who was due to attend had had to deal with a family emergency. It was hoped she would attend the November meeting.

No apologies, as the full board was in attendance. There were no additional declarations of interest.

Standing items

126-18 **Draft minutes of the meeting session held in public on 5 July 2018**

The minutes of the meeting held in public on 5 July were **APPROVED** as a correct record.

127-18 **Matters arising and actions pending**

The board received and approved the current record of matters arising and actions pending.

128-18 **Chief executive's report, including Board Assurance Framework (BAF) overview**

SJ opened by reminding the board that the previous meeting had coincided with the nation's celebrations to mark the 70th anniversary of the NHS. He thanked the League of Friends (and members of the Corporate Affairs team) for enabling afternoon NHS7Tea and biscuits to be provided in all areas of the hospital. In addition, QVH had been chosen by The Royal Mint as one of nine trusts in England to circulate a new 10p coin as part of their official Great British Coin Hunt.

SJ went on to provide an update on progress, highlighting in particular the following:

- Referral to Treatment Time (RTT): The Trust had now rectified long-standing issues with systems used to report waiting list information; however, this had resulted in an increase in our reported waiting list. Whilst systems were now robust, SJ acknowledged that some patients had waited too long for treatment and he apologised on behalf of the Trust. He assured the board that we were working to ensure there would be no further unnecessary delays for patients, and the trajectory indicated that the number of waiting patients would reduce dramatically by year end. He also reported that that a clinical harm review was underway to establish if any patients had come to harm as a result of the data quality issues; to date, no instances of harm had been identified. The board echoed his apology, but also expressed appreciation that the issue had finally been addressed. Whilst no physical harm had been identified, the board noted that the

	psychological impact of these delays should not be underestimated. In response to a question from the Lead Governor, SJ advised that the main impact had been on spoke sites and that there were no further concerns in terms of data validation in these areas. • Capital spend: NHS Improvement (NHSI) had approved that the capital fund bonus achieved through meeting the control total in 2017/18 could be used in this financial year. As a result, a new modular building located behind theatres and an upgrading of the surgeon's mess had been agreed; this would enhance staff amenities. The upgrading of the surgeons' mess was strongly endorsed by the board as being in alignment with the organisation's culture and values. Also, following a staff engagement process, the Hospital Management Team (HMT) had approved a major project to create separate entrances for the critical care unit and burns ward thus improving infection control. • The NHS had been tasked with developing a new 10-year strategic plan; wide engagement, including consultation through strategic transformation partnerships, was underway. • Positive media activity during June and July: SJ commended the Corporate Affairs team for their achievements. • Board assurance framework: Whilst recruitment and retention remained one of the most significant challenges facing QVH and the NHS as a whole, our recent overseas recruitment campaign had led to a significant number of acceptances of posts. • The overall BAF highlighted the RTT18 waiting list position which had deteriorated significantly. Further information, including actions underway to address this were set out in the operations report. The board sought and received assurance that, following on from Brexit guidance published by the Health Secretary, SJ would update the board on local STP arrangements in his future reports **[Action: SJ]** There were no further questions and the board **NOTED** the contents of the report.
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
129-18	**Board assurance framework** KSO3: All new BAFs now contained reference to risk appetite and stated initial, current and target risk ratings. This new format was commended by the Board. AJ asked the board to note in particular the RTT18 action plan now in place, in addition to risks to planned implementation of electronic referral paper switch off and capacity issues within theatres. KSO4: MM highlighted that the current risk rating was 20 due to the present financial position. She also asked the board to note that improved information from the costing teams was being cascaded throughout the organisation in order to provide enhanced data. There were no questions and the board **NOTED** the contents of the update.
130-18	**Financial and operational and workforce performance assurance** Noting that there was no written report because data provided to the July finance and performance group had been superseded, KG provided an update on behalf of JT. Key elements were: • Assurance with regard to plans to address the current RTT18 position. • Temporary staffing levels which continued to remain a concern; however, there had been a positive response to the recent overseas recruitment campaign. • Assurance provided of additional steps to identify and manage new cost improvement plans. • A project manager had now been appointed for the electronic document management project. • Additional opportunities available for the Trust to use the apprenticeship levy • Confirmation that the annual finance and performance committee review began in August. There were no questions and the Board **NOTED** the contents of the update.
131-18	**Operational performance** AJ reported that the key item in the operational update related to the referral to treatment (RTT) position. The board was aware that a cohort of patients had been identified that had not historically been included within the QVH reporting position. Extensive validation work had been undertaken in recent weeks in order to report an accurate position. As a result, however, referral to treatment time had deteriorated. The impact on performance was that the total waiting list had increased from 11,101 to 14,738, with 145 patients waiting 52 weeks or more,

	(an overall RTT performance of 74.48%). This data would be included in national publication of July performance data. AJ assured the board that 115 of the long wait patients now had treatment plans in place. Work was ongoing to identify additional theatre capacity at East Sussex hospital and within the independent sector. In addition, QVH was no longer accepting referrals for low complexity dental work; this would enable the Trust to focus on patients requiring the specialist skills of our medical staff. Commissioners were repatriating patients to primary care where appropriate. Whilst there had been progress in the two-week and 62-day cancer performance, 31-day targets were still off track, but work was continuing to improve this including improved communication with referring trusts including weekly conference calls. Other highlights included updates on the planned implementation of eRS (electronic referral) hard paper switch off and the theatre improvement programme including the launch of 6-4-2 scheduling model for theatres. The board sought assurance as follows: • Year-end trajectories had been agreed with NHSI and would be reported at the September finance and performance committee (F&PC). BH reminded the board that all members had a standing invitation to attend F&PC. • The launch meeting for the new CT scanner would take place tomorrow (Friday). An update on progress would also be provided at the September F&PC. • The Minor Injuries Unit (MIU) had treated a significantly higher number of patients than planned. The MIU service supports adjoining trusts and much of the peaks in activity are seasonal. Increased publicity around the MIU opening times/service was a factor in increases in activity previously and may still be impacting. There were no further comments and board **NOTED** the contents of the update.
132-18	**Financial performance** MM presented the latest finance report highlighting the following: • The Trust delivered a deficit of £301k which was £260k below plan. The year to date (YTD) deficit had increased to £1,907k which was £258k below plan. Whilst the Trust was still forecasting to meet plan by the end of the year, there were now significant risks, particularly given workforce and cost saving challenges. • Patient activity income had over performed by £96k. Elective & daycases were below plan but this had been partially offset by over performance within plastics. Sleep services and eyes were over performing YTD. There was a provision of £92k for CQUIN and challenges. Non elective was above plan within Maxillofacial and plastics services. • Pay was down, partly as a result of the new Agenda for Change (AfC) pay awards. Whilst there had been a reduction in agency spend, bank expenditure had increased to a similar value. • Non pay was overspent YTD by £713k, mainly through unidentified Cost Improvement Plans (CIPs). So far the Trust not identified sufficient savings to achieve target. In previous years, the Trust had increased activity to meet its control total, but this was no longer an option. Instead there was a trustwide focus on CIP and activity achievement, with an identified senior responsible officer being assigned to each business area. • Although expenditure YTD on the capital plan was behind, full-year expenditure was still forecast, with EMT recently approving a further four business plans. • Due to recovery of an aged debt, the debtor balance had decreased. • In order to improve the current creditors balance, the finance team would continue to review areas where invoice authorisation was delayed. The board considered the impact of the update asking for the following clarification: • The clinical supplies overspend was linked to unidentified CIPs. The board noted that in recent weeks, management focus had been on tackling RTT18 concerns, which had resulted in insufficient resource being available to fully address CIPs issues. The board sought assurance that there were now sufficient resources in place to support business units. MM described the challenges which the team had been facing which had led to a delay in this project but was confident plans were now in place to deliver the target. • The Head of quality would be working with service leads to ensure that proposed CIPs would not have an adverse impact on quality.

	The board went on to discuss how an increase in the patient waiting lists, poor financial performance and slippage in CIP delivery could indicate a worrying trend. However, they recognised the time and effort which had been spent in understanding the systems and processes which gave a higher level of confidence that the Trust was going in the right direction. The management team concurred that this was a reasonable interpretation but noted that realistically it would take around 18 months to achieve full turnaround. There were no further comments and the board **NOTED** the contents of the update.
Key strategic objective 5: organisational excellence	
133-18	**Board assurance framework** GO presented the BAF for KSO5 which had been updated in line with the new format. The board sought assurance that this now provided sufficient focus on organisational development, with an appropriate balance between efficiency and quality. GO confirmed that values, behaviours and cultural issues were intrinsic and would continue to be reflected in the BAF.
134-18	**Workforce monthly report** GO presented the latest report highlighting the following: • The increase in the number of staff in post, and a small reduction in vacancy levels in most directorates. Finance and Workforce continued their efforts to align the ledger with the electronic staff record. This should be complete by the end of September, and address any current discrepancies, but was likely to alter vacancy rates. • The Trust's rolling annual turnover had decreased for the second consecutive month, and was back in line with the planned trajectory. • The overseas recruitment programme had resulted in 48 offers of employment, with 42 confirmations to date. There had also been UK interest in applying for jobs in theatres and recent positive media coverage was likely a contributory factor. An update on the recent social media recruitment campaign would be provided at the September F&PC. The board considered the report and sought clarification of the following: • The length of time before new recruits could start. Whilst the government had relaxed visa requirements, other checks such as language testing were still mandatory. However, it was hoped the first cohort could start during December. Staff were cognisant of the success of the recruitment campaign, in addition to other methods of positive PR. Acknowledging that the Trust had experienced a high turnover of EU nursing recruits in the past, it was felt that these candidates had longer term aspirations to settle in the area. • The high use of temporary staff. GO confirmed that the executive management team (EMT) provided a high level of scrutiny in this area, but given priorities of patient safety there was little alternative until substantive staff were recruited. In contrast, the board was asked to note that the Trust no longer employed HCA agency staff. GO believed a contributory factor to this achievement had been the secondment of a member of staff from Nursing to Workforce. • A notable increase in sickness absence as a result of stress and anxiety. GO reminded the board that Trust staff had access to the employees assistance programme (EAP) and that not all episodes of stress were necessarily work related, however these did correlate to areas with high vacancy rates. The League of Friends had been approached for funding for a Health and Safety Executive (HSE) stress tool which would benefit staff if approved. • Whilst appraisal rates had dipped slightly, mandatory and statutory training rates were being maintained despite current workforce pressures. There were no further comments and the board **NOTED** the contents of the update.
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services	
135-18	**Board assurance framework** As agreed at a recent seminar, BAF KSOs had now all been updated to now include reference to risk appetite. Current KSO1 risk ratings would remain until the overseas recruitment process was complete. There was also an increase in negative friends and family test (FFT) comments regarding appointments and waiting times. Whilst the visibility of the patient experience manager was helping the situation, it had not resolved these issues. JMT agreed that ideally, risk ratings should be aligned, but the current BAF presented the position as it was currently.

	EP asked the board to note that the board pack version of the KSO2 BAF was not the most recent, and tabled the latest which had been reviewed at quality and governance committee. The impact of the deteriorating RTT position was reflected in the rationale for current scores. There were no further comments and the board **NOTED** the contents of the BAF update.
136-18	**Quality and governance assurance report** GC presented an assurance report on the work the Quality and governance committee work had undertaken since the last board meeting. A meeting in July had been convened specifically to review a series of annual reports prior to approval by the board. In particular, GC asked the board to note the following: • Whilst the patient experience report noted that two complaints had been referred to the Parliamentary and Health Service Ombudsman (PHSO), it was reassuring that no further actions had been necessary. • A CQC post never event had noted the significant work that has taken place and that there has been no never events since October. • The CQC quarterly provider visit report showed progress in critical care issues and provided an update on actions around staffing issues and RTT. • There had been no further new cases of MRSA since 18 July; it was hoped that the decision to separate the burns and critical care main entrances would support infection prevention. The board sought clarification with regard to the targets for elective list start times. EP explained that there were multifactorial reasons for delays. It was hoped that the theatre productivity programme would address some of the issues, including work currently being commissioned with *Four eyes Insight.* There were no further comments and the board **NOTED** the contents of the update.
137-18	**Corporate risk register (CRR)** At the last meeting, this report had included a heat map for the first time; the board was asked to consider if this should become a permanent feature. There was a brief discussion on its merits, but the board concluded it was not necessary given that all data was included within the main report. JMT went on to present the latest CRR, noting that three new risks had been added, five closed and four rescored during June and July. The board commended the CRR process and the progress updates for all live risks. Clarification was provided regarding dental core trainees from Eastbourne, who would now be undergoing the same level of training as QVH trainees. JMT detailed clear evidence that the risk described under ID: 1105 (ventilation system within Burns and Critical care) had not been a contributory factor to the recent MRSA outbreak. There were no further comments and the board **NOTED** the contents of the CRR.
138-18	**Risk appetite** The board considered a report proposing the current risk profile of the organisation and the amount of risk it was currently exposed to. The report included a suggested risk appetite, and a process for assessing future risk tolerance. This would also support horizon scanning to identify emerging risks that are both within and external to the organisation's control. The board was asked to approve a formal statement on risk appetite which would be used in future to support the Trust's annual governance statement. The board commended the report and associated statement noting that it would helpwith identifying future priorities and support decision making. Noting that additional work on issue descriptors would be ongoing **[Action: JMT]** the board **APPROVED** the risk appetite statement for 2018/19.
139-18	**Quality and safety report** JMT presented the regular Quality and safety report, confirming that there had been no further cases of MRSA since 18 July. Whilst the Burns unit was reopened on 8 August, enhanced infection prevention and control (IPAC) measures would remain during outbreak mode (until all patients affected had been discharged), but it

	was hoped this could be resolved shortly. Regular meetings between QVH, Public Health England and the Health Protection Agency were continuing, and commissioners and regulators had also been informed. A root cause analysis had been undertaken, the results of which would be reported to Q&GC. The board raised concerns at the data relating to hand hygiene metrics. JMT explained this was partially the result of a misunderstanding where staff had not realised the requirement to continue recording this data whilst already adhering to enhanced IPAC measures and that robust action had been taken. EP highlighted the recently published 2018 GMC national training survey, reminding the board that Health Education England was due to visit QVH next week. GO reported that Joy Curran, consultant anaesthetist was the new Guardian of safe working, which the board agreed was an excellent appointment. Following on from item 131-18, clinical harm reviews were continuing, with no harm identified to date. A project manager had been appointed to oversee the programme of work with Brighton and Sussex University Hospitals (BSUH) and Western Sussex Hospitals. Workstreams had been established which would define the service model, activity, staffing and resource requirements to produce a final business case. Whilst QVH and BSUH had met to discuss collaboration opportunities, paediatric burns and maxillofacial services would remain the priority. The model of care would ensure all acute and perioperative patients were seen in Brighton, whilst outpatient services, including psychological therapies, would continue at QVH. EP warned of the challenges to the project which included affordability and provision of appropriate nursing and therapies skills and expertise at BSUH. There were no further questions and the board **NOTED** the contents of the update.
140-18	**Research and development annual report** EP presented the annual report of the work coordinated by the Clinical Research Department. Particular highlights included: • A 47% increase in recruitment to research studies over the previous year • In 2017/18 the Trust had four fully grant-funded studies ongoing, initiated at QVH. • Joint funding of one major study on scar formation by the Blond McIndoe Research Foundation and QVH Charity. • Sterling examples of QVH clinicians who had contributed to this report, including Emma Worrell and Simon Booth The board congratulated the team on the results of this year's report, and noted that the R&D team had been invited to attend part of next month's seminar. The board suggested there might be opportunities for further collaboration with BSUH, given the work being undertaken at the Brighton and Sussex Medical School to host a programme of undergraduate projects. They also expressed thanks to the local Comprehensive Research Network (CRN) who had awarded core funding to support a variety of research posts at the hospital. The Lead governor asked what governance controls were in place. Although ethics and consent was monitored by Q&GC, a review of financial controls may be required. EP noted that the aim was for research and development to eventually become self-funding. In meantime, the board reflected on how much the Trust was currently supporting research and development. There were no further comments and the board **APPROVED** the annual report.
141-18	**Safeguarding annual report** JMT reminded the board that many of the annual reports on today's agenda, including Safeguarding, had already been reviewed in detail by Q&GC. For this reason she suggested that the board may want to consider delegating future approvals to Q&GC. After a brief discussion, the board agreed that there should be no change to the current process. JMT went on to present the Safeguarding annual report. The board commended the quality of the report and recommended the model be shared in other departments.

	Concern was raised in respect of limitations of space and facilities for children in outpatient departments. JMT advised that work on addressing this issue was continuing and should be concluded within the next few weeks. (It was noted that there were already designated paediatric waiting areas in both MIU and trauma). There were no further questions and the board **APPROVED** the annual report
142-18	**Infection prevention and control annual report** The Infection and prevention annual report had been reviewed in detail at the recent Quality and governance committee and was presented to the board today for approval. JMT advised that a new lead nurse was now in post and that assurance around infection prevention and control had been maintained through a robust audit process. She noted that whilst there had been no risk to patient safety, there remained room for improvement with compliance from all staff. The board raised concerns regarding the results of the sharps box audit. JMT confirmed that staff had received additional training on the correct assembling and use of sharps boxes; a further audit would be scheduled to gain assurance that practice had improved. There were no further comments and the board **APPROVED** the annual report.
143-18	**Patient experience annual report** The Patient experience annual report had been reviewed in detail at the recent Quality and governance committee and was presented to the board today for information. There were no further questions and the board **NOTED** its contents.
144-18	**Emergency preparedness, resilience and response, and business continuity annual report** The Emergency preparedness, resilience and response, and business continuity annual report had been reviewed in detail at last month's Quality and governance committee and was presented today for approval. The board was required to seek assurance of the preparedness of QVH from a major incident perspective. JMT explained that the 2017/18 NHSE annual assurance review process, (undertaken in conjunction with the CCG and a burns specialist team), had placed our compliance with national standards as 'partial but meeting essential requirements'. She assured the board that the Trust was not a first line responder and that detailed action plan had been developed to further improve compliance. There were no questions and the board **APPROVED** the annual EPRR and business continuity report.
145-18	**Consultant revalidation** EP reminded the board that it was required to review an annual report of compliance with requirements for medical appraisal and revalidation. He went on to explain that this was a General Medical Council (GMC) led process by which doctors had to demonstrate compliance with relevant professional standards. Revalidation is required every 5 years. EP asked the board to note the following: • The Trust was 89.9% compliant with doctors' appraisals at 31 March 2018; the appraisal 'window' would be adjusted to help avoid appraisals being booked late in the financial year, which could skew reporting. • The Trust's internal auditors had undertaken an assessment on the current process. Few actions had resulted from this, and all completed in a timely manner. There were no further comments and the board **APPROVED** the report and ratified the statement of compliance, signed by the Chief Executive on behalf of the Trust.
Any other business	
146-18	There was none.
Questions from members of the public	

147-18	1. An email was sent to the Trust by a member of the public with the following questions: *Patient access at QVH is a major problem due mainly to inadequate car parking provision. I am aware that a Travel Plan was undertaken by Cathy Rooney involving consultation with staff and volunteers during 2016/17. East Grinstead Cycle Forum made comments with regard to improving access to QVH by bicycle. We also believe that public transport to and from the town centre is inadequate and not co-ordinated with other health service providers. We believe that enabling and encouraging a modal shift in getting to and from the hospital would start to address the parking problems by simply reducing the number of car journeys. We are disappointed that the results of the Travel Plan study have not been made known to us.* • *Question 1: Have any discussions with staff, volunteers and stakeholders taken place with respect to the travel plan findings?* • *Question 2: Has the travel plan been evaluated by QVH management and have any decisions been made?* • *Question 3: East Grinstead Cycle Forum members are standing by to help you find a way of improving patients' experience. Is this offer of any value to you?* The Trust has responded as follows: *Following significant work on our Travel Plan, unfortunately the lead director left the organisation. The Travel Plan was based on staff, patient and stakeholder engagement and the feedback had been considered in various internal QVH forums, including our patient experience group, but the Travel Plan had not been published nor implemented.* *Our new finance director is the process of reviewing the plan. The Trust is keen to improve travel to and from our site for staff, visitors and patients. We are very grateful for the engagement of East Grinstead Cycle Forum members, and will be in touch later in the autumn about the Travel Plan.* 2. One of the governors asked why the board used printed report packs instead of an electronic solution. The Director of communications explained that it was difficult for board members to read from a screen for a long period of time and that sometimes it was difficult to pick up detail from the screen; for Board meetings it was felt important not to have the barrier to engagement that laptop screens can form; a cost benefit analysis had been undertaken on a board portal option which had shown that the cost of implementing a new system was far higher than current print costs. The Chair indicated that she agreed with the sentiments regarding printed packs and would prefer to have a board portal, which many other NHS boards use. However, the size of QVH means that implementing a board portal system is prohibitive in terms of costs. There were no further questions and the Chair closed the meeting.

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	Sept 2018	128-18	Chief executive's update	Standing items	Following Brexit guidance published by the Health Secretary, CEO to provide regular updates on local STP arrangements in future reports.	SJ	Nov		Pending
2	Sept 2018	138-18	Risk appetite	KSO1	Risk issue descriptors to be refined on an ongoing basis from November.	JMT	Nov		Pending
3	July 2018	103-18	Workforce report	KSO5	Systems and processes have been enhanced to better manage the use of temporary staff. External pressure is also being applied to reduce costs. Whilst unit costs are reducing, the Board is also seeking a reduction in overall costs. It has therefore been agreed that an update will be provided to the October F&PC meeting.	GO	Oct	This was reported as part of the Workforce report which was submitted to the Finance and performance committee in September 2018	Closed
4	July 2018	103-18	Workforce report	KSO5	Profile of organisational development to be raised on KSO5 BAF	GO	Sept	Overall BAFs reviewed and revised in September board packs	Closed
5	July 2018	104-18	Staff Survey	KSO5	Sept F&PC to define what is required for assurance regarding levels of staff engagement/satisfaction and report back to BoD in November.	GO	~~Sept~~ Nov	This was reported as part of the Workforce report which was submitted to the Finance and performance committee in September 2018	Closed
6	July 2018	112-18	Quality and safety	KSO1	Q&GC to oversee inclusion of Theatres data into current report on performance indicators. Board to receive update.	JMT	~~Sept~~ Nov	Data and KPI review (inc. WHO checklist to be reported at next Q&GC, with update provided to November board.	Pending
7	May 2018	62-18	Chief Executive's report	Standing items	STP governance arrangements to be presented to the board in July for approval	SJ	~~July~~ ~~Sept~~ Nov	~~On Sept agenda pending local authority input~~ On November agenda pending local authority input	Pending
8	May 2018	65-18	CRR	KSO1	Review of definitions/development of heat map for current and residual risk ratings.	JMT	~~July~~ Sept	**Agreed at September board**	Closed
9	May 2018	65-18	CRR	KSO1	EMT to undertake refresh of BAF, include risk appetite and return to board for approval	JMT	~~July~~ Sept	Overall BAFs reviewed and revised in September board packs	Closed

10	May 2018	67-18	Quality and safety	KSO1	Evaluation of facebook recruitment initiative to be undertaken and reported back to November BoD (via Sept F&PC)	**GO**	~~Sept~~ Nov	Presented at September F&PC meeting	**Closed**
11	May 2018	71-18	MD report	KSO2	Outcome of forthcoming Deanery visit to be reported back to board	**EP**	Nov	Feedback scheduled for Nov BoD	**On Nov agenda**
12	March 2018	43-18	Quality and safety report	KSO1	New revised streamlined patient experience report to be trialled from May 2018, with board evaluation scheduled for September 2018	**JMT**	Sept	Agreed at September board that this format should be retained	**Closed**
13	March 2018	45-18	Medical Director's report	KSO2	Members of Clinical Research department to be invited to present at future Board seminar	**EP**	July	Members attended October board seminar	**Closed**
14	March 2018	48-18	Operational performance	KSO3	Revised trajectories to be prepared for F&PC, setting out worst case/good case/best case scenarios	~~**SLJ**~~ ~~**MH**~~ **AJ**	July	Revised and reported to September board	**Closed**
15	January 2018	16-18	Q&GC assurance	KSO1	Governance process for FTSU reporting to be clarified	~~**GC**~~ ~~**KG/JMT**~~ **GO**	Sept	Policy to September audit committee for ratification	**Closed**

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**Thursday, 1 November 2018**		**Agenda reference:**	**159-18**	
Report title:	**Chair's Report**				
Sponsor:	Beryl Hobson, Chair				
Author:	Beryl Hobson, Chair				
Appendices:	None				
Executive summary					
Purpose of report:	To update the Board of Directors on the Chair, NED and governors activities since the last board meeting				
Summary of key issues	This is the first written Chair's report to the board. Whilst a major focus of board activity has been on financial, operational and workforce challenges facing QVH, the board also balances its time with the quality and safety agenda and patient experience.				
Recommendation:	For the Board to **NOTE** the report				
Action required		**Information**			
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	NA				
Corporate risk register:	NA				
Regulation:	NA				
Legal:	NA				
Resources:	NA				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	NA				

Report to:	Board of Directors
Meeting date:	01 November 2018
Agenda item reference no:	159-18
Report from:	Beryl Hobson, Chair
Date of report:	18 October 2018

Chairs Report

Overview

1. This is the first written Chair's report to the board, and feedback would be very welcome.
2. By way of background the board meets every month – alternating between the formal public board meeting and a board seminar. The seminar is an opportunity to explore and discuss strategic and topical issues, as well provide time for board development and training. The board is very conscious that all decisions should be made in a properly constituted board meeting. Board members are also involved in committees which allow greater in-depth examination of issues. Committee Charis are asked to report to board, to give assurance (or otherwise) on the issues discussed by their committee.
3. As will be seen from today's board papers, a major focus of the board's activities has been on the financial, operational and workforce challenges facing QVH. It is of course essential that we also balance board time with the quality and safety agenda and the patient experience. All these issues are of course intrinsically linked with each other. For this reason we review the board agenda for each meeting to ensure that each of our key strategic objectives receives equal attention during the year.

Chair's activities

4. Approximately 18 months ago, I established the Sustainability and Transformation Programme (STP) Oversight group, which was comprised of the Chairs and Leaders of the twenty four organisations involved in the STP. Following the review of the governance arrangements, a new Chair has been elected to take the oversight group forward. I will of course continue to attend the meetings and provide support to the new Chair, Dr Laura Hill, Chair of Crawley CCG. There are some significant issues facing the oversight group, not least the effective governance of the STP.

5. Since the last board meeting, I have attended a number of meetings and walk rounds including:
    a. Trust induction – the CEO and I attend the first hour of induction for all new members of staff. The purpose is to welcome new people and also to 'set the tone' in terms of our vision and to outline our strategy. On average we see approximately 200 new members of staff each year and feedback has been positive about our visibility at this important point of a staff member's career.
    b. Chair & CEO breakfast or afternoon tea. Once a month Steve Jenkin and I take a table in the Spitfire café and invite any member of staff to pop in and meet us there. On average we see about 4-5 members of staff (the range is from 0 - when we moved the breakfast to Monday morning – to 8, at which point we split into two groups). The issues we discuss are varied – from individual or team concerns through to people who come to say 'hello' or 'thank you'.

c. Walkabouts – since I was appointed I have always undertaken informal 'walkabouts' around the Trust. The purpose of these walkabouts is threefold – to increase board visibility, listen to staff and to enable me to observe what is happening to be able to 'triangulate' the information we receive at board.
Since our 'Well–Led' review earlier this year, I have made a more formal record of the teams I have visited. Recent visits include:
   - Trauma clinic
   - Evolve team
   - Health records
   - Business managers
   - Medical photography
   - Occupational Therapy technicians
   - Peanut ward
   - Volunteers
   - Macmillan team
   - Prosthetics
   - Kitchens
   - Housekeeping

   These visits are invaluable in enabling me to understand the work of the Trust and the challenges facing our teams in their day to day work

6. A highlight of my year is the Annual Staff Awards, where the amazing work done in the hospital is celebrated. The Awards ceremony on 4th October was a brilliant evening, and we heard some very emotional stories about the way our staff make a big difference to the lives of patients.
   It is a great privilege to shortlist for the Chair's Cup (with the Director of Nursing). The Chair's Cup is for a team or individual who has designed meaningful improvements to the quality of our service and patient outcomes. We were delighted to make the award to Jeremy Collyer, Consultant Maxillofacial Consultant and Clinical IT lead for his outstanding work on our Information Management &Technology (IM&T) strategy.
   I would like to congratulate Jeremy, the other award winners and everyone who was nominated.

7. Conferences and dinners attended since the last Board of Directors:
   - NHS Providers Chair and CEO event- These are always very helpful meetings not least because of the strategic and policy updates from Chris Hopson, Chair of NHS Providers. We also heard from the new CEO of CQC, Ian Trenholm, who spoke about CQC inspections of whole health systems and the CEO of the GMC on the clinician as leader.
   - HFMA (Health Financial Managers Association): Chairs, Non-Executive and Lay Members Forum – we heard excellent presentations about vertical integration, NHS Resolution (litigation) and the role of NEDs as critical friend
   - NHS Providers dinner with Baroness Dido Harding, Chair of NHS Improvement – It was useful to hear about the proposed closer working between NHSI and NHS England (NHSE) and the desire by NHSI to provide greater support to trusts.

8. The board of QVH is the corporate trustee of QVH charity and in this capacity I attended the first influencers dinner at which we announced that actor, Jack Ashton (Rev Hereward in BBC's 'Call the Midwife'), would be our charity ambassador. We have taken a big step forward in developing the charity over the last year and look forward to future developments.

Non-Executive Director (NED) Activities

9. Since the last board meeting the Non-Executive Directors have Chaired/attended Board Committee meetings and have had individual meetings with Executive Directors and Governors. We have also introduced a more formal board engagement programme for NEDs and Executive Directors. Recent visits include:
    - Compliance in Practice visits
    - Attendance at Staff Awards
    - Visits to Trauma Clinic, Histopathology, Sleep Therapy centre, Pharmacy visit, Outpatients and Maxillofacial Department
    - Attendance at Joint Hospital Governance Group meeting
    - Meeting with the Freedom to Speak Up Guardian

Governor Activity

10. The full Council of Governors met on Monday 15 October and there was considerable interest from the governors in the Trusts financial position and operational pressures.
11. The governors will be meeting again at a forum on 5 November 2018. The purpose of this forum is for governors to understand the roles of the lead governors and the NEDs. In the evening John Belsey, the lead governor, has organised a social event for governors and Directors.
12. The governors' appointments committee will be meeting on 10 December to commence the process of appointing two new NEDs to replace Ginny Colwell and John Thornton in 2019. To assist in this process, I have been undertaking a skills audit with the NEDs.
13. One of our governors, Peter Shore, sits on the Sussex and East Surrey STP Engagement and Equality Reference Group.

KSO 1 Outstanding Patient Experience	KSO 2 World Class Clinical Services	KSO 3 Operational Excellence	KSO 4 Financial Sustainability	KSO 5 Organisational Excellence
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.	We provide world class services that are evidenced by clinical and patient outcomes and underpinned by our reputation for high quality education and training and innovative R&D.	We provide streamlined services that ensure our patients are offered choice and are treated in a timely manner	We maximize existing resources to offer cost-effective and efficient care whilst looking for opportunities to grow and develop our services.	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 during October 2018 alongside the corporate risk register. KSO 1 and 2 were reviewed 18 October at the Quality and Governance Committee. KSO 3, 4 and 5 were reviewed 22 October at the Finance and Performance Committee. Changes since the last report are shown in underlined type on the individual KSO sheets. The key risks to organisational excellence remains workforce , the key risk to financial sustainability is underperformance against income plan and the key risk to operational excellence remains RTT 18 and the 52 week breach position . Additional assurance continues to be sought internally and the evidence of this is referenced in the respective director reports to the November trust board and has been shared externally with externally to regulators and commissioners.

	Q 3 2017/8	Q 4 2017/8	Q 1 2018/9	Q2 2018/19	Target risk
KSO 1	15	15	15	15	9
KSO 2	12	12	12	12	8
KSO 3	20	20	20	20	15
KSO 4	20	20	20	20	16
KSO 5	16	20	20	20	15

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**01/11/2018**		**Agenda reference:**	**160-18**	
Report title:	**Chief Executive's Report**				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Steve Jenkin, Chief Executive				
Appendices:	1) Integrated Performance Dashboard Summary 2) QVH media update August & September 2018				
Executive summary					
Purpose of report:	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.				
Summary of key issues	• Introduction of an Integrated Performance Dashboard Summary • CQC request Routine Provider Information Request • NHS Improvement published Q1 finance and operational performance figures for the provider sector.				
Recommendation:	For the Board to **NOTE** the report				
Action required				Assurance	
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	Included as part of this report				
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	EMT				
	Date:	22/10/18	Decision:	Review BAF	
Next steps:					

CHIEF EXECUTIVE'S REPORT

NOVEMBER 2018

TRUST ISSUES

Planning for the future of QVH

Our strategy QVH 2020: Delivering excellence remains core to our approach, with the five key strategic objectives shaping our work:

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

Two key overarching and on-going pieces of work related to this are reflected in our Board papers:

1. Partnership with BSUH and WSHFT. The Boards of Brighton and Sussex University Hospitals Trust (BSUH), Queen Victoria Hospital Foundation Trust (QVH) and Western Sussex Hospitals Foundation Trust are building on current partnership working to further align both clinical and support services. We have set up a programme board to make recommendations for further work in areas of current clinical collaboration including burns, plastics and head and neck services, as well as additional clinical and non-clinical areas. QVH Board members will be meeting the chair and chief executive of BSUH/WSHFT in December.

2. We are developing our vision for one of the best surgical hospitals in the country and the estate that we need to deliver this. Work to engage staff and external stakeholders in this is described in more detail in a separate Board paper.

As the second smallest trust in the country, both of these workstreams are essential to protecting our reputation for providing outstanding patient experience and excellent clinical care, and securing the long term future of QVH.

Integrated Performance Dashboard Summary

This month sees the introduction of an Integrated Performance Dashboard summary (Appendix 1) as part of my report highlighting at a glance the key indicators from all areas within the trust including safety and quality, finance and operational performance, and workforce. Using the CQC five domains: safe; effective; caring; responsive; and, well-led; activity figures for the month are included against plan and compared with last year.

Care Quality Commission (CQC) – Routine Provider Information Request

We have received correspondence from CQC requesting information on the trust as part of their routine information gathering. As set out in CQC's guidance for NHS trusts, within six months of the date of the letter CQC say they will carry out an inspection of well-led at the trust-wide level, along with an inspection of at least one core service. CQC will use the information in our response to help them decide their inspection approach. Our last inspection took place in November 2015.

Brexit - Secretary of State's letter regarding EU Exit NHS Trust Contract Review

The Secretary of State has written to all trust chief executives to advise of the requirements to ensure continuity of supply of goods and services in the event of a no deal Brexit. A pack of materials was forwarded to each NHS trust's head of procurement, including a self-assessment methodology to use to identify contracts that may be impacted by EU exit. The letter asks for the appointment of a board-linked Senior Responsible Officer (SRO) to oversee this work and a summary

of contracts deemed highly impacted, with mitigating activities, by 30 November. The pack also included a list of categories and suppliers that are being managed by Department of Health and Social Care, such as the supply of medicines. Michelle Miles has taken on the SRO role for QVH.

Specialist Trusts project
Acute Specialist Trusts like QVH play a unique and pivotal role in the lives and care of millions of people across England. They have led the way in new approaches and new ways of working, with a particular emphasis on collaboration in the fields of cancer, ophthalmology, neurological conditions, orthopaedics, visual impairment and the care of women and children.

The NHS Confederation and the Federation of Specialist Hospitals will be working together to deliver a report which builds on the experiences of collaboration to date and to explore the role that Acute Specialist Trusts can play in the development of the next phase of system transformation and in particular the development of Integrated Care Systems. As local health and care economies increasingly focus on what is happening locally, it is important that we ensure that specialist provision is part of their considerations and wider transformation planning. This fits neatly with our role within the Sussex and E Surrey STP. The project should be concluded by January 2019 with a report published in the Spring 2019.

Board Assurance Framework (BAF)
Attached is the BAF front sheet, the following points are worth noting:

Recruitment and retention remains one of the most significant challenges facing the NHS and in particular at QVH in theatres and critical care.

Media
Appendix 2 shows a summary of QVH media activity during August and September.

SECTOR ISSUES
Sussex & East Surrey Sustainability & Transformation Partnership (SES STP)
National guidance 'Next Steps on the NHS Five Year Forward View' published in 2017 highlighted the need to strengthen Sustainability and Transformation Partnerships (STPs), their leadership and infrastructure. The guidance described the formation of 'Sustainability and Transformation Partnerships'. These are not new statutory bodies and hence supplement rather than replace the accountabilities of individual organisations.

Recent revisions to the SES STP governance arrangements and commitment to collaborative system leadership via the newly introduced Compact have been approved by both the STP Executive and Oversight Groups. Each of the 24 organisations within the STP are being asked to seek endorsement of these changes through their respective Boards.

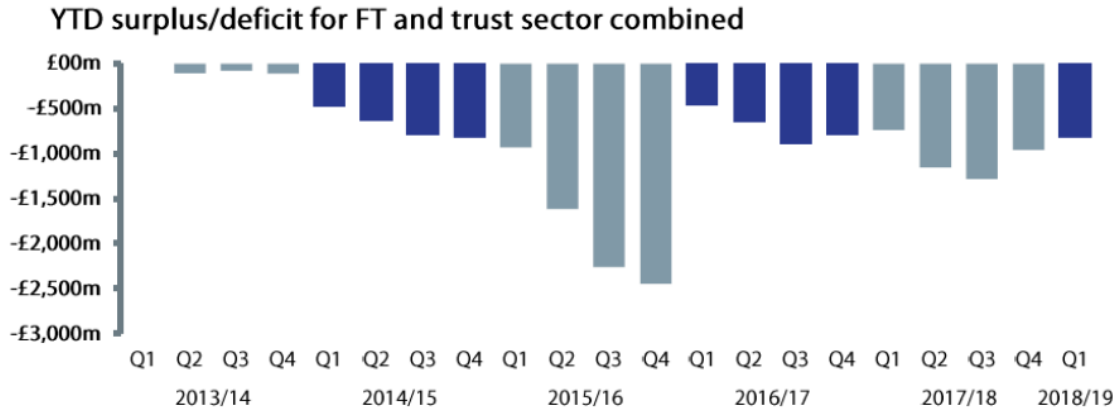
NATIONAL ISSUES
NHS Planning Guidance 2019/20
The Government has announced a five-year revenue budget settlement for the NHS from 2019/20 to 2023/24 - an annual real-term growth rate over five years of 3.4%. In return for this commitment, the Government has asked the NHS to develop a Long Term Plan which will be published in late November or early December 2018 with its aim to:

- improve productivity and efficiency;

- eliminate provider deficits;
- reduce unwarranted variation in quality of care;
- incentivise systems to work together to redesign patient care;
- improve how we manage demand effectively; and
- make better use of capital investment.

NHS Improvement (NHSI) Q1 publication of Providers Finance and Performance
Published on11 September 2018, the figures cover the three month period ending 30 June 2018. The key headlines:

- The provider trusts are forecasting a deficit of £519m, despite the requirement set out in the planning guidance to deliver a balanced income and expenditure position. Almost £500m efficiency savings have been delivered during this quarter.
- NHSI has for the first time published the underlying provider deficit going into 2018/19, which stands at £4.3bn gross; the approach to tackling the deficit will form part of the NHS long-term plan.
- The year to date provider sector deficit for Q1 was £814m, £22m better than planned but £78m worse than Q1 in 2017/18.



- 163 (71%) of 230 trusts are reporting a deficit at Q1, including the Provider Sustainability Fund (PSF). 92% of acute providers are now in deficit.

- 61 providers are reporting adverse variances against their year to date plans, including PSF due mainly to demand pressures, spend on temporary staff and under delivery of CIP.
- The Agenda for Change pay award is not included in the year-to-date figures; NHSI recognise that many provides will experience cost pressures during the year as the Government did not fully fund the pay uplift.

- The elective waiting list is around 4m patients with RTT performance at 87.8%.
- 3,402 patients were waiting over a year for treatment

Source of NHS Providers

NHS vacancies present 'national emergency'
NHS staff shortages in England are worsening, according to the latest figures from NHS Improvement. For the April to June period, 11.8% of nurse posts were not filled - leaving a shortage of almost 42,000. Some 9.3% of doctor posts were vacant - a shortage of 11,500 - and overall, 9.2% of all posts were not filled - a shortage of nearly 108,000. Siva Anandaciva, chief analyst at the King's Fund think tank, said the shortage of nurses was at risk of becoming a "national emergency", while Tom Sandford of the Royal College of Nursing stressed that the number of nurse vacancies had risen by 17% in the past three months alone: "The government must immediately investigate this sudden spike," he urged.

Care Quality Commission (CQC) State of Care report
This year's CQC State of Care published on 11 October finds that most people receive a good quality of care, but that people's experiences are often determined by how well different parts of local systems work together.

State of Care is CQC's annual assessment of health and social care in England. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.

This year's report finds that some people can easily access good care, but others cannot access the services they need, experience disjointed care, or only have access to providers with poor services.

By looking at local health and care systems, CQC found it harder for people to access services in the community in places where services failed to work well together. In turn, this can lead to unnecessary admissions to hospital, putting extra pressure on acute and mental health services.

The challenge for all local health and social care organisations is to understand the needs of local people and to work together to find sustainable solutions that put people first.

Steve Jenkin
Chief Executive

Integrated Dashboard Summary
Key indictators at a glance - September 2018

Queen Victoria Hospital NHS
NHS Foundation Trust

Safe	
C-Diff	0
MRSA	0
E-coli	0
Gram-negative BSIs	0
Serious Incidents	0
Never Events	0

Effective	
No of QVH deaths	0
No of off-site deaths (within 30 days)	2

Caring	
Contacts	17128
Complaints	4
Closed <30 days	0
FFT	
In-patient	100%
Day surgery	98%
MIU	96%
Trauma	86%
O/Ps	96%

Responsive	
MIU <4hrs	99.00%
RTT 18 weeks	74.04%
Cancer 2ww	95.60%
Cancer 62 day	80.39%
Diagnsotics <6weeks	97.30%
52ww	127
Referrals via eRS	96.64%

Well led	
Vacancy rate	14.63%
Turnover rate	19.88%
Sickness rate	3.23%
Appraisal rate	76.89%
MAST	87.70%
Staff FFT (work at QVH)	61.59%
Staff FFT (care at QVH)	91.39%
Financial plan	£373k
Variance to plan	£238k
Patient activity income	(£543k)
CIP delivery YTD	(£81k)
Agency spend % of pay bill	6.45%

Activity - M6	Plan	Actual	2017/18
MIU attendances	913	**1083**	880
Elective (day case)	1098	**873**	1037
Elective	343	**276**	340
Non-elective	481	**422**	413
Critical care	75	**79**	53
O/P first attendance	4030	**3764**	3760
O/P follow up	11565	**9272**	10549
O/P procedures	2834	**1838**	1820
Other	3845	**2948**	3583

Key	Improved Performance	Deteriorating Performance	Remains the same

N.B Based on previous month's data

QVH media update – August and September 2018

Here's a summary of the media activity secured for QVH…

Research wins prestigious prize

A research project which is hoped to improve the outcomes of head and neck cancer surgery by providing real-time analysis of the tissue as it is removed, gained the President's Prize at the British Association of Oral and Maxillofacial Surgeons meeting for our consultant maxillofacial/head and neck cancer surgeon Jagtar Dhanda.


'iKnife' technique wins QVH surgeon top award

News of the prize for research about the intelligent knife or "iKnife" which can tell surgeons immediately whether the tissue they are cutting is cancerous or not, received coverage in the Clinical Services Journal website and also in our local press – the East Grinstead Gazette where it was a feature story (pictured), the Crawley News, and The Sussex Newspaper website.

Staff complete first term of new nursing associate apprenticeship


QVH welcomes its first trainee nursing associates

The East Grinstead Gazette ran a feature piece about Anna Rose and Yasmin Eager, our first trainee nursing associates. The nursing associate role has been devised nationally to bridge a gap between health care assistants and registered nurses, to deliver additional hands-on care. Anna and Yasmin are among 2,000 people in England currently on a two-year training course.

The news was also popular on our Facebook page with lots of comments congratulating Anna and Yasmin – the post was seen by nearly 2,000 people.

Supporter Mike's super cycling challenge

QVH Charity supporter Mike Gwynn received a series of local media this month in the lead-up to his Ride across Britain 980 mile cycle challenge from Lands' End to John O'Groats. This included the Oxted and District Gazette website; the County Border News website (pictured); and the Edenbridge Chronicle.


COUNTY BORDER NEWS MORE

Lingfield cyclist to ride across Britain for charity

Wednesday, 29 August 2018 - Charity

by Chloe Bell - Reporter

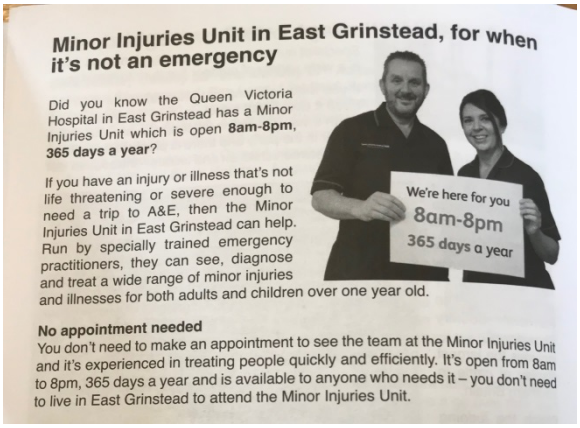
editorial@tindlenews.co.uk

Mike is traveling across Britain on his bike for facial palsy.

A LOCAL man from Lingfield is cycling across Britain in aid of Queen Victoria Hospital's facial palsy service.

0 Post a comment

Mike was also interviewed on Wednesday 29 August on local radio station Meridian FM talking about his challenge, his brother-in-law Bob who has inspired him to get on his bike, and our facial palsy service. We have also been promoting Mike's fundraising on our social media.



Minor Injuries Unit in East Grinstead, for when it's not an emergency

Did you know the Queen Victoria Hospital in East Grinstead has a Minor Injuries Unit which is open **8am-8pm, 365 days a year**?

If you have an injury or illness that's not life threatening or severe enough to need a trip to A&E, then the Minor Injuries Unit in East Grinstead can help. Run by specially trained emergency practitioners, they can see, diagnose and treat a wide range of minor injuries and illnesses for both adults and children over one year old.

No appointment needed

You don't need to make an appointment to see the team at the Minor Injuries Unit and it's experienced in treating people quickly and efficiently. It's open from 8am to 8pm, 365 days a year and is available to anyone who needs it – you don't need to live in East Grinstead to attend the Minor Injuries Unit.

Promoting our minor injuries unit

The autumn issue of Community News (distributed in August), the free local magazine distributed to Lingfield, Crowhurst, Dormansland, Dormans Park, Felcourt, featured a one and a half page article about our minor injuries unit and the support it can offer local people. The piece, supplied by QVH, was written to raise awareness of the minor injuries unit following feedback that people in Lingfield in particular were unaware of the service.

Our minor injuries unit was also featured in information circulated by NHS Crawley, our local clinical commissioning group, urging people to plan well for the bank holiday weekend. The release was picked up by publications including the Crawley Observer.

RH Uncovered magazine

We received two mentions in the August issue of the East Grinstead edition of RH Uncovered magazine. It dedicated a full page to the celebrities (Amanda Redman, Fiona Dolman, Jack Ashton and Dr Mark Porter) who supported QVH to mark the NHS' 70th birthday (pictured) with information about the QVH Charity.

In the same edition it also featured Dr Peter Venn, a consultant in our sleep disorder centre, who recently received a College Medal from the Royal College of Anaesthetics for outstanding achievements.

COMMUNITY

Celebs Support QVH For The NHS' 70th Birthday

Last month the NHS celebrated a very special birthday, and to mark the NHS turning 70, celebrities have been raising a mug or two to one of the nation's best-loved institutions with a good old-fashioned cuppa'. Those getting involved have been well-known faces to TV viewers who have been showing their support for a particular NHS organisation close to home, the Queen Victoria Hospital in East Grinstead.

By Jacob White

The Big 7tea campaign asked people up-and-down the country to raise a cuppa' to the NHS on or around July 5, the official 70th birthday of the organisation, and at the same time raise much-needed funds for NHS charities working across Britain like Queen Victoria Hospital's own QVH Charity.

Star of ITV series, Good Karma Hospital, Amanda Redman, spoke about being a patient at Queen Victoria Hospital as a child when she suffered third degree burns. She was glad to lend her support for the East Grinstead hospital where she received regular treatment during her childhood years.

Actor and activist, Jack Ashton, best known for playing the role of the vicar, Rev Tom Hereward in the popular Sunday evening BBC TV show, Call the Midwife, said: "I went to visit the wonderful staff at Queen Victoria Hospital recently – 70 years of the NHS aren't we lucky!"

GP and medical correspondent, Dr Mark Porter said: "Wishing the NHS a happy 70th birthday. I'll be raising a cuppa' to celebrate and encourage you to as well to say thank you to NHS hospitals like Queen Victoria Hospital and NHS charities for the important role they play in looking after the nation's health."

Actress Fiona Dolman, star of drama Midsomer Murders, said: "To celebrate the wonderful NHS turning 70 this year go to www.nhsbig7tea.co.uk and pick one of the 250 dedicated charities that work behind the scenes and host a tea party to raise a bit of cash. Mine is QVH Charity Happy Birthday NHS."

Charity Begins At... Hospital

Queen Victoria Hospital helps to get lives back together, close at hand is the QVH Charity which funds important initiatives like medical research projects to find new treatments, provides more and better equipment and works to improve patient environments. Donations received make a real difference to the care the hospital can provide to patients who have been devastated by their injuries. Every day the hospital provides life-changing surgery and care, free of charge to every NHS patient. The charity is committed to improving hospital facilities and supporting projects that fall outside of core NHS funding.

For more information about the QVH Charity visit: www.supportqvh.org/

6 www.rhuncovered.co.uk RH Uncovered @RHUncovered 01342 718048

QVH in the local press

HOME

Gifts for Queen Vic

Last month East Grinstead's The Bookshop once again showed how generous its staff and customers are, with the latest donation of books to the patients of the Queen Vic. Part of their 'buy a book for a stranger' campaign, customers were encouraged to buy a book and gift a book at the same time. As you can see there was a lovely array of adult books for c-wing and children's books for the Peanut ward. Each lovingly wrapped in brown paper with just a few clues on the front as to what it might be!

The August edition of East Grinstead Living Magazine featured a piece about local book shop, The Bookshop's, donation to our patients through its 'buy a book for a stranger' campaign (pictured).

This month the East Grinstead Gazette ran a feature on former East Grinstead mayor Julie Mockford (who works at QVH) donating the proceeds of her year of fundraising to three charities including QVH Charity. The piece featured a lovely quote about the charity.

The East Grinstead branch of the NHS Retirement Fellowship was mentioned in the East Grinstead Gazette and also the East Grinstead Courier to mark a special event held to celebrate its 20th anniversary this month. The event was attended by Beryl Hobson, chair of QVH, as well as many members of former QVH staff, some of whom now volunteer for us.

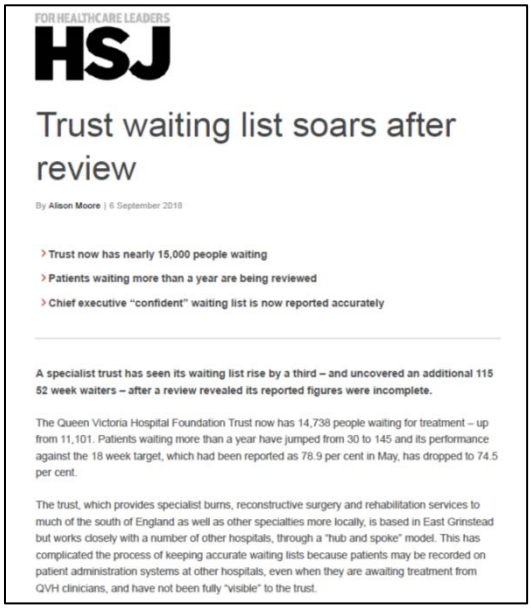
August on social media

We were delighted to hit the milestone of 1,500 followers on our Facebook page!

We are continuing on our 70 things QVH is proud of (#70ThingsQVHIsProudOf) social media campaign which builds on the momentum of NHS70 and is a way of highlighting some of the amazing work carried out here at QVH and achievements of our team. The picture-led posts are receiving a good response on both Facebook and Twitter.

We have also used social media to encourage nominations for the 'outstanding patient experience' award at our QVH Staff Awards, the category where patients and visitors can nominate. Anyone who has left a review, written a positive comment about a member of staff, or sent us feedback via direct message has also been sent the link to the nomination form in case they would like to take part.

If you use Facebook and Twitter and do not already follow us please do. You can find us on Facebook via this link and also on Twitter.


FOR HEALTHCARE LEADERS
HSJ

Trust waiting list soars after review

By Alison Moore | 6 September 2018

- Trust now has nearly 15,000 people waiting
- Patients waiting more than a year are being reviewed
- Chief executive "confident" waiting list is now reported accurately

A specialist trust has seen its waiting list rise by a third – and uncovered an additional 115 52 week waiters – after a review revealed its reported figures were incomplete.

The Queen Victoria Hospital Foundation Trust now has 14,738 people waiting for treatment – up from 11,101. Patients waiting more than a year have jumped from 30 to 145 and its performance against the 18 week target, which had been reported as 78.9 per cent in May, has dropped to 74.5 per cent.

The trust, which provides specialist burns, reconstructive surgery and rehabilitation services to much of the south of England as well as other specialties more locally, is based in East Grinstead but works closely with a number of other hospitals, through a "hub and spoke" model. This has complicated the process of keeping accurate waiting lists because patients may be recorded on patient administration systems at other hospitals, even when they are awaiting treatment from QVH clinicians, and have not been fully "visible" to the trust.

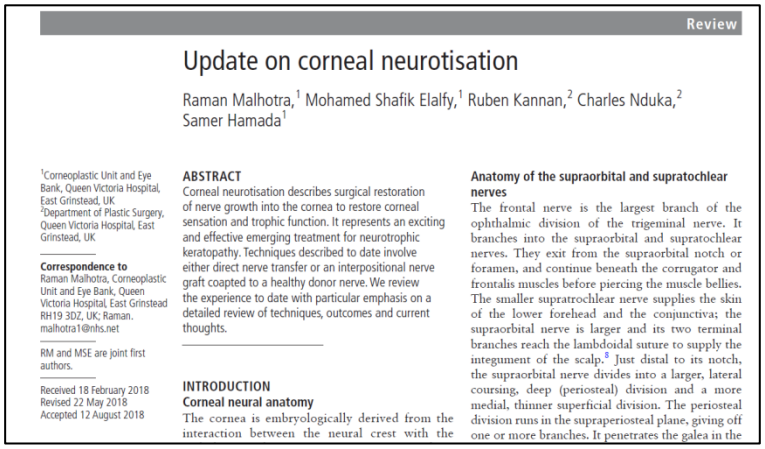
Waiting list coverage in the HSJ

In September the HSJ (Health Services Journal) covered the subject of whether NHS hospitals could meet the "flagship elective target" of making sure their waiting lists were no higher in March 2019 than in March 2018. Following their initial story about hospitals in trouble, there was a follow-up piece specifically about QVH regarding our wait times on the back of a pro-active briefing of an HSJ journalist.

The story details our waiting list rising by a third and how an increase in patients waiting 52 weeks for treatment was uncovered following internal analysis into our reporting figures. It also incorporated what we are doing to rectify the situation, including assurance from Steve Jenkin, our chief executive, that waiting lists are now reported accurately.

Corneal neurotisation in the British Journal of Ophthalmology

After months in the making, the peer-reviewed journal British Journal of Ophthalmology featured an article about the corneal neurotisation procedure we perform here at QVH. Entitled "Update on corneal neurotisation" it was written by Raman Malhotra (consultant ophthalmic surgeon), Mohamed Elalfy (corneal fellow), Ruben Kannan (consultant plastic surgeon), Charles Nduka (consultant plastic surgeon), Samer Hamada (consultant ophthalmic surgeon) – highlighting our pioneering surgery.


Review

Update on corneal neurotisation

Raman Malhotra,[1] Mohamed Shafik Elalfy,[1] Ruben Kannan,[2] Charles Nduka,[2] Samer Hamada[1]

[1]Corneoplastic Unit and Eye Bank, Queen Victoria Hospital, East Grinstead, UK
[2]Department of Plastic Surgery, Queen Victoria Hospital, East Grinstead, UK

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Raman Malhotra, Corneoplastic Unit and Eye Bank, Queen Victoria Hospital, East Grinstead RH19 3DZ, UK; Raman.malhotra1@nhs.net

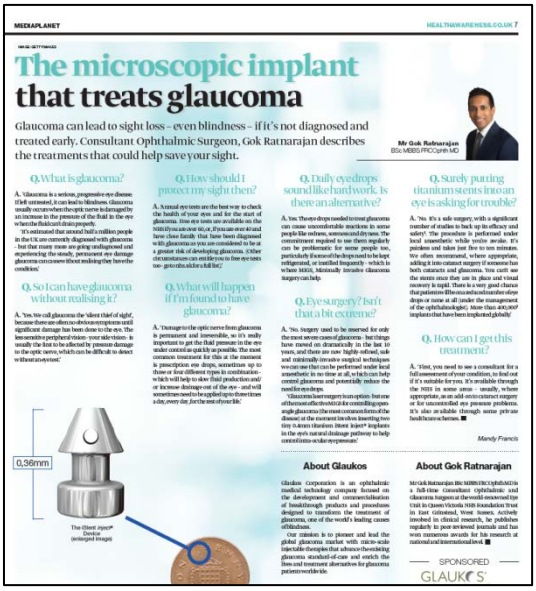
RM and MSE are joint first authors.

Received 18 February 2018
Revised 22 May 2018
Accepted 12 August 2018

ABSTRACT
Corneal neurotisation describes surgical restoration of nerve growth into the cornea to restore corneal sensation and trophic function. It represents an exciting and effective emerging treatment for neurotrophic keratopathy. Techniques described to date involve either direct nerve transfer or an interpositional nerve graft coapted to a healthy donor nerve. We review the experience to date with particular emphasis on a detailed review of techniques, outcomes and current thoughts.

INTRODUCTION
Corneal neural anatomy
The cornea is embryologically derived from the interaction between the neural crest with the

Anatomy of the supraorbital and supratochlear nerves
The frontal nerve is the largest branch of the ophthalmic division of the trigeminal nerve. It branches into the supraorbital and supratochlear nerves. They exit from the supraorbital notch or foramen, and continue beneath the corrugator and frontalis muscles before piercing the muscle bellies. The smaller supratrochlear nerve supplies the skin of the lower forehead and the conjunctiva; the supraorbital nerve is larger and its two terminal branches reach the lambdoidal suture to supply the integument of the scalp.[8] Just distal to its notch, the supraorbital nerve divides into a larger, lateral coursing, deep (periosteal) division and a more medial, thinner superficial division. The periosteal division runs in the supraperiosteal plane, giving off one or more branches. It penetrates the galea in the



MEDIAPLANET

HEALTHAWARENESS.CO.UK 7

The microscopic implant that treats glaucoma

Glaucoma can lead to sight loss – even blindness – if it's not diagnosed and treated early. Consultant Ophthalmic Surgeon, Gok Ratnarajan describes the treatments that could help save your sight.

Mr Gok Ratnarajan BSc MBBS FRCOphth MD

Q. What is glaucoma?

A. 'Glaucoma is a serious, progressive eye disease. If left untreated, it can lead to blindness. Glaucoma usually occurs when the optic nerve is damaged by an increase in the pressure of the fluid in the eye when the fluid can't drain properly.

'It's estimated that around half a million people in the UK are currently diagnosed with glaucoma – but that many more are going undiagnosed and experiencing the steady, permanent eye damage glaucoma can cause without realising they have the condition.'

Q. How should I protect my sight then?

A. 'Annual eye tests are the best way to check the health of your eyes and for the start of glaucoma. Free eye tests are available on the NHS if you are over 60, or, if you are over 40 and have close family that have been diagnosed with glaucoma so you are considered to be at a greater risk of developing glaucoma. (Other circumstances can entitle you to free eye tests too – get on this site for a full list.)'

Q. Daily eyedrops sound like hard work. Is there an alternative?

A. 'Yes. These eye drops needed to treat glaucoma can cause uncomfortable reactions in some people like redness, soreness and dryness. The commitment required to use them regularly can be problematic for some people too, particularly if some of the drops need to be kept refrigerated, or instilled frequently – which is where MIGS, Minimally Invasive Glaucoma Surgery can help.

Q. Surely putting titanium stents into an eye is asking for trouble?

A. 'No. It's a safe surgery, with a significant number of studies to back up its efficacy and safety. The procedure is performed under local anaesthetic while you're awake. It's painless and takes just five to ten minutes. We often recommend, where appropriate, adding it into cataract surgery if someone has both cataracts and glaucoma. You can't see the stents once they are in place and visual recovery is rapid. There is a very good chance that patients will be on a reduced number of eye drops or none at all (under the management of the ophthalmologist). More than 400,000 implants that have been implanted globally.'

Q. So I can have glaucoma without realising it?

A. 'Yes. We call glaucoma the 'silent thief of sight', because there are often no obvious symptoms until significant damage has been done to the eye. The less sensitive peripheral vision – your side vision – is usually the first to be affected by pressure damage to the optic nerve, which can be difficult to detect without an eye test.'

Q. What will happen if I'm found to have glaucoma?

A. 'Damage to the optic nerve from glaucoma is permanent and irreversible, so it's really important to get the fluid pressure in the eye under control as quickly as possible. The most common treatment for this at the moment is prescription eye drops, sometimes up to three or four different types in combination – which will help to slow fluid production and/or increase drainage out of the eye – and will sometimes need to be applied up to three times a day, every day, for the rest of your life.'

Q. Eye surgery? Isn't that a bit extreme?

A. 'No. Surgery used to be reserved for only the most severe cases of glaucoma – but things have moved on dramatically in the last 10 years, and there are now highly-refined, safe and minimally-invasive surgical techniques we can use that can be performed under local anaesthetic in no time at all, which can help control glaucoma and potentially reduce the need for eye drops.

'Glaucoma laser surgery is an option – but one of the most effective ways of controlling open-angle glaucoma (the most common form of the disease) at the moment involves inserting two tiny 6-mm titanium iStent Inject® implants in the eye's natural drainage pathway to help control intra-ocular eye pressure.'

Mandy Francis

Q. How can I get this treatment?

A. 'First, you need to see a consultant for a full assessment of your condition, to find out if it's suitable for you. It's available through the NHS in some areas – usually, where appropriate, as an add-on to cataract surgery or for uncontrolled eye pressure problems. It's also available through some private healthcare schemes.'

0.36mm

The iStent Inject® Device (enlarged image)

About Glaukos

Glaukos Corporation is an ophthalmic medical technology company focused on the development and commercialisation of breakthrough products and procedures designed to transform the treatment of glaucoma, one of the world's leading causes of blindness.

Our mission is to pioneer and lead the global glaucoma market with micro-scale injectable therapies that advance the existing glaucoma standard-of-care and enrich the lives and treatment alternatives for glaucoma patients worldwide.

About Gok Ratnarajan

Mr Gok Ratnarajan BSc MBBS FRCOphth MD is a full-time Consultant Ophthalmic and Glaucoma Surgeon at the world-renowned Eye Unit in Queen Victoria NHS Foundation Trust in East Grinstead, West Sussex. Actively involved in clinical research, he publishes regularly in peer-reviewed journals and has won numerous awards for his research at national and international level. ■

SPONSORED GLAUKOS

The Guardian – national eye health week

To coincide with eye health week in September, The Guardian ran a special eye supplement, which included an article about glaucoma by Gok Ratnarajan, our consultant ophthalmic and glaucoma surgeon.

The piece explains what glaucoma is as well as how a microscopic implant could help save a person's sight. The article was sponsored by Glaukos, a company which produces stents which we use for our minimally invasive glaucoma surgery.

Life-changing jaw surgery

A QVH patient and beauty adviser, Loulou Rich, was featured in both The Sun and the Daily Mail regarding the "life-changing" surgery she received at QVH for an underbite.

The articles, instigated by Loulou, explain how she is now able to smile with confidence after receiving treatment here, and features a series of before and after photos.

Fabulous

JAW DROPPING Woman, 20, flashes perfect smile after op to correct her underbite following years of bullying

Loulou was left with such crippling insecurities that she would desperately try to hide her face in photos

By Andrea Downey, Digital Health Reporter

5th September 2018, 9:49 am | Updated: 5th September 2018, 10:05 am

1 COMMENTS

A STUNNING beauty advisor is finally able to smile with confidence after undergoing surgery to fix her underbite.

Loulou Rich was bullied for having a "messed up face" due to a severe underbite that caused her bottom jaw to sit 8mm too far forward.

MailOnline Health

'People thought I was on drugs because I looked like I was GURNING': Incredible transformation of beauty advisor, 20, who was bullied for years over her severe underbite

Why QVH is a great place to work

Mother and daughter duo Elaine and Emily Ratcliffe kindly allowed us to interview them for a press release building on the momentum of our recent recruitment campaign, to find out more about what inspired them both to work at QVH. This has so far received coverage on the Clinical Services Journal website and as a picture spread in the East Grinstead Gazette, focusing on why our hospital is a great place to work.

CSJ

STANLEY Healthcare

Hugs Celebrat #1 TRUSTED SOLUTION FOR

The website of the Clinical Services Journal

HOME GENERAL NEWS PRODUCT NEWS ARTICLES SUPPLIERS DIARY ARCHIVE

Mum And Daughter Praise Hospital That's "Like An Extended Family"

When Elaine Ratcliffe first walked through the doors of Queen Victoria Hospital in the 1970s to visit a friend who was a patient, little did she know that years later she'd be back and also be starting a family trend.

"I'd always wanted to be a nurse but when I was growing up women weren't encouraged to have careers," explains Elaine. "So at 14 I started serving tea in a nursing home and that's when I truly realised I wanted to work with people. In 2011, years later and after a couple of different careers, my passion for wanting to make a difference was still there so when I was encouraged by a friend to apply for a role at Queen Victoria Hospital to become a healthcare assistant I thought I'd give it a go. Now I can't see myself going anywhere else."


The Telegraph HOME NEWS S

Obituaries

PREMIUM

Obituaries

Margaret Chadd, hospital almoner and campaigner for the bereaved – obituary

share Save 3

Margaret Chadd

In other national news…

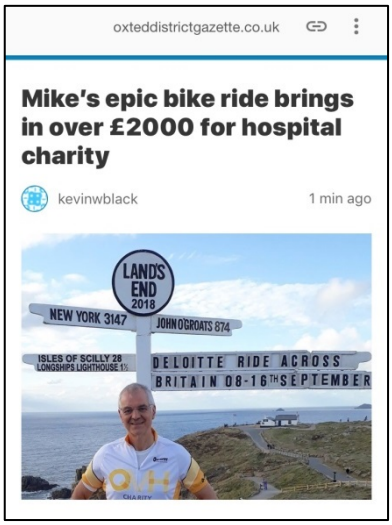
QVH was mentioned in The Telegraph in September in an obituary about Margaret Chadd (pictured) who worked at our hospital with Sir Archibald McIndoe. The piece focuses on her time here during WWII and how she later became a campaigner to improve services for the dying and bereaved.

QVH, or East Grinstead Hospital as we were called in the piece in the North Somerset Times, was mentioned in relation to Marjorie Getgood, who came to our hospital as a young child after her house was hit by a Doodlebug in WWII. She is searching for the Somerset family who took her in when it was mistakenly thought her Mum had died in the blast.

QVH Charity supporter's epic cycling challenge

Following on from the local media coverage QVH Charity fundraiser Mike Gwynn received in August, his epic 980 mile cycle challenge continued to receive interest in September. He was interviewed by radio station Heart Sussex just prior to his Land's End to John O'Groats challenge (8-16 September) in aid of our facial palsy service. His brother in law Bob, his inspiration for the challenge, was also interviewed.

Post-cycle ride Mike's achievement received coverage on the Oxted District Gazette's website (pictured); the County Border News website; and the Edenbridge Chronicle website.


oxteddistrictgazette.co.uk

Mike's epic bike ride brings in over £2000 for hospital charity

kevinwblack 1 min ago


GUINEA PIG CLUB

'Every School Child in Sussex knew The Guinea Pig Club Story'

As many of us know, East Grinstead's Queen Vic has a proud and famous history. It is the place where maverick, pioneering surgeon Sir Archibald McIndoe performed his life-saving, plastic surgery, on his Guinea Pigs: members of the RAF who had suffered severe burns during World War 2.

McIndoe in theatre, observed by trainee surgeons, orderlies and nurses

As the years go by the accomplishments and story of the famous New Zealand native, who came to settle in this area continues to be further recognised on the world stage.

And for that reason, an authoritative, investigative book, The Guinea Pig Club, by E R Mayhew has been revised and updated, with a forward by HRH Prince Harry now included, and re-released to tie into a major new film of the same name, starring Richard E Grant and Sam Neill.

This much-lauded book tells of two of the most diametrically opposed yet mutually supportive aspects of war: the ability to inflict horrific injury and the ability to heal.

The author, Dr Emily Mayhew is a military medical historian and the historian in residence in the Department of Bioengineering at Imperial College London. We were able to get a Q&A with her about her book and a special insight into the part our town East Grinstead had to play in this special story:

Continues over the page.

An orderly oversees the saline bath, 1942

The Guinea Pig Club story

The September issue of East Grinstead Living Magazine carried a three page article entitled "every school child in Sussex knew The Guinea Pig Club Story" regarding historian Emily Mayhew's revised book about The Guinea Pig Club.

The article (pictured) mentions QVH and also the personal link Emily has with the history – her grandmother was a Voluntary Aid Detachment nurse at our hospital and worked with the Guinea Pig Club all the way through WWII.

Emily's book also gained international interest (mentioning QVH), featuring in an article in the Otago Daily Times Online News – the link being that Sir Archibald McIndoe graduated from the University of Otago Medical School.

September on social media

We continued on our 70 things QVH is proud of (#70ThingsQVHIsProudOf) social media campaign which builds on the momentum of NHS70 and is a way of highlighting some of the amazing work carried out here at QVH and achievements of our team. The picture-led posts are receiving a good response on both Facebook and Twitter.

We also highlighted the work and top tips of our consultant ophthalmic surgeons for eye health week, building on the online interest on the subject.

If you use Facebook and Twitter and do not already follow us please do. You can find us on Facebook via this link and also on Twitter.

Press releases

During August and September we issued the following information to the public which you can read via these links:

- Research project to aid cancer surgery wins prize for QVH consultant
- Mike's going to great lengths to support facial palsy service
- Mum and daughter praise hospital that's a great place to work
- "Relentless hills" didn't stop Mike's Ride Across Britain charity fundraiser
- Actor Jack Ashton becomes hospital charity's first ambassador

For more information…

Please contact Michelle Baillie, Communications Manager, at michelle.baillie@nhs.net or call x4508.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**1 November 2018**		**Agenda reference:**	**161-18**	
Report title:	**Freedom to Speak up Guardian – November 2018 update**				
Sponsor:	Andi Heaton, Freedom to speak up guardian				
Author:	Andi Heaton, Freedom to speak up guardian				
Appendices:	NA				
Executive summary					
Purpose of report:	The purpose of this report is to provide the Board members with an annual update on the FSUG role and the activity so far.				
Summary of key issues	Between October 2017 and October 2018 there has been a total of 25 speak ups				
Recommendation:	The board is asked to **NOTE** the contents of the report				
Action required		**Information**			
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	**KSO3:** ***Operational excellence***	KSO4: *Financial sustainability*	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:	NA				
Corporate risk register:	NA				
Regulation:	NA				
Legal:	NA				
Resources:	NA				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:					

Report to: **Board of Directors**
Meeting date: 1 November 2018
Agenda item reference no: 161-18
Report from: Andi Heaton, Freedom to Speak up Guardian
Date of report: 23 October 2018

Freedom to Speak Up Guardian
November update

Background

1. A staff vote was held and overseen by the Electoral Commission in February 2017 and Andi was appointed into the role in May 2017. The role has been well received by all and well supported by the Trust board.

2. The FSUG has been in post for 18 months and the number of speak ups have been surprising. Each speak up requires an acknowledgment within 24-48 hours and arranging a place to meet face to face.

3. The FSUG in conjunction with the Chief Executive is required to assess its urgency and who to pass the concern onto for investigation. Once the outcome has been received back from the investigator, contact is then made with the individual who has raised the concern. They are also followed up to ensure that they are not suffering any detriment for speaking up.

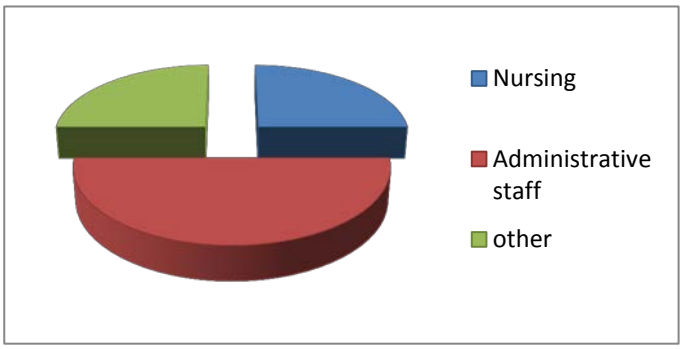
Activity since last board update

4. There have been a total for four speak ups in the past 6 months since the last board report in May 2018.

Concerns raised	Number of speak ups
Bad Practice/Management Issues	3
Workforce Processes/Disciplinary	1

Demographics of speak ups

Nursing	1
Administrative Staff	2
other	1



5. Feedback is still being sought via Survey Monkey and has been overwhelmingly positive although lack of privacy to talk in a protected area has been a consistent comment.

6. A member of staff who had been temporarily redeployed at their request following a speak up has been found a new permanent position at QVH.

7. Following four speak ups from one department, an investigation has been underway, and the guardian has stayed in touch and supported members of staff at QVH who have been involved.

8. Sadly all reported that they felt they had suffered repercussions as a result of speaking up and would feel reticent about doing so again.

9. In September at the Joint Hospital Governance (JHGM) meeting there was a joint presentation between QVH FSUG and Howard Lewis from the GMC highlighting the importance of medics speaking up. There were some useful discussions about the recent Dr Bawa Garba case.

10. Between October 2017 and October 2018 there has been a total of 25 speak ups

Month	Speak ups
October 2017– December 2017	12
January 2018-March 2018	8
April 2018-June 2018	5
July 2018-September 2018	0

Themes across the year	
Patient experience (no safety issues)	4
Patient experience potential safety issues	2
Staffing levels	8
HR Issues	1
Bullying/unacceptable behaviour from management	10
Other issues	0

KSO3 – Operational Excellence

Risk Owner – Director of Operations
Date last reviewed 18 October 20180

Strategic Objective
We provide streamlined services that ensure our patients are offered choice and are treated in a timely manner.

Risk
Sustained delivery of constitutional access 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.

Risk Appetite The trust has a **low appetite** for risks that impact on operational delivery of services and is working with a range of stakeholders to redesign and improve effectiveness and efficiency to improve patient experience, safety and quality.

Initial Risk 5 (c) x3 (L) =15, moderate
Current Risk Rating 5 (C) x 4 (L) = 20, major
Target Risk Rating 3 (C) x 3 (L) = 9, low

Rationale for current score
- Increased waiting list size
- Revision to plan following reduced benefit from potential repatriation of activity
- Performance challenges across key specialties with particular ongoing pressures in OMFS and plastics
- Spoke site links and pathways
- Vacancy levels in theatre staffing and theatre capacity
- Vacancy levels in sleep
- Operational management vacancies
- Administrative vacancies including appointments team
- Variable trust wide booking and scheduling processes
- Late referrals from referring organisations
- eRS paper switch off

Future risks
- 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;
- Future impact of Brexit on workforce
- Reputation as a consequence of RTT

Future Opportunities
- Spoke sites offer the opportunity for further partnerships
- Closer working between providers in STP – networked care
- Partnership with BSUH/WSHFT

Controls / Assurance
- Weekly RTT and cancer PTL meetings
- Revised PTL in place & ongoing work with NHSI to ensure comprehensive capture of data including spoke site activity
- RTT recovery plan in place and fortnightly system task and finish group
- Outsourcing / repatriation plans in place for lower complexity dental patients and wider outsourcing opportunities are being scoped
- Waiting list validation
- Development of revised operational processes underway to enhance assurance, grip & forward look
- Monthly business unit performance review meetings & dashboard in place with a focus on exceptions, actions and forward planning;
- Development and delivery of a combined reporting position to enable visibility
- Documentation of all booking and scheduling processes underway to inform process redesign
- Programme of work to improve theatre position including 6-4-2 scheduling and theatre productivity
- Recruitment to business manager posts

Gaps in controls / assurance
- Variable trust wide processes for booking and scheduling
- Not all spoke sites on QVH PAS so access to timely information is limited
- 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
- Increase in referrals greater than growth assumptions
- High vacancy rate in theatre nursing/OPD
- Capacity challenges for both admitted and non admitted pathways
- Operational capacity

KSO 4 – Financial Sustainability

Risk Owner: Director of Finance & Performance
Committee: Finance & Performance
Date last reviewed: 17th October 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

Risk Appetite The Trust has a **moderate appetite** for risks that impact on the Trusts financial position. A higher level of rigor is being placed to fully understand the implications of service developments and business cases moving forward to ensure informed decision making can be undertaken.

Initial Risk 3 (C) x 5(L) = 15, moderate
Current Risk Rating 4 (C) x 5(L)= 20, major
Target Risk Rating 4(C) x 3(L) = 12, moderate

Rationale for current score (at Month 6)

- Deficit £1946k deficit/ £1949k deficit plan
- CIP forecast delivery - (current material gap - £81k YTD variance on plan, yet to be identified £1.9m)
- Finance & Use of resources – 3 (planned 2)
    - Capital Service cover - 1
    - Liquidity -1
    - I&E Margin –1
    - I&E Margin Var from plan – 1
    - Agency Cap – 4
- CIP pipeline schemes to be identified to bridge the gap
- High risk factor –availability of staffing nursing and non clinical posts
- Commissioner challenge and scrutiny
- Potential changes to commissioning agendas
- 2018/19 CIPP Gap and non delivery YTD
- Contracting alignment agreement
- Underperformance on activity plan
- Significant overspend on agency staffing, however clinical safety is requiring additional agency costs over and above ceiling

Future Risks
NHS Sector financial landscape Regulatory Intervention

- Autonomy
- Capped expenditure process
- Single Oversight Framework
- Commissioning intentions – Clinical effective commissioning
- Sustainability and transformation footprint plans
- Planning timetables–Trust v STP

Future Opportunities

- New workforce model, strategic partnerships; increased trust resilience / support wider health economy
- Using IT as a platform to support innovative solutions and new ways of working
- Improved vacancy levels and less reliance on agency staffing
- Increase in efficiency and scheduling through whole of the patient pathway
- Spoke site activity repatriation
- Strategic alliances \ franchise chains and networks

Controls / Assurances

- Performance Management regime in place
- Standing Financial Instructions revised and ratified with amended levels of delegation in line with a turnaround environment to reduce levels of authorisation (June 18)
- 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)
- CIP Governance processes
- Income / Activity capture and coding processes embedded and regularly audited
- Weekly activity information per Business unit, specialty and POD
- Refreshed Operating Plan submitted (June 18)

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 – roll out of management information
- Enhanced pay and establishment controls including performance against the agency cap
- Finance and procurement training to budget holders

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**1 November 2018**		**Agenda reference:**	**163-18**	
Report title:	**Finance and performance committee assurance**				
Sponsor:	John Thornton, committee Chair and Senior independent director				
Author:	John Thornton, committee Chair and Senior Independent director				
Appendices:	None				
Executive summary					
Purpose of report:	Provide the Board with a summary of assurance received at monthly committee meetings.				
Summary of key issues	The hospital still faces a number of related challenges across operational effectiveness, financial performance and workforce for which there is limited assurance that all key goals will be achieved.				
Recommendation:	For noting				
Action required	Approval	Information	**Discussion**	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	Included on current BAF				
Corporate risk register:	Included on current CRR				
Regulation:					
Legal:					
Resources:					
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	22 10 18	Decision:	Noted	
Next steps:					

Report to: Board of Directors
Meeting date: 1 November 2018
Reference no: 163-18
Report from: John Thornton, committee chair
Report date: 23 October 2018

Finance and performance assurance report

1. Operational performance

The access to and collation of the relevant RTT data across QVH and its spoke sites has improved significantly over recent weeks. As a result the level of assurance that we now understand our true position against our targets has also improved. The committee is also assured that significant time and effort is being focused on regular analysis and review of waiting lists to manage capacity as effectively as possible, especially with a view to reducing the over 52 week cases.

But demand continues to grow; efforts to repatriate cases have been less successful than hoped and the outsourcing of cases to other centres is progressing slowly. As a result we will need to reforecast our likely trajectory for the next six months. The committee is assured that the position will improve slowly but there is no assurance as to when we will achieve our statutory targets.

2. Workforce performance

Over recent months the level of employee turnover and number of vacancies has levelled out and does not appear to be increasing. But both are still at historically very high levels. The overseas recruitment of nurses will in time reduce the pressure in some critical areas. But there is no assurance that our overall recruitment and retention issues are improving. Feedback from the Stay/Exit interviews was provided to the Committee. This highlighted that many of the areas for improvement raised by employees fell into the 'well led' and 'well managed' domains and are within our control to address.

3. Financial performance

Despite the increasing demand for our services our activity levels aren't increasing and patient income is flat year on year. At the same time expenditure has increased significantly and the budgeted savings included in the CIP plans haven't been delivered. Committee received assurance that the each of the CIP plans was now allocated to and owned by a specific area of the hospital and that each was owned by an executive.

Current reforecast shows that we will make a deficit this year rather than our planned surplus. The goal is to deliver a result better than the forecast and to improve the underlying run rate to underpin an improvement in 2019/20. It was reinforced that the

objective must be to improve the underlying operational profitability regardless of any one off benefits from land sales or elsewhere.

Capital expenditure in the first half of the year is behind budget. The committee received assurance that full year expenditure is still forecast to hit plan and that two project managers would be in post to drive this through.

5. EDM Update

The overall status of this project is still 'red' as rollout has been halted and it is in a remediation phase. Actions are planned to correct issues identified through the first stage of the rollout. It is accepted that it is important to rebuild credibility in the project before continuing.

Committee was give assurance that the right level of resource was now being applied to the remediation plan. Committee was also assured that there was full commitment to completing the roll out as soon as the remediation work was completed.

John Thornton
Chair

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**1 November 2018**		**Agenda reference:**	**164-18**	
Report title:	**Operational Performance Report**				
Sponsor:	Abigail Jago, Director of Operations				
Author:	Operations Team				
Appendices:	RTT Action Plan				
Executive summary					
Purpose of report:	To provide assurance as to current operational performance				
Summary of key issues	Key items to note in the operational report are: • RTT position and planned revision of trajectories • Delivery of MIU 4 hour wait standard • In month challenges in regard to delivery of diagnostic standards in September with significant pressures in sleep studies • Delivery of 2WW cancer standard and improvement of 31day standard performance • 62 day cancer performance under target for August • Ongoing implementation of eRS (electronic referral) hard paper switch off • Theatre cancellation review				
Recommendation:	The Board is asked to **note** the contents of the report				
Action required				**Assurance**	
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3: **Y**	KSO4:	KSO5:
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:	The BAF has been updated to reflect the Controls / Assurance set out in this paper				
Corporate risk register:	The risk register has been updated to reflect the gaps in controls / assurance set out in this paper				
Regulation:					
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:	N/A				
	Date:	N/A	Decision:	Noted	
Previously considered by:					
	Date:		Decision:		
Next steps:					

Operational Performance Report

Abigail Jago, Director of Operations

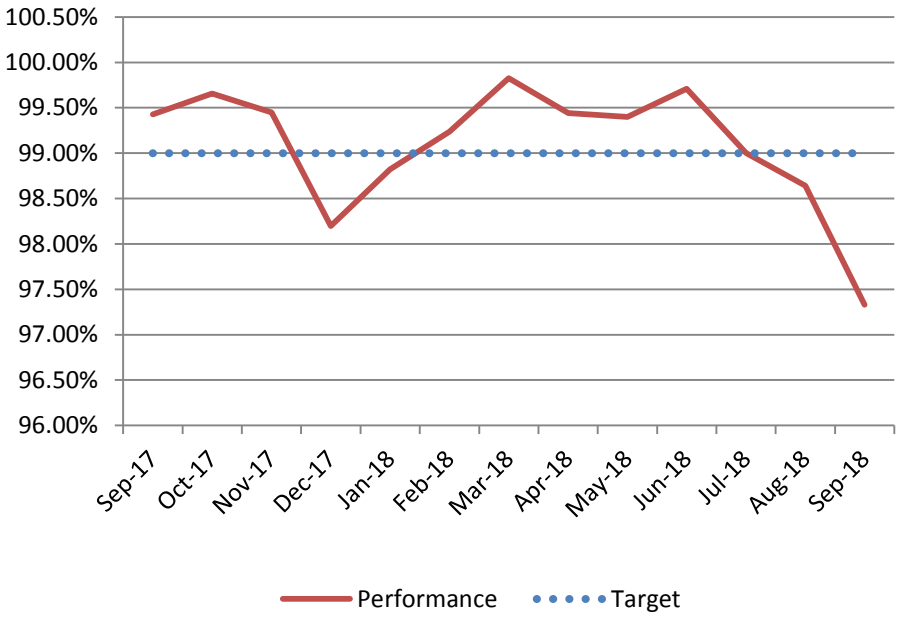
OCTOBER 2018

Summary

Key items to note in the operational report are:

- RTT position and planned revision of trajectories
- Delivery of MIU 4 hour wait standard
- In month challenges in regard to delivery of diagnostic standards in September with significant pressures in sleep studies
- Delivery of 2WW cancer standard and improvement of 31day standard performance
- 62 day cancer performance under target for August
- Ongoing implementation of eRS (electronic referral) hard paper switch off
- Theatre cancellation review

Diagnostic Waits (DM01)

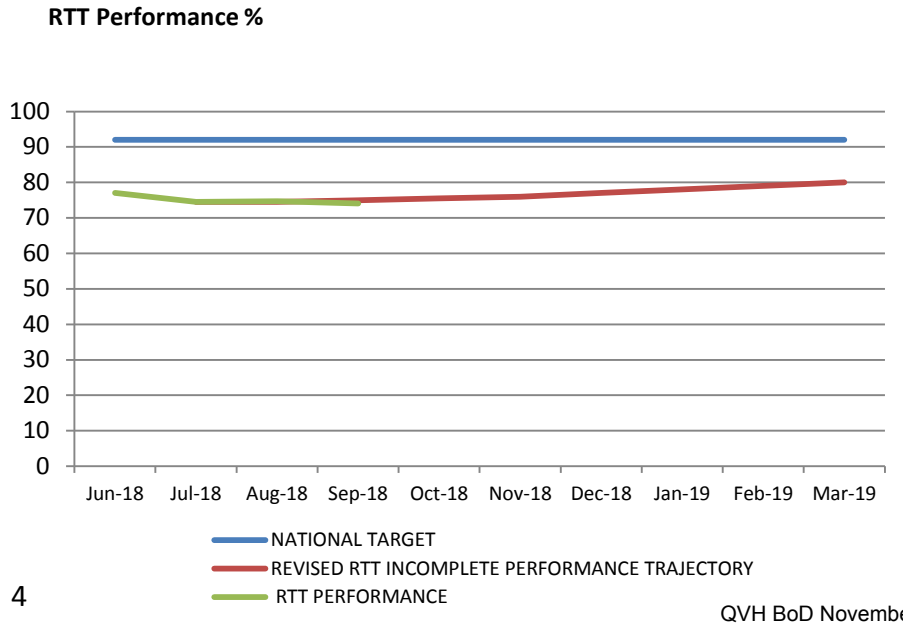


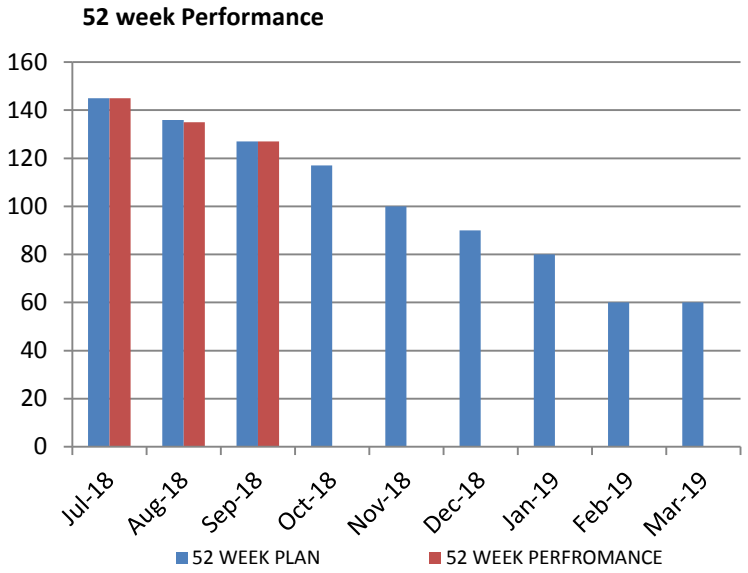
(Last reporting period – Aug 18)			(This reporting period – Sept 18)		
Modality / test	Breaches	Perf.	Modality / test	Breaches	Perf.
CT	9	99.52%	CT	5	95.55%
ECHOCARDIOGRAPHY	0	100%	ECHOCARDIOGRAPHY	0	100%
MRI	2	99.52%	MRI	2	98.81%
NON-OBSTETRIC ULTRASOUND	0	100.00%	NON-OBSTETRIC ULTRASOUND	1	99.89%
SLEEP STUDIES	4	96.23%	SLEEP STUDIES	26	77.78%

Performance commentary	Forward look / performance risks
Diagnostic Imaging – Primarily CT breaches (x5) relating to outsourced CT and Cardiac CT.	**Diagnostic imaging** – Go live for onsite CT scanner 17th Dec 2018 and solution for Cardiac CT being explored with private provider. Further breaches in outsourced CT possible until Dec 2018.
Sleep Studies – Polysomnography study breaches due to reduced capacity from Technician vacancies	**Sleep Studies** – Ongoing recruitment, with additional hours and agency engaged to backfill. Reviewing process timelines to minimise delay and proactive call outs to maximise capacity. Anticipating 10 breaches in October.

RTT18 – Performance against plan

MONTH	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-18	Feb-18	Mar-18
NATIONAL TARGET	92	92	92	92	92	92	92	92	92	92
REVISED RTT INCOMPLETE PERFORMANCE TRAJECTORY %		74.48	74.5	75	75.5	76	77	78	79	80
RTT INCOMPLETE PERFORMANCE %	77	74.48	74.66	74.04						
52 WEEK TRAJECTORY			136	127	117	100	90	80	60	60
52 WEEK PERFORMANCE	45	145	135	127						
TOTAL WAITING LIST SIZE	11101	14738	14549	14617						





RTT18 – Revision to 2018/9 plan

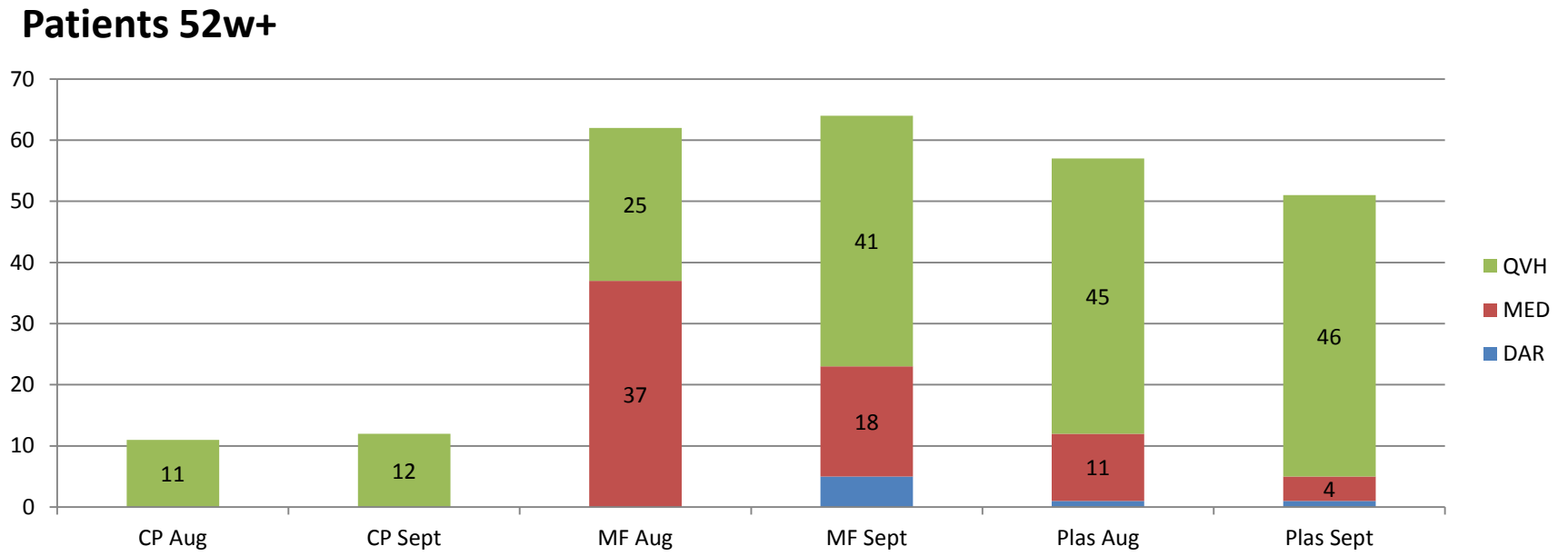
RTT trajectories are currently under review as agreed with commissioners.

Trajectories will take into account the revision of assumptions that informed the recent agreed plan including:

- Repatriation of low complexity dental work
- Timescales to pursue the additional theatre capacity at Sidcup
- Resignation of locum OMFS consultant
- Impact of funded associate specialist post (OMFS) if appointed
- Impact of funded locum OMFS consultant post if appointed
- Impact of breast locum post
- Impact of Uckfield theatre capacity
- Outsourcing of breast work to other providers

The trajectory will be shared for review at the end of October 2018 as agreed at the Contract Management Board.

RTT18 – 52 week performance by speciality



Work is ongoing to reduce the 52 week position:

Corneo Plastics (CP) - the number of patients rose by 1 in September. This cohort includes the complex comet patients. 9 patients have an agreed TCI.

OMFS – significant reductions in Medway patients falling from 37 to 18 patients following considerable focus and review of patient level data at the weekly PTL meeting. QVH position has been challenged due to capacity which is being addressed through Uckfield theatres, additional independent sector capacity and increased scheduling support. Furthermore funding for an additional associate specialist post will support activity across Medway and Dartford going forwards. Of the MF patients waiting >52 weeks 26 have an agreed TCI, 10 are patient choice delays, 16 are on outpatient or diagnostic pathways and 12 are awaiting TCI.

Plastics – ongoing challenges with breast, facial palsy and hand patients. A 6 month breast locum post has been funded by commissioners and is now in post. Final arrangements are underway to access additional theatre capacity at McIndoe to support the overall activity. Work is underway to address the hand and facial palsy position which is primarily due to theatre access. Of the 51 plastics patients waiting >52 weeks, 16 patients have an agreed TCI, 13 are patient choice delays, 8 patients are awaiting an outpatients/diagnostics and 14 are awaiting TCI (including breast DIEP patients).

RTT18 – Incomplete pathways

Trust level performance

Weeks wait	Jul-18	Aug-18	Sep-18	change	Performance change
0-17 (<18)	10977	10862	10823	↓	-39
18-30	2390	2211	2477	↑	266
31-40	821	896	827	↓	-69
41-51	405	445	363	↓	-82
>52	145	135	127	↓	-8
Total Pathways	14738	14549	14617	↑	68
Breaches	3761	3687	3794	↑	107
Performance	74.48%	74.66%	74.04%	↓	

In month there has been an increase in the total number of RTT18 breaches however there is a reduction in patients waiting > 31 weeks which reflects the impact of focusing upon the 'tail end' of the waiting list.

Speciality performance

	SUMMARY: RTT INCOMPLETE PATHWAYS BY SPECIALITY								
	Speciality	<18	18-30	31-40	41-51	>52	Perf This Month	Perf Last Month	Perf Change
COMPLANT	Trauma & Orthopaedics	6					100.00%	100.00%	→
	Cardiology	92	4				95.83%	90.54%	↑
	Ear, Nose & Throat (ENT)	344	10	4	1		95.82%	97.63%	↓
	Sleep	920	61				93.78%	94.51%	↓
	Other	270	15	2	1		93.75%	95.49%	↓
NON COMPLIANT	Rheumatology	55	6	1	1		87.30%	88.71%	↓
	Ophthalmology	2014	442	82	19	12	78.40%	79.64%	↓
	Plastic Surgery	3215	604	197	83	51	77.47%	77.83%	↓
	Oral Surgery	3907	1335	541	258	64	64.00%	64.57%	↓

RTT18 – Incomplete pathways – patients waiting > 40 weeks

Patients over 40wks with Open Pathways

Reported Speciality	August			September		
	Total over 40 wks	With TCI date	No Date	Total over 40 wks	With TCI date	No Date
Oral Surgery	407	236	171	362	220	142
Plastic Surgery	143	92	51	147	107	40
Opthamology	22	20	2	36	31	5
ENT	1	0	1	1	1	0
Cardiology	2	0	2	0	0	0
Trauma & Othopaedic	0	0	0	0	0	0
Rheumatology	1	0	1	1	0	1
Other	4	0	4	1	0	1
Total	**580**	**348**	**232**	**548**	**359**	**189**

- Ongoing focus through the weekly PTL meetings to ensure that patients waiting > 40 weeks have a TCI.
- All patients waiting >36 weeks are now reviewed on a weekly basis with the inclusion of Medway and Dartford patients. This will reduce to >32 weeks (30 weeks for corneo) in November to ensure that activity for pathways is being managed to reduce the long wait position.

RTT18

Governance and system response

- System fortnightly task and finish group is ongoing
- Weekly assurance calls continue with NSHI

RTT Improvement plan

- RTT action plan has been developed and ongoing

Consolidated reporting, grip and control

- Weekly PTL meeting continues
- Weekly forecast now in place to proactively manage 52 week performance against the trajectory

Validation

- Auto discharge validation is now complete and has not identified any RTT issues. The validation is under review of NHSI currently for sign off
- Dartford waiting list for patients > 21 weeks has taken place. All patients have been contacted to identify if they still require treatment. The attrition rate is minimal (2%) and therefore this will not take place for the <21 week cohort.
- Plans are under development to enable ongoing business as usual validation for Medway and Dartford

Dental repatriation

- 133 Medway patients are under review with commissioners to identify if care can be provided by iMOS. A further 33 patients have been triaged for potential review for the Dartford patient cohort
- Meeting is schedule with DERS and commissioners to agree processes / pathways to ensure low complexity work is managed within primary care

Clinical Harm Reviews

- A clinical harm review process is in place and ongoing for all patients who have waited greater than 52 weeks. The clinical harm review protocol includes duty of candour instruction should this be required.

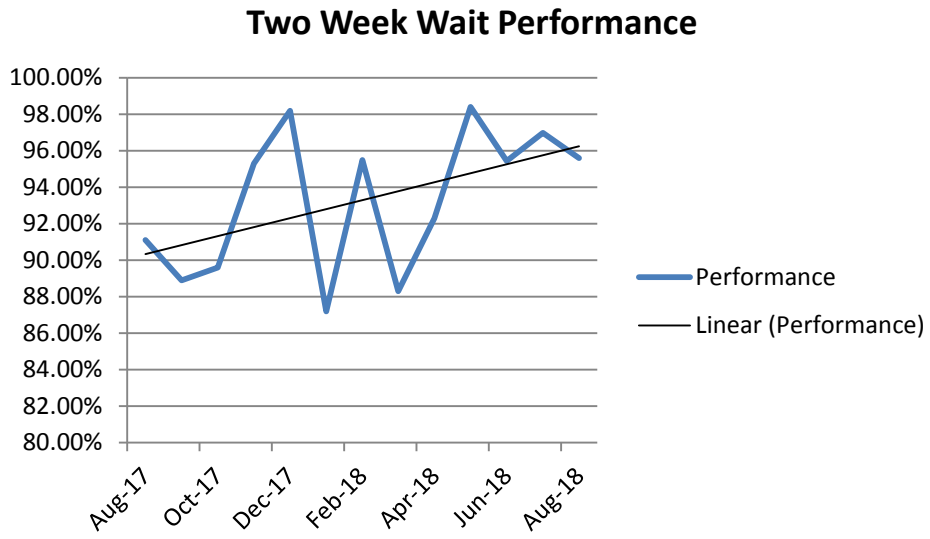
Additional Capacity

- Additional capacity is now in place at Uckfield for OMFS. This went live in September. Further lists are now scheduled and an RTT Project lead is in place to co-ordinate outsourcing. Work is also underway to identify capacity at Sidcup to support OMFS activity.
- Additional capacity is in place at the Independent Sector which has started in October and further lists are planned for November.
- The trust has been working with commissioners to identify potential further capacity outside of the Trust including Marsden and Imperial however to date no capacity has been offered.
- A part time breast locum has been appointed to support the breast long waiters. This is a 6 month post funded by commissioners.
- An associate specialist post has been funded and is out to advert to provide additional support to Medway and Dartford.
- The current OMFS locum post holder has resigned. The post is out to advert however the gap in capacity is a risk to RTT delivery. The risk is being mitigated by additional ad hoc outpatient lists and a plan is being developed for inpatient activity.

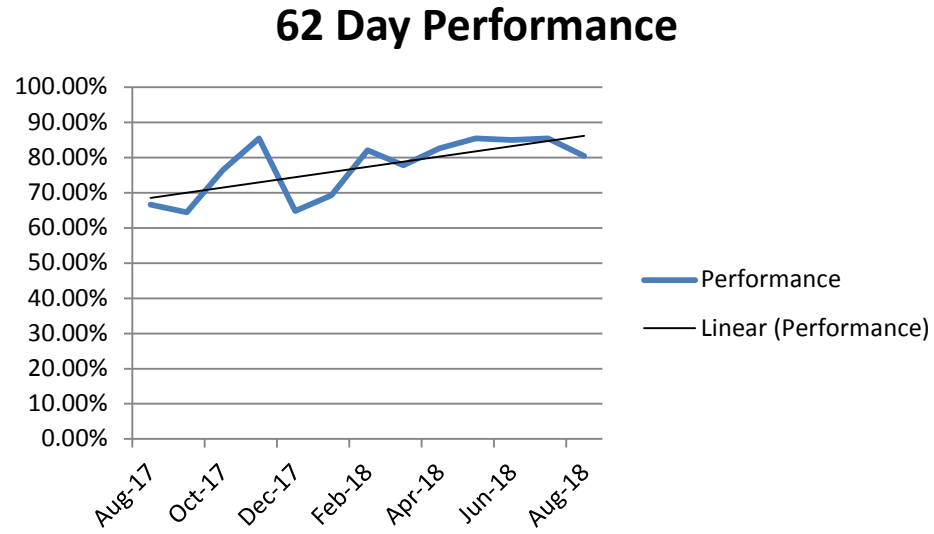
Theatre Efficiency

- Four eyes theatre utilisation team have commenced a 16 week programme in the trust. Detail outlined in the finance and performance report.

Cancer Performance – 2WW & 62 day



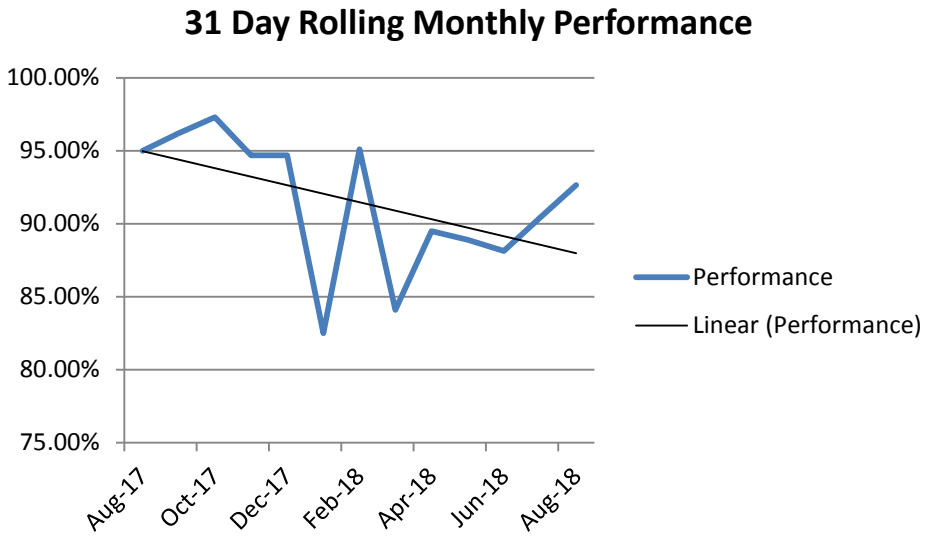
2WW Performance – Target 93% Performance - 95.6% (↓)				
	Jul-18 Perf.	**Aug-08 Total**	**Aug-08 Breach**	**Aug-18 Perf.**
Head & neck	96.80%	191	8	95.80%
Skin	97.00%	118	6	94.90%
Children's	100%	7	7	100%
Breast	100.00%	0	0	n/a
Lower GI	100%	0	0	n/a
Brian CNS	100%	0	0	n/a



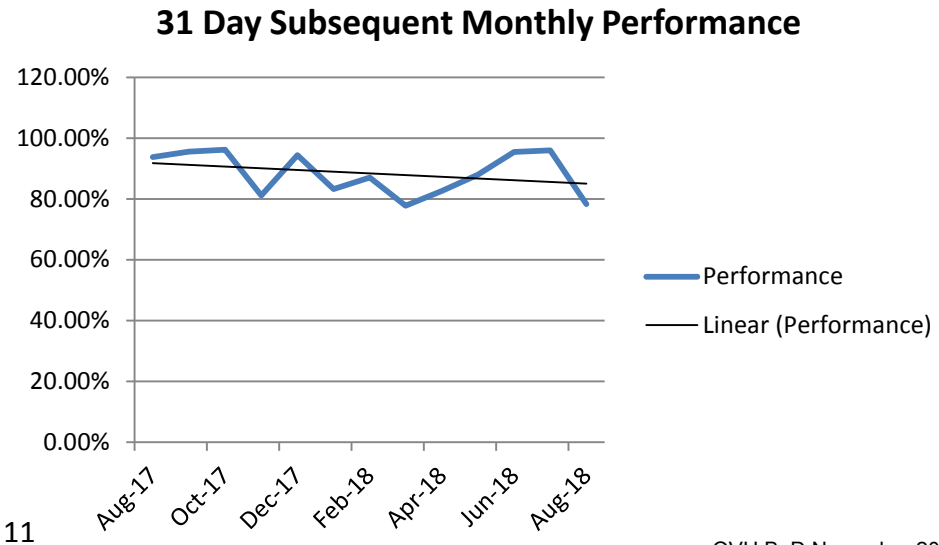
62 day performance – Target 85% Performance – 80.39% (↓)				
	Jul-18 Perf.	**Aug-08 Total**	**Aug-08 Breach**	**Aug-18 Perf.**
Head and Neck	76.90%	6.5	3	53.85%
Skin	88%	19	2	89.50%
Breast	100%	0	0	n/a
Haematological	100%	0	0	n/a

10 The trust has improved performance of 2WW and 62days

Cancer Performance – 31 day



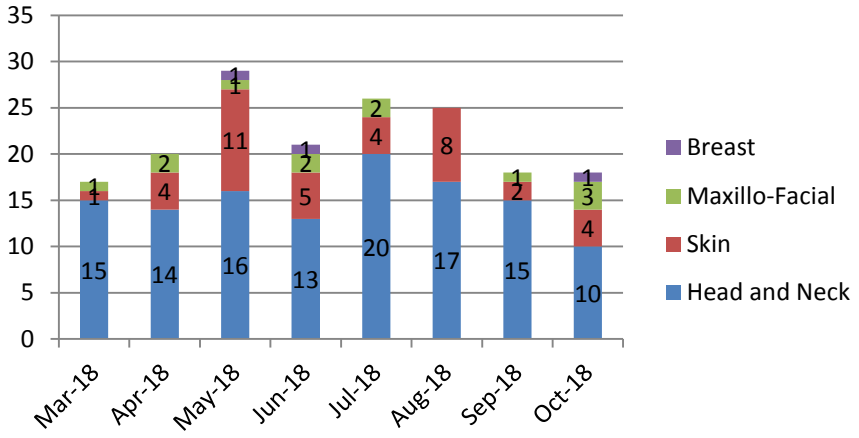
31 day performance – Decision to first treatment (Target 96%) Performance – 92.65% (↑)				
	Jul-18 Perf.	Aug-18 Total	Aug-18 Breach	Aug-18 Perf.
Head & neck	100%	10	0	100%
Skin	87%	57	5	91%
Other	100%	1	0	100%



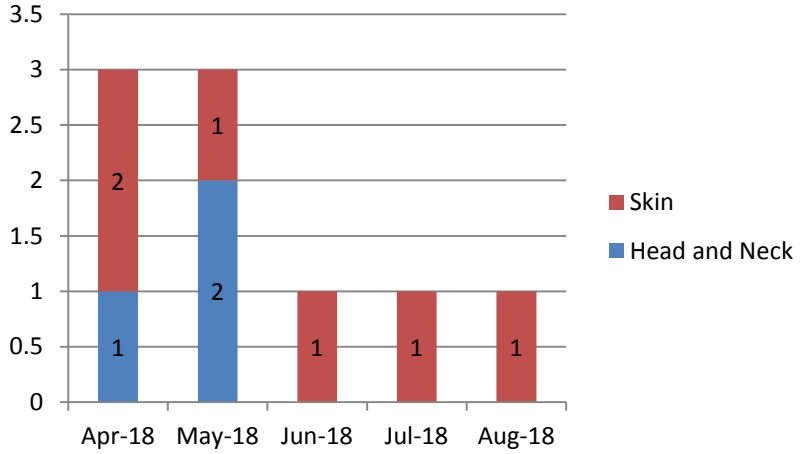
31 day performance – decision to subsequent treatment (Target – 94%) Performance 78.38% (↓)				
	Jun-18 Perf.	Aug-18 Total	Aug-18 Breach	Aug-18 Perf.
Head & neck	100%	4	0	100%
Skin	94.7%	30	7	76.70%
Breast	100%	3	1	67%
Sarcoma	100%	0	0	n/a

Cancer Performance
104 days, 38 day shadow allocation

Over 104 Days



38 day Breach Allocation



Performance commentary	Forward look / performance risks
Over 104 Days • Reducing the number of patients waiting over 104 days on a 62 day pathway remains a priority • Work underway to address pathways in regard to patients waiting for non clinical reasons • Follow-up capacity remains an issue **38 Day Breach Allocation** • Challenges remain around the 38 day breach allocation and treating within 24 days of receiving the Inter Provider Transfer • Skin – challenges in outpatient and theatre capacity for our melanoma and Sentinel Node Biopsy referrals • Head & N – challenges due to the complex pathways (PEG insertion), patient complications and theatre capacity	• Sentinel node biopsy capacity for melanoma patients which is being addressed by service improvement changes including one stop clinics • Follow-up capacity in both skin and H&N for patients to be seen following diagnostics – services are looking at options including virtual follow-up / notes review clinics • An Inter Provider Transfer Policy has been written to help improve the efficiency and timely process for patients being transferred from one provider to another • A guide has been designed (awaiting approval) to help in the management of patients on a 2WW pathway – to help with the tracking and on-going management of patients on a cancer pathway

Cancer Performance - commentary

Breach Allocation – 62 Day Pathway
The 38 day breach allocation will be commencing as of October 2018 (this has been pushed back from July). This requires patients to be transferred to the treating hospital by day 38 and treated within 24 days by the receiving hospital.

Cancer breaches
Any cancer breach will have a breach report completed and sent to the managing consultant, service manager and clinical lead. Root cause analysis reviews are completed to improve pathways.

Cancer Access Policy
A new Cancer Access Policy has been written and undergoing approval.

Timed pathways
Timed pathways are being developed for Skin and Head and Neck
Work is underway for all 2WW skin patients to be seen in a See and Treat clinic. This will improve the experience for patients and speed up the pathway.
A timed pathway has also been developed for Inter Provider Transfers.

Increased communication
Improved communication with referring trusts – weekly conference calls in place with Medway and Conquest. This approach is being rolled out to other partners. Regular attendance at both the Kent and Medway Cancer Alliance and the Surrey and Sussex Cancer Alliance.

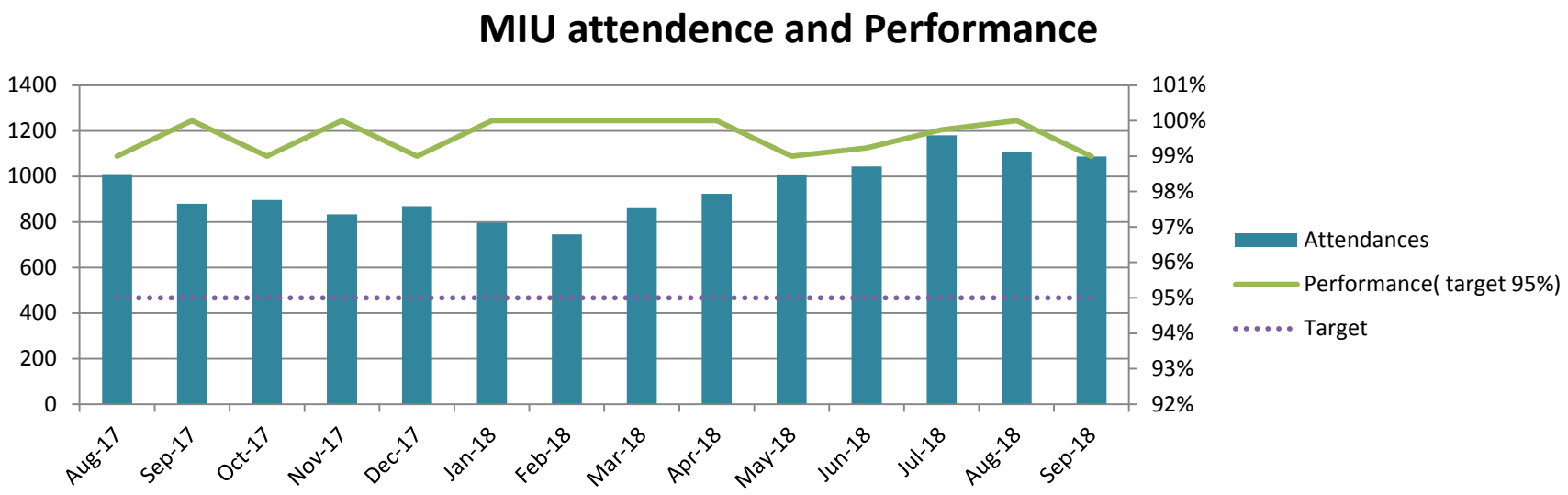
28 Day Diagnosis
The Faster Diagnosis Standard was a key recommendation of the independent Cancer Taskforce. For those who are diagnosed with cancer, it means their treatment can begin as soon as possible. For those who are not, they can have their minds put at rest more quickly.
The Faster Diagnosis Standard pathway ends only at the point of communication with the patient, whether that is to inform them of a diagnosis of cancer, a ruling out or they are going to have treatment before a clinical diagnosis of cancer can be made.
Data collection will be mandatory for activity from 1st April 2019, and the Faster Diagnosis Standard will be reported for activity from 1st April 2020.

Cancer Escalation Policy
A cancer escalation policy has been written to improve the escalation process. The policy is designed to ensure a proactive management is taken for patients on a cancer pathway.

Challenges and risks to delivery
Capacity for follow-up appointments to achieve the new 28 day diagnosis target. To tackle this, specialties to develop notes review clinics or virtually clinics.
Capacity challenges for diagnostic procedures for Head and Neck
Capacity for Sentinel Lymph Node patients
Challenges to treat tertiary referrals within 24 days of receiving the referral

Minor Injuries Unit (MIU)

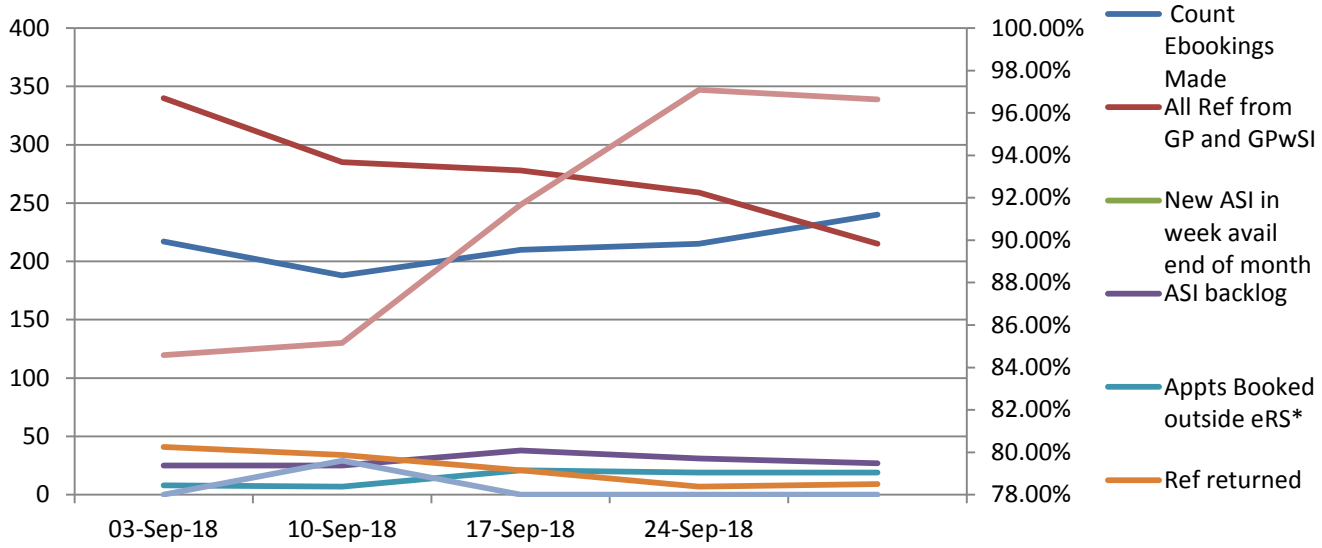
MIU Performance v Target



Performance commentary	Forward look / performance risks
• Recent seasonal increase in MIU attendances	• No specific risks identified

Outpatients – eRS Hard Paper Switch Off

- The Trust moved to Hard Paper Switch Off (HPSO) on 31st August in line with SASH and BSUH. eRS for GP referrals to consultant-led services is a contractual requirement from 1st October
- Weekly calls with NHSE/NHSD/CCG/QVH to monitor progress are ongoing.
- eRS Bookings for GP referrals have increased from 22% in June to 96.6% as at 1st October
- Local reporting metrics amended to meet CCG requests
- Joint webex sessions held with CCG and NHSD to troubleshoot issues promptly
- Staff awareness sessions held in September alongside articles in Connect and via Screensavers
- QVH to present at Regional workshop on 1st November
- Access Policy is being updated to reflect changes in eRS

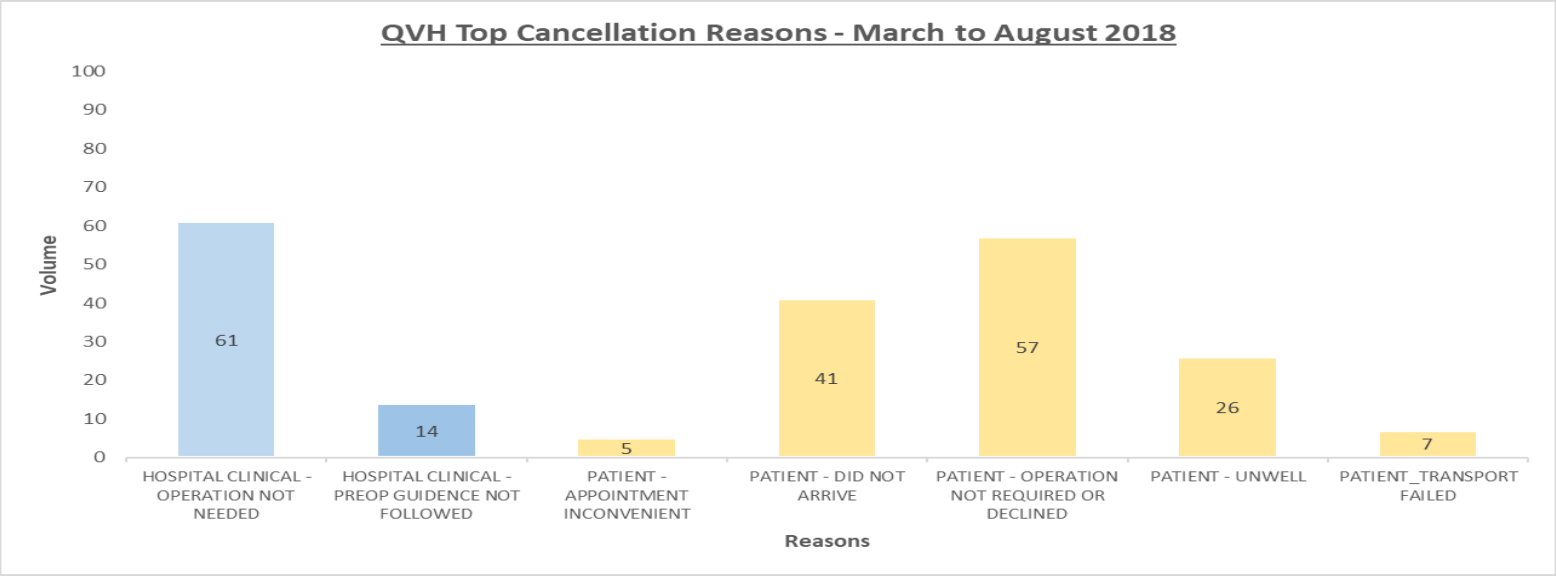


	2nd July (Soft PSO date)	w/c 1st Oct
% referrals made via eRS	31%	96.64%
eBookings made	124	240
ASI backlog	82	27

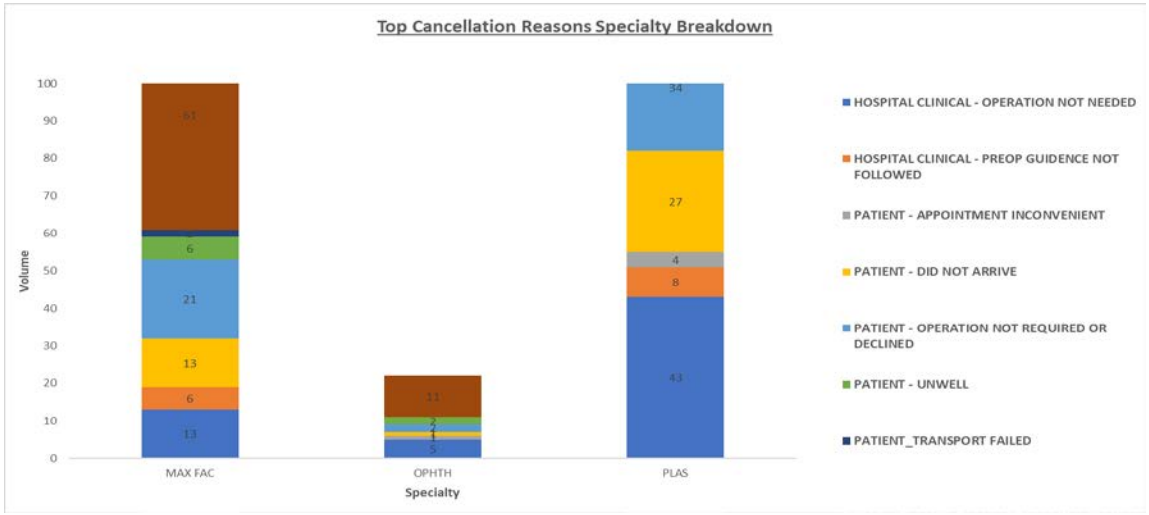
Theatre productivity & efficiency - cancellations

Four Eyes Insight completed an analysis of Trust data which recorded reasons for cancellations from March 2018 to August 2018. The analysis identified 758 cancellations due to hospital or patient reasons. The top 7 reasons for avoidable cancellations (i.e. excluding trauma) accounted for 211 cancellations.

The top 7 reasons for cancellations are as follows:
HOSPITAL CLINICAL - OPERATION NOT NEEDED
HOSPITAL CLINICAL - PREOP GUIDENCE NOT FOLLOWED
PATIENT - APPOINTMENT INCONVENIENT
PATIENT - DID NOT ARRIVE
PATIENT - OPERATION NOT REQUIRED OR DECLINED
PATIENT – UNWELL
PATIENT TRANSPORT FAILED



Theatre productivity & efficiency - cancellations



A process of patient call outs has now been implemented to address avoidable cancellations. Patients are now called to confirm and ensure that they are fully aware of: their upcoming appointments, attendance/admission date and time, fasting/pre-op instructions, transport arrangements and any other specific issues. This process has been implemented and shown to be successful in other organisations. The impact of the call outs is being monitored and will be updated in the November Finance and Performance Committee report.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**01 November 2018**		**Agenda reference:**	**165-18**	
Report title:	**Finance Report M6 September 2018**				
Sponsor:	Michelle Miles, Director of Finance & Performance				
Author:	Jason McIntyre, Deputy Director of Finance				
Appendices:	None				
Executive summary					
Purpose of report:	To provide the Board with an overview of the Trust financial position.				
Summary of key issues	The Trust delivered a surplus of £373k in month; £238k above plan. The YTD deficit has reduced to £1,946k; £2k above plan. The use of resources rating is 3. The Trust operating plan has been revised to reflect agreed land sale, which has increased the Sustainability and Transformation Funding (STF) available to the Trust The revised plan is for the Trust to achieve £4.6m surplus. However there are significant risks to full year delivery especially given the current month's activity levels, capacity issues with the clinical workforce, cost saving challenges and timing of land sale.				
Recommendation:	The Board is asked to **note** the contents of this report.				
Action required					**Review**
Link to key strategic objectives (KSOs):			**KSO3:**	**KSO4:**	**KSO5:**
			Operational excellence	***Financial sustainability***	***Organisational excellence***
Implications					
Board assurance framework:	The BAF has been updated to reflect the Controls / Assurance set out in this paper				
Corporate risk register:	The risk register has been updated to reflect the gaps in controls / assurance set out in this paper				
Regulation:	The Finance Use of Resources rating is 3. This is below the YTD plan of 2.				
Legal:					
Resources:	Nil above current resources				
Assurance route					
Previously considered by:	Finance & Performance Committee				
	Date:	22nd Oct 2018	Decision:	N/A	
Previously considered by:	Executive Management Team				
	Date:	22nd Oct 2018	Decision:		
Next steps:	N/A				

Queen Victoria Hospital
NHS Foundation Trust

Finance Report
September 2018

Executive Director: Michelle Miles

Contents

Summary Position – YTD M6 2018/19

Queen Victoria Hospital NHS
NHS Foundation Trust

Table 1 – Financial Performance

Financial Performance			In Month £'000			Year to Date £'000		
Income and Expenditure		Annual Budget	Budget	Actual	Favourable/ (Adverse)	Budget	Actual	Favourable/ (Adverse)
Income	Patient Activity Income	67,086	5,658	5,114	(543)	32,092	32,137	45
	Other Income	8,739	857	823	(34)	2,593	2,945	352
Total Income		**75,825**	**6,515**	**5,938**	**(577)**	**34,685**	**35,082**	**397**
Pay	Substantive	(45,391)	(3,872)	(3,188)	684	(23,705)	(21,276)	2,429
	Bank	(483)	(40)	(206)	(166)	(241)	(1,197)	(955)
	Agency	(273)	(23)	(234)	(211)	(136)	(1,663)	(1,527)
Total Pay		**(46,146)**	**(3,935)**	**(3,628)**	**307**	**(24,083)**	**(24,136)**	**(54)**
Non Pay	Clinical Services & Supplies	(12,870)	(933)	(752)	181	(5,825)	(6,033)	(208)
	Drugs	(1,553)	(129)	(103)	26	(776)	(778)	(1)
	Consultancy	(79)	(7)	-	7	(40)	(103)	(64)
	Other non pay	(5,562)	(503)	(330)	173	(3,164)	(3,508)	(344)
Total Non Pay		**(20,064)**	**(1,572)**	**(1,185)**	**387**	**(9,805)**	**(10,422)**	**(617)**
Financing		(4,714)	(393)	(358)	35	(2,357)	(2,174)	183
Total Expenditure		**(70,925)**	**(5,900)**	**(5,170)**	**730**	**(36,245)**	**(36,732)**	**(487)**
Surplus / (Deficit)		**4,900**	**615**	**768**	**153**	**(1,560)**	**(1,650)**	**(90)**
Adjust for Donated Income		(500)	(500)	(414)	86	(500)	(414)	86
Adjust for Donated Depn.		226	20	20	(1)	112	118	6
Adjust for Land Sale		(4,000)	-	-	-	-	-	-
NHSI Control Total Excluding STF and sale of land		**626**	**136**	**373**	**238**	**(1,949)**	**(1,946)**	**2**

YTD Performance

- The Trust is £2k favourable to plan YTD. Income is above plan by £397k YTD, which has been offset by overspends within expenditure of £487k.
- Income has over recovered by £397k YTD, which is due to patient activity income of £45k over recovery and other income over recovered by £352k.
  - Patient activity income: Elective over performance is £101k favourable YTD and non elective below plan by £379k YTD. Over performance of MIU £56k and Critical Care £239k are offsetting the non elective performance The main area of under performance is Plastics - adverse position of £562k and Oral services £79k. Sleep services are over performing YTD £136k, eyes services is favourable YTD by £173k, critical care is favourable by £239k and clinical support favourable by £202k.
  - Other income has over performed largely due to AFC award funding of £306k.
- The YTD pay position is £54k adverse YTD. This includes the AFC award pay pressure of c£340k (partially offset by income of £306k) and £85k budget decrease within pay which is due to unidentified CIP and slippage on schemes and Medical staffing (Plastics and Oral) and Nursing overspends (Theatres, ITU and Canadian wing) have been offset by underspends within Clinical support (Therapies, Histopathology and Radiography).
- Non pay is over spent by £617k YTD £208k within clinical supplies (Oral, Eyes, Sleep) partially offset by pass-through income within patient activity £101k (Sleep) and £344k within other non pay mainly unidentified CIP £193k. This has been partially offset by depreciation charges underspend within financing of £183k.

Summary - Plan Performance

- The Trust delivered a surplus of £373k in month; £238k above plan. The YTD deficit has reduced to £1,946k; £2k above plan. The use of resources rating is 3.
- The Trust operating plan has been revised to reflect agreed land sale, which has increased the Sustainability and Transformation Funding (STF) available to the Trust The revised plan is for the Trust to achieve £4.6m surplus.
- For the Trust to meet the full year control total of £4.6m bottom line surplus the financial position has to improve by £6.6m in the last 6 months of the year - in effect generate a monthly surplus of £1.1m for each of the remaining months. The Trust is currently forecasting to meet plan by the end of the year. However there are significant risks to full year delivery especially given the current months activity levels, capacity issues with the clinical workforce, cost saving challenges and timing of land sale.
- In month Activity has reduced significantly on Day cases and Elective spells, with the activity levels less than February 2018 by a total of 119 Day case spells and 21 Elective spells, £294k.

In Month Performance

- Patient activity income has under performed by £543k, main area of underperformance is Outpatients by £374k, 3,554 appointments; mainly within Oral services and Plastics. Elective & daycases are below plan in month by £281k, 292 spells which is mainly within Oral & Plastics, this has been the worst performing month in the last 18 months, Septembers performance is 177 spells less than the average of the last 18 months, £214k. Non Elective is above plan by £67k due to Oral services over performance of £84k, Plastics under performance of £17k. MIU has over performed by £12k, 170 attendances above plan.
- Other Income is slightly below plan by £34k, £100k is due to the reduction of the donated Income for the CT scanner, this is being offset by additional income for AFC £51k which is offsetting pay expenditure.
- Pay is £307k favourable in month. This is mainly due to a review of reserves, however this is being offset by over spends within medical staffing of £75k and Nursing & AHPs by £40k due to temporary staff usage. An increase in spend from the new pay awards for AFC which has been partially offset by additional income. Month 6 has seen a reduction in run rate within Nursing & AHPs by £60k from the average costs months 1 to 5.
- Non Pay is £387k favourable in month, this is mainly due to a review of reserves whilst the underlying non pay position is £94k adverse in month. Clinical supplies within operational services is over spent by £56k mainly relating to Max Fax implants and equipment. Unidentified CIP within non pay is £56k in month.

Summary Trend position - Income and Expenditure Trend

Queen Victoria Hospital NHS Foundation Trust

Board Line	Actual M10 17/18	Actual M11 17/18	Actual M12 17/18	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Plan M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12	Plan 18/19 In Month	Actuals 18/19 In Month
Patient Activity Income	5,389	4,811	5,051	5,006	5,329	5,620	5,577	5,491	5,114	5,772	6,328	5,040	6,166	5,635	6,051	5,658	5,114
Other Income	429	496	898	361	337	523	453	447	823	358	358	356	359	358	4,358	857	823
Total Income	**5,818**	**5,307**	**5,949**	**5,367**	**5,666**	**6,143**	**6,030**	**5,938**	**5,938**	**6,130**	**6,686**	**5,396**	**6,525**	**5,993**	**10,410**	**6,515**	**5,938**
Substantive	(3,468)	(3,415)	(3,497)	(3,553)	(3,654)	(3,536)	(3,660)	(3,685)	(3,188)	(3,614)	(3,614)	(3,614)	(3,614)	(3,614)	(3,614)	(3,872)	(3,188)
Bank	(122)	(132)	(139)	(326)	(140)	(148)	(221)	(155)	(206)	(40)	(40)	(40)	(40)	(40)	(40)	(40)	(206)
Agency	(205)	(251)	(289)	(276)	(295)	(305)	(259)	(294)	(234)	(23)	(23)	(23)	(23)	(23)	(23)	(23)	(234)
Total Pay	**(3,794)**	**(3,798)**	**(3,925)**	**(4,155)**	**(4,090)**	**(3,989)**	**(4,140)**	**(4,134)**	**(3,628)**	**(3,677)**	**(3,677)**	**(3,677)**	**(3,677)**	**(3,677)**	**(3,677)**	**(3,935)**	**(3,628)**
Clinical Services & Supplies	(1,054)	(1,025)	(301)	(1,076)	(944)	(1,193)	(1,038)	(1,031)	(752)	(939)	(1,071)	(1,240)	(1,231)	(1,231)	(1,334)	(933)	(752)
Drugs	(118)	(105)	(126)	(116)	(137)	(143)	(150)	(128)	(103)	(129)	(129)	(129)	(129)	(129)	(129)	(129)	(103)
Consultancy	(17)	-	(83)	(8)	(37)	(22)	(28)	(8)	-	(7)	(7)	(7)	(7)	(7)	(7)	(7)	-
Other non pay	(562)	(595)	(484)	(607)	(592)	(605)	(650)	(724)	(330)	(400)	(400)	(400)	(400)	(400)	(399)	(503)	(330)
Total Non Pay	**(1,750)**	**(1,726)**	**(993)**	**(1,807)**	**(1,709)**	**(1,963)**	**(1,866)**	**(1,891)**	**(1,185)**	**(1,475)**	**(1,607)**	**(1,776)**	**(1,767)**	**(1,767)**	**(1,869)**	**(1,572)**	**(1,185)**
Non Operational Expenditure	(114)	(114)	(181)	(127)	(127)	(128)	(142)	(112)	(127)	(129)	(129)	(129)	(129)	(129)	(129)	(129)	(127)
Non Operating Income	3	3	3	3	3	3	3	3	4	1	1	1	1	1	1	1	4
Depreciation and amortisation	(233)	(233)	(243)	(249)	(249)	(257)	(203)	(236)	(235)	(265)	(265)	(265)	(265)	(265)	(265)	(265)	(235)
Financing	(345)	(345)	(421)	(373)	(374)	(381)	(343)	(345)	(358)	(393)	(393)	(393)	(393)	(393)	(393)	(393)	(358)
Total Expenditure	**(5,890)**	**(5,869)**	**(5,340)**	**(6,336)**	**(6,172)**	**(6,334)**	**(6,349)**	**(6,371)**	**(5,170)**	**(5,545)**	**(5,677)**	**(5,846)**	**(5,837)**	**(5,837)**	**(5,939)**	**(5,900)**	**(5,170)**
Surplus / (Deficit)	**(72)**	**(561)**	**609**	**(969)**	**(506)**	**(191)**	**(318)**	**(433)**	**768**	**586**	**1,010**	**(449)**	**688**	**156**	**4,470**	**615**	**768**
Donated Income	-	-	-	-	-	-	-	-	414	-	-	-	-	-	-	500	414
Donated Depreciation	(19)	(19)	124	(20)	(20)	(22)	(17)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)
NHSI Contol Total Excluding STF	**(52)**	**(542)**	**485**	**(950)**	**(486)**	**(169)**	**(301)**	**(413)**	**373**	**606**	**1,030**	**(429)**	**708**	**177**	**4,491**	**136**	**373**

Summary

- In M6 the income run rate remained the same, however other income includes the £400k from charity for the CT scanner, with Patient activity £377k less than previous month, income needs to increase by c£200k to achieve plan in month 7, with Patient Activity Income needing to increase by c£650.
- Pay has reduced in month, which is due to the review of reserves, a non recurrent gain, however Pay expenditure will need to drop by c£200k to meet plan next month.
- Non pay has reduced due to the review of reserves. Significant non pay CIP's have been developed and implemented however the change in operating plan in June meant that increased non pay CIP's challenge has been factored into the last 2 quarters of the year.

Activity Performance by POD – M6 2018/19

Queen Victoria Hospital NHS Foundation Trust

Table 1 - Performance by POD

Activity Performance		In Month			In Month			Year To Date			Year To Date		
POD	Currency	Plan Acty	Act Acty	Acty Var	Plan £k	Actual £k	Var £k	Plan Acty	Act Acty	Acty Var	Plan £k	Actual £k	Var £k
Minor injuries	Attendances	913	1,083	170	66	78	12	5,568	6,340	772	401	457	56
Elective (Daycase)	Spells	1,098	873	(225)	1,183	909	(273)	6,042	5,757	(285)	6,610	6,264	(346)
Elective	Spells	343	276	(67)	770	763	(7)	1,821	1,846	25	4,237	4,684	447
Non Elective	Spells	481	422	(59)	1,137	1,204	67	2,931	2,685	(246)	6,938	6,558	(379)
XS bed days	Days	57	78	21	16	20	4	333	460	127	92	122	30
Critical Care	Days	75	79	4	77	68	(9)	458	535	77	473	712	239
Outpatients - First Attendance	Attendances	4,030	3,764	(266)	564	498	(66)	22,303	23,400	1,097	3,096	3,144	48
Outpatients - Follow up	Attendances	11,565	9,272	(2,293)	843	669	(174)	64,633	60,991	(3,642)	4,676	4,555	(121)
Outpatient - procedures	Attendances	2,834	1,838	(996)	374	240	(134)	15,027	14,300	(727)	1,985	1,887	(97)
Other	Other	3,845	2,948	(897)	593	591	(2)	22,325	23,052	728	3,377	3,621	244
Prior Period Adjustments and WIP					35	74	39				208	133	(75)
					5,658	**5,114**	**(544)**				**32,092**	**32,137**	**44**

Table 2 - Performance by Service Line

Activity Financial Performance	In Month			Year to Date		
Service Line	Plan £k	Actual £k	Var £k	Plan £k	Actual £k	Var £k
Perioperative Care	80	70	(9)	485	723	239
Clinical Support	559	570	12	3,361	3,563	202
Eyes	637	533	(104)	3,240	3,413	173
Oral	1,340	1,150	(190)	6,960	6,881	(79)
Plastics	2,541	2,373	(169)	15,483	14,921	(562)
Sleep	462	339	(123)	2,329	2,464	136
Other incuding WIP/ coding	39	79	40	235	170	(65)
Grand Total	**5,658**	**5,114**	**(544)**	**32,092**	**32,137**	**44**

NB

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

** Further activity trend analysis is included on the next page.

*** Total in month and YTD service line performance does not reconcile to activity income analysis by business unit page 7 as non SLAM activity income has not been disaggregated to business unit.

Summary

Minor injuries attendances are 170 and £12k better than plan. YTD activity is 772 attendances and £53k above plan.

Daycase activity in month is 225 spells and £273k below plan with under-performance in plastics (hands & breast) £122k, Maxillofacial £89k, Corneo Plastics £42K and Sleep £20k. YTD activity is 285 spells and £346k under plan within Oral £182k, Plastics £137k and Corneo Plastics £47k. This has been partially offset by above plan with sleep studies £20k. This has been the lowest level of daycases for the last 12 months, including February 2018, with September 119 less spells than February 2018, with Plastics and Oral being the main areas.

Elective activity in the month is 67 spells below plan and under delivered income by £7k with underperformance from Sleep studies £41k and Oral £12k being offset by over performance from Plastics £47k. The YTD activity is 25 spells and £447k above plan largely within Oral £182k, Eyes (corneoplastics) £119k, Plastics £155k.

Non-elective activity has under performed by 59 spells and over performed by £67k in month due to casemix of activity in month primarily within Oral service line. The YTD position reports an under-performance of 246 spells and £379k underperformance due to under performance within plastics services lines £539k partially offset by overperformance within eyes (corneoplastics) £113k and Oral services £46k.

Critical care days have under -performed by 4 days in month and under performed by £9k. The YTD position is above plan by 77 days and £239k YTD.

Outpatient attendances (FA/FUs) are 3554 attendances and £374k below plan in month and 3272 attendances and £171k below plan YTD. Outpatient procedures are £134k below plan in month and £97k below plan YTD. Oral services are the main area of underperformance £163k, Plastics £82k, Sleep £59k, Corneo Plastics £53k and Clinical support £19k all below plan. There is a timing delay in the completion of coding of outpatient procedures , the anticipated value of the coding gain is accrued into the in month position and reflected within prior period adjustments & WIP category as an estimate.

Other slight under performance in month by £2k mainly due to Head & Neck top up of £19k under performance, being offset by diagnostic imaging for radiology £27k over performance. YTD over performance of £244k due to Radiology £172k and sleep devices £102k, being offset by Head & Neck top up of £89k.

Within **service lines** over performance within perioperative care(critical care), sleep, eyes, and clinical support have offset under recovery within plastics and oral service lines YTD.

Financial Position by Business Unit – M6 2018/19

Queen Victoria Hospital NHS Foundation Trust

Variance by type: in £ks	Patient Activity Income		Other Income		Pay		Non Pay		Position	In Month				Year to Date			
performance against financial plan	CMV	YTDV	CMV	YTDV	CMV	YTDV	CMV	YTDV	Annual Budget	Budget	Actual	Variance	% Contribution	Budget	Actual	Variance	Contribution
Operations																	
1.1 Plastics	(451)	(529)	(19)	(152)	(93)	(407)	(27)	(148)	24,913	1,930	1,341	(590)	65%	11,682	10,447	(1,236)	71%
1.2 Oral	(193)	(42)	(30)	45	(7)	(137)	(96)	(201)	8,184	809	484	(325)	43%	3,688	3,352	(335)	48%
1.3 Eyes	(125)	120	(17)	(7)	(30)	(118)	4	(27)	4,501	432	265	(168)	52%	1,978	1,945	(32)	56%
1.4 Sleep	(128)	53	(0)	1	6	13	(21)	(120)	2,362	251	108	(143)	32%	1,078	1,026	(52)	42%
1.5 Clinical Support	95	318	(30)	(110)	9	185	31	22	(2,110)	(175)	(70)	105		(1,116)	(702)	414	
1.6 Perioperative Care	0	0	(3)	10	(79)	(297)	31	19	(11,632)	(934)	(984)	(51)		(6,031)	(6,300)	(269)	
1.7 Operational Nursing	35	319	(0)	(10)	(41)	(349)	4	(91)	(6,028)	(499)	(501)	(2)		(3,045)	(3,175)	(131)	
Operations Total	**(767)**	**240**	**(99)**	**(224)**	**(234)**	**(1,110)**	**(73)**	**(547)**	**20,190**	**1,815**	**641**	**(1,173)**		**8,234**	**6,593**	**(1,641)**	
Nursing & Clinical Infrastructure																	
2.1 Clinical Infrastructure	(15)	(15)	-	-	(38)	(60)	1	10	(1,124)	(93)	(145)	(53)		(567)	(632)	(66)	
2.5 Director Of Nursing	-	-	2	(33)	(39)	(131)	(8)	(100)	(2,780)	(230)	(274)	(44)		(1,403)	(1,667)	(264)	
Nursing & Clinical Infrastructure	**(15)**	**(15)**	**2**	**(33)**	**(77)**	**(191)**	**(7)**	**(90)**	**(3,904)**	**(322)**	**(419)**	**(97)**		**(1,970)**	**(2,299)**	**(329)**	
Corporate Departments																	
3.1 Non Clinical Infrastructure	(3)	(16)	(1)	26	(10)	(41)	(39)	(117)	(4,334)	(361)	(414)	(53)		(2,198)	(2,346)	(148)	
3.2 Commerce & Finance	-	-	(1)	18	(6)	(59)	13	(70)	(2,862)	(241)	(235)	6		(1,417)	(1,528)	(112)	
3.4 Finance Other	242	(164)	67	483	603	1,274	517	478	6,321	(49)	1,380	1,428		(3,002)	(931)	2,071	
4.1 Human Resources	-	-	(1)	90	(1)	10	12	(45)	(957)	(78)	(69)	10		(487)	(432)	55	
5.4 Corporate	-	-	(1)	(8)	32	63	(0)	(43)	(1,808)	(148)	(117)	31		(919)	(907)	12	
Corporate Total	**239**	**(181)**	**63**	**609**	**618**	**1,247**	**503**	**204**	**(3,640)**	**(877)**	**546**	**1,423**		**(8,022)**	**(6,143)**	**1,879**	
Surplus / (Deficit)	**(543)**	**44**	**(34)**	**352**	**307**	**(54)**	**423**	**(433)**	**12,645**	**615**	**768**	**153**		**(1,758)**	**(1,849)**	**(91)**	

Summary

Patient Activity Income: The main areas of under performance in month of £543k is within Plastics across all PoDs but mainly daycases, Oral (Outpatients & Daycase/Elective), Eyes across all PoDs and Sleep services (Outpatients & Daycase/Elective) being offset by clinical support(MIU/ direct access activity) and critical care within Operational Nursing. YTD overperformance of £44k is mainly within Eyes (mainly Elective & Non Elective) Operational Nursing (critical care beddays), sleep (inpatient, outpatients , PBR exclusions activities), clinical support (support(MIU/ direct access activities), eyes (emergency and PBR exclusion activities) offset by underperformance within plastics, Oral and finance other

Other income: In month is below plan by £34k, above plan YTD £352k. Plastics in month is mainly due reduction in PGME income and Clinical Excellence awards. Oral above plan is mainly due to additional income from NHS England Education and cleft lip services from Guy's & St Thomas's. Eyes is mainly due pre-cut corneal tissue to various providers which is being investigated to ensure full income is recovered which will be reflected in month 7 position. Additional AFC funding of £306k is offsetting some of the pressures due to the AFC pay award across the Trust and £100k adverse to plan due to the reduced level of income for the CT scanner within Finance Other.

Pay: In month is under spent by £307k in month; over spent by £54k YTD. The main driver of overspend are within plastics, Operational nursing and perioperative care. Plastic service is above plan by £93k in month mainly due to Medical staffing and the additional session payments. YTD is adverse by £407k which is mainly due to medical pay due agency usage at the beginning of the year, additional medical payments and the allocation of unidentified CIPs. Perioperative is below above by £79k in month and above plan £297k YTD which is due to high agency and bank usage to cover vacancies and additional payments for weekend work. The Trust is above the NHSI agency cap by £847k YTD. Agenda for change back pay has seen an increase of £269k, which is offset within income .

Non Pay: In month is under spent by £423k; £433k below plan YTD. There was unidentified saving of £93k in month and £431k YTD shown within the position. Plastics is above plan which is mainly due to outsourcing of activity to McIndoe which is being recovered through Patient Activity Income. Oral is mainly due to an increase spend in Implants & Prosthesis Appliances offset by income overperformance. Depreciation costs within Finance other are less than anticipated in month £35k and YTD £183k which is not expected to continue over the remainder of the year.

Cost Improvement Plan (CIP) – M6 2018/19

Queen Victoria Hospital NHS Foundation Trust

Business Unit	Lead	CIPP Target £	Estimated Financial Delivery based on RAG rating	18/19 Gap	Estimated Financial Delivery based on RAG rating as reported at Month 5	Change (+ve means identification of further CIPPs compared to reported at Month 5)	YTD POSITION AT MONTH 6		
							Sum of NHSI Planned Savings YTD £ by BU	Sum of YTD Actual Savings Total £	Sum of YTD Over / (Under) Achievement £
1.1 Plastics	Paul Gable	(461,621)	(118,436)	(343,185)	(79,936)	38,500	(41,436)	(40,868)	(568)
1.2 Oral	Georgina Baidya	(365,162)	(10,000)	(355,162)	(10,000)	0	(5,000)	(10,304)	5,304
1.3 Eyes	Georgina Baidya	(170,687)	(76,832)	(93,855)	(76,832)	0	0	(51,570)	51,570
1.4 Sleep	Sue Aston	(48,272)	(75,230)	26,958	(75,230)	0	(41,158)	(38,831)	(2,327)
1.5 Clinical Support Services	Paul Gable	(429,084)	(287,680)	(141,404)	(285,452)	2,228	(94,230)	(124,904)	30,675
1.6 Perioperative Care	Sue Aston	(646,490)	(82,235)	(564,255)	(82,235)	0	(87,176)	(45,376)	(41,800)
1.7 Operational Nursing	Nicky Reeves	(182,391)	(1,500)	(180,891)	(1,500)	0	(2,500)	(2,367)	(133)
2.1 Performance & Access	Phil Kennedy	(50,977)	(23,752)	(27,225)	(23,752)	0	(5,000)	0	(5,000)
2.5 Director of Nursing	Nicky Reeves	(172,735)	(96,003)	(76,733)	(96,403)	(400)	(45,503)	(40,502)	(5,001)
3.1 Non Clinical Infrastructure	Steve Davies	(240,528)	(174,113)	(66,415)	(174,113)	0	(7,000)	(67,500)	60,500
3.2 Commerce & Finance	Jason McIntyre	(136,847)	(207,320)	70,473	(207,320)	0	(177,810)	(30,229)	(147,581)
4.1 Human Resources	Dave Hurrell	(55,100)	0	(55,100)	0	0	(26,800)	(447)	(26,353)
5.4 Corporate	Clare Pirie	(89,106)	0	(89,106)	0	0	0	0	0
Targets in Op Plan				0		0	0	0	0
Grand Total		**(3,049,000)**	**(1,153,101)**	**(1,895,899)**	**(1,112,772)**	**40,328**	**(533,611)**	**(452,897)**	**(80,714)**

Summary

- At M6 the Trust YTD delivered £453k against plan; an under delivery of £81k.
- There is still a significant gap of £1.9m to address with no formalised plans in place.
- The year to date underperformance is mainly within Perioperative Care (42k) and Commerce & Finance (£148k) due to shortfall of procurement savings. This month Resmed savings of £28k have been factored into the position.
- The Trust is continuing to discuss CIPs every 2 weeks in Performance Review and Performance Review 2 meetings. A number of task and finish groups have been identified now for cross cutting schemes, together with named SROs and these will report into the PR2 meetings monthly to update progress.

Balance Sheet – M06 2018/19

Queen Victoria Hospital NHS Foundation Trust

Balance Sheet as at the end of September 2018	2017/18 Outturn £000s	Current Month £000s	Previous Month £000s
Non-Current Assets			
Fixed Assets	47,588	46,876	46,890
Other Receivables	-	-	-
Sub Total Non-Current Assets	47,588	46,876	46,890
Current Assets			
Inventories	1,178	1,184	1,189
Trade and Other Receivables	8,217	12,787	8,763
Cash and Cash Equivalents	8,914	5,550	6,950
Current Liabilities	(8,933)	(8,208)	(9,435)
Sub Total Net Current Assets	9,376	11,313	7,467
Total Assets less Current Liabilities	56,965	58,190	54,357
Non-Current Liabilities			
Provisions for Liabilities and Charges	(625)	(625)	(625)
Non-Current Liabilities >1 Year	(5,823)	(5,434)	(5,434)
Total Assets Employed	**50,517**	**52,131**	**48,298**
Tax Payers' Equity			
Public Dividend Capital	12,237	12,237	12,237
Retained Earnings	26,100	27,714	23,881
Revaluation Reserve	12,180	12,180	12,180
Total Tax Payers' Equity	**50,517**	**52,131**	**48,298**

Summary

- The capital asset value has decreased in month by £14k due to the capital spend profile.
- Net current assets have increased in month by £0.4m:
- Inventories are planned to be monitored on a regular basis.
- Trade and other receivables have increased by £4m due primarily to the achievement in month 6 of the quarter 2 provider stability fund (PSF) of £3.1m. (PSF has replaced the sustainability and transformation fund, STF)
- Cash has decreased by £1.4m, due to a delayed invoice receipt and the PDC dividend half yearly payment of £0.7m.
- Current liabilities have decreased by £1.2m due to reduced accruals which includes that for the dividend.
- Non current liabilities - no change this month.

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

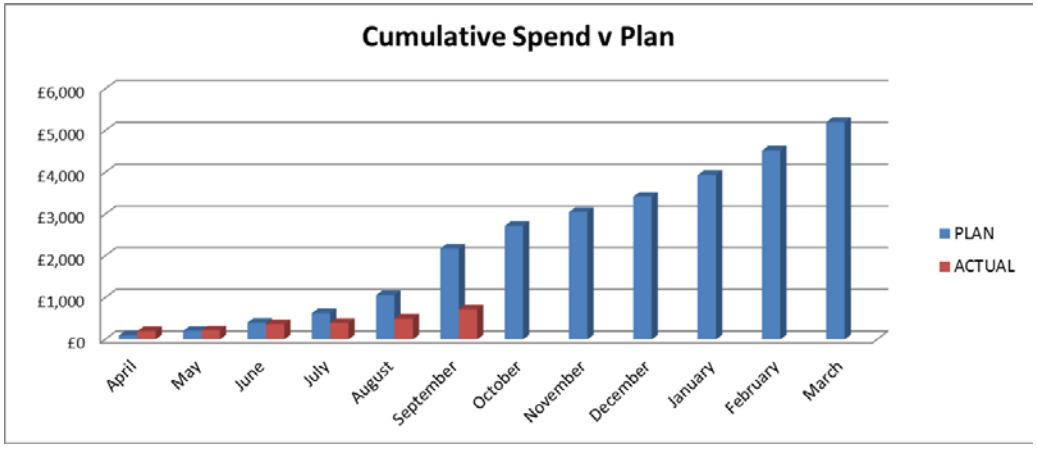
- Further details of actions taken to ensure robust cash management processes are outlined on the debtor and cash slides.

NB Analysis is subject to rounding differences

Capital – M6 2018/19

Queen Victoria Hospital NHS
NHS Foundation Trust

Month 6 - September 2018	Plan £000s	Plan £000s	Actual £000s	Variance £000s	Forecast £000s	Variance £000s
Estates projects						
Backlog maintenance - Energy Management	216	60	-	60	216	-
Backlog maintenance - Health & Safety	100	105	-	105	87	13
Backlog maintenance - Fire Safety	145	145	-	145	145	-
Backlog maintenance - Internal Accommodation	210	160	-	160	219	(9)
Backlog maintenance - External Works	180	120	-	120	180	-
STF funding allocated to capital	1,000	-	-	-	1,000	-
Other projects	413	259	299	(40)	509	(96)
Estates projects	**2,264**	**849**	**299**	**550**	**2,356**	(92)
Medical Equipment	**1,033**	**782**	**122**	**660**	**1,033**	**(0)**
Information Management & Technology (IM&T)						
Ordercomms	120	120	51	69	137	(17)
Infrastructure strategy - wireless extension	60	50	-	50	310	(250)
Infrastructure strategy - hardware	170	-	-	-	61	109
Infrastructure strategy - end user reconfiguration	150	-	-	-	50	100
Infrastructure strategy - desktop/mobile	100	-	-	-	100	-
Health & Social Care Network	150	76	21	55	56	94
E-Observations	108	5	-	5	100	8
EDM	108	32	91	(59)	163	(55)
Other projects	474	262	138	124	476	(2)
Information Management & Technology (IM&T)	**1,440**	**545**	**301**	**244**	**1,453**	(13)
Contingency	**113**	-	-	-	**8**	105
Total	**4,850**	**2,176**	**723**	**1,453**	**4,850**	**(0)**



Summary

- The original Capital plan for 2018/19 was £3,850k including £400k for the donated CT scanner. Earlier in the year £1,000k was added following the decision to invest part of the trust's STF funding in capital projects The capital programme has been developed through the 2018/19 business planning process via the Capital Planning Group and with EMT and Board approval.
- The STF funded capital will be used to improve the estate, mainly in the Burns/Critical Care area (£0.8m) but also to provide enhanced facilities for staff £0.2m.
- Apart from the additional STF funding, the largest element of the Estates programme is backlog maintenance. The Trust is in year 3 of a 5 year programme. Enabling works for the CT scanner have been initiated. The CT scanner itself has been ordered.
- The IT programme is largely based on the IM&T Strategy and work is expected to gain momentum in the second half of the year. The implementation of Ordercomms, the electronic ordering of diagnostic tests and images, is nearly complete. The EDM project continues; a project manager has been appointed to drive it forward.
- A bid for funding from the Sussex & East Surrey STP in respect of the E-Observations project has been successful. The amount has yet to be confirmed but is likely to be in the region of £355k.
- YTD expenditure is 67% below plan. Full year expenditure is forecast to be in line with plan. The estates programme has been delayed by lack of project management staff but during the second half of the year there will be two project managers in post to take it forward. £600k of medical equipment is currently on order and the bulk of the IM&T programme has always been scheduled for the second half of the year. Progress will be monitored by the Capital Planning Group.
- The back-dated recovery of VAT relating to projects that started in 2017/18 and continued into 2018/19 has been shown separately to avoid distorting the presentation of the 2018/19 spend.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**01 November 2018**		**Agenda reference:**	**166-18**	
Report title:	**QVH estates strategy and planning for the future**				
Sponsor:	Michelle Miles, Director of finance				
Author:	Michelle Miles, Director of finance and Clare Pirie, Director of communications and corporate affairs				
Appendices:	NA				
Executive summary					
Purpose of report:	The purpose of this paper is to apprise the board of developments to the QVH estates strategy				
Summary of key issues	The Trust is planning site developments required to ensure it remains one of the leading surgical hospitals in the country. The Trust is considering selling an unused area of land on its site to fund this, and is seeking to sell this land with planning permission in order to maximise the value to the hospital and the contribution to developing its plans. The land identified is already allocated in both the district and local plan for housing. The Trust will continue to engage fully with its stakeholders and is also in discussion with the local planning officer about timescales and process.				
Recommendation:	The Board is asked to NOTE the contents of this report				
Action required		**Information**			
Link to key strategic objectives (KSOs):	**KSO1:** *Outstanding patient experience*	**KSO2:** *World-class clinical services*	**KSO3:** *Operational excellence*	**KSO4:** *Financial sustainability*	**KSO5:** *Organisational excellence*
Implications					
Board assurance framework:	NA				
Corporate risk register:	NA				
Regulation:	NA				
Legal:	NA				
Resources:	NA at present				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	The Board will be kept informed about the progress of this and likely timescales.				

Report to:	Board of Directors
Meeting date:	01 November 2018
Agenda item reference no:	166-18
Report from::	Michelle Miles, Director of Finance
Author:	Michelle Miles, Director of Finance, and Clare Pirie, Director of communications and corporate affairs
Date of report:	23 October 2018

QVH estates strategy and planning for the future

1. Summary

We are developing our vision for the future of QVH Queen Victoria Hospital as one of the leading surgical hospitals in the country, including changes to our site and buildings that will support this.

We are considering selling an unused area of our site to fund some of the development needed on our site.

2. Developing the QVH estate to support our future

QVH provides outstanding care and has an international reputation for specialist reconstructive surgery. We also provide important services for local people in East Grinstead and the surrounding areas. We have wonderful modern operating theatres but we also have some ageing buildings put up during and immediately after World War II, some of which were intended to be temporary but are still in use today.

Our vision for the future of one of the best surgical hospitals in the country includes:

- Creating new specialised surgical wards and critical care facilities alongside our operating theatres. At the moment we move patients between our wards and operating theatres down a long public corridor. This does not give patients the privacy we would want and it can be cold in winter.

- Providing outpatient clinics closer to the car park at the front of the site, so that patients can find their way to appointments more quickly and easily. Currently most outpatient appointments are in a rented modular building. We believe we could make better use of tax payers' funds for the NHS if we were providing services from permanent buildings with lower running costs and maintenance bills.

- Providing better space for our staff to relax and have meals when they are on a break. At the moment many staff eat in their offices and our staff room for people working in our operating theatres is too small for the size of the team.

- Travel and making our hospital more environmentally friendly. We would like to create more parking on site: our patients come from across the south east and we are aware of the impact on our neighbours in surrounding residential streets. We are also keen to improve green transport options for staff and visitors.

3. Potential land sale

To fund some of this vision we are considering selling an unused area of our site behind theatres. The land identified is already allocated in both the district and local plan for housing. We would seek to sell it with planning permission in order to maximise the value to the hospital and the contribution to facilitating the plans described above. We have engaged architects who are experienced in healthcare work to assist us with this.

The area allocated for housing is currently wooded and we are working with expert arboricultural and ecological surveyors to give us advice on which trees should be retained in any building plan and how our remaining wooded land could offer the best possible mitigation for the loss of trees.

Any new housing could help provide accommodation for nurses and other key workers, as well as more homes for local people.

4. Stakeholder engagement

In October we shared our initial thinking with key stakeholders including local people, East Grinstead Town Council, the League of Friends, elected members of West Sussex County Council. We have written to almost 400 of our immediate neighbours and 1350 of our Foundation Trust members who live locally. We have held drop in sessions for staff, a public exhibition for local people.

Whilst this is not classified as a 'significant transaction' as set out in the guidance for Foundation Trusts we will continue to discuss this in detail with our Foundation Trust governors and seek their support.

Information has been made available on our public website and we have prepared a summary document to make available to people by email or through the post.

This is an early stage in the process and we will continue to engage all stakeholders as we progress.

5. Next steps

We are in discussion with the local planning officer about timescales and process for submitting a planning application related to the land we are considering selling. The Board will be kept informed about the progress of this and likely timescales.

We are continuing to work on our vision for the development of the hospital site and will be considering feedback from the stakeholder engagement sessions. Investment in this, both in external expertise and QVH staff time, will be relatively limited until we have a high level of confidence in and clear timescales for land sale or alternative sources of funding are identified.

6. Recommendation

The Board of Directors is asked to **NOTE** the contents of this update.

KSO5 – Organisational Excellence

Risk Owner: Director of Workforce & OD
Date: 17th October 2018

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

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

Risk Appetite The Trust has a **moderate appetite** for risks that impact on Organisational Excellence . The engagement and motivation of the workforce, supported by evidence based research, will impact on patient experience

Initial Risk 3(C)x 5(L)=15, moderate
Current Risk Rating 4(C)x 5(L)=20, major
Target Risk Rating **3**(C)x 5(L) = 15 moderate

Rationale for risk current score
- National workforce shortages in key nursing areas particularly theatres, CCU
- Generational changes in workforce shows high turnover in newly qualified Band 5 nurses in first year of employment
- 2-3 years to train registered practitioners to join the workforce
- Around 40,000 nursing vacancies in England
- managers skill set in triangulating workforce skills mix against activity and financial planning
- Unknown impact of STP case for change/clinical strategy
- Staff survey results and SFFT show staff engagement is lower than previous years
- Impact on adequate substantive staffing resource in theatres to support productivity/meet RTT
- Agenda for Change 2018 reform impact as yet untested
- Addressing the reasons for retention is challenging as pressures on managers/leaders can lead to a reluctance to adopt new ways of working and support significant change
- Overseas nurses will take some months to arrive and have a positive impact

Future risks
- An ageing workforce highlighting a significant risk of retirement in workforce
- Many services single staff/small teams that lack capacity and agility.
- Developing new health care roles -will change skill mix
- Consultant contract negotiations resume in 2018 unknown financial impact

Future Opportunities
- Closer partnership working with STP and through LWAB particularly for whole system leadership and talent management initiatives

Controls / assurance
- Developing longer 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, refreshed in 2018 with encouraging on going high demand
- All workstreams being captured in one Workforce & OD Strategy (draft)
- monthly challenge to Business Units at Performance review
- Investment made in key workforce e-solutions, TRAC delivered on time, E-job plan ongoing, HealthRoster implemented
- Engagement and Retention plan actions ongoing
- Overseas recruitment now underway first offers made/accepted and first arrivals in Q3 2018

Gaps in controls / assurance
- Management competency in workforce planning
- Continuing resources to support the development of staff – optimal use of apprenticeship levy budget
- Continuing attraction and retention problems in theatres , critical care and paediatrics and C Wing
- Theatre recruitment and retention workstream launched (Four Eyes)
- Capacity of workforce team to support the required initiatives to address recruitment and retention challenges including pay and agency controls
- Reconciliation required between ledger and ESR to enable full establishment control

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**1 November 2018**		**Agenda reference:**	**168-18**	
Report title:	**Workforce Report: October report, September Data**				
Sponsor:	Geraldine Opreshko, Director of Workforce and OD				
Author:	David Hurrell, Deputy Director of Workforce				
Appendices:	None				
Executive summary					
Purpose of report:	The Workforce and OD report for October 2018 (September data) provides the Trust Board with a breakdown of key workforce indicators and information linked to performance.				
Summary of key issues	Ongoing challenges related to turnover and use of temporary staffing				
Recommendation:	The Board is asked to **note** the report				
Action required				**Assurance**	
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience* ✓	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability* ✓	KSO5: *Organisational excellence* ✓
Implications					
Board assurance framework:	The challenges are reflected in KSO 5 Organisational Excellence				
Corporate risk register:	A number of risks on the Corporate risk register are specific to workforce challenges and in particular the level of vacancies and use of temporary staffing				
Regulation:	Workforce challenges will be implicit in all 5 domains of the CQC and in particular – Are they well Led?				
Legal:	No implications				
Resources:	The Workforce and OD team are trying to keep pace with demand and the need to support managers within existing resources				
Assurance route					
Previously considered by:	EMT				
	Date:	15/10/18	Decision	For information	
Previously considered by:	F&PC				
	Date:	22/10/18	Decision	For information	
Next steps:					

Queen Victoria Hospital NHS
NHS Foundation Trust

Workforce & Organisational Development

Workforce Report – October 2018

Reporting Period - September 2018

1.1 Current Month Picture

KPI	Narrative
Vacancies Section 2	'Staff in Post' numbers decreased marginally, finishing at an in month position of 845.94wte. Small increases in vacancy levels were seen in all services, with the significant exception of Plastics which has reduced it's vacancy rate from 10.37% to 3.11% due to 4 successful fixed -term appointments of Trust Doctors to fill deanery gaps and 2 substantive medical secretaties, and small reductions in Oral Services (13.23% to 12.03%). Trust-wide new starters in month were 16.41wte, including 0.5wte theatre practitioner and 0.6wte healthcare assistant.
Turnover Section 3	Trust rolling annual turnover increased in month, from 18.42% to 19.88%. This was prompted by increases in monthly turnover within all services with the exception of Clinical Support Services, Plastics and Operational Nursing. There was a total of 23.36wte leavers; including 7.6wte qualified nurses / theatre practitioners and 1.6wte healthcare assistants.
Temporary Staffing Section 4	Total temporary staffing usage across the Trust decreased again compared to the previous month, by 1.57 to a total usage of 103.82wte. A small increase in usage of healthcare assistants and AHP/ST&Ts was offset by small reductions in other areas, most notably a reduction in non-clinical agency use (down from 3.77wte to 2.76wte). Agency use overall decreased by 0.78wte. Bank usage remains high at 58.49wte, the majority of usage remaining in administrative roles (31wte) but good, consistent use of qualified nursing bank (17.63wte). The increase in healthcare assistant agency use is as a result of a lack of take-up of available bank work from new bank healthcare assistants, we have introduced an additional step in the recruitment process to help assess understanding of the role
Sickness Section 5	Confirmed August sickness information shows an in month absence rate of 3.23%, a small decrease from last month's position of 3.29%. This was driven by a 29% reduction in sickness absences related to 'Anxiety/stress/depression/other psychiatric illnesses' reasons. The trust position is predominantly affected by continued high sickness within Perioperative Services and Clinical Infrastructure, which correlates with their high vacancy levels. Days lost due to reasons of anxiety/stress/depression/other psychiatric illnesses decreased from 302 days lost to 215 days lost (accounting for 21.4% of all absences, down from 29.8%). 'Gastrointestinal problems' continued to be the second most cited reason for absence with 180 days lost (17.9% of reported absence), and 'Other (non-back related) musculoskeletal conditions' returning to the third most cited reason, which had previously accounted for 74 days lost (18.6% of all sickness absence) back to average reported levels at 113 days lost in August (11.3% of absences).
Appraisals Section 6	Appraisal compliance figures dipped further from 78.71% to 76.89%, the lowest position in 8 months. Gains were seen in month in Oral (+3.4%), Eyes (+4.6%) and Operational Nursing (+0.2%) areas, with the biggest decreases in Plastics (-4.9%), Sleep (-4.6%), Perioperative Care (-5.1%) and Clinical Infrastructure (-4%). The lowest rate continues within the Clinical Infrastructure business unit, now at 57.5%.
MAST Section 6	Mandatory and Statutory Training compliance figures dropped below the normal 88-91% range, decreasing in-month from 88.54% to 87.7%. Small reductions were seen in all areas with the exception of Clinical Suport (+0.1%) and Director of Nursing staff (+1.3%). The biggest reduction was seen in Sleep services, which had previously been above 95% but now at 92.3%.

KPI Summary

Workforce KPIs (RAG Rating) 2018-19			Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Compared to Previous Month
			980.46	955.65	955.65	955.65	955.65	955.65	955.65	955.65	955.65	955.65	955.65	990.87	**990.87**	◄ ►
			843.26	859.91	856.13	845.60	841.32	838.58	845.26	831.41	827.24	829.77	835.19	848.43	**845.94**	▼
			137.20	95.74	99.52	110.05	114.33	117.07	110.39	124.24	128.41	125.88	120.46	142.44	**144.93**	▲
>12%	8%<>12%	<8%	13.99%	10.02%	10.41%	11.52%	11.96%	12.25%	11.55%	13.00%	13.44%	13.17%	12.61%	14.38%	**14.63%**	▲
			28.53	28.12	30.96	26.95	33.76	38.28	42.51	45.58	50.61	42.85	46.85	46.11	**45.33**	▼
			42.01	40.40	47.11	40.40	58.13	58.16	65.26	52.24	59.82	64.34	63.37	59.28	**58.49**	▼
>=12%	10%<>12%	<10%	18.92%	18.22%	18.41%	18.67%	18.87%	19.30%	19.57%	20.38%	20.43%	19.20%	18.17%	18.42%	**19.88%**	▲
			1.74%	1.00%	1.56%	1.80%	1.75%	1.47%	1.91%	2.24%	1.00%	0.68%	1.10%	1.58%	**2.94%**	▲
<70%	70%<>85%	>=85%	98.77%	98.58%	98.61%	98.90%	98.68%	97.17%	98.78%	98.18%	99.18%	99.28%	98.66%	98.48%	**97.80%**	▼
>=4%	4%<>3%	<3%	3.15%	3.59%	3.46%	2.66%	3.59%	3.73%	3.73%	2.74%	3.04%	3.52%	3.29%	3.23%	*tbc*	▼
<80%	80%<>95%	>=95%	83.86%	81.24%	81.38%	81.00%	81.22%	78.58%	81.89%	81.64%	82.20%	80.40%	79.55%	78.71%	**76.89%**	▼
<80%	80%<>95%	>=95%	89.94%	89.60%	88.81%	88.48%	89.97%	90.72%	89.59%	90.12%	89.07%	89.56%	89.70%	88.54%	**87.70%**	▼

Measure Extremely likely / likely % : Extremely unlikely / unlikely%	2017-18 Quarter 2: Of 212 responses: 92% : 2.4%	National Staff Survey 2017 : 55%	**2017-18 Quarter 4: Of 306 responses: 90% : 5.23%**	**2018-19 Quarter 1: Of 205 responses: 89.27% : 0.49%**	**2018-19 Quarter 2: Of 151 responses: 91.39% : 2.64%**	Qtr 1 & Qtr 1 ▼Responses ▲ Likely ▲Unlikely
Measure Extremely likely / likely % : Extremely unlikely / unlikely%	2017-18 Quarter 2: Of 212 responses: 66% : 19.8%		**2017-18 Quarter 4: Of 306 responses: 57.19% : 26.47%**	**2018-19 Quarter 1: Of 205 responses: 51.22% : 20.48%** *(**data inaccuracy up to 8% due to survey error)***	**2018-19 Quarter 2: Of 151 responses: 61.59% : 24.50%**	Qtr 2 & Qtr 2 ▼Responses ▲ Likely ▲Unlikely

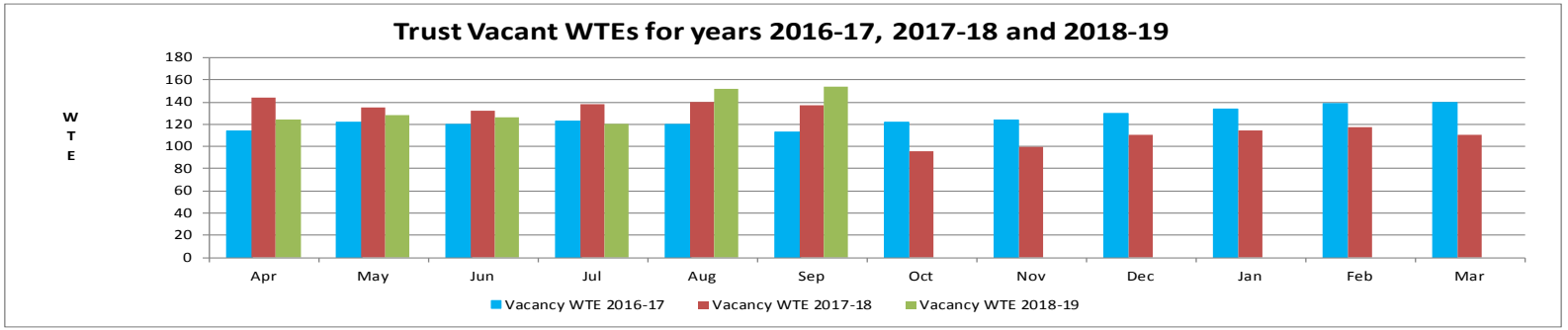
updated in Aug 18. Establishment updated in August 2017 with nursing update in October 2017
lude extra hours worked by medical staff within establishment or overtime worked by all staff groups.
17/18 for Appraisals and for Statutory & Mandatory Training plus 2 new Board Reportable competences introduced - Fire Safety and Safeguarding Adults Level 2.

2. Vacancies and Recruitment

VACANCY PERCENTAGES	Jul-18	Aug-18	Sep-18	Compared to Previous Month
Corporate	10.61%	14.63%	15.64%	▲
Eyes	9.52%	8.40%	10.76%	▲
Sleep	-8.24%	23.75%	26.86%	▲
Plastics	8.65%	10.37%	3.11%	▼
Oral	13.44%	13.25%	12.03%	▼
Periop	21.48%	22.90%	22.93%	▲
Clinical Support	4.02%	5.11%	6.24%	▲
Clinical Infrastructure	15.93%	16.72%	21.73%	▲
Director of Nursing	12.96%	8.61%	10.77%	▲
Operational Nursing	16.16%	16.30%	17.98%	▲
QVH Trust Total	12.53%	15.15%	15.40%	▲

NON-MEDICAL RECRUITMENT(WTE)	Posts advertised this month	Recruits in Pipeline
Corporate	2.00	9.60
Eyes	2.80	2.00
Sleep	3.40	0.00
Plastics	4.60	7.28
Oral	5.47	3.30
Periop	32.00	7.00
Clinical Support	4.50	4.60
Clinical Infrastructure	1.00	0.00
Director of Nursing	3.30	2.00
Operational Nursing	11.61	5.61
QVH Trust Total	*70.68*	41.39
of which Qual Nurses / Theatre Practs (external)	47.91	*7.00*
of which HCA's & Student/Asst Practs (external)	2.00	*5.61*

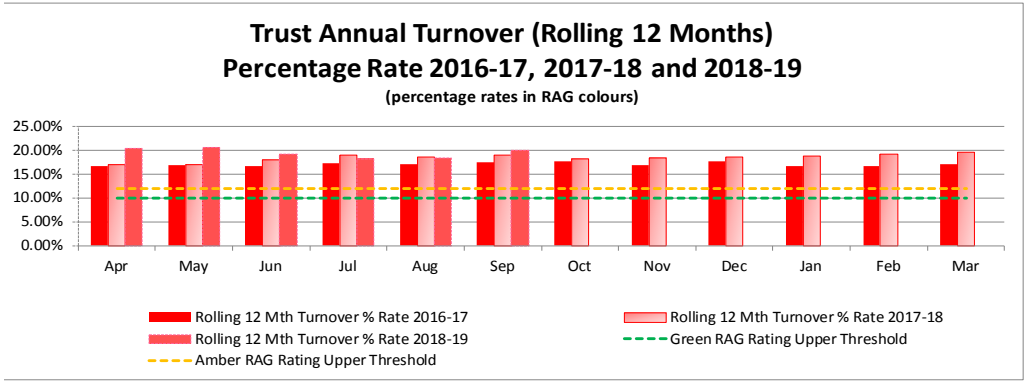
MEDICAL RECRUITMENT (WTE)	Posts advertised this month	Recruits in Pipeline
Clinical Support	0.00	0.00
of which are Deanery Trainees, Trust Registrars or Fellows	*0.00*	*0.00*
of which are SAS doctors	*0.00*	*0.00*
of which are Consultants (including locums)	*0.00*	*0.00*
Plastics	4.00	2.00
of which are Deanery Trainees, Trust Registrars or Fellows	*2.00*	*2.00*
of which are SAS doctors	*0.00*	*0.00*
of which are Consultants (including locums)	*2.00*	*0.00*
Eyes	3.00	3.00
of which are Deanery Trainees, Trust Registrars or Fellows	*0.00*	*0.00*
of which are SAS doctors	*3.00*	*3.00*
of which are Consultants (including locums)	*0.00*	*0.00*
Sleep	0.00	0.00
Oral	2.00	1.00
of which are Deanery Trainees, Trust Registrars or Fellows	*0.00*	*1.00*
of which are SAS doctors	*1.00*	*0.00*
of which are Consultants (including locums)	*1.00*	*0.00*
Periop	0.00	0.00
of which are Deanery Trainees, Trust Registrars or Fellows	*0.00*	*0.00*
of which are SAS doctors	*0.00*	*0.00*
of which are Consultants (including locums)	*0.00*	*0.00*
QVH Trust Total	9.00	6.00
of which are Deanery Trainees, Trust Registrars or Fellows	*2.00*	*3.00*
of which are SAS doctors	*1.00*	*3.00*
of which are Consultants (including locums)	*6.00*	*0.00*

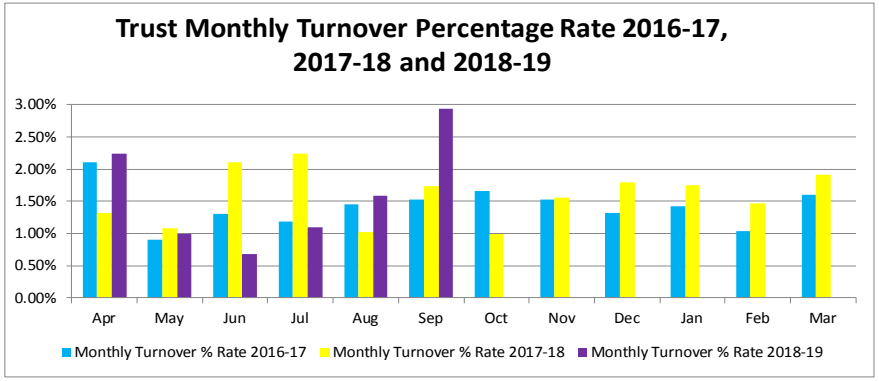


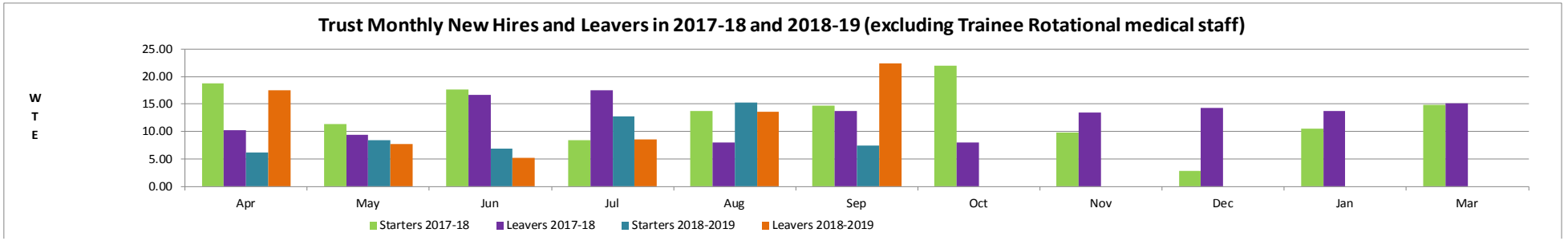
3. Turnover, New Hires and Leavers

ANNUAL TURNOVER ROLLING 12 MTHS excl. Trainee Doctors	Jul-18	Aug-18	Sep-18	Compared to Previous Month
Corporate %	17.62%	15.25%	17.64%	▲
Eyes %	21.62%	19.42%	24.64%	▲
Sleep %	21.46%	21.62%	26.54%	▲
Plastics %	16.84%	19.25%	16.29%	▼
Oral %	20.88%	23.40%	28.82%	▲
Peri Op %	22.89%	22.67%	23.28%	▲
Clinical Support %	10.71%	11.10%	13.21%	▲
Clinical Infrastructure %	31.56%	28.74%	30.38%	▲
Director of Nursing %	8.88%	8.91%	11.10%	▲
Operational Nursing %	14.92%	20.30%	18.46%	▼
QVH Trust Total %	18.17%	18.42%	19.88%	▲

MONTHLY TURNOVER excl. Trainee Doctors	Jul-18	Aug-18	Sep-18	Compared to Previous Month
Corporate %	0.65%	0.00%	2.72%	▲
Eyes %	2.13%	0.00%	3.18%	▲
Sleep %	7.44%	0.00%	4.79%	▲
Plastics %	0.68%	2.51%	2.04%	▼
Oral %	2.88%	3.84%	6.40%	▲
Peri Op %	0.48%	0.97%	2.93%	▲
Clinical Support %	0.47%	4.61%	2.42%	▼
Clinical Infrastructure %	0.00%	0.91%	4.60%	▲
Director of Nursing %	0.00%	0.00%	1.96%	▲
Operational Nursing %	1.62%	5.48%	0.92%	▼
QVH Trust Total %	1.10%	1.58%	2.94%	▲







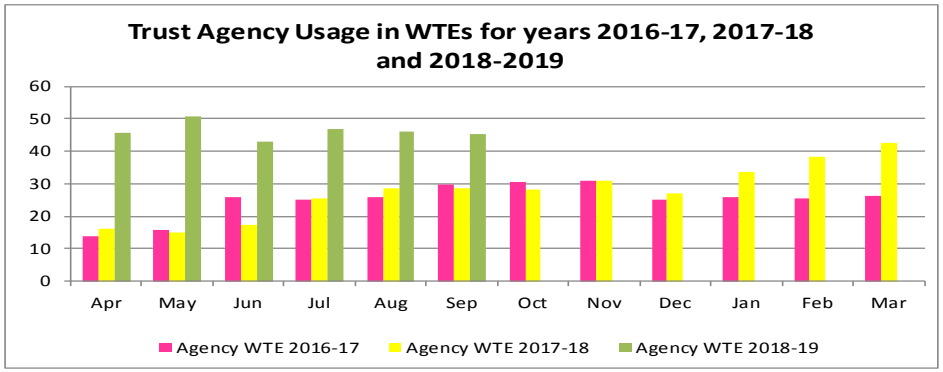
4. Temporary Workforce

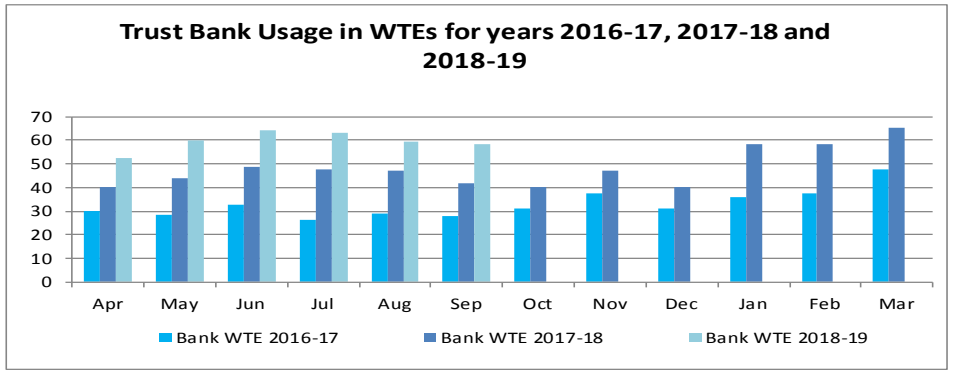
Agency				
BUSINESS UNIT (WTE)	Jul-18	Aug-18	Sep-18	Compared to Previous Month
Corporate	5.03	3.77	2.76	▼
Eyes	0.00	0.00	0.00	◄►
Sleep	0.00	0.00	0.12	▲
Plastics	6.24	3.65	3.50	▼
Oral	0.00	0.00	0.00	◄►
Periop	24.83	23.82	24.03	▲
Clinical Support	2.44	3.43	3.59	▲
Clinical Infrastructure	0.00	0.00	0.00	◄►
Director of Nursing	0.00	0.00	0.00	◄►
Operational Nursing	8.28	11.43	11.32	▼
QVH Trust Total	46.85	46.11	45.33	▼

Bank				
BUSINESS UNIT (WTE)	Jul-18	Aug-18	Sep-18	Compared to Previous Month
Corporate	7.03	8.19	8.93	▲
Eyes	5.33	3.79	4.27	▲
Sleep	4.38	4.63	3.47	▼
Plastics	6.72	4.65	3.79	▼
Oral	3.14	2.90	3.47	▲
Periop	13.66	13.52	14.44	▲
Clinical Support	5.75	4.91	5.21	▲
Clinical Infrastructure	6.51	6.27	6.07	▼
Director of Nursing	1.29	1.20	1.38	▲
Operational Nursing	9.54	9.22	7.46	▼
QVH Trust Total	63.37	59.28	58.49	▼

Agency				
STAFF GROUP (WTE)	Jul-18	Aug-18	Sep-18	Compared to Previous Month
Qualified Nursing	35.09	36.29	36.06	▼
HCAs	0.00	1.62	2.19	▲
Medical and Dental	5.06	1.93	1.38	▼
Other AHP's & ST&T	1.63	2.49	2.94	▲
Non-Clinical	5.06	3.77	2.76	▼
QVH Trust Total	46.84	46.11	45.33	▼

Bank				
STAFF GROUP (WTE)	Jul-18	Aug-18	Sep-18	Compared to Previous Month
Qualified Nursing	17.23	18.77	17.63	▼
HCAs	10.70	8.13	7.76	▼
Medical and Dental	0.00	0.00	0.21	▲
Other AHP's & ST&T	2.89	1.28	1.89	▲
Non-Clinical	33.18	31.10	31.01	▼
QVH Trust Total	63.37	59.28	58.49	▼



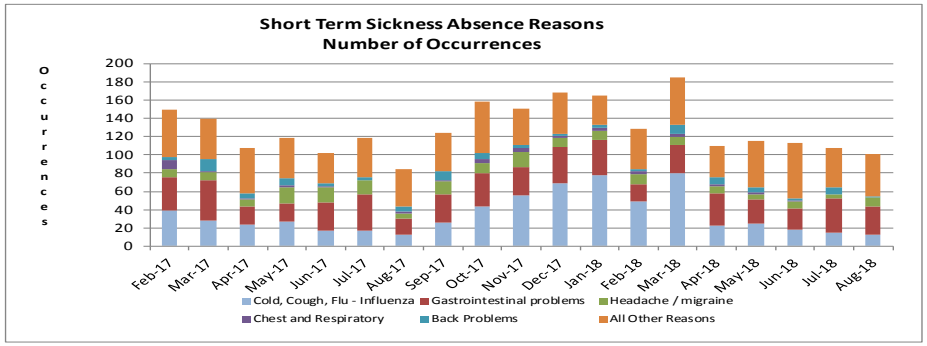


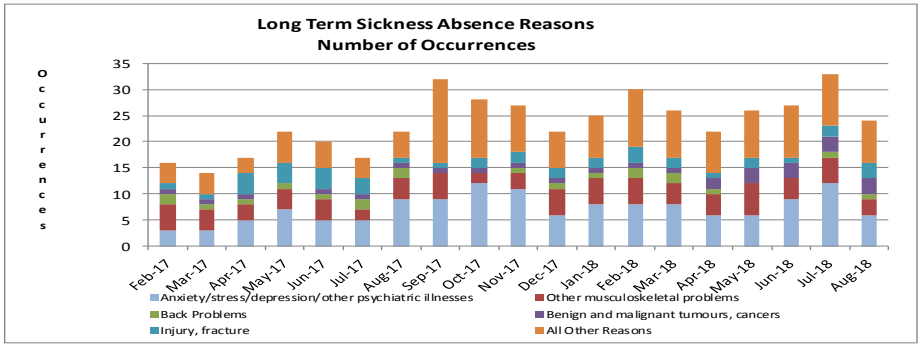
5. Sickness Absence

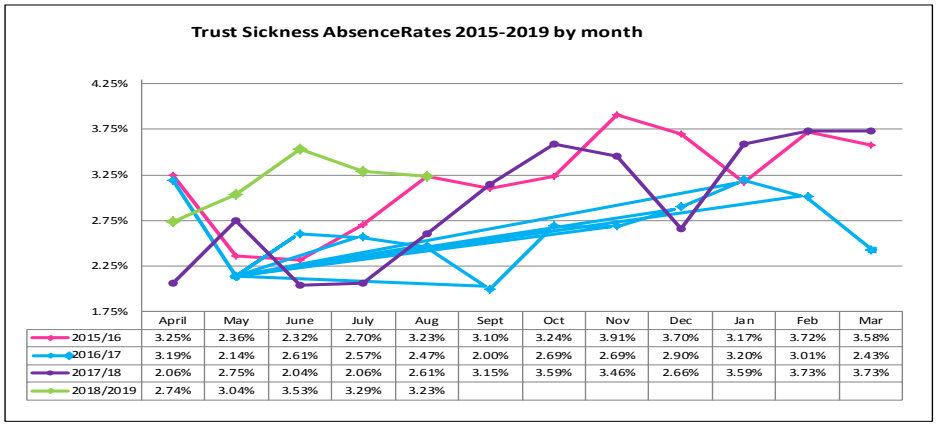
SHORT TERM SICKNESS	Jun-18	Jul-18	Aug-18	Compared to Previous Month
Corporate	0.52%	0.30%	1.27%	▲
Clinical Support	1.08%	0.36%	0.48%	▲
Plastics	1.64%	0.52%	0.85%	▲
Eyes	1.82%	0.16%	1.64%	▲
Sleep	3.05%	0.20%	0.85%	▲
Oral	1.27%	1.53%	0.27%	▼
Periop	1.86%	2.79%	2.11%	▼
Clinical Infrastructure	1.41%	2.79%	3.52%	▲
Director of Nursing	0.13%	0.62%	0.38%	▼
Operational Nursing	2.81%	0.50%	1.85%	▲
QVH Trust Total	1.46%	1.08%	1.30%	▲

LONG TERM SICKNESS	Jun-18	Jul-18	Aug-18	Compared to Previous Month
Corporate	0.29%	1.02%	0.67%	▼
Clinical Support	1.89%	1.70%	2.00%	▲
Plastics	0.06%	1.28%	1.44%	▲
Eyes	1.09%	2.22%	2.47%	▲
Sleep	3.81%	5.82%	1.69%	▼
Oral	1.11%	0.04%	0.00%	▼
Periop	4.68%	4.33%	3.56%	▼
Clinical Infrastructure	5.54%	3.33%	2.83%	▼
Director of Nursing	3.47%	4.89%	8.15%	▲
Operational Nursing	1.75%	1.31%	0.08%	▼
QVH Trust Total	2.07%	2.21%	1.94%	▼

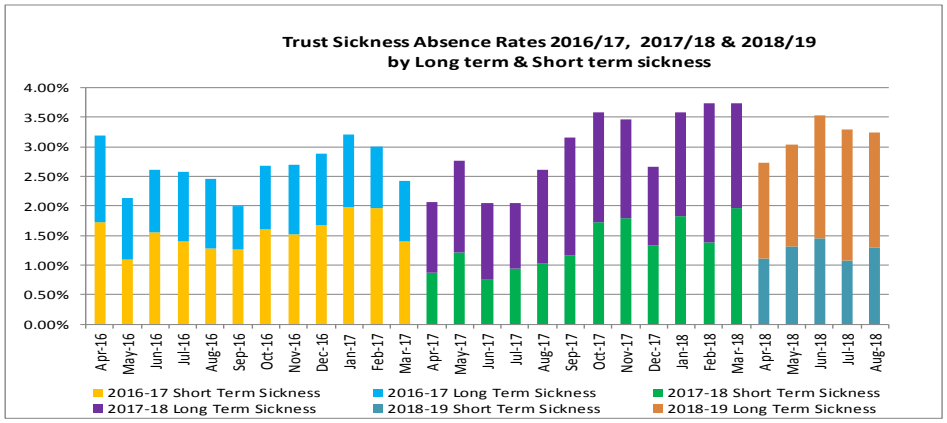
ALL SICKNESS (with RAG)	Jun-18	Jul-18	Aug-18	Compared to Previous Month
QVH Trust Total	3.53%	3.29%	3.23%	▼





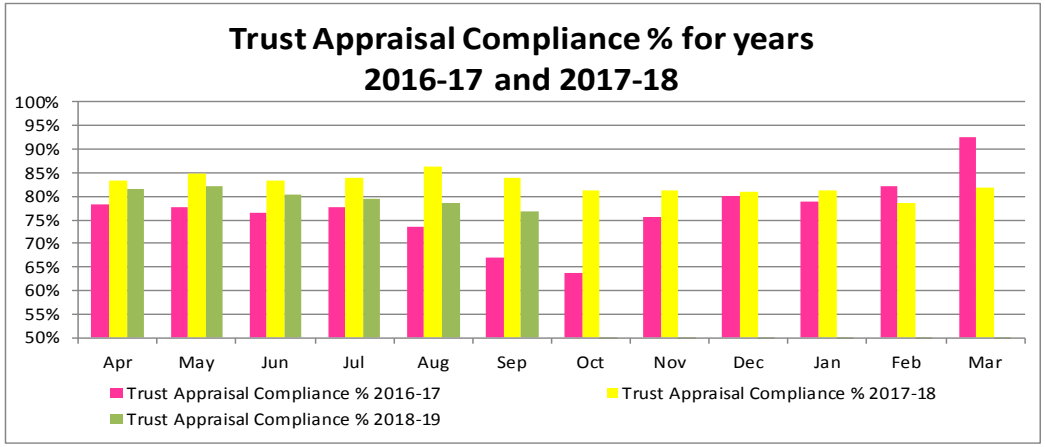


	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	3.25%	2.36%	2.32%	2.70%	3.23%	3.10%	3.24%	3.91%	3.70%	3.17%	3.72%	3.58%
2016/17	3.19%	2.14%	2.61%	2.57%	2.47%	2.00%	2.69%	2.69%	2.90%	3.20%	3.01%	2.43%
2017/18	2.06%	2.75%	2.04%	2.06%	2.61%	3.15%	3.59%	3.46%	2.66%	3.59%	3.73%	3.73%
2018/2019	2.74%	3.04%	3.53%	3.29%	3.23%							

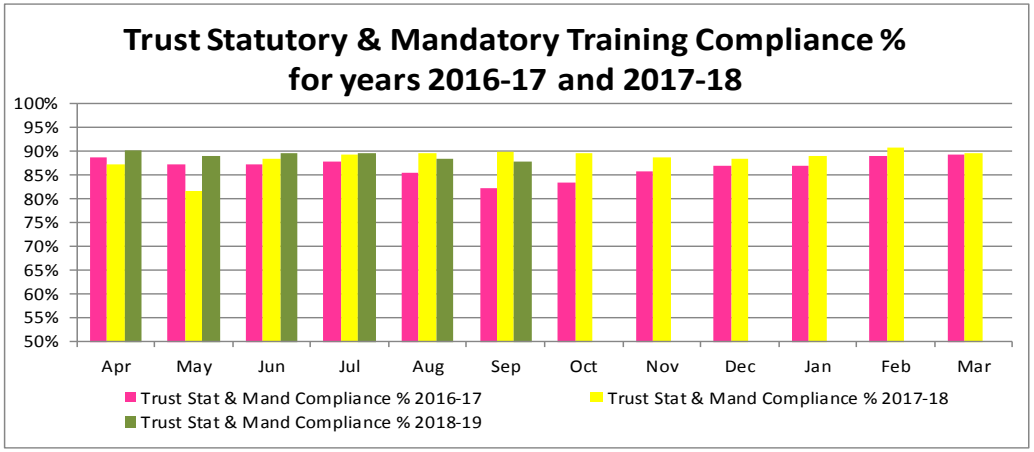


6. Training, Education and Development

APPRAISALS	Jul-18	Aug-18	Sep-18	Compared to Previous Month
Corporate	80.00%	79.88%	77.36%	▼
Clinical Support	92.05%	87.34%	87.26%	▼
Plastics	77.23%	73.39%	68.47%	▼
Eyes	65.38%	68.52%	73.08%	▲
Sleep	75.00%	75.00%	70.37%	▼
Oral	72.53%	72.22%	75.58%	▲
Periop	75.82%	75.79%	70.74%	▼
Clinical Infrastructure	61.54%	61.54%	57.50%	▼
Director of Nursing	88.57%	88.57%	85.71%	▼
Operational Nursing	89.41%	92.68%	92.86%	▲
QVH Trust Total	79.55%	78.71%	76.89%	▼



MANDATORY AND STATUTORY TRAINING	Jul-18	Aug-18	Sep-18	Compared to Previous Month
Corporate	95.26%	94.17%	93.92%	▼
Clinical Support	94.45%	92.45%	92.58%	▲
Plastics	86.64%	83.11%	81.65%	▼
Eyes	88.75%	89.15%	87.44%	▼
Sleep	96.55%	95.98%	92.28%	▼
Oral	84.06%	83.98%	82.52%	▼
Periop	85.26%	83.74%	82.71%	▼
Clinical Infrastructure	89.56%	91.48%	89.81%	▼
Director of Nursing	89.13%	89.08%	90.38%	▲
Operational Nursing	92.52%	92.86%	92.33%	▼
QVH Trust Total	89.70%	88.54%	87.70%	▼



7. Medical and Dental Workforce

Medical Workforce

- **September Changeover:** 12 doctors started in September and a further 17 doctors joined our Medical and Dental Locum Bank, 15 of whom were previous employees, following an increase in the rate to try and reduce agency usage.
- **Locum Agencies:** usage reduced to just two, one junior doctor and one locum consultant both in Plastic Surgery
- **Job Planning:** E Job Planning is still ongoing, delayed by annual leave and the absence of business managers in some of the specialties.
- **Medic on Line and Medic on Duty:** The roll out of the new electronic system to record leave and availability for medical and dental staff is continuing,
- **Overseas Recruitment:** supporting the recruitment of overseas nurses initial enquiries made with letting agents for accommodation and additional Certificates of Sponsorship were succesdfully obtained from UK Visas and Immigration to enable the overseas nurses to obtain visas
- **Additional Hours:** The data from Extra Duty Claim forms is now logged in Medical Workforce, prior to sending to Payroll, to provide an accurate record of additional duties
- **Medical appraisal:**

Business Unit	Assignment Count	Required	Achieved	Compliance %
Clinical Support	10	10	7	70.00%
Eye	11	11	9	81.82%
Oral	38	38	30	78.95%
Perioperative Care	31	31	24	77.42%
Plastics	58	58	44	75.86%
Sleep	3	3	1	33.33%

Medical Education

Monthly update

- At September induction we welcomed new Dental Core trainees, among others.
- The School of Surgery visit to the Plastic Surgery department took place on 10 September. There was a good turnout of trainees and educational supervisors and the visitors praised their contributions. A full report and action plan will follow from the Medical Director.
- The bi-annual Consultants mandatory training day took place on 24 September, and our ever-popular Trauma and Burns course on 26 September.

Upcoming developments

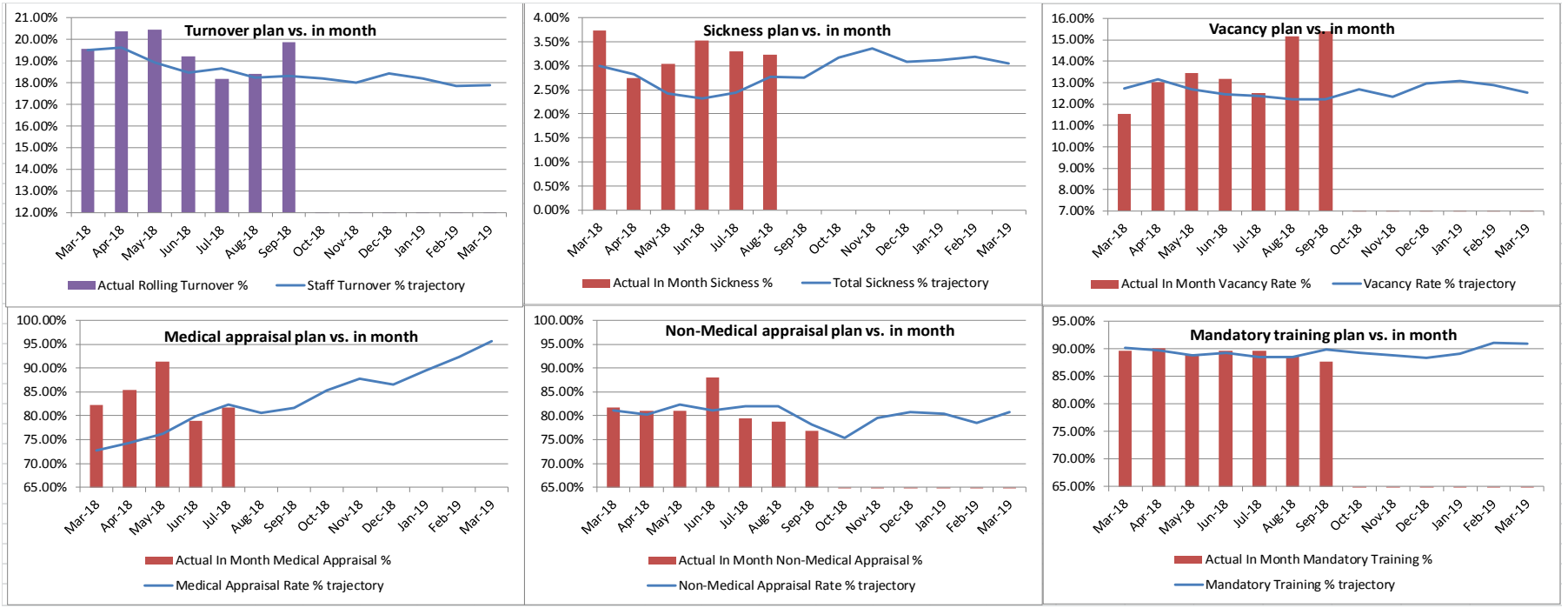
- We another evening lectures took place on 17 October, with three presenters talking about their work abroad.
- The next cycle of LFGs are taking place through October and November.

Statutory and mandatory training compliance

- Permanent/fixed term medical and dental employees are currently showing 77.4% compliant, which is a drop on the previous month. Medical and dental bank workers are showing as 52.5% compliant, which is also a drop on the previous month.

8. Trajectories

	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Staff Turnover % trajectory	19.51%	19.62%	18.91%	18.46%	18.67%	18.24%	18.32%	18.18%	18.00%	18.41%	18.20%	17.84%	17.87%
Actual Rolling Turnover %	19.57%	20.38%	20.43%	19.20%	18.17%	18.42%	19.88%						
Total Sickness % trajectory	2.99%	2.83%	2.42%	2.32%	2.44%	2.77%	2.75%	3.17%	3.35%	3.09%	3.11%	3.19%	3.05%
Actual In Month Sickness %	3.73%	2.74%	3.04%	3.53%	3.29%	3.23%							
Vacancy Rate % trajectory	12.73%	13.17%	12.67%	12.46%	12.39%	12.23%	12.23%	12.68%	12.34%	12.97%	13.08%	12.88%	12.54%
Actual In Month Vacancy Rate %	11.55%	13.00%	13.44%	13.17%	12.53%	15.15%	15.40%						
Non-Medical Appraisal Rate % trajectory	81.16%	80.33%	82.37%	81.18%	81.99%	81.99%	78.22%	75.39%	79.50%	80.70%	80.39%	78.54%	80.77%
Actual In Month Non-Medical Appraisal %	81.81%	80.96%	80.96%	88.08%	79.55%	78.71%	76.89%						
Medical Appraisal Rate % trajectory	72.68%	74.29%	76.33%	79.86%	82.39%	80.63%	81.74%	85.28%	87.69%	86.52%	89.56%	92.37%	95.61%
Actual In Month Medical Appraisal %	82.35%	85.42%	91.28%	78.93%	81.75%								
Mandatory Training % trajectory	90.23%	89.76%	88.81%	89.24%	88.49%	88.52%	89.83%	89.32%	88.73%	88.34%	89.08%	91.09%	90.86%
Actual In Month Mandatory Training %	89.59%	90.12%	89.07%	89.56%	89.70%	88.54%	87.70%						



9. Organisational Development

- Our overseas nurse recruitment campaign is showing initial successes, and some candidates at the certificate of sponsorship stage, meaning they are expected before the end of this calendar year. This has considerably improved the recruitment pipeline of registered nurses, which now stands at 55 registered nurses/theatre practitioners due to other successes in August in attracting UK candidates within Perioperative Services.
- The NHS Staff Survey is now underway with a closing date of 30 November
- Leading the Way Phase 2 sessions are underway including MBTI workshops and a range of leadership courses through NHS Elect
- The Trust has offered an MBA opportunity utilising Apprenticeship Levy funds
- A significant piece of work is underway to improve bank staff statutory and mandatory training compliance rates
- The Trust is proactively engaged with a range of cross STP OD initiatives including the development of a System wide Leadership and Talent project for middle managers across Health & Social Care and a system coaching programme of senior leaders
- QVH has been successful in being selected as a pilot site for the Best Place to Work initiative

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**1 November 2018**		**Agenda reference:**	**169-18**	
Report title:	**Annual Workforce Diversity Report – 2017/2018**				
Sponsor:	Geraldine Opreshko, Director of Workforce and OD				
Author:	David Hurrell, Deputy Director of Workforce				
Appendices:	Annual Workforce Diversity Report				
Executive summary					
Purpose of report:	The Workforce Diversity Report 2017/2018 outlines equality information that we are required to publish each year to demonstrate our commitment to eliminate discrimination and harassment, promote equality of opportunity and foster good relations between different groups within our workforce and highlights on going work where actions need to be taken.				
Summary of key issues	Ongoing challenges relating to the gender pay gap				
Recommendation:	The committee is asked to note the report				
Action required				**Assurance**	
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience* ✓	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence* ✓
Implications					
Board assurance framework:	The challenges are reflected in KSO 5 Organisational Excellence and KSO1 supporting the experience of our patients				
Corporate risk register:	None specifically that relate to diversity of the workforce				
Regulation:	Workforce challenges will be implicit in all 5 domains of the CQC and in particular – Are they well Led?				
Legal:	No implications				
Resources:	The Workforce and OD team are trying to keep pace with demand and the need to support managers to deliver on actions within existing resources				
Assurance route					
Previously considered by:					
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:					

Queen Victoria Hospital NHS
NHS Foundation Trust

Workforce diversity report 2017 to 2018

October 2018

Contents

1 | Introduction

1.1 Foreword

Queen Victoria Hospital NHS Foundation Trust (hereafter 'QVH') is pleased to present its annual workforce diversity report covering the period 1 April 2017 to 31 March 2018.

We are a small organisation with 990 staff, who are based at the Queen Victoria Hospital site in East Grinstead, but with some staff based at spoke sites in Kent, Surrey and other parts of Sussex.

This report outlines equality information that is published each year to demonstrate our commitment to eliminate discrimination and harassment, promote equality of opportunities and foster good relations between different groups within our workforce.

We believe that an inclusive workplace, where staff, patients and community stakeholders are treated with dignity and respect, is everyone's responsibility: these and the Trust values of *Humanity, Pride, Quality and Continuous Improvement* guide the way in which we work.

The diversity of our staff is one of our key strengths, each personality bringing something different to maintain and innovate our services. In line with our Trust values, it is important that we enable a culture that encourages our workforce to embrace diversity and offer contributions where they can, to the benefit of other staff and ultimately our patients within the communities we serve.

Our people are our most important asset, and through this workforce diversity monitoring we continue to demonstrate our commitment to understanding, valuing and incorporating differences, in order to ensure a workplace that is fair, equitable and inclusive for all.

1.2 Background

Under section 149 of the Equality Act 2010 (the public sector equality duty (PSED)) and the Equality Act 2010 (Specific Duties) Regulations 2011, QVH is required to publish equality information to demonstrate our compliance with the general equality duty. Our workforce monitoring data forms part of the information that we collate, monitor and publish to help us ensure that equality considerations are embedded within our employment policies and practices, and that they meet our responsibilities under the duty.

1.3 Scope

This report provides an overview of our equality and diversity employment monitoring data as of 31 March 2018, with a comparison to the previous year and the Kent, Surrey and Sussex population (referencing the government's most recent census data). It covers age, disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Our reporting categories are detailed in the appendix.

The data relates only to staff directly and substantively employed or appointed by QVH, including those on secondment hosted by QVH; it excludes those on honorary contracts who are directly employed by other healthcare providers and those who work with us but are engaged as temporary staff.

1.4 Data quality

QVH uses the national Electronic Staff Record (ESR) system to process and report on information on diversity characteristics. Upon appointment all staff are asked to provide equality monitoring information, and staff have access to update any changes through the use of ESR self-service functionality.

Job applicant / recruitment statistics are derived from a new applicant tracking system (TRAC) with effect from July 2017. Therefore, figures shown exclude quarter one from this financial year. Due to changes in working practices, only small

numbers of medical and dental staff have been processed using this system, therefore statistical significance is hard to identify.

During data collection issues with data accuracy have come to light regarding the recording of employee relations cases (e.g. capability, disciplinary, flexible working, grievance, sickness cases). Regrettably, information is therefore unavailable for analysis in this report. A data cleansing exercise will be undertaken to ascertain appropriate data, and a further report will follow on this area subsequently.

1.5 Staff diversity declaration rates

We encourage our staff to make diversity declarations. However, in line with the General Data Protection Regulations (GDPR), staff have a right to confidentiality and not to disclose equality monitoring information. Therefore there are some areas where a proportion of statistics are unavailable due to reason of non-disclosure. Where possible the prevalence of this and impact on data validity is highlighted.

1.6 Interpreting the data

Please note the following when interpreting the data presented in this report:

- information is published in accordance with the Data Protection Act 1998 and does not identify individuals
- where possible, information about groups of fewer than 11 individuals is not published, instead being grouped into larger categorisations
- QVH's workforce at the time of publishing was 990 (headcount). Compared to many NHS provider organisations this is a relatively small data set and robust analysis can be problematic.

2 | Equality priorities

QVH supports the national Equality Delivery System 2 initiative, which includes key areas of assurance around having 'Empowered, engaged and well-supported staff' (Goal 3) and 'Inclusive leadership at all levels' (Goal 4).

Each year we update on specific objectives under these goal areas which are highlighted in the section below:

2.1 Fair recruitment & selection processes lead to a more representative workforce at all levels

We have:

- Implemented a new applicant tracking system 'TRAC' which is able to highlight key equalities monitoring information at various recruitment stages, and has already improved non-disclosure levels.
- Affirmed our commitment to the national Disability Confident employer scheme, and ensured all our recruitment literature and training reflects our support to the campaign.

2.2 QVH is committed to equal pay for work of equal value & undertakes equal pay audits to help fulfil our legal obligations

We have:

- Completed the first year Gender Pay gap assessment, and agreed an associated action plan
- Implemented a clear Exceptional Pay Protocol to provide guidance and transparency on any exceptional pay requests

2.3 Training and development opportunities are taken up and positively evaluated by all staff at all levels

We have:

- Launched a progressive 'Leadership and Management' development programme accessible to all staff who supervise / manager others

2.4 When at work, staff are free from abuse, harassment, bullying & violence from any source

We have:

- Faciliated a number of focus groups and agreed actions to follow up on staff perceptions of bullying and harassment
- Acted upon whistleblowing feedback to investigate concerns around unprofessional conduct within a department

2.5 Flexible working options are available to all staff consistent with the needs of the service and the way that people lead their lives

We have:

- Revised our Flexible Working Policy, ensuring the right to request flexible working is open to all staff regardless of circumstances
- Reviewed existing flexible working arrangements to ensure they meet the needs of the service
- Simplified the process for flexible retirement

2.6 Staff report positive experiences of their membership of the workforce

We have:

- Undertaken full census survey for the National Staff Survey, and integrated actions into a QVH retention strategy
- Acted on staff experience feedback from Staff Friends and Family tests

2.7 The QVH Board & senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations

We have:

- Had expert training provided to the Board of Directors on equality and their responsibilities
- Engaged with 'Sustainability and Transformation Partnership' (STP) organisations on regional workforce initiatives

2.8 Papers that come before the board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed

We have:

- Strengthened the Trust Equality Impact Assessment process as integral to all major decisions, requiring consideration, consultation and approval before items are considered at Board Committees

2.9 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

We have:

- Launched a progressive 'Leadership and Management' development programme accessible to all staff who supervise / manager others

3 | Diversity report

3.1 A representative and diverse workforce

Overall workforce diversity

As of 31 March 2018, QVH employed 990 people. Overall, there was no significant change to workforce diversity since 2016/17. The biggest variations were improvements in 'undefined' / 'undisclosed' categorisations due to improvements in data capture.

Category	Categorisation	2016	2017	% change
Ethnicity	White	83.44%	83.54%	0.10%
	Mixed	0.93%	1.31%	0.38%
	Black or Black British	2.48%	2.73%	0.24%
	Asian or Asian British	6.52%	6.77%	0.25%
	Chinese	0.31%	0.40%	0.09%
	Any Other Ethnic Group	3.31%	2.42%	-0.89%
	Not Known	3.00%	2.83%	-0.17%
Gender	Male	23.71%	24.24%	0.54%
	Female	76.29%	75.76%	-0.54%
Age	Under 25	3.52%	3.64%	0.12%
	25 - 29	7.76%	7.58%	-0.19%
	30 - 34	10.04%	9.90%	-0.14%
	35 - 39	10.14%	10.61%	0.46%
	40 - 44	12.42%	12.63%	0.20%
	45 - 49	13.25%	12.83%	-0.42%
	50 - 54	17.60%	16.57%	-1.03%
	55 - 59	15.11%	14.75%	-0.37%
	60 - 64	7.35%	8.79%	1.44%
	65 - 69	1.55%	1.62%	0.06%
	70+	1.24%	1.11%	-0.13%
Disability	Yes	4.76%	4.85%	0.09%
	No	70.70%	75.56%	4.85%
	Undefined	24.53%	19.60%	-4.94%
Religion	Atheism	12.32%	12.32%	0.00%
	Buddhism	0.62%	0.40%	-0.22%
	Christianity	48.14%	49.19%	1.06%
	Hinduism	1.14%	1.41%	0.28%
	Islam	1.35%	1.01%	-0.34%
	Judaism		0.20%	0.20%

	Sikhism	0.31%	0.40%	0.09%
	Other	5.18%	5.56%	0.38%
	I do not wish to disclose	16.56%	16.97%	0.41%
	Undefined	14.39%	12.53%	-1.86%
Sexual Orientation	**Bisexual**	0.41%	0.61%	0.19%
	Gay	0.10%	0.20%	0.10%
	Heterosexual	72.67%	74.55%	1.87%
	Lesbian	0.21%	0.20%	-0.01%
	I do not wish to disclose	12.32%	12.02%	-0.30%
	Undefined	14.29%	12.42%	-1.86%
Marital Status	**Civil Partnership**	0.62%	0.61%	-0.02%
	Divorced	5.28%	5.66%	0.38%
	Legally Separated	1.86%	1.92%	0.06%
	Married	58.07%	55.96%	-2.11%
	NULL	2.90%	2.73%	-0.17%
	Single	28.88%	30.81%	1.93%
	Unknown	1.35%	1.62%	0.27%
	Widowed	1.04%	0.71%	-0.33%

The three larger changes outside of this were an increase in staff disclosing they were not disabled (+4.85%), a small increase (+1.44%) of those falling into the 60-64 age category and a shift from ‘married’ (-2.11%) to ‘single’ (+1.93%) under marital status.

However, overall those positively disclosing disability has remained unchanged and the Trust’s median age has reduced maginally from 47 years 4 months to 47 years of age; therefore these two aspects hold little statistical significance.

QVH’s workforce diversity profile as at 31 March 2018 is provided in Appendix 2.

In summary:

- 21.3% of our workforce are aged under 34, broadly the same as last year; 26.6% are aged over 55, broadly the same as last year; 2.8% of our workforce are over 65 which is comparable to the wider public sector and the UK workforce
- 4.85% of our workforce describe themselves as having a disability, up slightly from 4.76% the previous year. There remains a significant level of non-disclosure (19.6%), and given the typical 12% positive disclosure in the wider UK workforce it is likely that a substantial proportion of those not disclosing may have a disability

- 13.6% of our workforce are from ethnic minority groups; broadly the same as last year - compared to 12 per cent in the wider public sector and UK workforce
- 75.8% of our workforce are female; a small decrease compared to the previous year of 76.3% – this is significantly higher than the 47% of the UK workforce, but is typical of NHS organisations reliant upon nursing staff groups
- 58.2% of our workforce declared a religion or belief, up marginally from the previous year's disclosure of 56.7%. This is higher than the UK workforce disclosure of religions/beliefs of 43%
- Only 1% of our workforce declared they are lesbian, gay or bisexual, up marginally from the previous year's disclosure of 0.7%. This is much smaller than the UK workforce disclosure rate of around 9%
- 56.6% of our workforce are married or in a civil partnership, slightly lower than last year's figures of 58.7%
- no staff have identified themselves to be transgender

Representation by organisational level

Those aged under 30 make up between 10 - 20 % of the Workforce in non-medical Bands 1 – 6, but only 2% at Band 7 and none at higher grades. Conversely, those over the age of 55 make up 35% of the workforce up to Band 7.

Staff declaring a disability is relatively consistent across Bands 1 – 8 at 6%. Only 1% of medical and dental staff disclosed a disability, and 25% chose not to make any disclosure.

Ethnic minority staff represent 13.6% of QVH staff. There is an even distribution across pay bands and grades, with the exception of Band 1 which instead has 32% of representation, and in medical and dental grades that hold 41% representation. This is consistent across the NHS.

Female representation at senior levels remains high, with 63% of Band 8+ and Board positions held by women. The lowest female representation is in the medical and dental workforce, with 38% representation. The distribution of males is disproportionately split, with much higher proportions at Bands 1 and 2 (46% and 26% respectively) in ancillary roles, and in senior management (36%).

The distribution of religions and beliefs is relatively consistent across pay grades and bands, with slightly higher levels of non-Christian/atheist disclosures in Bands 1 and medical/dental grades in correlation to ethnicity disclosures cited above.

There is a consistent distribution across pay bands and grades for sexual orientation, with slightly lower levels of disclosure in Bands 1 and medical/dental grades in correlation to ethnicity and religious disclosures cited above.

What we will do in 2018/19:

- consider taking positive action to attract male applicants to non-ancillary / medical job roles
- promote positive disclosure for disability / sexual orientation characteristics

3.2 Job applications

Recruitment to QVH is through fair and open competition (except in certain circumstances, where redeployment policies or 'acting up' policies may apply) based on merit, with individuals assessed for their ability to demonstrate the required competences, knowledge and skills for the role.

QVH is committed to ensuring that all recruitment is free from unfair and unlawful discrimination. Reasonable adjustments for disabled people are made at all stages of the recruitment process, as required. We are committed to the Disability Confident scheme, one area of which guarantees an interview all disabled applicants who meet the criteria for a job vacancy and to consider them on their merit.

Overall, there appears to be little correlation between success rates for age groups applying for job roles that are then shortlisted and subsequently appointed. For those 17 attending an interview that disclosed a disability, only 2 were appointed (6% success rate) in comparison to 40% success rate. It is not possible to determine statistical significance based on such a small number of instances, but this warrants further investigation.

Those declaring themselves from a white ethnic background were proportionately more likely to be shortlisted for a vacancy, and to a small degree to be successful at appointment stage following shortlisting. The variation in percentages of those being appointed is statistically insignificant, due to small range of 14; proportionate to the overall workforce in percentage terms.

Females were proportionately more likely to apply for a job role and be shortlisted, although again this variation evened out at appointment stage.

There are no concerns that arise out of recruitment data for those who expressed a religion or belief, with all volumes being in reasonable data fluctuations.

Due to small volumes of those disclosing that they were lesbian, gay, bisexual and transgender (LGBT), no statistically valid conclusions can be drawn.

What we will do in 2018/19:

- we will review and develop our existing recruitment policy and processes to ensure transparency, consistency and fairness, and will put in place measures to help increase the declaration rates among external candidates and provide a platform for positive action to attract applicants from under-represented groups in line with legislation
- in recruitment training, highlight the importance of overseas equivalency in terms of qualification and experiences gained
- undertaken an audit of the 17 disabled candidates interviewed to identify any scope for improvement in offering reasonable adjustments during the selection process

3.3 Access to learning and development

We want to continue to build the capacity, capability and expertise of our people to deliver high-quality work. To invest in our people, QVH has a range of development opportunities, which enable staff to develop and grow so that they can perform at their best. This includes continuing professional development, specialist courses and qualifications funded through the apprenticeship levy.

During 2017/18, 55% of our workforce undertook some form of learning and development to support their personal or professional development. Analysis has shown the following:

- Those between the ages of 26 – 60 have relatively consistent levels of enrolment (averaging 58%), with those between 21-25 being much more likely to access (82%) and those 61 and over being half as likely as the main grouping
- Those positively declaring a disability are much more likely to access learning and development (92% compared to 55% of those declaring no disability)
- Those from Asian (79%) and ‘Other Ethnic Groups’ (89%) are most likely to access learning and development opportunities. Those from a White ethnic background have a slightly below average likelihood (54%), with those from a Black (37%) or Mixed (27%) ethnic disclosure being well below average;

however small numbers of the latter two groups enrolling (n= 10 and n=3) mean their statistically significance is questionable.

- Females are nearly twice as likely (63% compared to 32%) as males to take up learning and development opportunities
- Atheists (n= 90 enrolling) are more likely to access learning and development compared to those of other religion / belief categories, which are otherwise largely consistent
- There is no statistically relevant variations by sexual orientation

3.4 Working patterns

Flexible working opportunities can benefit everyone and encourage a healthy work–life balance. With this in mind, QVH provides all its employees with the opportunity to request flexible working. This includes homeworking, term-time working, part time, compressed hours, staggered hours and job sharing.

33 flexible working requests were received in the reporting period, of which 30 were approved (90%). Analysis shows that only 2 of the 33 were requested by men, which is disproportionate to the workforce gender profile.

What we will do in 2017/18:

- we will continue to offer opportunities for staff to work more flexibly in a fair and objective way, in line with Trust policy
- we will continue the equality monitoring of all our flexible working arrangements to ensure that they are fair and representative of the workforce

3.5 Pregnancy and maternity leave

We recognise that employees want to strike a balance between their home and work life. We are committed to offering flexible employment policies to support and provide enhanced pay and leave for adoption, maternity and paternity.

During 2016/17 there were 48 employees who were either pregnant or on maternity leave (4.8% of the workforce population).

3.6 Equal pay and reward

QVH reported on its gender pay gap using the national criteria:

- Average gender pay gap as a mean average
- Average gender pay gap as a median average
- Proportion of males and females when divided into four groups ordered from lowest to highest pay.
- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment

At 1st March 2018 QVH employed 791 women (77.32%) and 232 men (22.68%).

a. Hourly rate

Women's hourly rate is:	
37%	**41%**
LOWER	**LOWER**
(mean)	(median)

b. Pay quartiles

How many men and women are in each quarter of the employer's payroll:

Top quartile (4)	
46%	**54%**
MEN	**WOMEN**
Upper middle quartile (3)	
MEN	**WOMEN**
13%	**87%**
Lower middle quartile (2)	
15%	**85%**
MEN	**WOMEN**
Lower quartile (1)	
17%	**83%**
MEN	**WOMEN**

c. Bonus pay

Women's bonus pay is:	
18% **LOWER** (mean)	**61%** **LOWER** (median)
Who received bonus pay:	
2% **OF MEN**	**1%** **OF WOMEN**

This pay gap correlates to the differences in male representation at different pay bands / grades, with an uneven distribution in medical/dental roles and senior management as highlighted in the workforce profile section.

What we will do in 2018/19:

- Review how well the Trust manages women's career progression after employment breaks such as maternity leave, creating interventions as necessary
- Active promotion of current policies on flexible and family-friendly working for all genders
- Audit of the Trust's 'Top Quartile' earners to review rationale and conclusions for determination of each remuneration
- Ensure mixed gender panels for selection and remuneration purposes for Bands 8a+, VSM and Consultant appointments (including Clinical Excellence Awards)

3.6 Workforce Race Equality Standard (WRES)

QVH reported on its workforce race equality standard using the national submission form. It highlights that:

- There is a variation in the number of shortlisted applicants being appointed, with a 1.17 comparative likelihood (with 1 being an equal comparison). This is a significant improvement from 1.45 in the previous year, and is based on a small number of BME recruits (n= 14) which means statistical significance is questionable

- The likelihood of staff entering the formal disciplinary process is comparatively high – however with an extremely small base (n=2 out of total 6 formal cases), the statistical significance is questionable

- The relative likelihood of staff accessing non-mandatory training and CPD shows no statistically significant variation (0.99)
- From National Staff Survey findings:
    - there is a negative variation regarding the percentage of staff reporting perceptions of harassment, bullying or abuse from patients, relatives or the public in last 12 months, from 22.76% of White staff to 30.36% of BME staff. This has worsened since the 2016 National Staff Survey where 26.42% of BME staff reported such experiences
    - There is a positive variation in the percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months – where 17.86% of BME staff reported such compared to 22.07% of White staff
    - The percentage of staff believing that QVH provides equal opportunities for career progression or promotion, the equal score of the previous year (86.5%) has declined slightly for BME staff, so that 83.33% of BME staff agree compared to 88.11%
    - The percentage of staff reporting perceptions of discrimination at work from their manager / team leader or other colleague declined compared to the previous year, so that 16.07% of BME staff believed such compared to 5.14% of White staff
- 8.3% of the Trust Board is from a BME background, compared to 13.8% of the QVH workforce. This results from a small number (n=11) of Board members, and the Trust workforce would be between either n=1 or n=2 Board members to be representative

What we will do in 2018/19:

- Continue to support managers considering taking disciplinary action against all staff to ensure it is appropriate and justified in the circumstances
- Continue to offer management and leadership training to all staff, including a new route of qualification accredited by the Chartered Institute of Management, to ensure they understand the impact of management style and effective team management

INDICATOR		DATA ITEM		MEASURE	31st MARCH 2017						31st MARCH 2018					
					WHITE		BME		ETHNICITY UNKNOWN/NULL		WHITE		BME		ETHNICITY UNKNOWN/NULL	
			1a) Non Clinical workforce		Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures	Prepopulated figures	Verified figures
1	Percentage of staff in each of the AfC Bands 1-9 OR Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce	1	Under Band 1	Headcount	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		2	Band 1	Headcount	26.00	26.00	8.00	8.00	3.00	3.00	24.00	24.00	9.00	9.00	3.00	3.00
		3	Band 2	Headcount	45.00	45.00	2.00	2.00	3.00	3.00	36.00	36.00	2.00	2.00	2.00	2.00
		4	Band 3	Headcount	67.00	67.00	4.00	4.00	1.00	1.00	73.00	73.00	4.00	4.00	1.00	1.00
		5	Band 4	Headcount	88.00	88.00	2.00	2.00	2.00	2.00	90.00	91.00	0.00	0.00	2.00	2.00
		6	Band 5	Headcount	25.00	25.00	1.00	1.00	0.00	0.00	17.00	17.00	4.00	4.00	0.00	0.00
		7	Band 6	Headcount	18.00	18.00	0.00	0.00	1.00	1.00	22.00	22.00	0.00	0.00	1.00	1.00
		8	Band 7	Headcount	15.00	15.00	1.00	1.00	0.00	0.00	14.00	14.00	1.00	1.00	0.00	0.00
		9	Band 8A	Headcount	5.00	5.00	1.00	1.00	0.00	0.00	8.00	8.00	1.00	1.00	0.00	0.00
		10	Band 8B	Headcount	5.00	5.00	0.00	0.00	0.00	0.00	4.00	4.00	0.00	0.00	0.00	0.00
		11	Band 8C	Headcount	3.00	3.00	0.00	0.00	0.00	0.00	4.00	4.00	0.00	0.00	0.00	0.00
		12	Band 8D	Headcount	3.00	3.00	0.00	0.00	1.00		3.00	3.00	0.00	0.00	0.00	0.00
		13	Band 9	Headcount	1.00	1.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	0.00
		14	VSM	Headcount	8.00	8.00	0.00	0.00	0.00	0.00	5.00	5.00	0.00	0.00	0.00	0.00
			1b) Clinical workforce of which Non Medical													
		15	Under Band 1	Headcount	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		16	Band 1	Headcount	1.00	1.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	0.00
		17	Band 2	Headcount	76.00	76.00	9.00	9.00	2.00	2.00	79.00	79.00	8.00	8.00	2.00	2.00
		18	Band 3	Headcount	17.00	17.00	4.00	4.00	0.00	0.00	25.00	25.00	3.00	3.00	0.00	0.00
		19	Band 4	Headcount	23.00	23.00	2.00	2.00	0.00	0.00	24.00	24.00	2.00	2.00	0.00	0.00
		20	Band 5	Headcount	93.00	93.00	19.00	19.00	2.00	2.00	88.00	88.00	17.00	17.00	2.00	2.00
		21	Band 6	Headcount	102.00	102.00	19.00	19.00	2.00	2.00	103.00	104.00	18.00	18.00	2.00	2.00
		22	Band 7	Headcount	74.00	74.00	9.00	9.00	2.00	2.00	80.00	79.00	9.00	9.00	2.00	2.00
		23	Band 8A	Headcount	12.00	12.00	2.00	2.00	0.00	0.00	13.00	13.00	1.00	1.00	0.00	0.00
		24	Band 8B	Headcount	9.00	9.00	0.00	0.00	0.00	0.00	10.00	10.00	0.00	0.00	0.00	0.00
		25	Band 8C	Headcount	3.00	3.00	0.00	0.00	0.00	0.00	3.00	3.00	0.00	0.00	0.00	0.00
		26	Band 8D	Headcount	1.00	1.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	0.00
		27	Band 9	Headcount	1.00	1.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00	0.00	0.00
		28	VSM	Headcount	1.00	1.00	1.00	1.00	0.00	0.00	0.00	0.00	1.00	1.00	0.00	0.00
			Of which Medical & Dental													
		29	Consultants	Headcount	46.00	46.00	20.00	20.00	6.00	6.00	51.00	51.00	24.00	25.00	7.00	4.00
		30	*of which Senior medical manager*	Headcount		8.00		0.00		0.00		8.00		0.00		0.00
		31	Non-consultant career grade	Headcount	24.00	24.00	19.00	19.00	6.00	2.00	24.00	25.00	19.00	20.00	3.00	1.00
		32	Trainee grades	Headcount	16.00	16.00	8.00	8.00	0.00	2.00	13.00	16.00	11.00	11.00	1.00	1.00
		33	Other	Headcount	0.00	0.00	0.00	0.00	2.00	0.00	4.00	7.00	0.00	0.00	0.00	0.00
2	Relative likelihood of staff being appointed from shortlisting across all posts	34	Number of shortlisted applicants	Headcount				234.00		26.00		615.00		158.00		14.00
		35	Number appointed from shortlisting	Headcount				21.00		2.00		150.00		33.00		3.00
		36	Relative likelihood of shortlisting/appointed	Auto calculated		0.13		0.09		0.08		0.24		0.21		0.21
		37	Relative likelihood of White staff being appointed from shortlisting compared to BME staff	Auto calculated		1.45						1.17				
3	Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation	38	Number of staff in workforce	Auto calculated							821.00	829.00	134.00	136.00	28.00	23.00
		39	Number of staff entering the formal disciplinary process	Headcount								4.00		2.00		0.00
		40	Likelihood of staff entering the formal disciplinary process	Auto calculated		0.01		0.00		0.00		0.00		0.01		0.00
		41	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Auto calculated				0.00						3.05		

INDICATOR		DATA ITEM		MEASURE	31st MARCH 2017						31st MARCH 2018					
					WHITE		BME		ETHNICITY UNKNOWN/NULL		WHITE		BME		ETHNICITY UNKNOWN/NULL	
4	**Relative likelihood of staff accessing non-mandatory training and CPD**	42	Number of staff in workforce (White)	Auto calculated								829.00		136.00		23.00
		43	Number of staff accessing non-mandatory training and CPD (White):	Headcount								412.00		68.00		8.00
		44	Likelihood of staff accessing non-mandatory training and CPD	Auto calculated		0.70		0.71		0.57		0.50		0.50		0.35
		45	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	Auto calculated		0.98						0.99				
5	**KF 25. National Staff Survey**	46	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage	0.23		0.26				0.23		0.30			
6	**KF 26. National Staff Survey**	47	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage	0.25		0.25				0.22		0.18			
7	**KF 21. National Staff Survey**	48	% staff believing that trust provides equal opportunities for career progression or promotion	Percentage	0.86		0.86				0.88		0.83			
8	**Q17. National Staff Survey**	49	% staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage	0.07		0.12				0.05		0.16			
9	**Percentage difference between the organisations' Board voting membership and its overall workforce**	50	Total Board members	Headcount		9.00		1.00		0.00		11.00		1.00		0.00
		51	*of which: Voting Board members*	Headcount		3.00		1.00		0.00		3.00		1.00		0.00
		52	*: Non Voting Board members*	Auto calculated		6.00		0.00		0.00		8.00		0.00		0.00
		53	Total Board members	Auto calculated		9.00		1.00		0.00		11.00		1.00		0.00
		54	*of which: Exec Board members*	Headcount		5.00		1.00		0.00		6.00		1.00		0.00
		55	*: Non Executive Board members*	Auto calculated		4.00		0.00		0.00		5.00		0.00		0.00
		56	Number of staff in overall workforce	Auto calculated		808.00		131.00		28.00		829.00		136.00		23.00
		57	Total Board members - % by Ethnicity	Auto calculated		0.90		0.10		0.00		0.92		0.08		0.00
		58	Voting Board Member - % by Ethnicity	Auto calculated		0.75		0.25		0.00		0.75		0.25		0.00
		59	Non Voting Board Member - % by Ethnicity	Auto calculated		1.00		0.00		0.00		1.00		0.00		0.00
		60	Executive Board Member - % by Ethnicity	Auto calculated		0.83		0.17		0.00		0.86		0.14		0.00
		61	Non Executive Board Member - % by Ethnicity	Auto calculated		1.00		0.00		0.00		1.00		0.00		0.00
		62	Overall workforce - % by Ethnicity	Auto calculated	0.00	0.84	0.00	0.14	0.00	0.03	0.00	0.84		0.14		0.02
		63	Difference (Total Board -Overall workforce)	Auto calculated		0.06		-0.04		-0.03		0.08		-0.05		-0.02

Appendix 1 | Reporting categories

Our reporting categories are defined as follows:

Age

Staff members were asked to place themselves into one of six age groups:

- 24 or under
- 25 - 29
- 30 - 34
- 35 – 39
- 40 - 44
- 45 – 50
- 50 - 54
- 55 – 59
- 60 - 64
- 65 – 69
- 70 and above

Disability

Staff are asked whether they consider themselves to be disabled under the definitions of the Equality Act 2010. Staff members were asked to select one of the following:

- Yes
- No
- Not declared

Ethnicity

Staff members were asked to classify themselves on the basis of the Census 2011 categories of ethnicity:

White

- English / Welsh / Scottish / Northern Irish /British
- Irish
- Gypsy or Irish Traveller
- Any other white background

Mixed / multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed/multiple ethnic background

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Other ethnic group

- Arab
- Any other ethnic group

Black/African/Caribbean/ Black British

- African
- Caribbean

- Any other Black / African / Caribbean background

Due to small numbers of some ethnicities, these were then grouped into the following categories for the purposes of this report:

- Asian or Asian British
- Black or Black British
- Mixed
- White
- Any Other Ethnic Group
- Not Stated/Not Known

Gender

This is recorded as male or female.

Gender reassignment

Staff members have not historically been asked to report transgender status as part of equality monitoring arrangements. The new applicant tracking system provides us the new ability to capture this, and as such this data is currently only available in the job applications section.

Marital status

Staff members were asked to classify themselves in the following categories of marital status:

- Married
- Civil partnership
- Divorced
- Legally separated
- Null / unknown
- Single

Due to small numbers in some classifications, these were then grouped into the following categories for the purposes of this report:

- Married / Civil Partnership
- Divorced / Legally separated / Widowed
- Single
- Null / Unknown

Pregancy / Maternity

This is recorded as either pregnant / on maternity leave, or other. Staff members have not historically been asked to report this status throughout their work journey at QVH, and data is currently only available as those having taken maternity leave when in employment.

Religion or belief

Staff members were asked to classify themselves on the basis of the Census 2011 categories of religion or belief:

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion
- Prefer not to say

Due to small numbers of some religions/beliefs, these were then grouped into the following categories for the purposes of this report:

- Atheism
- Christianity
- Hinduism
- I do not wish to disclose
- Other
- Undefined

Sexual orientation

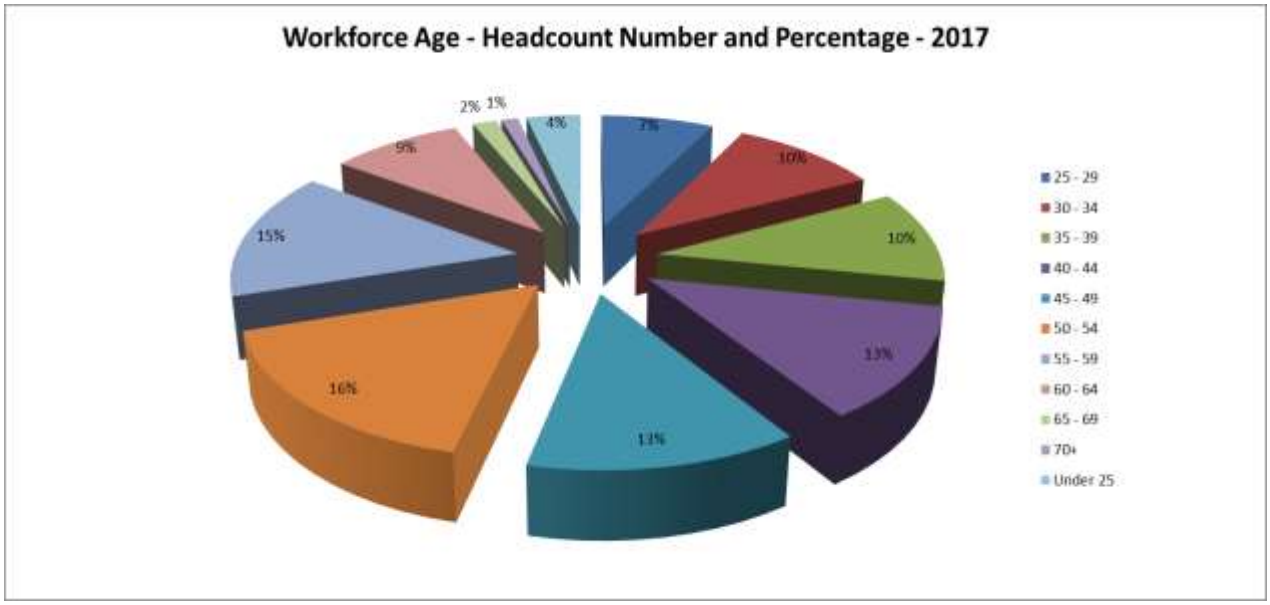
Staff members were given the options of:

- Heterosexual
- Gay woman/lesbian
- Gay man
- Bisexual
- Other
- Prefer not to say

Appendix 2 | Current QVH Workforce profile

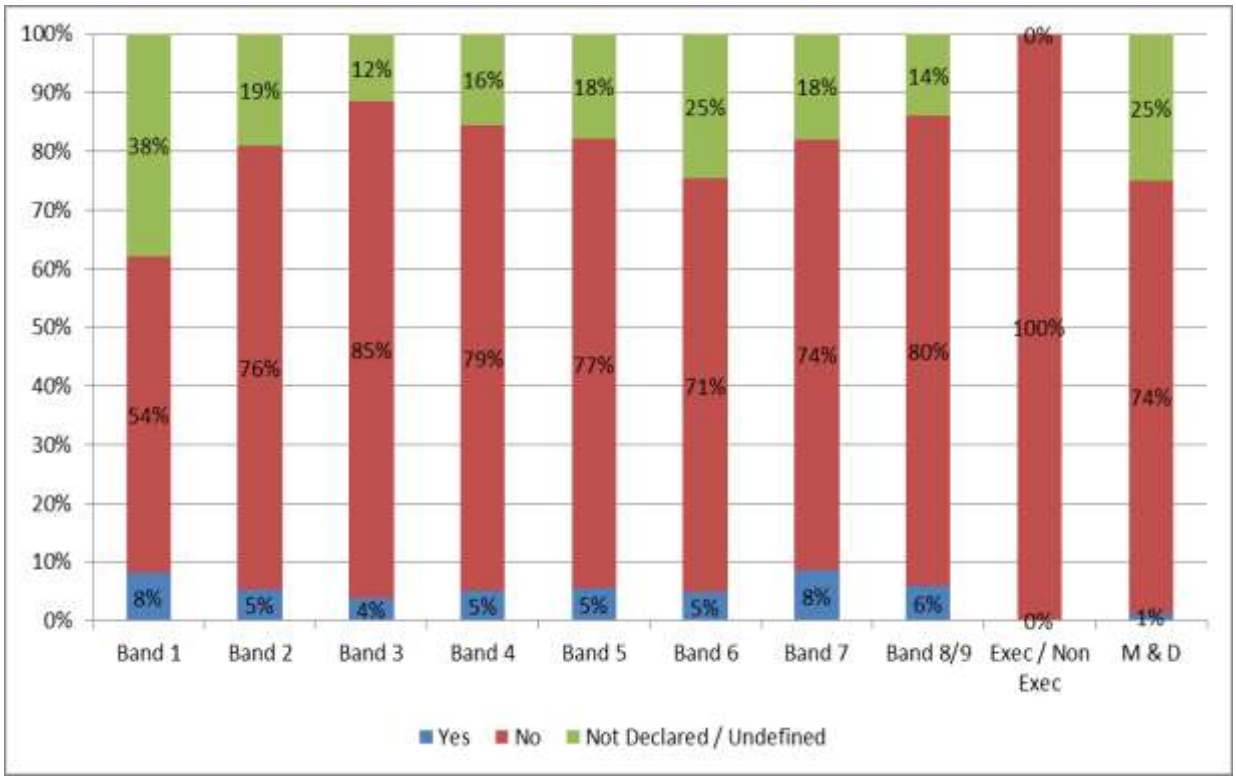
1 Workforce age profile

Row Labels	Sum of Person Headcount	%
Under 25	36	3.64%
25 - 29	75	7.58%
30 - 34	98	9.90%
35 - 39	105	10.61%
40 - 44	125	12.63%
45 - 49	127	12.83%
50 - 54	164	16.57%
55 - 59	146	14.75%
60 - 64	87	8.79%
65 - 69	16	1.62%
70+	11	1.11%
Grand Total	**990**	**100%**



2 Workforce disability profile

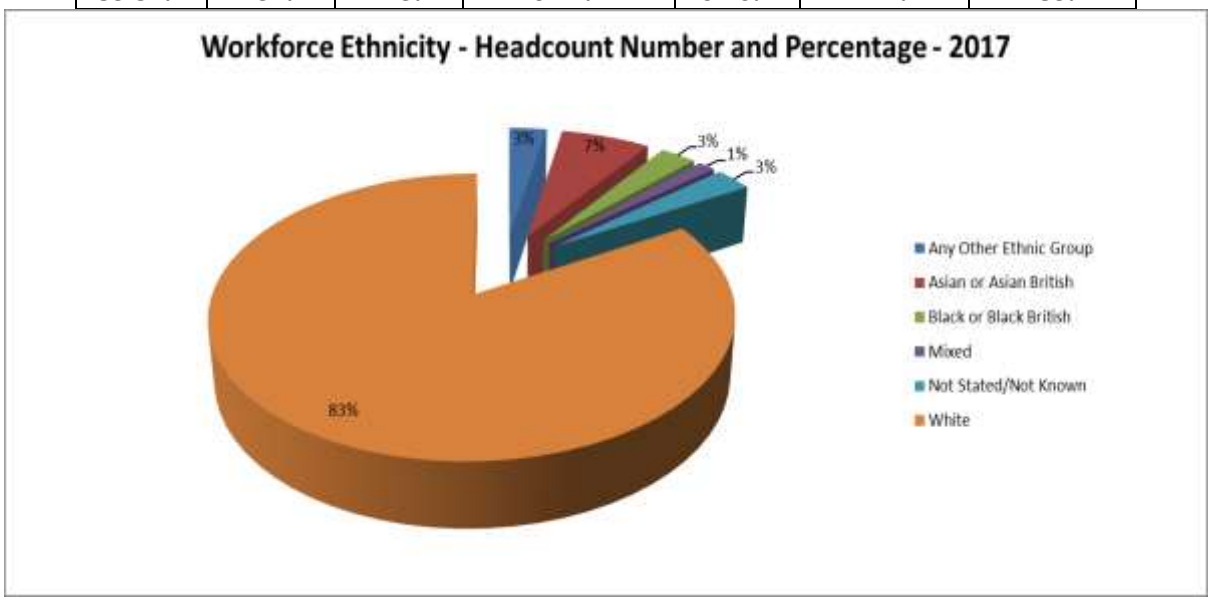
Categorisation	Sum of Person Headcount	%
No	748	75.56%
Not Declared / Undefined	194	19.60%
Yes	48	4.85%
Grand Total	**990**	**100%**



3 Workforce ethnicity profile

Row Labels	Sum of Person Headcount	%
25 - 29	75	7.58%
30 - 34	98	9.90%
35 - 39	105	10.61%
40 - 44	125	12.63%
45 - 49	127	12.83%
50 - 54	164	16.57%
55 - 59	146	14.75%
60 - 64	87	8.79%
65 - 69	16	1.62%
70+	11	1.11%
Under 25	36	3.64%
Grand Total	**990**	**100%**

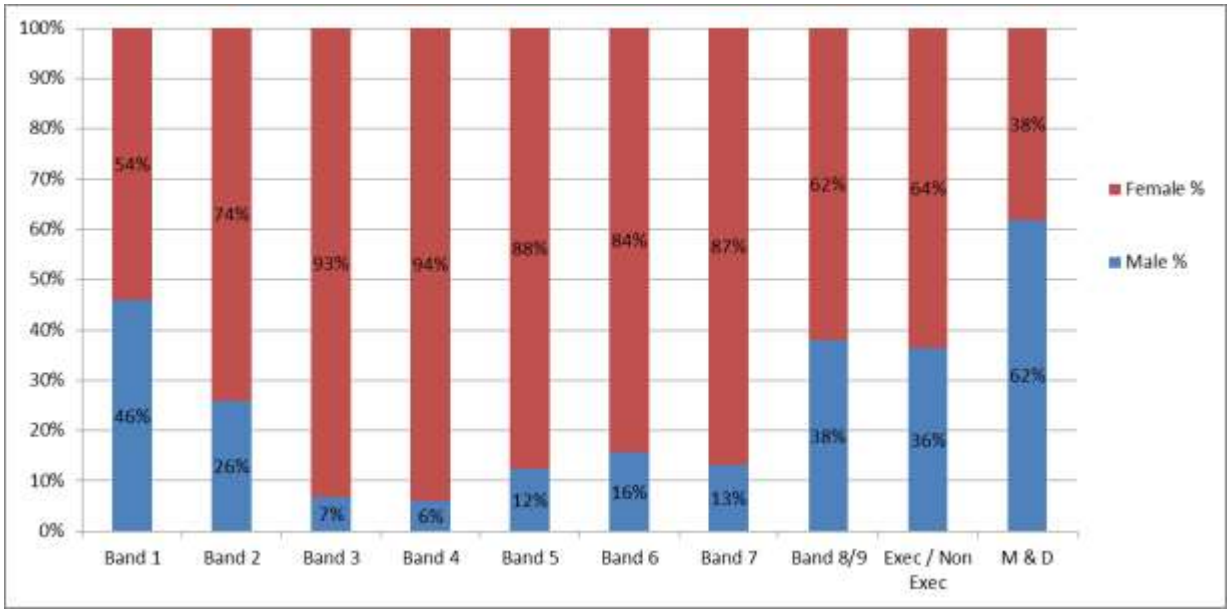
White	Mixed	Black or Black British	Asian or Asian British	Chinese	Any Other Ethnic Group	Not Stated/Not Known
68%	0%	5%	11%	0%	8%	8%
89%	2%	2%	4%	0%	1%	3%
92%	1%	3%	2%	0%	1%	1%
97%	0%	1%	0%	1%	0%	2%
82%	1%	6%	5%	0%	4%	2%
86%	1%	2%	5%	1%	3%	2%
89%	0%	1%	6%	0%	3%	2%
96%	0%	0%	4%	0%	0%	0%
91%	9%	0%	0%	0%	0%	0%
59%	4%	4%	21%	1%	4%	7%
83.54%	**1.31%**	**2.73%**	**6.77%**	**0.40%**	**2.42%**	**2.83%**



4 Workforce gender profile

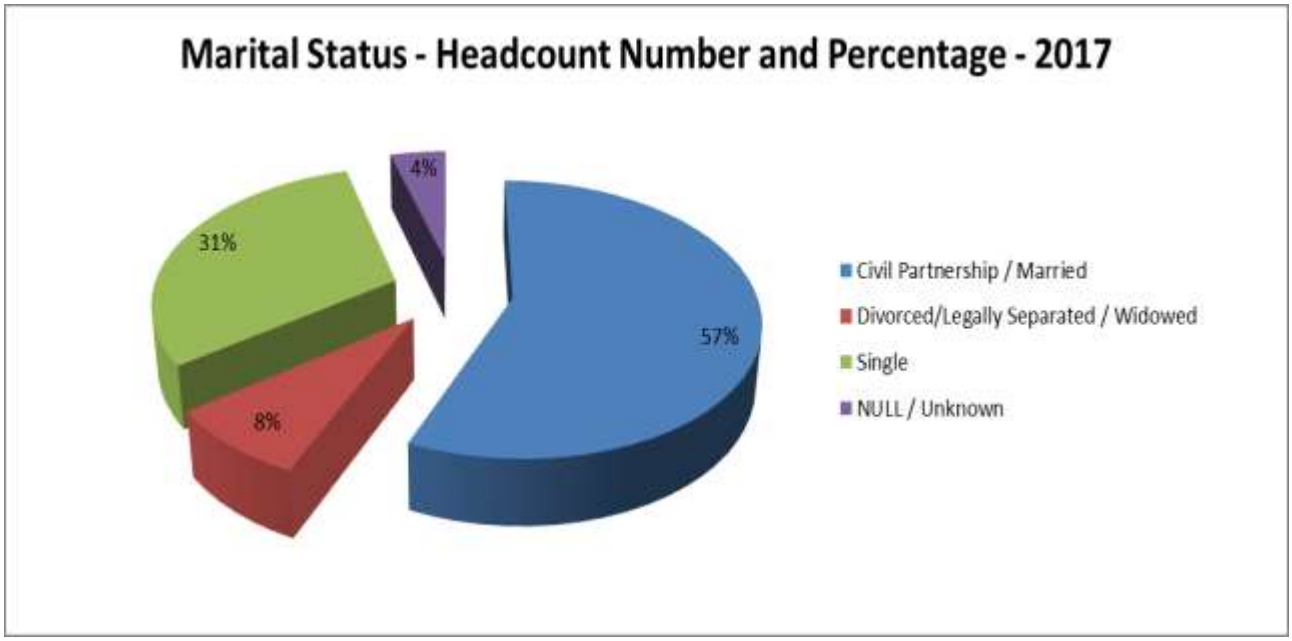
Row Labels	Sum of Person Headcount	%
Female	750	75.76%
Male	240	24.24%
Grand Total	**990**	**100%**

Categorisation	Female	Male	Grand Total	Female %	Male %
Band 1	20	17	37	54%	46%
Band 2	97	34	131	74%	26%
Band 3	97	7	104	93%	7%
Band 4	109	7	116	94%	6%
Band 5	113	16	129	88%	12%
Band 6	123	23	146	84%	16%
Band 7	92	14	106	87%	13%
Band 8/9	31	19	50	62%	38%
Exec / Non Exec	7	4	11	64%	36%
M & D	61	99	160	38%	62%
Grand Total	**750**	**240**	**990**	**76%**	**24%**



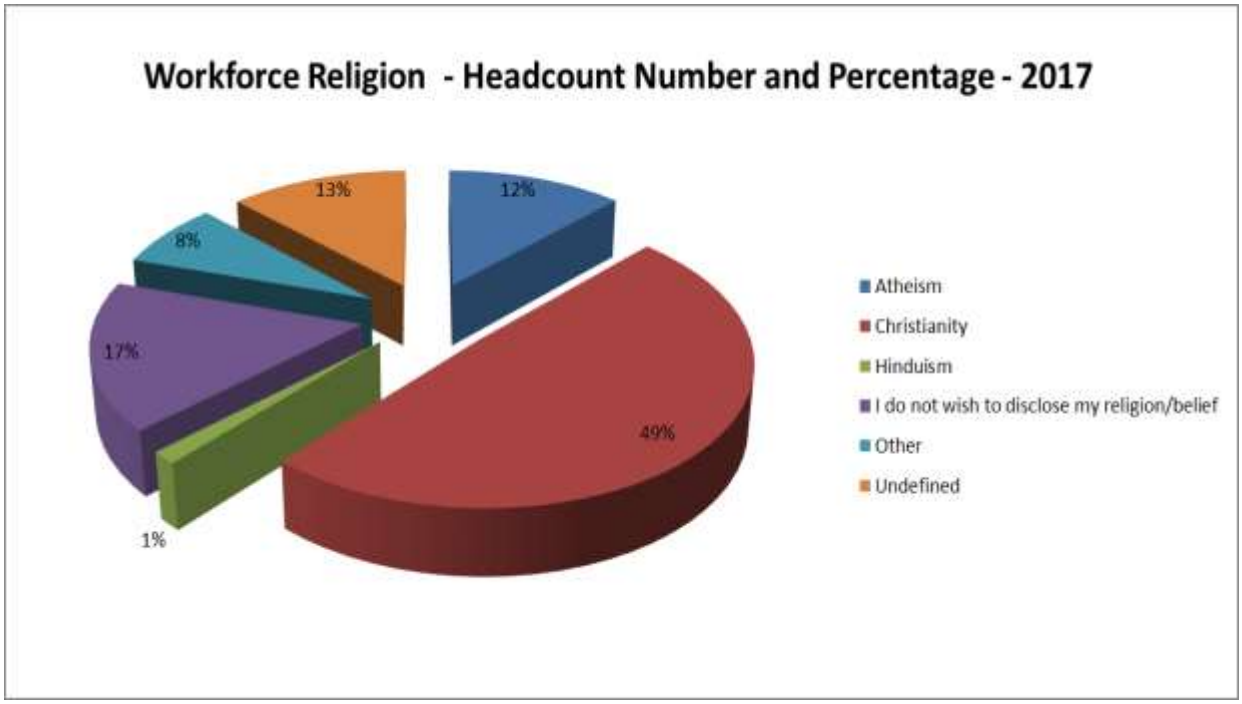
5 Workforce marital status profile

Row Labels	Sum of Person Headcount	%
Civil Partnership / Married	560	56.57%
Divorced/Legally Separated / Widowed	82	8.28%
Single	305	30.81%
NULL / Unknown	43	4.34%
Grand Total	**990**	**100%**



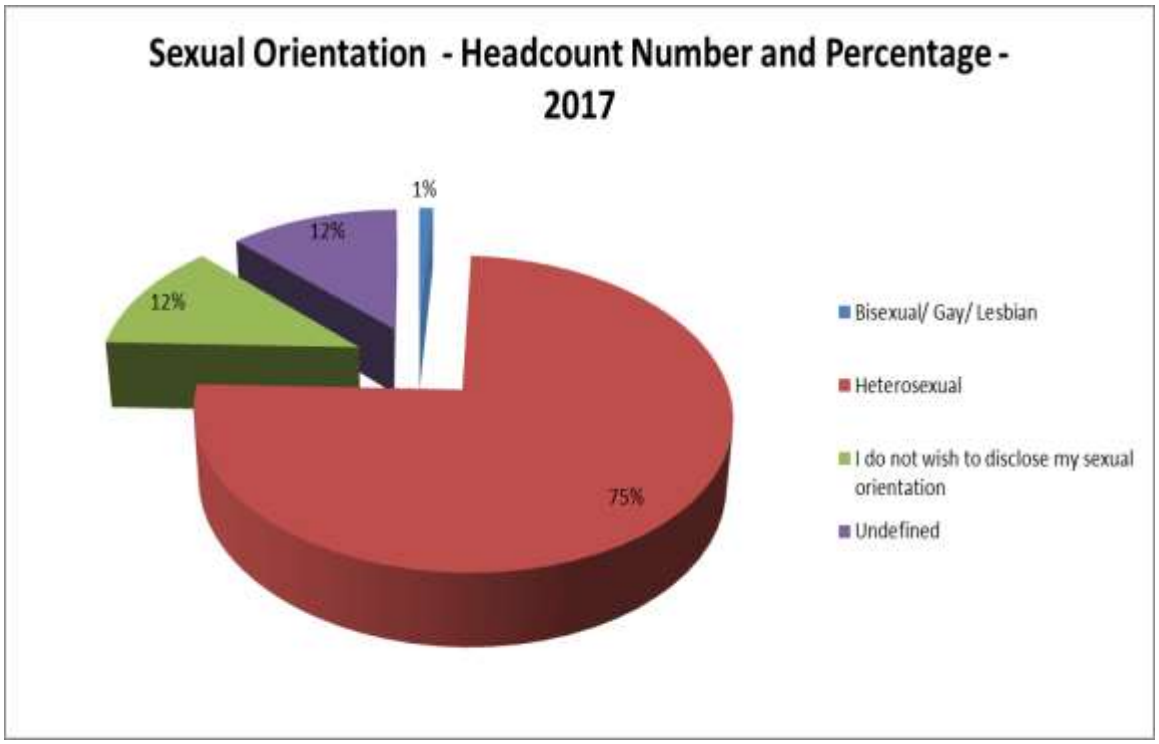
6 Workforce religion / belief profile

Row Labels	Sum of Person Headcount	%
Atheism	122	12.32%
Christianity	487	49.19%
Hinduism	14	1.41%
I do not wish to disclose my religion/belief	168	16.97%
Other	75	7.58%
Undefined	124	12.53%
Grand Total	**990**	**100%**



7 Workforce sexual orientation profile

Row Labels	Sum of Person Headcount	%
Bisexual/ Gay/ Lesbian	10	1.01%
Heterosexual	738	74.55%
I do not wish to disclose my sexual orientation	119	12.02%
Undefined	123	12.42%
Grand Total	**990**	**100%**

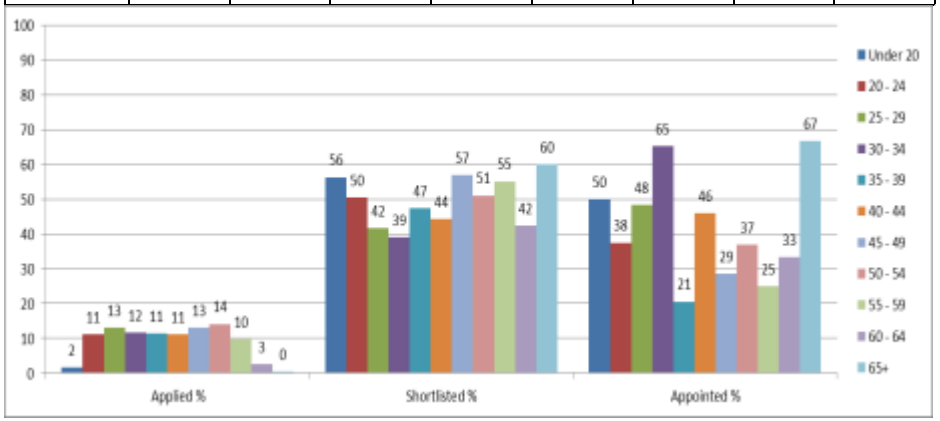


Appendix 3 | Recruitment candidates

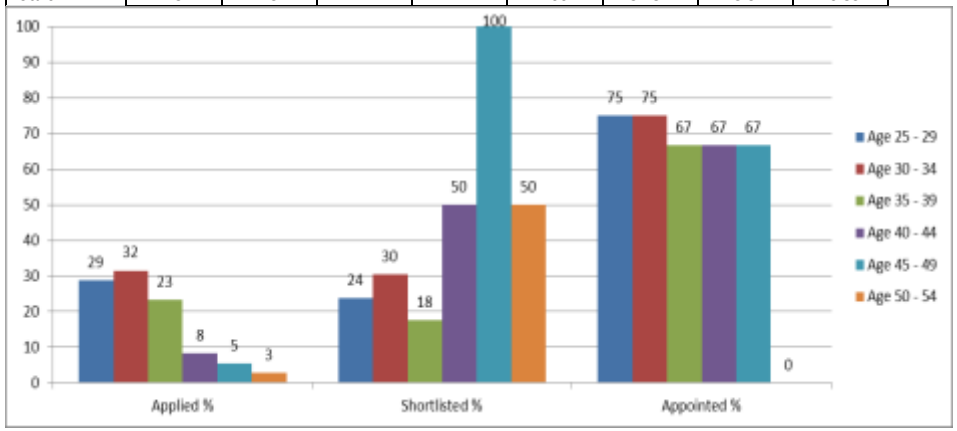
1 Recruitment age profile

Non-medical

	Non-medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Under 20	16	9	6	3	1.58	56.25	66.67	50
20 - 24	113	57	32	12	11.15	50.44	56.14	37.5
25 - 29	132	55	29	14	13.03	41.67	52.73	48.28
30 - 34	118	46	23	15	11.65	38.98	50	65.22
35 - 39	116	55	34	7	11.45	47.41	61.82	20.59
40 - 44	113	50	37	17	11.15	44.25	74	45.95
45 - 49	132	75	42	12	13.03	56.82	56	28.57
50 - 54	143	73	38	14	14.12	51.05	52.05	36.84
55 - 59	98	54	32	8	9.67	55.1	59.26	25
60 - 64	26	11	6	2	2.57	42.31	54.55	33.33
65+	5	3	3	2	0.49	60	100	66.67
Not stated	1	1	0	0	0.1	100	0	0
Totals	**1013**	**489**	**282**	**106**	**100**	**48.27**	**57.67**	**37.59**



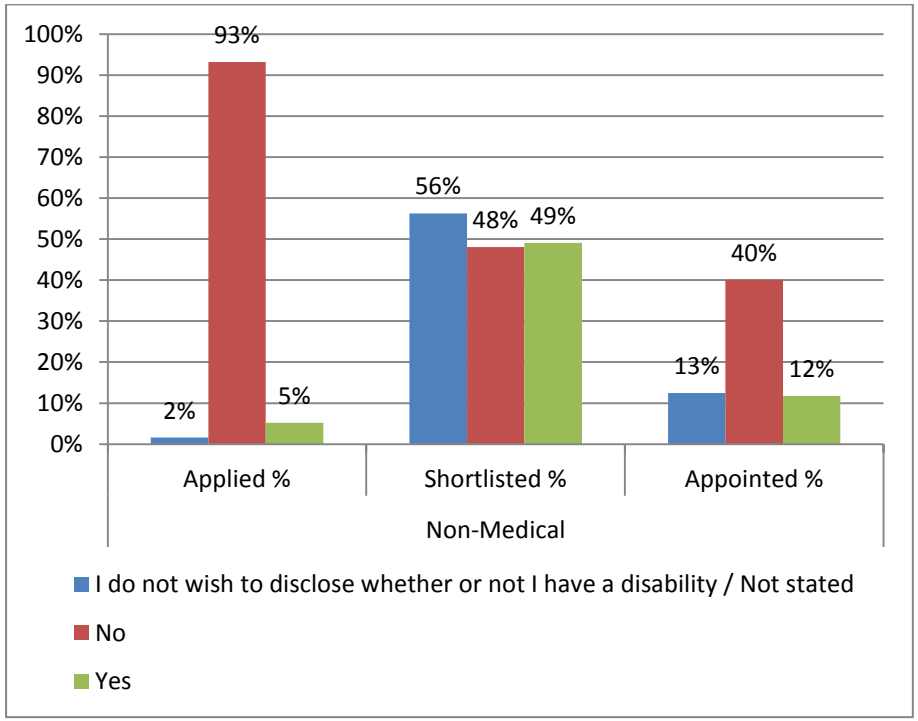
Medical								
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Under 20	0	0	0	0	0	0	0	0
20 - 24	0	0	0	0	0	0	0	0
25 - 29	21	5	4	3	28.77	23.81	80	75
30 - 34	23	7	4	3	31.51	30.43	57.14	75
35 - 39	17	3	3	2	23.29	17.65	100	66.67
40 - 44	6	3	3	2	8.22	50	100	66.67
45 - 49	4	4	3	2	5.48	100	75	66.67
50 - 54	2	1	0	0	2.74	50	0	0
55 - 59	0	0	0	0	0	0	0	0
60 - 64	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0
Not stated	0	0	0	0	0	0	0	0
Totals	**73**	**23**	**17**	**12**	**100**	**31.51**	**73.91**	**70.59**



2 Recruitment disability profile

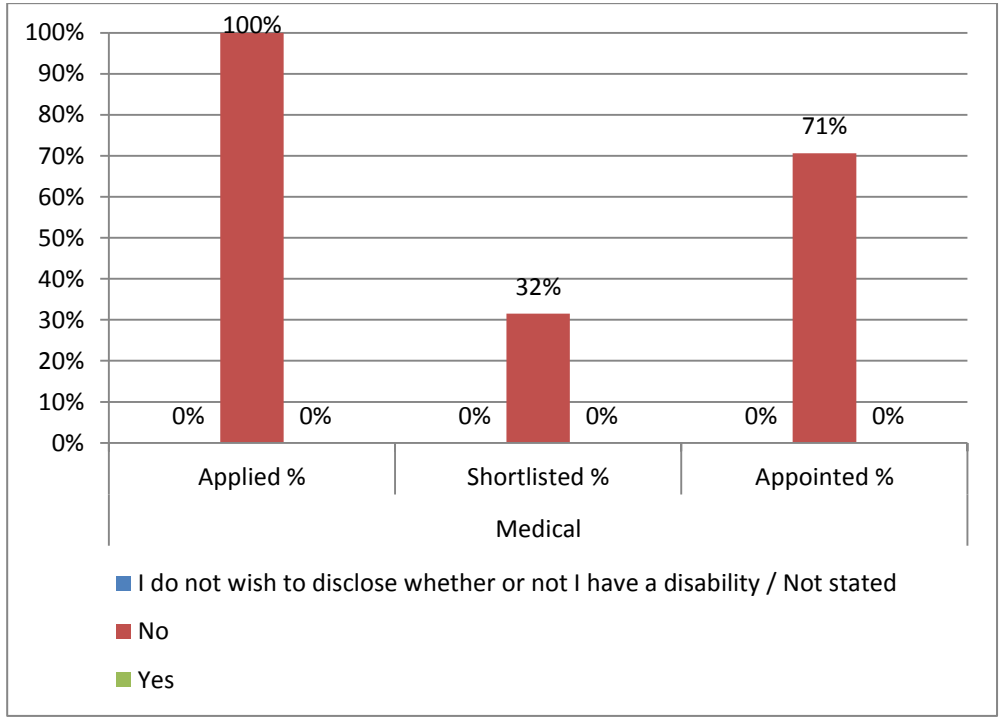
Non-medical

Non-medical								
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
I do not wish to disclose	16	9	8	1	1.58%	56.25%	88.89%	12.50%
No	944	454	257	103	93.19%	48.09%	56.61%	40.08%
Yes	53	26	17	2	5.23%	49.06%	65.38%	11.76%
Total	**1013**	**489**	**282**	**106**	100.00%	**48.27%**	**57.67%**	**37.59%**



Medical

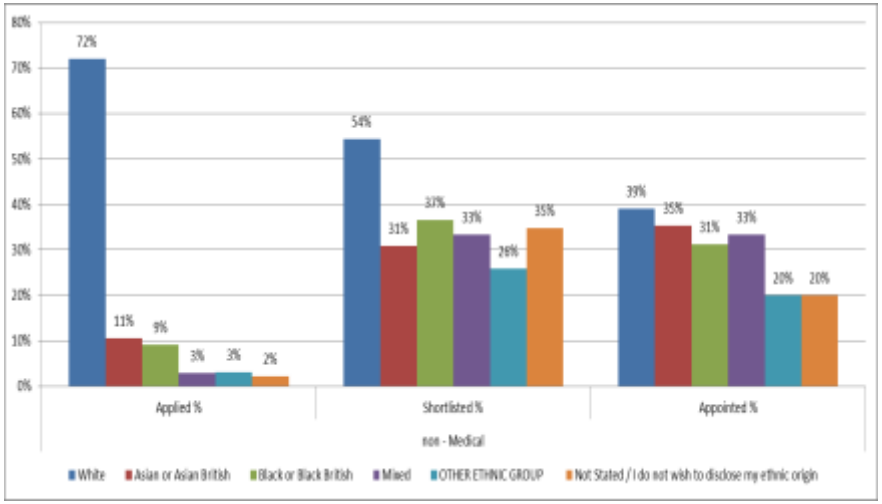
Medical								
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
I do not wish to disclose	0	0	0	0	0.00%	0.00%	0.00%	0.00%
No	73	23	17	12	100.00%	31.51%	73.91%	70.59%
Yes	0	0	0	0	0.00%	0.00%	0.00%	0.00%
Total	**73**	**23**	**17**	**12**	100.00%	31.51%	73.91%	70.59%



3 Recruitment ethnicity profile

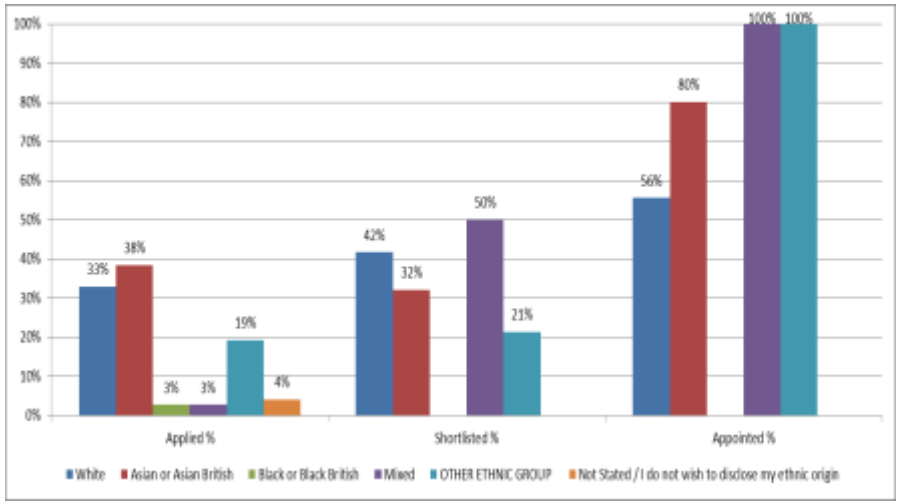
Non-medical

	Non-medical							
Categorisation	**Applied**	**Shortlisted**	**Interview attended**	**Appointed**	**Applied %**	**Shortlisted %**	**Interview attended %**	**Appointed %**
White	729	396	236	92	71.96%	54.32%	59.60%	38.98%
Asian or Asian British	107	33	17	6	10.56%	30.84%	51.52%	35.29%
Black or Black British	93	34	16	5	9.18%	36.56%	47.06%	31.25%
Mixed	30	10	3	1	2.96%	33.33%	30.00%	33.33%
OTHER ETHNIC GROUP	31	8	5	1	3.06%	25.81%	62.50%	20.00%
Not Stated / I do not wish to disclose my ethnic origin	23	8	5	1	2.27%	34.78%	62.50%	20.00%
	1013	**489**	**282**	**106**	**100.00%**	**48.27%**	**57.67%**	**37.59%**



Medical

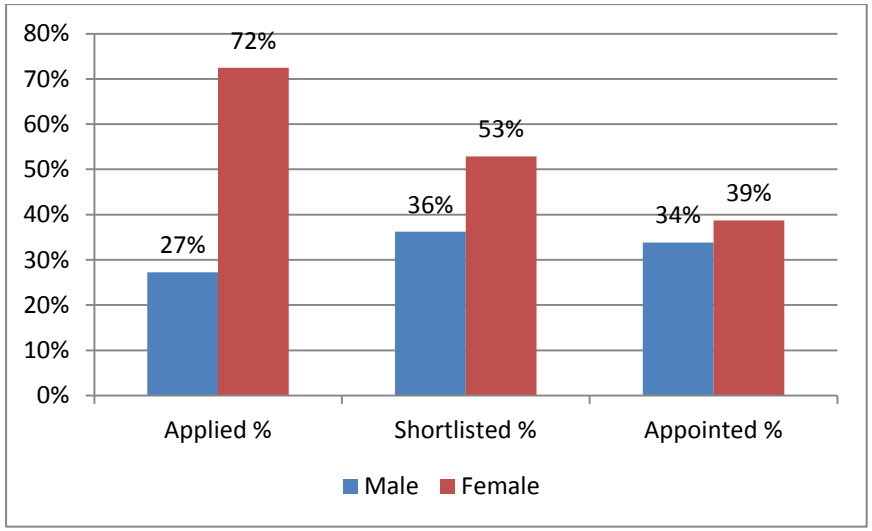
	Medical							
Categorisation	**Applied**	**Shortlisted**	**Interview attended**	**Appointed**	**Applied %**	**Shortlisted %**	**Interview attended %**	**Appointed %**
White	24	10	9	5	32.88%	41.67%	90.00%	55.56%
Asian or Asian British	28	9	5	4	38.36%	32.14%	55.56%	80.00%
Black or Black British	2	0	0	0	2.74%	0.00%	0.00%	0.00%
Mixed	2	1	1	1	2.74%	50.00%	100.00%	100.00%
OTHER ETHNIC GROUP	14	3	2	2	19.18%	21.43%	66.67%	100.00%
Not Stated / I do not wish to disclose my ethnic origin	3	0	0	0	4.11%	0.00%	0.00%	0.00%
	73	**23**	**17**	**12**	**100.00%**	**31.51%**	**73.91%**	**70.59%**



4 Recruitment gender profile

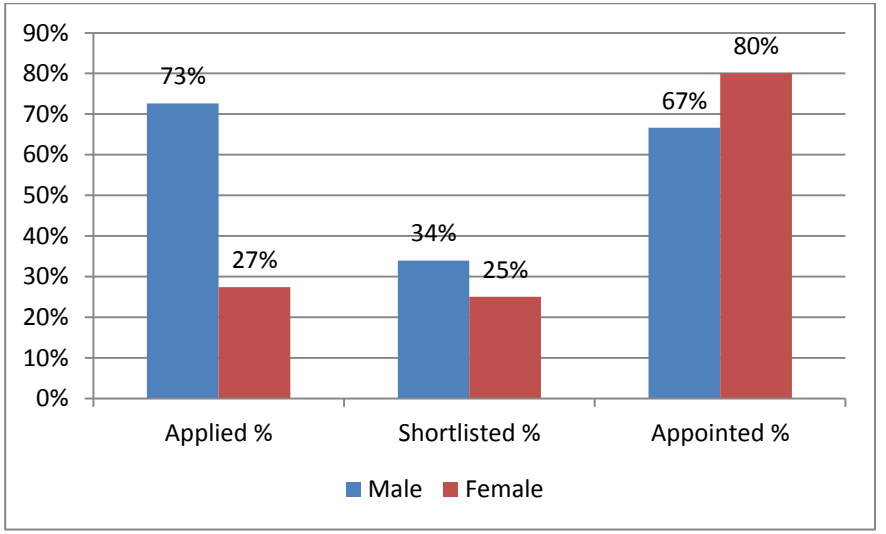
Non-medical

	Non-medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	0	0	0	0	0	0	0	0
Male	276	100	65	22	27.25	36.23	65	33.85
Female	734	388	217	84	72.46	52.86	55.93	38.71
I do not wish to disclose	3	1	0	0	0.3	33.33	0	0
Totals	**1013**	**489**	**282**	**106**	**100**	**48.27**	**57.67**	**37.59**



Medical

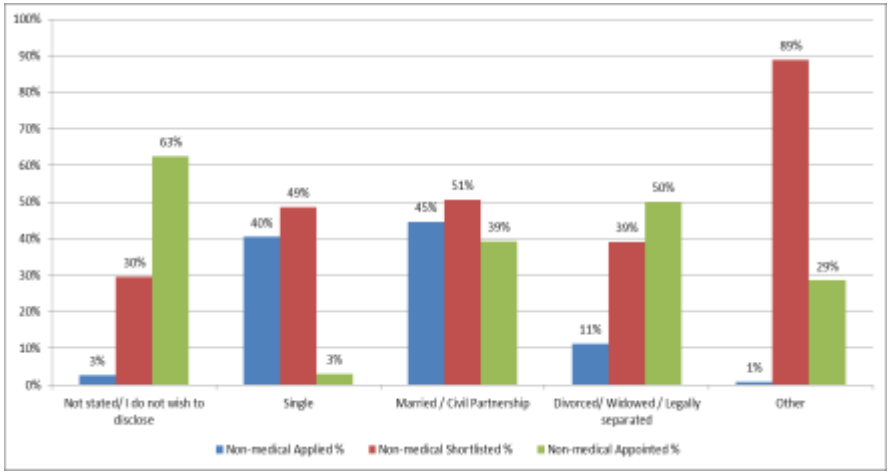
	Medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	0	0	0	0	0	0	0	0
Male	53	18	12	8	72.6	33.96	66.67	66.67
Female	20	5	5	4	27.4	25	100	80
I do not wish to disclose	0	0	0	0	0	0	0	0
Totals	**73**	**23**	**17**	**12**	**100**	**31.51**	**73.91**	**70.59**



5 Recruitment marital status profile

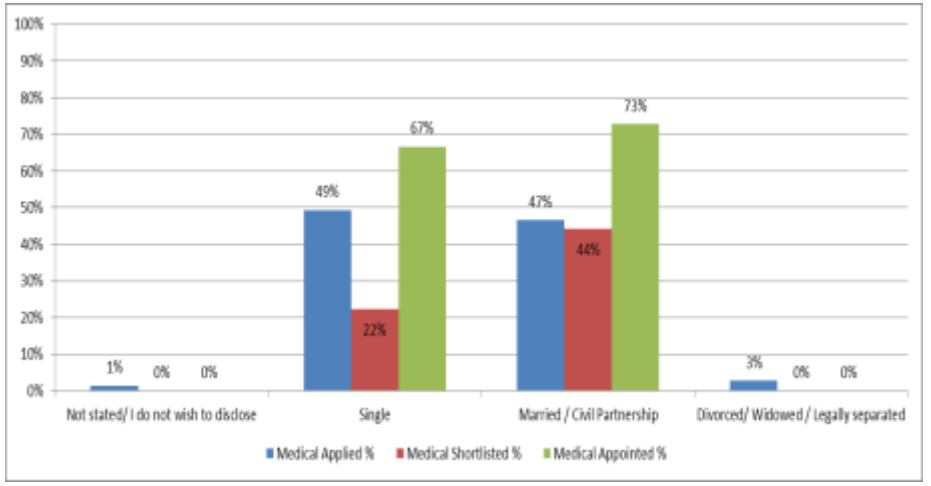
Non-medical

	Non-Medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated/ I do not wish to disclose	27	8	8	5	2.67	29.63	100	62.5
Single	410	199	106	33	40.47	48.54	53.27	31.13
Married / Civil Partnership	452	229	135	53	44.62%	50.66%	58.95%	39.26%
Divorced/ Widowed / Legally separated	115	45	26	13	11.35	39.13	57.78	50
Other	9	8	7	2	0.89	88.89	87.5	28.57
Totals	**1013**	**489**	**282**	**106**	**100**	**48.27**	**57.67**	**37.59**



Medical

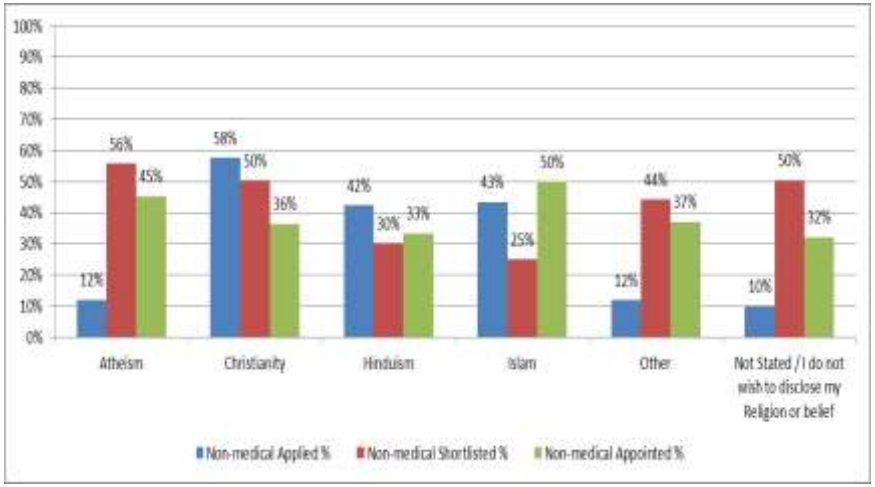
	Medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated/ I do not wish to disclose	1	0	0	0	1.37	0	0	0
Single	36	8	6	4	49.32	22.22	75	66.67
Married / Civil Partnership	34	15	11	8	46.58%	44.12%	73.33%	72.73%
Divorced/ Widowed / Legally separated	2	0	0	0	2.74	0	0	0
Other	0	0	0	0	0	0	0	0
Totals	**73**	**23**	**17**	**12**	**100**	**31.51**	**73.91**	**70.59**



6 Recruitment religion / belief profile

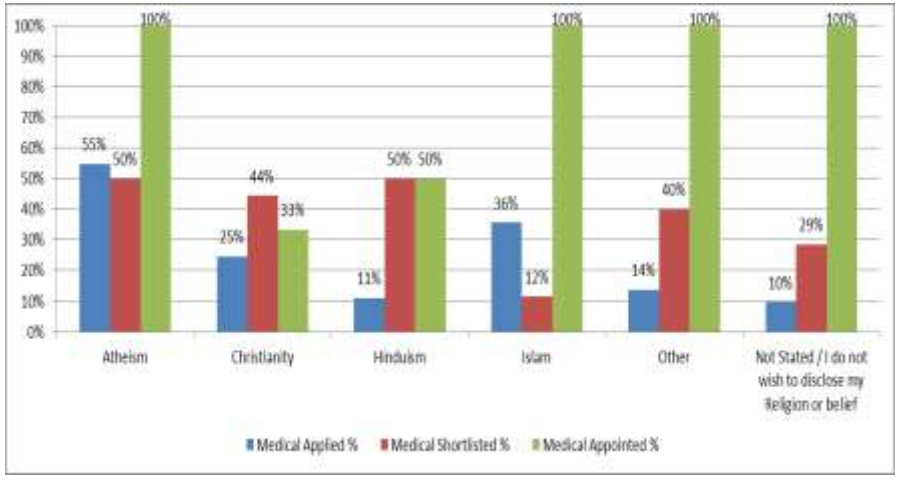
Non-medical

Non-medical								
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Atheism	122	68	42	19	12.04	55.74	61.76	45.24
Christianity	583	293	173	63	57.55	50.26	59.04	36.42
Hinduism	43	13	6	2	4.24	30.23	46.15	33.33
Islam	44	11	6	3	4.34	25	54.55	50
Other	120	53	27	10	11.85%	44.17%	50.94%	37.04%
Not Stated / I do not wish to disclose	101	51	28	9	9.97%	50.50%	54.90%	32.14%
Totals	**1013**	**489**	**282**	**106**	**100**	**48.27**	**57.67**	**37.59**



Medical

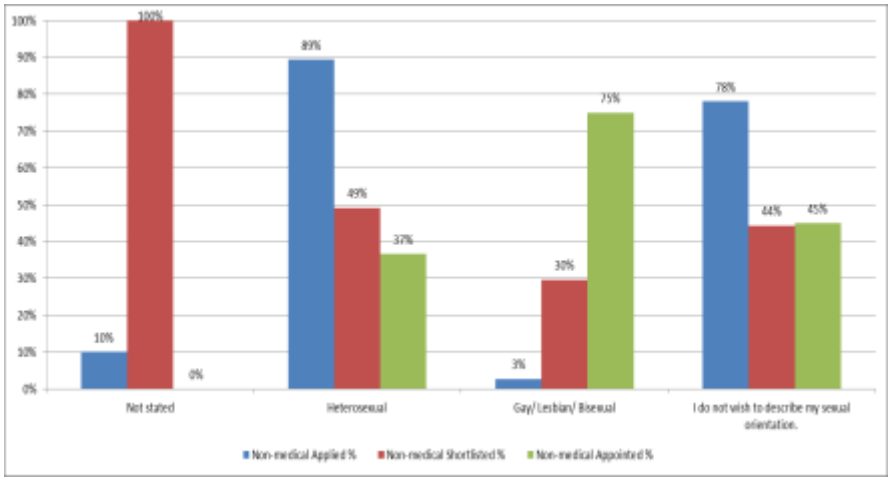
Medical								
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Atheism	4	2	2	2	5.48	50	100	100
Christianity	18	8	6	2	24.66	44.44	75	33.33
Hinduism	8	4	2	1	10.96	50	50	50
Islam	26	3	2	2	35.62	11.54	66.67	100
Other	10	4	3	3	13.70%	40.00%	75.00%	100.00%
Not Stated / I do not wish to disclose	7	2	2	2	9.59%	28.57%	100.00%	100.00%
Totals	**73**	**23**	**17**	**12**	**100**	**31.51**	**73.91**	**70.59**



7 Recruitment sexual orientation profile

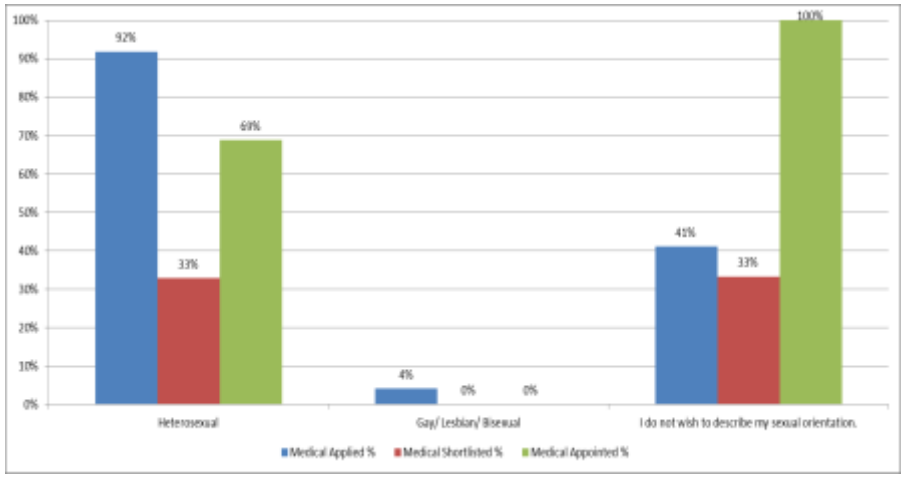
Non-medical

	Non-medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	1	1	1	0	0.1	100	100	0
Heterosexual	906	445	257	94	89.44	49.12	57.75	36.58
Gay/ Lesbian/ Bisexual	27	8	4	3	2.67%	29.63%	50.00%	75.00%
I do not wish to disclose	79	35	20	9	7.8	44.3	57.14	45
Totals	**1013**	**489**	**282**	**106**	**100**	**48.27**	**57.67**	**37.59**



Medical

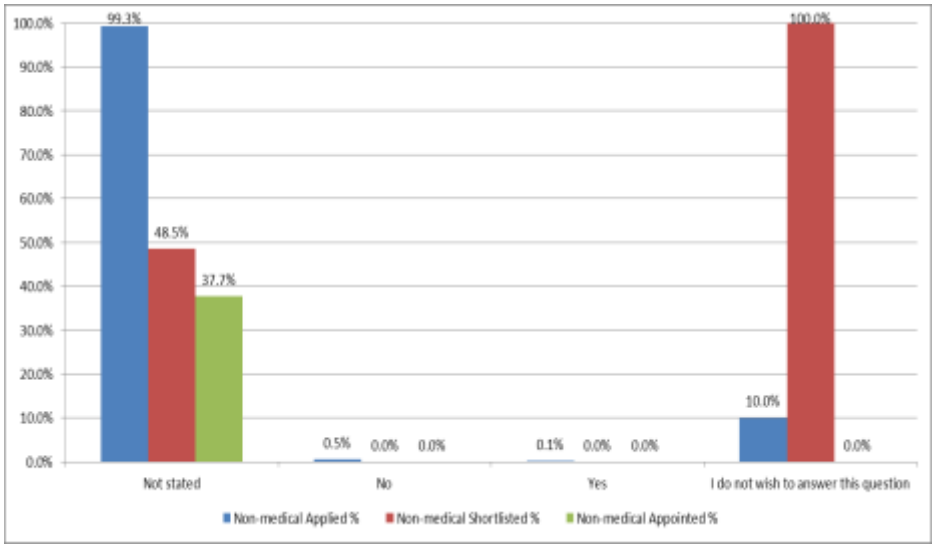
	Medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	0	0	0	0	0	0	0	0
Heterosexual	67	22	16	11	91.78	32.84	72.73	68.75
Gay/ Lesbian/ Bisexual	3	0	0	0	4.11%	0.00%	0.00%	0.00%
I do not wish to disclose	3	1	1	1	4.11	33.33	100	100
Totals	**73**	**23**	**17**	**12**	**100**	**31.51**	**73.91**	**70.59**



8 Recruitment transgender / gender reassignment profile

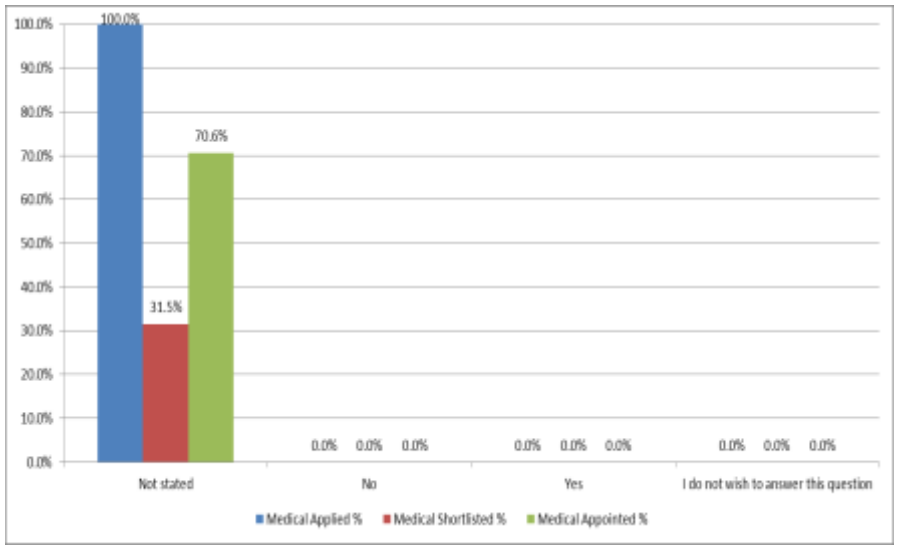
Non-medical

	Non-medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	1006	488	281	106	99.31	48.51	57.58	37.72
No	5	0	0	0	0.49	0	0	0
Yes	1	0	0	0	0.1	0	0	0
I do not wish to disclose	1	1	1	0	0.1	100	100	0
Totals	**1013**	**489**	**282**	**106**	**100**	**48.27**	**57.67**	**37.59**



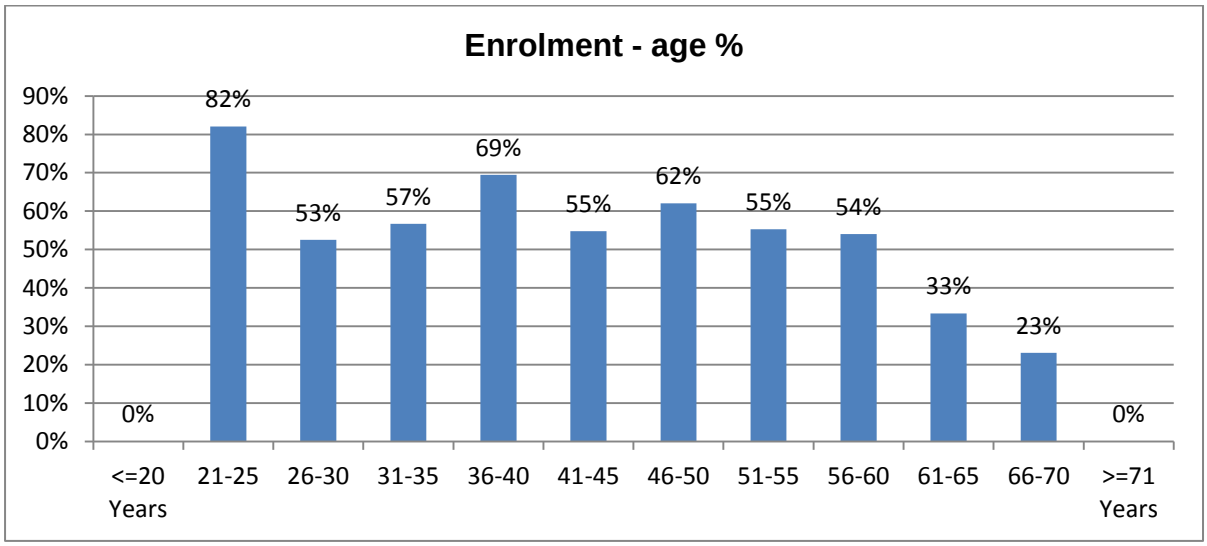
Medical

	Medical							
Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	73	23	17	12	100	31.51	73.91	70.59
No	0	0	0	0	0	0	0	0
Yes	0	0	0	0	0	0	0	0
I do not wish to disclose	0	0	0	0	0	0	0	0
Totals	**73**	**23**	**17**	**12**	**100**	**31.51**	**73.91**	**70.59**

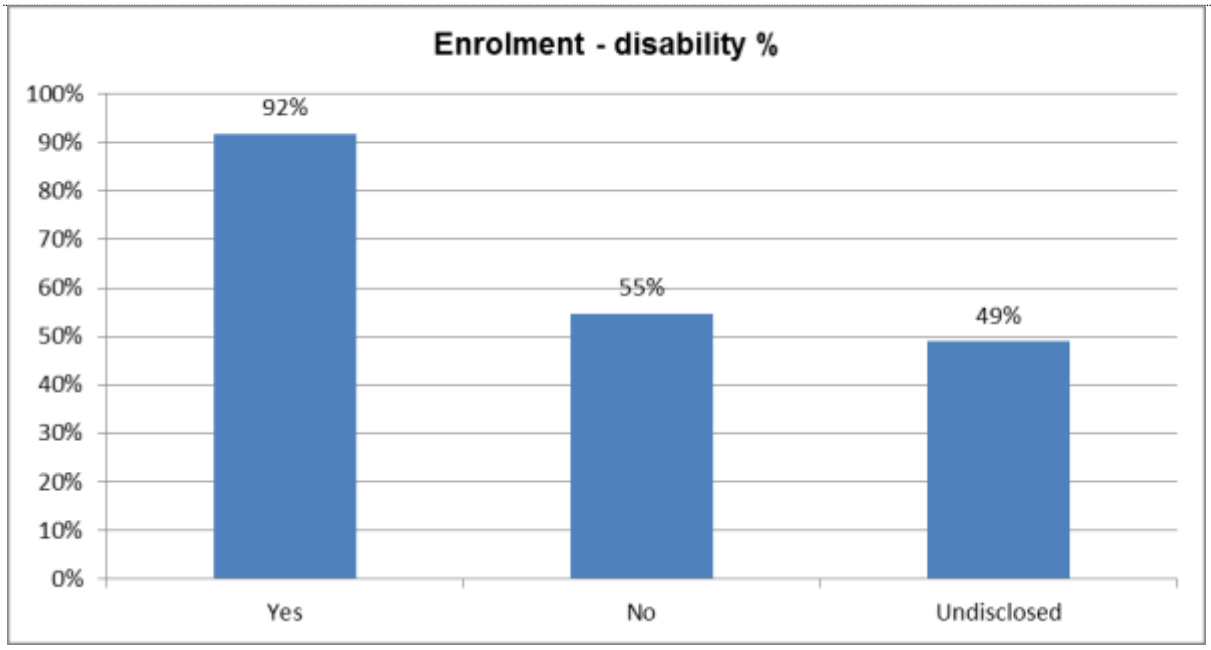


Appendix 4 | Learning & development opportunities

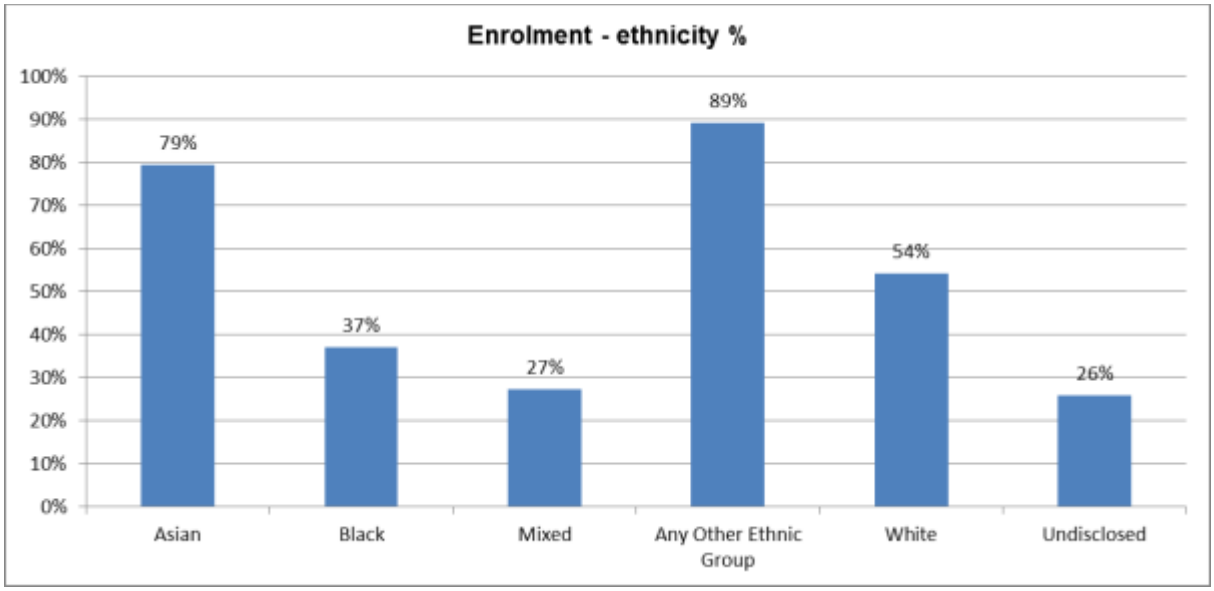
1 Enrolment age profile



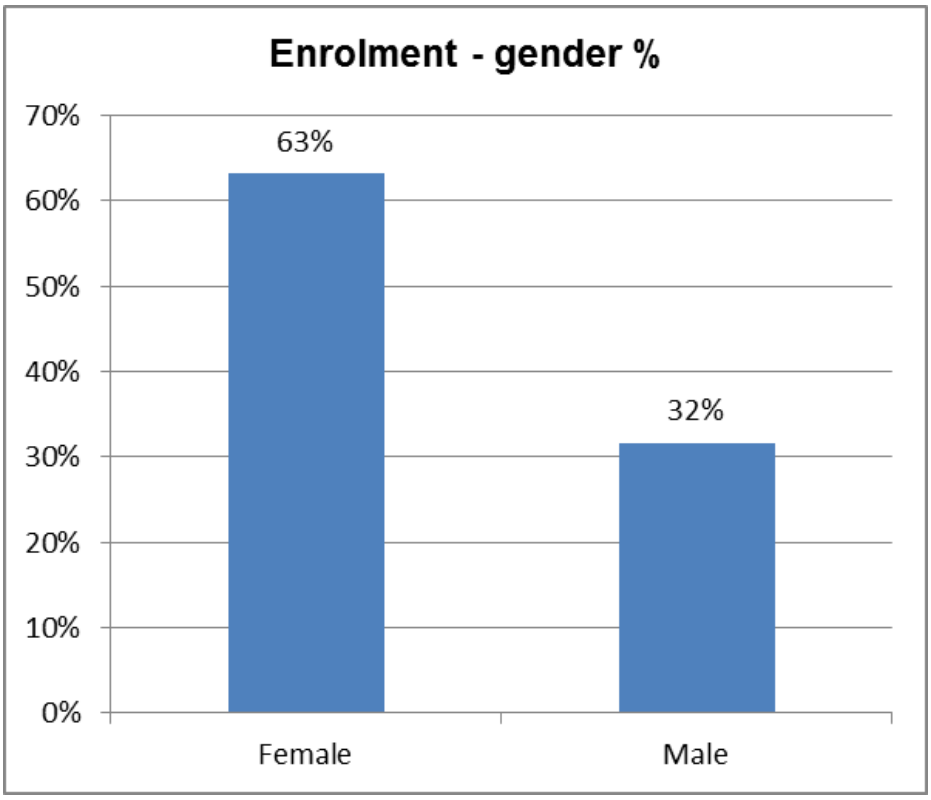
2 Enrolment disability profile



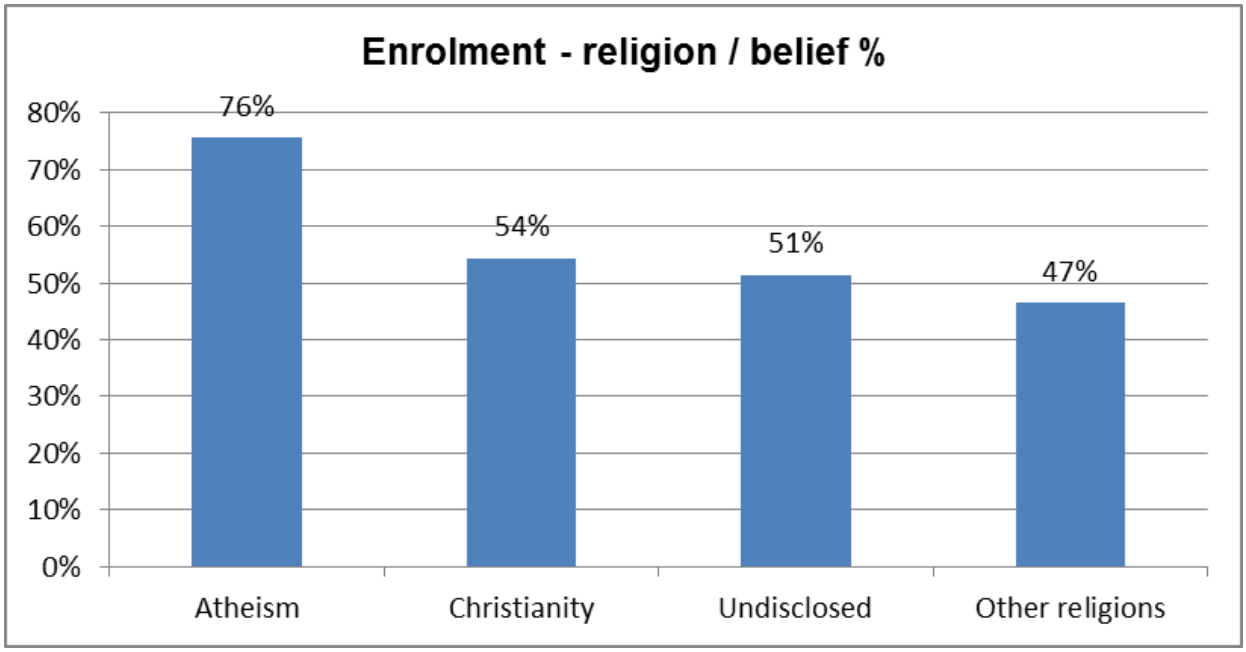
3 Enrolment ethnicity profile



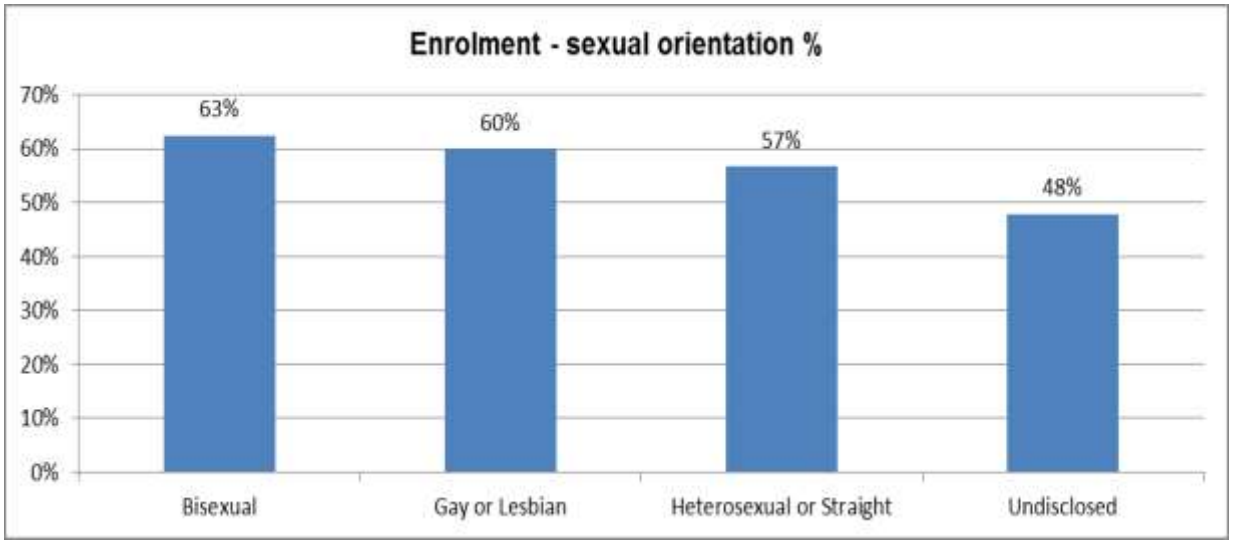
4 Enrolment gender profile



5 Enrolment religion / belief profile



6 Enrolment sexual orientation profile



KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality
Committee: Quality & Governance
Date last reviewed: 24 October 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.

Risk Appetite The Trust has a **moderate appetite** for risks that impact on patient experience but it is higher than the appetite for those that impact on patient safety. This recognises that when patient experience is in conflict with providing a safe service safety will always be the highest priority

Initial Risk	4(C) x 2(L) = 8 low
Current Risk Rating	3(C) x 5(L) = 15 mod
Target Risk Rating	3(C) x 3(L) = 9 low

Rationale for risk current score

- Compliance with regulatory standards
- Meeting national quality standards/bench marks
- Very strong FFT recommendations
- Excellent performance in CQC 2017 inpatient surveys, sustained better than national average.
- Patient safety incidents triangulated with complaints and outcomes monthly no early warning triggers
- International recruitment- 47 posts offered
- National staff shortages of nurses and practitioners in theatres, critical care impacting on service provision
- Not meeting RTT18 and 52 week Performance and access standards

Future risks

- Unknown impact on patients waiting longer than 52 weeks, CHR in progress
- Future impact of Brexit on workforce
- Generational workforce : analysis shows significant risk of retirement in workforce
- Many services single staff/small teams that lack capacity and agility.
- Developing new health care roles -will change skill mix
- STP strategic plans not fully developed

Future Opportunities

- Further international recruitment

Controls / assurance

- Estates plan and maintenance programme
- Robust Governance and clinical quality standards managed and monitored at the Q&GC, CGG and the JHGM, safer nursing care metrics, FFT and annual CQC audits , 6/12 CIP
- External assurance and assessment undertaken by regulator and commissioners
- Quality Strategy, Quality Report, CQUINS, low complaint numbers
- Benchmarking of services against NICE guidance, and priority audits undertaken
- Sub group for theatre workforce/recruitment, proposals approved at HMT June 2017, new theatres safety lead in post Feb 2017
- Trust recruitment and retention strategy mobilised, NHSI nursing retention initiative
- Burns and Paediatric services not currently meeting all national guidance. CCG and Regulators fully aware of this, mitigation in place. SOC for inpatient paed burns being taken forward by Darzi Fellow who starts in post April 2018 MOU with BSUH
- Developing QVH simulation faculty to enhance safety and learning culture
- Clear written guidance for safe staffing levels in theatres and critical care

Gaps in controls / assurance

- Vacancies in theatres, critical care and C-Wing, national and south east shortage of nurses in theatres and critical care. Controls implemented have not yet improved the position Links to CRR 1094,1093,1077,1035,1097,1035
- Increase in negative FFT comments re appointments/waiting times Links to CRR1097,949
- More evidence of embedded learning from serious incidents being shared throughout the trust.

KSO2 – World Class Clinical Services

Risk Owner: Medical Director
Date last reviewed: 11th October 2018

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.

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.

Risk Appetite. The trust has a **low appetite for risks that impact on patient safety**, which is of the highest priority. The trust has a moderate appetite for risks in innovation of clinical practice, research and education methodology, if patient safety is maintained.

Initial Risk Rating 5(C)x3(L) =15, moderate
Current Risk Rating 4(C)x3(L)=12, moderate
Target Risk Rating 4(C)x2 L) = 8, low

Rationale for current score

- Adult burns ITU and paediatric burns derogation
- Paediatric inpatient standards and co-location
- Non-compliance with 7 day services standards
- Junior doctor recruitment and rota compliance
- Junior doctors – tension between service delivery and training, and GMC National Training Survey results
- Spoke site clinical governance resources.
- Coroner's PFD report
- Never events
- Sleep disorder centre staffing of medical staff and sleep physiologists
- Induction, training and governance of split site doctors
- Difficulties in recruitment in nursing, administrative and PAM staff resulting in poor efficiency of medical workforce.
- Non-compliant RTT 18 week position.

Future Risks

- STP re-configuration of services
- Commissioning risks to lower priority services– sleep, orthognathic surgery
- Commissioning risks to major head and neck surgery

Future Opportunities

- Private practice
- MoU and collaboration with BSUH
- STP networks and collaboration
- Efficient team job planning
- Research collaboration with BSMS
- New CEA scheme and potential for incentive
- New services – glaucoma & sentinel node expansion
- Multi-disciplinary education, human factors training and simulation

Controls and assurances:
Clinical governance leads and reporting 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
Local Academic Board, Local Faculty Groups and Educational Supervisors
Electronic job planning
Harm reviews of 52+ week waits

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) (RR845)
Plan for sustainable ITU on QVH site (CRR1059)
Achieving sustainable research investment
Balance service delivery with medical training cost (CRR789)
Fully addressing GMC National Training Survey results (CRR789)
Detailed partnership agreement with acute hospital (CRR1059)
Sleep disorder centre sustainable medical staffing model & network

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**1st November 2018**		**Agenda reference:**	**171-18**	
Report title:	**Quality and Governance Assurance report**				
Sponsor:	Ginny Colwell Committee Chair				
Author:	Ginny Colwell				
Appendices:	NA				
Executive summary					
Purpose of report:	To provide assurance to the Board to matters discussed at the QGC meeting on the 18th October 2018				
Summary of key issues	Good assurance was received for most areas. The board is asked to particularly note the need to further strengthen our process for investigating deaths				
Recommendation:	The Board is asked to **NOTE** the contents of the report				
Action required				Assurance	
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*			KSO5: *Organisational excellence*
Implications					
Board assurance framework:	No additional areas identified				
Corporate risk register:	No additional risks identified				
Regulation:					
Legal:					
Resources:					
Assurance route					
Previously considered by:	Quality and governance committee				
	Date:	18 10 18	Decision:	Noted	
Previously considered by:					
	Date:		Decision:		
Next steps:	NA				

Report to:	Board of Directors
Meeting date:	01 November 2018
Reference number:	171-18
Report from:	Ginny Colwell, committee chair and NED
Author:	Ginny Colwell, committee chair and NED
Appendices:	None
Report date:	22 October 2018

Quality and Governance Assurance Report
Meeting held on 18 October
Areas of particular note for assurance

1. Risk exception report: The 18-week Referral to Treatment target (RTT-18) was raised as a Serious Incident. It was agreed that the Board would be asked to spend some time reflecting the train of events. The Board are aware of the situation. Incidents were looked at by category and assurance was received around the largest groups, (ie. unplanned admissions and ITU/transfers out).

2. Corporate risk register (CRR): The Committee received assurance that the CRR continued to be used appropriately with three new risks added, three closed and three reviewed.

3. Following discussion at the JHGM where Trainee Doctors stated that they would use Datix as a whistleblowing tool, it was agreed that we would look again at medical staff reporting. No whistleblowing type incidents were identified.

4. Quality and safety strategy: this is an evolving new strategy and although good progress has been made, work is still required to make it a cohesive strategy with prioritised SMART actions ensuring that it reflects information covered by other sources.

5. QVH spokes sites: an initial paper on how to progress the governance of spokes sites was received. Following discussion it was recognised that this was a far larger piece of work than anticipated. SJ will agree with the Executive team how to take this forward.

6. 6-monthly workforce review: The Committee noted that recruitment and retention remains difficult with nine fewer whole time equivalent staff in September compared to April.

7. Quality Impact Assessments: the Committee requested further assurance to detail robust process and on-going monitoring.

8. Patient experience report: it was noted that there was a fall in 'very likely to recommend' scores in the trauma clinic. This area has been very busy and results will be monitored.

9. Quality indicators were reviewed: The Committee requested that MRSA infections were included so it could be kept updated of any outbreaks.

10. The Kirkup Review: Key themes of the report on Liverpool Community Health services were presented which reflected the discussions of the executive team.

11. Minutes from the Clinical Governance Group for August and September were received: Discussion took place around the deaths in April and September. It was noted that there had been delay in the investigation for the April death and that we need to further clarify our processes and timescales for these processes in order to identify and implement any learnings as soon as possible. Recommendations will be presented at the next Q&GC.

12. Other reports received at the meeting are either covered by the executive report or had no significant assurance issues
    - KSOs 1 and 2
    - Local governance meeting attendance- critical care
    - Core surgical training and plastics report
    - CQUINS progress
    - Medication incidents annual report- staffing shortages continue
    - Medicines management strategy
    - Patient experience group
    - Research and development governance group

13. Policies ratified;
    - Information Security
    - Information security password
    - Information security acceptable use of: the internet
    - Information security acceptable use of: mobile devices and remote access
    - Chaperone

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**1 November 2018**		**Agenda reference:**	**172-18**	
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 of report:	For assurance that the Trust risk management process is being followed; new risks identified and current risks reviewed and updated in a timely way.				
Summary of key issues	The key changes this period are: ➢ 3 new Corporate risks added ➢ 3 risks closed: Corporate x 2, Local x 1 ➢ 3 risk scores reviewed: all changed from Corporate to Local				
Recommendation:	The Board is asked to note the Corporate Risk Register information and the progress from the previous report.				
Action required				**Assurance**	
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	The entire BAF has been reviewed by EMT alongside the CRR. The corresponding KSOs have been linked to the corporate risks.				
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:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
Resources:	Actions required are currently being delivered within existing trust resources				
Assurance route					
Previously considered by:	The Corporate Risk Register is considered monthly by the **Executive Management Team**.				
	Date:	24 09 18	Decision:	Reviewed and updated	
Previously considered by:	**Quality & Governance Committee**				
	Date:	18/10/18	Decision:	For assurance	
Next steps:					

Corporate Risk Register Report
August and September 2018 Data

Key updates:

Corporate Risks added between 01/08/2018 and 30/09/2018: 3

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
3x5=15	1122	Sentinel Node Biopsy: increase in demand	Plastics Governance meeting
4x5=20	1125	RTT Delivery and Performance	EMT
4x5=20	1126	Recruitment and workforce team constraints and limitations	Director of workforce & OD

Corporate Risks closed: 2

Risk ID	Risk Description	Risk Score	Rationale for Rescore	Committee where change(s) agreed/ proposed
1083	Deterioration in 18RTT performance	4x5=20	New Risk opened (ID1125)	EMT
949	Threat to scheduling and reporting of patient waits and performance (RTT18) through system enhancement	3x5=15	New Risk opened (ID1125)	EMT

Corporate risks reviewed and re-scored: 3

Risk ID	Risk Description	Previous Risk Score	Updated Risk Score	Rationale for Rescore	Committee where change(s) agreed/ proposed
1096	Inappropriate storage facilities for special gases	4x3=12	3x3=9	New storage units identified and purchased	R/V by Exec Lead
1111	Loss of resilience in reporting from BIU	4x4=16	3x3=9	Consultant Database Administrator recruited for an initial 3 month period	R/V by Exec Lead
1082	Potential lack of compliance with requirements of General Data Protection Regulation	3x4=12	2x3=6	Compliance progress	R/V by Exec Lead

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

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

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

3. Failure to address risks or to recognise the action required to mitigate them would be key concerns to our commissioners, the Care Quality Commission and NHSI.

Action required

4. 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

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

Implications for BAF or Corporate Risk Register

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

Regulatory impacts

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

- Safe
- Effective
- Caring
- Well led
- Responsive

Recommendation: 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	Target Rating	Actions	Progress/Updates	KSO
1126	14/09/2018	Recruitment and workforce team constraints and limitations	Hazards are: 1)Lack of compliance with internal recruitment KPIs, affecting time-to-hire and possible impact on clinical services / staffing levels 2)Non-delivery / infeasibility of £55k CIPP 3)Insufficient specialist / strategic support with recruitment and retention 4)Lack of coordination with outsourced Yeovil Healthcare NHS Trust and international campaign candidates	1)An audit was undertaken revealing areas for improvement in recruitment KPI delivery. TRAC have provided some short-term assistance and an improvement plan has been agreed with good progress made. TRAC are providing tailored training to current recruitment team members 25/26 Sept 2018. 2)Discussion with Director of Finance and cost pressures defined. 3)External support for international recruitment through Yeovil Healthcare NHS Trust agreed 4)Cost pressure for additional part-time Band 7 Nursing Workforce Lead agreed until end of 2018/19 financial year to provide additional support	Geraldine Opreshko	David Hurrell	Compliance (Targets / Assessments / Standards)	20	9	1)Monitoring of performance improvement plan 2)DoF monitoring pressures with DoW 3)Business case for additional fixed-term / permanent strategic resourcing expertise to be made. External support / expertise for accommodation to be sought.		KSO 1,.2,3,4,5
1125	30/08/2018	RTT Delivery and Performance	- The Trust's RTT position is significantly below the national standard of 92% of patients waiting <18 weeks on open pathways. This position has reduced further in July following the identified of a cohort of patients that have historically not been included in the RTT waiting list position - 52 week position has deteriorated following identification f additional patients	July 18 -Comprehensive review of spoke site activity has taken plan to identify all patients that should be included in the Trust RTT position Data upload now in place to enable the reporting of PTL data from Dartforrd spoke site that was previously not identified Weefly PTL meeting in place (Chair DOO)) that reviews patient level data for all patients >38 weeks for each speciality - Additional theatre capacity is being identified through PS (McIndoe) and NHS (ESHT Uckfield theatres) Recovery plan in place -4 additional validators to start in post 29th August -IST supporting capacity and demand work - commissioners have identified capacity outside of the trust for dental T1/T2 referrals - commissioner are in the process of identifying capacity for otrher long wait patients	Abigail Jago	Victoria Worrell	Compliance (Targets / Assessments / Standards)	20	9			KSO 1,3 and 4
1122	16/08/2018	Sentinel Node Biopsy: increase in demand	Rise in demand to perform Sentinel Lymph Node Biopsy for skin cancer Not enough capacity in theatres & clinics to undertake them all Risk of delayed treatment for cancer	* Extra Clinics * Three procedures per week to be undertaken in the McIndoe Unit from September 14th 2018	Abigail Jago	Paul Gable	Patient Safety	15	9			KSO3,and 1
1119	12/07/2018	Implementation of eRS (1st Oct 2018)	From 1st October 2018, all GP referrals to Consultant led clinics must be made via the eRS system. * Income risk - no payment * Quality risk - delays and RTT	QVH working to project plan with NHSE, NHSD and CCGs to ensure system readiness and to increase GP utilisation of the eRS system before deadline.	Abigail Jago	Philip Kennedy	Compliance (Targets / Assessments / Standards)	12	8		**13/8/18**: interim project manager appointed	KSO2 KSO3 KSO4
1116	26/06/2018	Inability to provide sufficient medical provision to the Sleep Disorder Centre	Potential loss of medical outpatient capacity within the Sleep Disorder Centre, with associated effects on waiting list and income. Possible detriment to follow up of existing patients, particularly those requiring non-invasive ventilation for sleep disorders with a respiratory background.	1) Forthcoming AAC appointment process to substantiate 1 WTE post (currently locum basis) 2) Approval of funding for clinical fellow post	Dr Edward Pickles	Dr Edward Pickles	Patient Safety	12	4		Current discussions with other potential candidates Medical management structure under review.	KSO1 KSO2 KSO3 KSO4 KSO5

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Actions	Progress/Updates	KSO
1112	25/05/2018	Copying of CT images for MaxFax & Orthognathic patients	Third party companies contact QVH radiology requesting patient images / data to be shared directly with them for surgery planning (prosthetics / implants) Pressures on radiology staff to provide images to avoid surgery cancellations / delays There is no agreed process and no data sharing agreement in place at QVH for radiology to copy secure images for 3rd party independent companies. Images have left QVH in unencrypted CDs that are holding patient data.	None generally Minimal controls for one company who has agreed to get CDs encrypted by QVH IT - however there is still no agreed process in place For one company images are encrypted by IT upon request, but requests are always made last minute and there is also no data sharing agreement in place for this company.	Abigail Jago	Dominic Bailey	Information Governance	15	6		**21/08/18**: Supplier processing agreements continue to be set up along with DPIA assessments. Service remains suspended for 4 out of the 5 suppliers. 12/07/18: Meeting to discuss processing agreement set up for 13/07/18 with one of the two outstanding suppliers. Awaiting response to meet with the other outstanding supplier. 04/07/18:Satisfactory Data Processing agreement put in place with one supplier. No progress made with the other outstanding suppliers. IG Lead to deal directly with suppliers to expedite. 03/06/18: Service suspended pending satisfactory technical and organisational measures being put in place with third party suppliers, (encryption of mobile media and evidenced data processing agreements in place). Clinical lead for the service is now Jag Dhanda who will coordinate directly with IG/IT/Radiology and Business Manager.	KSO1 KSO2 KSO3
1110	11/05/2018	Some Patient pathways not visible in reports, patient care may become 'lost'	There is a risk that some patient pathways are not visible in reports, patient care maybe impacted. May lead to patient harm and reputational damage if a referral is not tracked or not visible in routine monitoring and reporting	1. Daily reporting of all patients on RTT pathway 2. New reports being developed to identify planned patients not on RTT pathway 3. propose additional resource to develop new reports and reconcile process flows. 4. linked with risk 1111, awaiting proposal form service providers	Michelle Miles	Rob Lock	Patient Safety	12	4	Reconciliation of PAS vs springtime build planned patient report	**17/09/2018 incorporation of all sites (other PAS) and all pathways now complete, some bugfixes remain as validation reveals data issues.** 15/08/2018 planned patients being incorporated into PAS and hence into RTT reporting 14/08/2018 Research into patients who may have been closed through cancellation in ERS 04/07/2018 Planned PTL now reviewed , additional fields requested being scoped for development effort before publication . Auto discharge rule suspended on NHSI advice. review instigated of spoke sites provision and extraction criteria for the data supplied to QVH. External support engaged to provide skills to address 06/06/18 Build reports to provide visibilty of planned patient currently not shown in daily PTL "Planned PTL" is built Currently addressing issues in RTT standard reports : RL to arrange resource with Dir Ops and RTT teams to validate 'planned patients without an RTT pathway'	KSO1 KSO2 KSO3
1105	11/04/2018	Ventilation within Burns, EBAC and CCU	There is a high risk to patients having surgery, dressing changes and invasive procedures undertaken in areas that the air has not been filtered and is not being moved around. This potentially can lead infection being spread or given to patients. Infection can cause increased length of stay in a hospital environment, or a new admission, slow healing wounds, the need for antibiotic therapy, surgery, increased pain, patient becoming acutely un well and potentially death.	1. Ventilation system currently in place in Burns is being maintained and monitored by the estates department. 2. Daily checks of all ventilation alarms 3. All duct are to be cleaned in 2018 4. All staff in the operating theatre wear clean scrubs, hats, masks, gowns and gloves minimising the amount of exposed	Michelle Miles	Miss Sarah Prevett	Estates Infrastructure & Environment	16	8	Install a new ventilation system as part of the EBAC refurbishment Upgrade the current system within the Burns unit and CCU	27.07.2018- Estates have been asked to re risk assess this risk needs to be re-assessed by the clinical/ IPC teams from a clinical operational view. 04.07.18 - Awaiting outcome of report with what action to take. 14/6/18: r/v at E&FSG - paper with 7 options submitted to DoN 31.05.18 - Report sent to Director of Nursing identifying a number of options with indicative costs associated to them. 14/5: DoN to escalate to DoF re: delays & request confirmation of project proceeding 11/04/2018 - No funding allocated for either of the current two actions	KSO1 KSO4

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Actions	Progress/Updates	KSO
1097	07/02/2018	Concern that there may be missing cancer patients on the cancer PTL	Concern has been raised by NHSI at their 'critical friend' visit that there may be patients missing from the cancer PTL. Two incomplete patient details were given which did not give enough detail to track so further detail is being sought from Medway. The interim service review manager in appts raised a similar issue but further detail is required. All breast cancer patients also need to clearly visible on the PTL	Further details being sought from all parties to identify these patients. Cancer PTL in place but it hasn't been able to identify the patients from the information given to date. Head of risk informed and involved. New substantive cancer data manager in post after this post being vacant for a year plus and although covered by interims this was not ideal as there were three over this period which led to a fragmented service. New Performance & Access Manager joins the trust in March 18 and she has a robust cancer background and so will be asked to undertake a review. NHSI asked if they can also provide IMAS/IST support	Abigail Jago	Victoria Worrell	Patient Safety	12	4		13/7/18: r/v with Exec Lead - now confident re: internal patients, spoke sites to be reviewed Weekly conference calls implemented 14/5/18 (CGG): CEO and Head of Patient Safety meeting with Medway CEO & Director Elective Services June 18th 9/4/18: Update - Info flex system had not been maintained QVH side; fully updated for 46 identified patients. 15/3/18 Being investigated independently and part of the Access & Appts action plan. Advised that all breast patients need to be on PTL, new Performance & Access Manager will oversee	KSO1
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)Update 12/4/18 - starting 16/4/18 2. Recruitment for part-time assistant underway - interviewed. Update 12/4/18 started 5/2/18 3. Recruitment for band 8a pharmacist underway. Update 12/4/18 appointed, waiting HR clearance. Update 26/6/18 started 29/5/18 4. Some part-time staff willing to work more paid hours. 5. Locum pharmacist agreed Update 12/4/18 - locum in place. Update 26/6/18 locum left but part-time bank pharmacist covering short-term 6. Direct clinical work is the priority. Regular review of outstanding work 7. Locum pharmacy assistant in post part-time 8. Forward planning for summer holiday period	Abigail Jago	Judy Busby	Patient Safety	12	4	1. Start recruitment for remaining vacancies - all recruitment in progress	12/7/18: reviewed at MMOG - interviews planned w/c 16th July 26/6/18 Band 8A pharmacist started in post. Band 7 pharmacist post in shortlisting (1 suitable applicant). Band 3 assistant to start 23/7/18. 2 members of staff on restricted duties back to normal. 2 members for staff on long term sick leave. Locum and bank assistants being used. Bank pharmacists being used. Locum pharmacist left and not replaced. 14/5 (CGG): currently worsening situation; one new long term sick & locum has given notice. HR to be requested to prioritise and expedite pharmacy recruitment processes. 12/4/18. recruitment underway for all vacancies. 1x started, 1xdue to start, 2x appointed awaiting HR clearance, 1x being advertised. 2 members of staff on restricted duties due to illness	KSO3
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 Occasionally unable to book sufficient agency staff to cover the shortfall On occasions 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	12	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.	**11-9-18: update, 12.12 vacancies, recruitment ongoing with some success.** 13/8/18: +/- 45 posts offered: awaiting uptake and detail 4/7/18 - some further leavers but some recruited staff starting. 14/5 (CGG): some success with international recruitment, minimal success with social media campaign 9/4/18: Update - interest from campaign, small number of applications received 12/2/18: Update - Social media recruitment campaign underway Pegasus) January 2018 update: - enhanced bank rates to include C-Wing - new ward matron in post	KSO1 KSO2
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 3. night shifts prioritised over day shifts (x2 on duty) 4. Outreach bleep held by Critical Care 5. Site Practitioner phone with DDoN / HoN	Jo Thomas	Nicola Reeves	Patient Safety	12	9	Proactive management rota Substantive recruitment once the secondments completed Unable to support any further flexible working or secondment requests at this time.	 **13/8/18**: start date confirmed - 20th August 9/7/18: two new staff completed orientation. One further post offered which will result in team being fully established once in post 12/6/18: Update - R&R ongoing 9/4/18: Update - 1 staff member commenced, other to start end of April 12/2/18: 1wte post recruited to (= x2 part-time staff) To start in role March / April 2018	KSO1

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Actions	Progress/Updates	KSO
1077	22/08/2017	Recruitment and retention in theatres	* 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 June 2018: * loss of theatre lists due to staff vacancies	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. Assessment of agency nurse skills to improve safe transition for working in QVH theatres 7. Management of activity in the event that staffing falls below safe levels.	Jo Thomas	Nicola Reeves	Patient Safety	16	6	Actions to date	**13/8/18**: x4 WTE Staff Nurse posts recruited to, all with theatre experience. Dubai recruitment: +/- 45 posts offered: awaiting uptake and detail 9/7/18: TUG agreed to pilot different minor procedure staffing model from July '18 Practice Educator in Dubai to interview potential staff 12/6/18: further work on theatre establishment & budget. Testing feedback from staff re: skill mix 14/5 (CGG): Pre-assessment almost at full establishment 12/2/18: recruitment to pre-op assessment plus social media recruitment drive January 2018 update:all HCA's now in post	KSO1 KSO2
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 procdures 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	Actions to date PEG service review	**13/8/18**: reviewed at CGG - plan for instalment September 14/5/2018 (CGG): some progress re: discussions between sites - joint (BSUH & QVH)programme board established and CT procurement process underway	KSO1 KSO2 KSO4
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 on a replacement programme every 7 years. The CBCT machine at QVH is showing end of life tendencies, and had significant down-time in Sept 2016. All CBCT services had to be suspended, and patients breaching the 6 week diagnostic target were out-sourced to other hospitals and modalities where possible - plan to replace in the financial year 2017-2018	Abigail Jago	Sheila Black	Patient Safety	12	2		17/7/18: reviewed at CSS meeting - new capital now available for this 14/5 (CGG): procurement process continues 13.12.2017- Cone Bean CT scanner in procurement phase 1 Ultrasound machine in procurement phase Business planning 2018-2019 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	KSO1 KSO2 KSO3
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 * potential for cases to be cancelled	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 6. International recruitment undertaken, appropriate staff moving through required checks. Continue to advertise registered staff positions. 7. Paper agreed at HMT to support current staffing issues in CCU. Vacancy remain high with long term sickness and maternity leave. Must ensure 50:50 split between CCU substantive staff and agency. Staff aware of the action.	Jo Thomas	Nicola Reeves	Patient Safety	16	9	Actions update	**13/8/18**: Dubai recruitment: +/- 45 posts offered: awaiting uptake and detail 16/7/18: Paper to HMT to agree Risk Appetite for agency usage in Critical Care 9/7/18: Update - Practice Educator in Dubai to interview potential staff 12/6/18: necessity for substantive staff to change / cover shifts at short notice resulting in impact upon health & wellbeing. February 2018: social media recruitment drive launched January 2018 update: - Increased Bank rates implemented -'recommend a friend' staff incentive scheme Dec vacancy rate = 6.01wte	KSO1 KSO2

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Actions	Progress/Updates	KSO
1018	13/12/2016	Sleep Unit Staffing Levels and Difficulty Recruiting	Sleep Unit maintain high patient activity, steadily growing each year which requires technical and consultant staff. Sleep is a new and relatively unknown field of medicine which leaves national gap for trained staff - including technical and consultant. In previous year, recruitment of Band 6 Senior staff has been unsuccessful requiring sponsorship of work visa on overseas candidate. We currently have more trainee's than qualified staff making training more of a challenge. Position has been with agencies for 3 months and as yet no suitable candidate available from agency.	- Use of agency and overtime of current staff - 3 x trainees on training program - Reduced service to 4-5 nights a week	Abigail Jago	Karen Schofield	Finance	15	9		20/3/18: Reviewed at Sleep Governance meeting - recruitment underway 23/01/2018: Reviewed at Sleep Governance meeting. 2/8/17: Risk score r/v at Ops meeting & reduced in line with effective controls 20/6/17: r/v at Business Unit meeting; ongoing recruiting difficulties 20/3/17: risk owner e-mailed for update: response = no change.	
968	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 paediatrition 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 sessions per week on site at QVH	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.	13/8/18: sub-group convened and meetings commenced 12/7/18: meeting held with Brighton to progress pathway 12/6 update: Darzi fellow in post (1yr), reviewing paediatric inpatient burns 14/5 update: position paper presented at March HMT - nil new changes	
898	04/11/2015	Ageing specialist Histopathology laboratory equipment	The increasing age of the very specialist laboratory equipment.	-Hand coverslip all slides if the coverslipper breaks -Leica to loan a cryostat to cover the period of time between breakage and purchasing a replacement Items will be included in the capital business planning as required and will also be put on rolling program over the next 3 years. 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.	Abigail Jago	Fiona Lawson	Estates Infrastructure & Environment	12	6	Ensure equipment to be replaced is part of business planning and capital bids for 2016-17	17/7/18: reviewed at CSS meeting - replaced approved for 2018/19 Update 9/1/18: Capital funding application submitted	KSO1 KSO2
877	21/10/2015	Financial sustainability	1) Failure to achieve key financial targets would adversely impact the NHSI "Financial Sustainability Risk rating and breach the Trust's continuity of service licence. 2)Failure to generate surpluses to fund future operational and strategic investment	1) Annual financial and activity plan 2) Standing financial Instructions 3) Contract Management framework 4) Monthly monitoring of financial performance to Board and Finance and Performance committee 5) Performance Management framework including monthly service Performance review meetings 6) Audit Committee reports on internal controls 7) Internal audit plan	Michelle Miles	Jason Mcintyre	Finance	20	16	22/06/2016 Risk reviewed by IHoR need an update regarding current controls and any additional actions. Email sent ro risk owner requesting an update, sent 22nd June 2016 1) Development and implementation of delivery plan to address forecast underformance. Review of performance against delivery plan through PR framework with appropriate escalation policies. 2) Development of multi-year CIP/ transformational programme which complies with best practice guidelines. 3)Development and embedding of integrated business planning framework and pro	05/06/18: Reviewed; updated target risk to reflect BAF 3/10/17: reviewed at senior team meeting = no change 06/12/2016: Reviewed by Senior Management Team. DoF to review further to ensure score accurately reflects current status.	KSO4

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Actions	Progress/Updates	KSO
789	12/03/2015	Failure to meet Trusts Medical Education Strategy	Inability to meet Trusts Medical Education Strategy: limited pool of non-deanery trainees	1. Funding of the non deanery clinical lead 2. Temporary education centre in place 3. Manage non LETB similar to LETB 4. Quality reviews from colleagues received 5. GMC feedback provided 6. Exit interviews undertaken with colleagues 7. Action Plan being developed in response to GMC survey: developed & submitted to HEE & LaSE 8. 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 contolrs added but scores remain unchanged as still a risk to the Trust review in one month	26/6/18: Action plan in place. 2018 GMC results expected July. HEE visit 10th September 2018. Recruitment remains challenging. 22/1/18: Plastics currently fully recruited, OMFS vacancies until April 2018. GMC survey results disappointing; Deanery visit awaited	

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**01 November 2018**		**Agenda reference:**	**173-18**	
Report title:	Quality and Safety Report, November 2018				
Sponsors:	Jo Thomas, Director of Nursing and Quality, Ed Pickles , Medical Director				
Author:	Kelly Stevens, Head of Quality and Compliance				
Appendices:	Nursing metrics Core Surgical Training and Plastic Surgery report				
Executive summary					
Purpose of report:	To provide updated quality information and assurance that the quality of care at QVH is safe, effective, responsive, caring and well led.				
Summary of key issues	The Board's attention should be drawn to the following key areas detailed in the report: • Liverpool Community Health Independent Review, Dr Bill Kirkup, CBE • Learning from Never Events – Comparison and Reflection. • Safe - Infection Outbreak				
Recommendation:	The Board is asked to review and seek assurance that the contents of the report reflect the quality and safety of care provided by QVH				
Action required				**Assurance**	
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*			
Implications					
Board assurance framework:	The Quality and Safety Report contributes directly to the delivery of KSOs 1 and 2; elements of KSO 3 and 5 also impact on this.				
Corporate risk register:	CRR reviewed as part of the report compilation –and the workforce and RTT18 risk impact the most on quality, safety and patient experience.				
Regulation:	The Quality and Safety Report contributes and provides evidence of compliance with the regulated activities in Health and Social Care Act 2008 and the CQC's Essential Standards of Quality and Safety.				
Legal:	As above The Quality and Safety Report uphold the principles and values of The NHS Constitution for England and the communities and people it serves – patients and public – and staff.				
Resources:	The Quality and Safety Report was produced using existing resources.				
Assurance route					
Previously considered by:	Q&GC				
	Date:	18/10/18	Decision:	Approved for presentation to Trust board	
Next steps:	NA				

Executive Summary - Quality and Safety Report, November 2018

Domain	Highlights
Director of Nursing and Quality	The focus within the Trust remains the provision of safe, high quality care and sustained patient experience. The biggest risks to this are the trust workforce recruitment and retention challenges and RTT 52 week breaches. Enhanced scrutiny of key safe care metrics triangulated with workforce and patient experience data continues on a daily and weekly basis. An agreed process for undertaking clinical harm reviews on all patients waiting 52 weeks is in place and is being co-ordinated by the Head of Patient Safety with no moderate harm identified however the Trust does not underestimate the impact of these delays on patients and families. The Trust declared the RTT52 week breaches as a serious incident in August 2018. This is the first serious incident the Trust has declared since October 2017. The trust continues with international and domestic recruitment. On 10 October the Trust undertook a Master Vendor Agency procurement designed to improve the quality and consistency of agency staff used and reduce the financial costs of this. In September 2018, NHS Improvement published Surgical Never Events: Learning from 38 cases occurring in English hospitals between April 2016 and March 2017 12 September 2018. The report, undertaken by the CQC, detailed an evaluation and analysis of the local investigation reports into 38 surgical Never Events and also reviewed the implementation of National Safety Standards for Invasive Procedures (NatSSIPs) which were introduced in 2015. As part of our well led work the Trust has reviewed this report to identify applicable learning and opportunities to enhance current actions and monitoring within the Trust and specifically the Improving quality and effectiveness of five steps to surgical safety action plan. Following the review there are no gaps identified in this action plan but there are several areas where we have used the learning to enhance actions already in place and monitoring of this. Patient experience has been sustained with our highest scores in the last 12 months being recorded in September; 100% of inpatients and 96 % of outpatients who undertook the survey in September would recommend the Trust to friends and family and a decrease in complaints in the last 2 months (from 16 in June and July to 7 in August and September).

Medical Director	The development of collaboration between QVH and BSUH and WSHT continues. The programme board manager for the collaboration between QVH, BSUH and WSHT, Dr Amanda Harrison has commenced. The structure and terms of reference for the programme board and work streams has been developed. The paediatric service specification is nearing completion, and the service specification for orthoplastic and MTC plastic surgery services is awaited from BSUH. The programme board has also been tasked with looking at collaboration in support functions, such as procurement. Health Education England visited the trust on the 10th September 2018. More detail is below, but in it was an overall supportive visit, with excellent feedback being given by our trainees regarding the teaching and training opportunities available at the Trust.

Report by Exception - Key Messages

Domain	Issue raised	Action taken
Liverpool Community Health Independent Review, Dr Bill Kirkup, CBE	The review looks at the widespread failings surrounding community health services based in Liverpool. It shows what can happen if these services are taken for granted, and if warning signs are overlooked because of the distraction of higher-profile NHS services.	Finding from this review were shared with the Executive Team as a reflective practice exercise to consider how failing from the report could also occur at QVH. The reported detailed that a large new NHS Trust was established from scratch with an inexperienced Board and senior staff, and received inadequate scrutiny because it was regarded as low risk, in part due to of the nature of the services provided. The end result was unnecessary harm to patients over a period of several years, and unnecessary stress for staff who were, in some cases, bullied and harassed when they tried to raise concerns about deterioration in patient services.
Safe - Infection Outbreak	The Trust's CCU and Burns Unit closed to all new admission on 23th July due to continued transmission and remained closed until all inpatients had been discharged.	In June 2018 it was noted that there were multiple patients presenting within the Critical Care Unit (CCU) with hospital acquired (HCAI) MRSA. On inspection all the MRSA's had the same antibiogram which indicated that these were the same strain of MRSA and it was there for being passed from one patient to another. Immediate actions were implemented which included sending the samples for typing to Public Health England (PHE) to confirm they were the same strain. Local actions included initiating enhanced screening of patients, applying strict guidance on scrub and personal protective equipment usage (PPE) and enhanced cleaning of all areas. Despite all these actions the MRSA continued to spread with further patients being identified in both CCU and the Burns unit. Further measures were then put in place which included the screening of staff and ultimately the closure of both units to allow for full deep cleaning. Since these actions have been completed there have been no further cases identified. Both units were re-opened on 07/08/2018.

Clinical Harm Reviews 2018/19	The Trust declared the RTT52 week breaches as a serious incident in August 2018. This is the first serious incident the Trust has declared since October 2017.	The Trust's process for undertaking clinical harm reviews has been shared with our commissioners and there is system wide agreement and support for this to be taken forward. This process is coordinated by the Head of Patient Safety and undertaken in collaboration with the Business Unit Clinical Director. Meetings are also attended by the Medical Director and/ or Director of Nursing and Quality. To date there has been no significant harm (moderate or above), but the Trust recognises the impact of the delays on our patients. The Trust is currently surveilling 31 patients through to surgery until a definitive decision can be made about whether harm has occurred.
Harm free care	Harm free care has reduced from 100% (in August 2018) to 93% in September.	The new harm free care rate is more indicative, measuring all hospital acquired harm. The results for Margaret Duncombe Ward have highlighted a training need, which is being addressed with 1:1 staff training and a twice weekly audit. The results of this audit will be shared within the Canadian Wing team and monitoring to ensure sustainability of compliance.
Nursing recruitment	International recruitment of theatre practitioners, critical care and ward nurses.	QVH had offered circa 48 posts to theatre, critical care and surgical ward staff. The first member of staff commences this month however the majority of these recruits will not start in the Trust until next year. Initially these staff will work as Band 4 nursing assistants until completion of clinical skills and competencies. This is estimated to take around 4 months.

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 3 2017/18			Quarter 4			Quarter 1 2018/19			Quarter 2 2018/19			12 month total/ rolling average
			Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	
Infection Control															
MRSA Bacteraemia acquired at QVH post 48 hrs after admission	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
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
Gram negative bloodstream infections (including E.coli)		0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA screening - elective	98%	>95%	97%	98%	96%	97%	97%	98%	98%	98%	98%	97%	98%	97%	97%
MRSA screening - trauma	97%	>95%	96%	96%	96%	97%	96%	98%	97%	95%	97%	96%	94%	95%	96%
Incidents															
Never Events	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Serious Incidents	3	0	0	0	0	0	0	0	0	0	0	0	1	0	2
OOH inductions:															
All patients: Number of patients operated on out of hours 22:00 - 08:00		5	3	4	3	4	2	5	6	5	5	5	5	4	51
Paediatrics under 3 years: : Induction of anaesthetic was between 18:00 and 08:00		0	0	2	0	0	0	0	0	0	0	0	0	1	3
Paediatric transfers out (<18 years)			0	2	0	0	0	0	0	0	0	0	0	0	2
Medication errors															
Total number of incidents involving drug / prescribing errors	191		20	16	16	10	9	13	6	12	7	8	8	7	132
No & Low harm incidents involving drug / prescribing errors	191		20	16	16	10	9	13	6	12	7	8	8	7	134
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		2.4	1.2	0.6	1.1	3	1.2	1.8	0.6	0.6	1.2	1.2	0.6	1.3
Harm free care rate (QVH)	97%	>95%	100%	97%	100%	100%	97%	96%	98%	100%	97%	98%	100%	93%	98.0%
Harm free care rate (NATIONAL benchmark) - one month delay	94%	>95%	94.3%	94.2%	94.4%	94.2%	94.2%	94.0%	93.9%	94.0%	94.1%	94.1%	93.9%		
Pressure Ulcers															
Hospital acquired - category 2 or above	11	15	0	0	1	0	0	0	1	1	0	2	0	0	5
VTE initial assessment (Safety Thermometer)	98%	>95%	100%	100%	94.7%	95.1%	97.3%	96.4%	100.0%	97.4%	97.1%	88.1%	100.0%	100.0%	97.2%
Patient Falls															
Patient Falls assessment completed within 24 hrs of admission	94%	>95%	100%	97%	87%	98%	92%	96%	95%	100%	100%	95%	98%	100%	96.08%
Patient Falls resulting in no or low harm (inpatients)	40		2	8	4	7	8	2	3	3	4	2	3	3	49
Patient Falls resulting in moderate or severe harm or death (inpatients)	0		0	0	0	0	0	0	0	1	0	0	0	0	1
Patient falls per 1000 bed days			2.13	6.9	3.92	6.29	7.46	1.87	2.61	2.5	3.64	1.79	2.89	2.85	3.74

Safe - Learning from Never Events – Comparison and Reflection.

Background

In September 2018, NHS Improvement published *Surgical Never Events: Learning from 38 cases occurring in English hospitals between April 2016 and March 2017 12 September 2018*.

The main contributory factors identified in the Never Event investigations were set out in this report together with a summary of the different actions taken by organisations to prevent recurrence. Analysis showed that some challenges remain to the prevention of reoccurrence, including:

- How to create a receptive team culture during interventional procedures: one where questioning related to safety is welcomed, advice listened to and acted on, and all staff are encouraged to speak up when they have concerns
- Reducing the risks and enhancing awareness of safety in situations where team members are unfamiliar with each other or with the environment, equipment or procedure
- Developing the use of safety checks, so that they are done because all those participating realise their importance, not because they have been mandated.

Initial actions and assurances

QVH reviewed the report and looked at those factors identified as contributing to the occurrence of Never Events.

The last QVH Never Event was in October 2017 and a large, detailed programme of work has been undertaken to reduce the possibility of future occurrence.

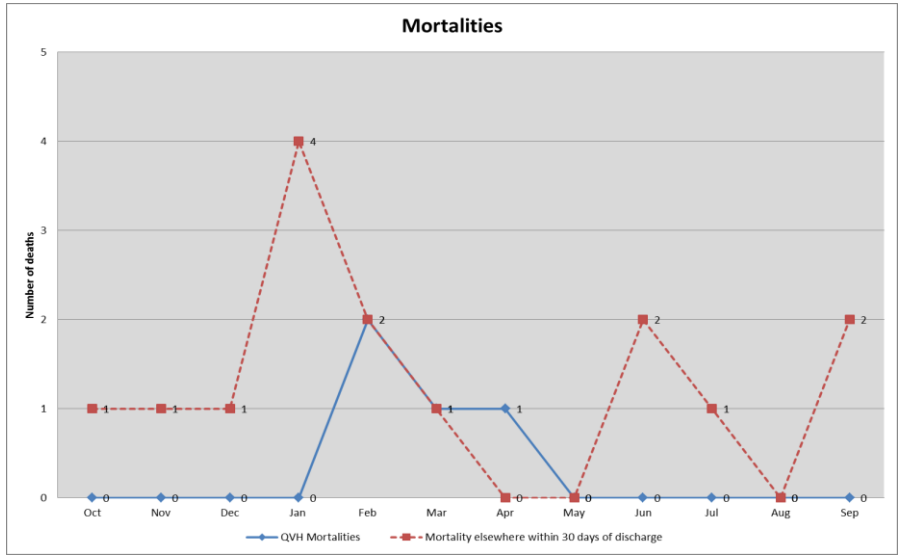
In light of the work undertaken, and the publication of the NHSI report, QVH's peri-operative theatres team looked at each contributory factor detailed in the report and compared it to current practice to help identify actions and further improvements to be taken forward – findings of this review can be found in table one. In addition, the team also looked at the CQC's findings from another NHS trust which was rated 'outstanding' during their inspection and undertook a gap analysis of learning (table 2) to further identify areas requiring remedy.

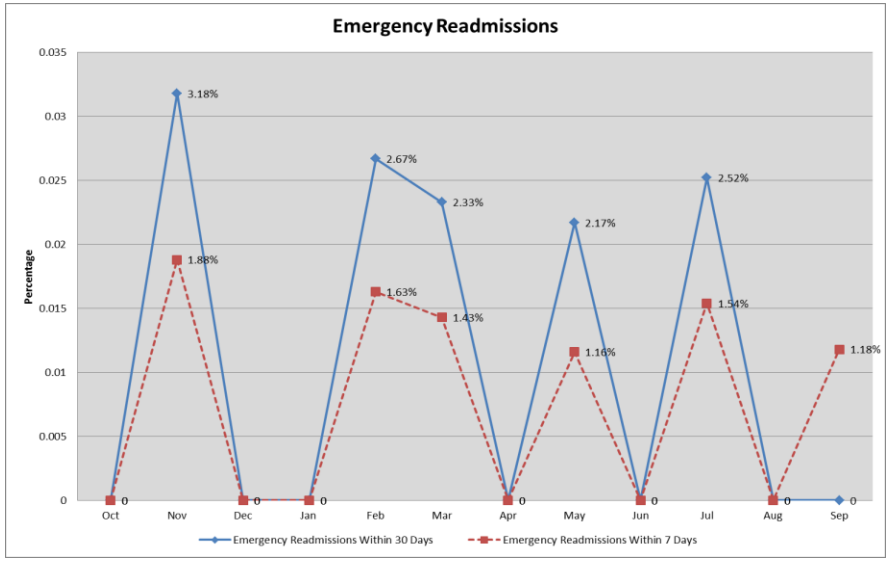
Further relevant actions will be incorporated and monitored into the *Improving quality & effectiveness of Five Steps to Surgical Safety* action plan and taken forward for monitoring. Once the action plan is completed it will be presented to the Clinical Governance Group for sign off.

Further actions

Review of the reports did not highlight any new critical actions in relation to Never Events which were not already included on the Trust's *Improving quality & effectiveness of Five Steps to Surgical Safety action plan.*

Effective - Performance Indicators

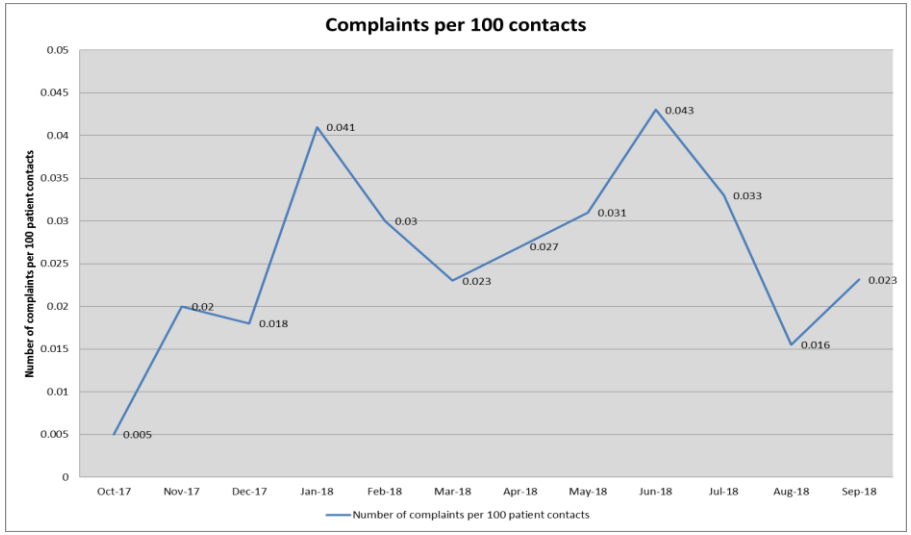


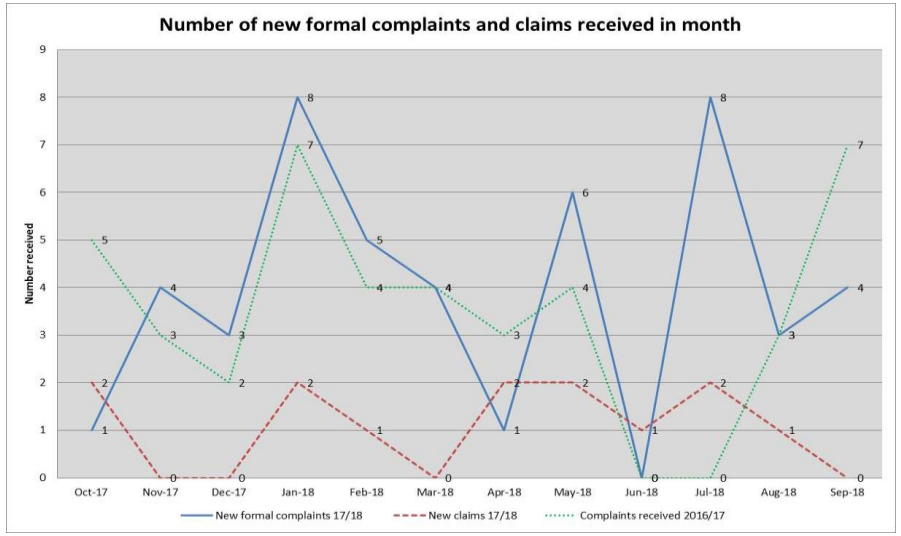


		Quarter 1 2018/19			Quarter 2		
	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Number of QVH patient deaths	2	1	1	0	0	0	0	0
Number of off-site deaths (within 30 days)	1	1	0	0	1	0	0	2
Preliminary review completed	3	2	1	0	0	0	0	0
Structured judgement review	2	1	1	0	0	0	0	1 in progress
Number of patients with a learning disability	0	0	0	0	0	0	0	0

Learning from deaths	All off site deaths are subject to preliminary review, and all deaths on-site, or where a concern has been raised, are subject to structured judgement review. The opinions of families and general practitioners are sought to check for concerns. The most recent QVH death is the subject of an root cause analysis, which will report to the Clinical Governance Group in November 2018. An annual report of 'Learning from Deaths' will be presented to the Quality and Governance Committee and the Joint Hospital Governance Meeting.

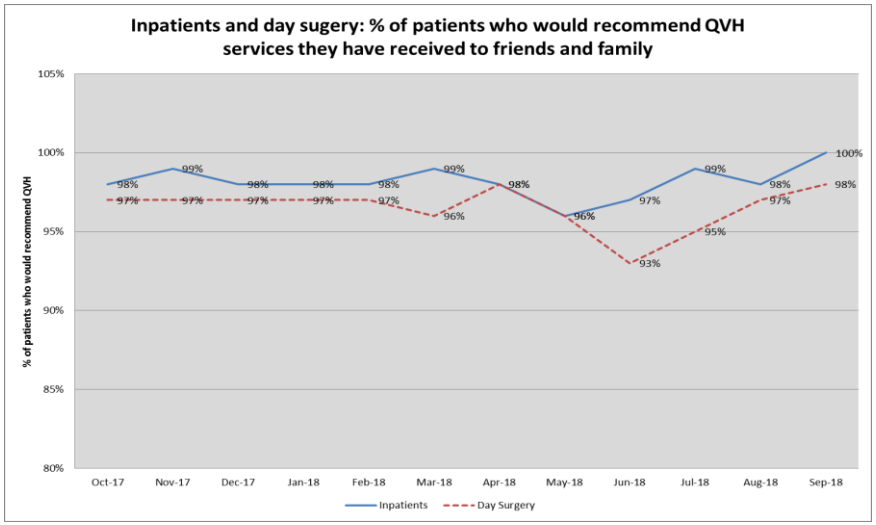
Caring - Current Compliance - Complaints and Claims

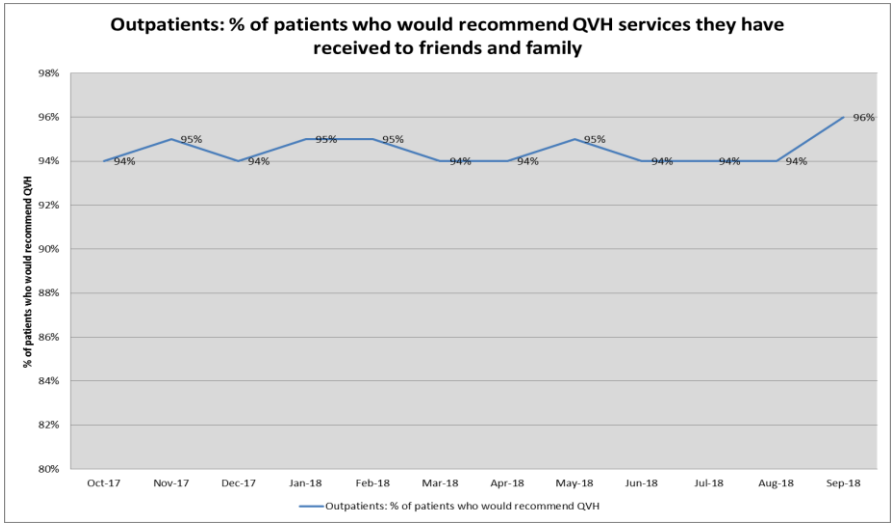


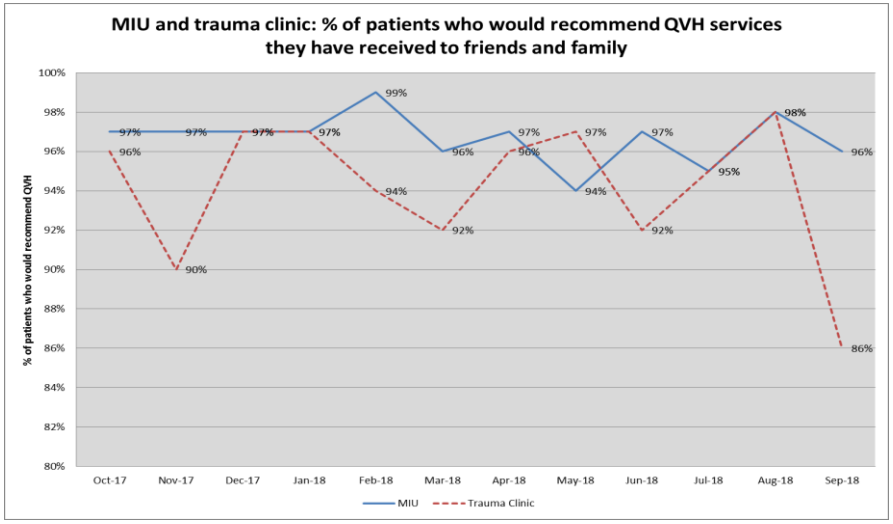


	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Contacts (IP+OP+MIU, all sites)	20142	20402	16412	19319	16797	17670	18283	19641	19299	18080	19324	17128
Complaints	1	4	3	8	5	4	1	6	8	8	3	4
Complaints per 100 contacts	0.005	0.02	0.018	0.041	0.03	0.023	0.027	0.031	0.043	0.033	0.016	0.023
Number of complaints referred to the Ombudsman for 2nd stage review	0	0	0	0	0	0	1	0	0	0	1	0
Number of complaints re-opened	0	0	0	0	0	0	1	0	0	1	0	0

Caring - Current Compliance - FFT







Nursing Workforce - Current Compliance

Domain	Compliance	Actions
Ross Tilley	During August and September there were 9/122 occasions where staffing numbers did not meet planned levels (6/122 in June and July). All escalated to site practitioner as per trust protocol.	Staffing according to bed occupancy and acuity with additional staff deployed on high acuity days and resources redeployed from other areas. Below template shift dates have been triangulated with Datix safety incidents, ward FFT scores and complaints information. No falls , pressure ulcers or nursing medication errors occurred on these shifts.
Margaret Duncombe	During August and September there were 8/122 occasions where staffing numbers did not meet planned levels (1/122 in June and July). All escalated to the site practitioner as per trust protocol.	Staffing according to bed occupancy and acuity with additional staff deployed on high acuity days and resources redeployed from other areas. Below template shift dates have been triangulated with Datix safety incidents, ward FFT scores and complaints information. No falls, pressure ulcers or nursing medication errors occurred on these shifts.
Burns	During August and September there were 5/122 occasions where staffing numbers did not meet planned levels 8/122 in June and July). All escalated to site practitioner as per trust protocol.	Staffing according to bed occupancy and acuity resources redeployed to and from other areas where template was below planned and additional staff required. Below template shift dates have been triangulated with Datix safety incidents, ward FFT scores and complaints information. No falls , pressure ulcers or nursing medication errors occurred on these shifts.
Peanut	During August and September there was 1/122 occasion where staffing numbers did not meet planned levels(4/122 in June and July). All escalated to site practitioner as per trust protocol.	Staffing according to bed occupancy and acuity. Below template shift has been triangulated with Datix safety incidents, ward FFT scores and complaints information., no harms or related complaints to this date.

Critical Care (ITU)	During August and September there were 3/122 occasions where staffing numbers did not meet planned levels 3/122 in June and July). All were escalated to site practitioner as per trust protocol. All escalated to the site practitioner as per trust protocol.	Staffing according to bed occupancy and acuity resources redeployed to and 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. No falls, pressure ulcers or nursing medication errors occurred on these shifts. There continues to be daily review of the number of critical care beds open decision is made by the multidisciplinary team at the morning hospital handover meeting. This continues to be monitored throughout the day by the site and senior nursing teams.
Site Practitioner Team	During August and September there were 35/122 occasions where staffing numbers did not meet planned levels (40/122 in June and July). Sickness and supernumery status accounting for the majority of these reduced cover shifts.	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 of the shift.

Data extracted from the workforce score card in appendix 1

Medical Workforce - Performance Indicators

Metrics	2017/18 total / average	Target	Quarter 3 2017/18			Quarter 4			Quarter 1 2018/19			Quarter 2			Year to date actual/ average
			Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sep	
Medical Workforce															
Turnover rate in month, excluding trainees	13.98% 12Mth rolling	<1%	0.98%	2.04%	1.01%	1.01%	0.00%	0.00%	85.00%	0.95%	0%	1.31%	1.60%	2.42%	9.50%
Turnover in month including trainees 9%	51% 12Mth rolling		5.32%	2.17%	2.15%	0.73%	10.21%	0.00%	6.09%	2.12%	0.71%	10.76%	3.15%	2.10%	3.40%
Management cases monthly		**0**	0	0	0	1	0	0	1	1	3	3	1	1	11
Sickness rate monthly on total medical/dental headcount	2.77%		0.73%	1.27%	0.75%	0.61%	0.46%	1.29%	1.03%	0.55%	0.88%	0.86%	2.05%	Available Nov 18	0.97%
Appraisal rate monthly (exclude deanery trainees)	88.80% Mar 17		82.39%	90.63%	86.00%	86.30%	81.76%	75.56%	82.35%	83.60%	90.38%	87.90	82.83%	79.38%	83.08%
Mandatory training monthly		**95%**	85%	84%	84%	84%	85%	82%	85%	84%	83%	84%	81%	77%	83%
Exception Reporting – Education and Training			0	0	0	0	0	0	1	0	0	0	0	0	1
Exception Reporting – Hours			0	0	0	0	5	0	0	0	0	1	0	0	6

Medical & Dental Staffing

There are currently 103 doctors for whom the QVH is their designated body. The completed appraisal rate for 2017/18 was 83.6%. All doctors are revalidated with a licence to practice. 4 positive recommendations for revalidation have been submitted in the previous two months. There is currently 1 deferral (insufficient information), but with full engagement from the doctor.
Appraisal update training has been delivered to appraisees and appraisers. We are in the process in reviewing appraisal dates to help end of year compliance.

The GMC presented to the trust at the Joint Hospital Governance meeting in September, discussing the Bawa-Garba case, its implications for registration regulations, and the GMC guidance on reflection in appraisal.

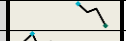
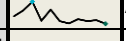
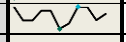
Education

Health Education England (Kent Surrey Sussex) and London, visited the trust on the 10th September 2018 to appraise the training for Deanery appointed trainees in the Higher Plastic Surgery and Core Surgical Training Schemes. Their initial report is appended to the Quality and Safety Board Report. No serious concerns were raised, and the high quality teaching and training opportunities, within a supportive environment were praised. All trainees recommended the QVH as a training post. There were several suggestions for improvements, from which an action plan will be monitored through the LFGs and the Local Academic Board.

NURSING METRICS - 12 MONTH ROLLING
BURNS WARD

Contact Gavin Ferrigan on ext. 4556 for any formatting queries

No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18 Nov	Quarter 3 2017/18 Dec	Quarter 4 2017/18 Jan	Quarter 4 2017/18 Feb	Quarter 4 2017/18 Mar	Quarter 1 2018/19 Apr	Quarter 1 2018/19 May	Quarter 1 2018/19 June	Quarter 2 2018/19 July	Quarter 2 2018/19 Aug	Quarter 2 2018/19 Sept	Quarter 3 2018/19 Oct	Year to Date Actual	Trend	Comments
SAFE																			
1	**Incidents**	Total reported - All incidents	139	_	14	9	7	19	8	11	8	12	17	6	8		119		
2		Total reported - Patient safety	45	_	5	3	3	8	2	7	2	7	4	2	4		47		
3		Internal investigation (Amber or Red)	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
4		Serious incidents and Never Events	1	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	**Falls**	Falls - All	12	0	0	1	1	5	1	1	0	1	0	1	0		11		Matron and Deputy Matron providing teaching and training to staff. HoN to continue to monitor Safety Thermometer audit on amonthly basis
6		Falls - With harm	1	0	0	0	0	0	0	0	0	1	0	0	0		1		
7	**Pressure Damage**	G2 or above (hospital acquired)	1	0	0	0	0	0	0	0	0	0	0	0	0		0		
8	**Inoculation Injury**	Reported incidents	1	0	0	0	0	0	0	0	0	0	0	0	1		1		
9	**MRSA Screening**	Elective patients	99.5%	95%	100%	100%	100%	100%	94%	93%	100%	94%	100%	100%	100%		98%		
10		Trauma patients	99.3%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
11		Reported cases	0	0	0	0	0	0	0	0	1	0	0	0	0		1		
12	**C Difficile**	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
13	**Hand Hygiene**	Hand hygiene	94%	95%	73%	N/S	100%	90%	N/S	100%	100%	100%	N/S	80%	100%		93%		HoN to continue to monitor complinace to ensure this is sustained
14		Bare below the elbows	100%	95%	100%	N/S	100%	100%	N/S	100%	100%	100%	N/S	100%	100%		100%		
15	**Drug Assessments**	% staff compliant	97%	100%	100%	100%	100%	100%	100%	85%	87%	100%	100%	93%	100%		97%		Compliance improved.
16	**Medication Audit**	Missed dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
17		Omitted dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
18		Total doses			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
19	**Medication Errors**	Reported errors	9	0	2	0	0	0	0	1	0	1	0	0	1		5		review in progress
20	**Safety Thermometer**	Harm Free Care %	98.3%	95%	100%	100%	100%	100%	100%	86%	100%	83%	100%	100%	100%	100%	97%		
21		New Harm Free %	100%	95%	100%	100%	100%	100%	100%	100%	100%	83%	100%	100%	100%	100%	99%		
22	**VTE** (Venous thromboembolism)	Assessment of patients (S. Therm)	99%	95%	100%	100%	100%	86%	100%	100%	100%	100%	50%	100%	100%	100%	95%		
23		24 hour follow up (S. Therm)	95.5%	95%	100%	100%	67%	83%	100%	100%	100%	100%	25%	100%	100%	0%	81%		October - only one patient applicable and 24hr reassessment not completed.
24		Monthly screening % (Informatics)	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
25	**Shift meets requirement** Day %	RN	96.7%	95%	93%	97%	91%	96%	98%	98%	97%	96%	97%	96%	97%		96%		
26		HCA	96.6%	95%	95%	84%	98%	100%	100%	100%	100%	64%	97%	93%	97%		93%		Staff skill mix in conjunction with patient acuity - current vacancies, bank filled where possible
27	**Shift meets requirement** Night %	RN	95.7%	95%	90%	98%	82%	97%	102%	95%	98%	100%	97%	97%	97%		96%		
28		HCA	106.3%	95%	100%	100%	100%	175%	100%	100%	163%	100%	100%	100%	100%		113%		
EFFECTIVE																			
29	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	100%	95%	100%	100%	100%	100%	100%	100%	83%	100%	100%	100%	100%	100%	99%		
30		7 day review (Safety Thermometer)	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
31	**Compliance in Practice** (CiP)	Inspection score		80%	Reported 1/4ly		Reported 1/4ly			92.1%			Reported 1/4ly			ported 1	92%		
CARING																			
32	**Friends & Family Test**	Patient numbers (eligible to respond)	652	_	52	64	62	62	56	69	65	74	52	16	17		589		
33		% return rate	45%	40%	31%	38%	16%	42%	21%	6%	31%	7%	31%	100%	100%		38%		Data collection increased greatly, situation noted to Matron and team, recording of this inaccurate Nicolle Ferguson aware.
34		% recommendation (v likely/likely)	98.3%	90%	100%	100%	96%	100%	92%	100%	85%	100%	100%	100%	100%		98%		
35		% unlikely/extremely unlikely	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		0%		

RESPONSIVE																			
36	**Complaints**	No. recorded	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
WELL-LED																			
37	**Vacancy** Establishment=	Full Team WTE															#DIV/0!		Total establishment for ward = 30.72 WTE
38		Vacancy WTE	6.43	10%	1.91	2.51	6.12	5.43	6.03	7.05	6.72	6.72	6.48	7.77	7.51		5.8		
39		Vacancy (hrs)	1044.88	10%	310	407	994.5	882	979	1145	1092	1092	1053	1263	1220		948.86		
40	**Temporary Staffing** excluding RMN	Agency Use	99.1	10%	46	11.5	69	161	384	226	425	107.5	266.25	280	345		211.02		
41		Bank Use	360.1	10%	249	200	279	444	384.5	233	349	418	587.75	343.8	274.5		342.05		
42	**Sickness**	Hours										103.5	79.25	90	41.5		78.563		
43		%	3.1%	2%	2.9%	4.3%	6.6%	1.7%	4.6%	1.6%	1.0%	2.1%	1.6%	1.9%	0.9%		2.7%		All sickness managed via policy currently
44	**Maternity**	Hours															#DIV/0!		
45	**Budget Position**	YTD Position		>0	55353	70673	85983	166689	249483	41143	62409	-39429	-44803	-40236	-10887		596378		
46	**Statutory & Mandatory**	Mandatory training	89.6%	95%	82%	93%	93%	91%	89%	91%	89%	89%	91%	92%	93%		90%		Compliance improving, work continues to address
47		Appraisal	87.1%	95%	92%	84%	84%	90%	90%	79%	82%	93%	92%	84%	88%		87%		
48	**Uniform Audit**	Compliance with uniform policy %		95%													#DIV/0!		

NURSING METRICS - 12 MONTH ROLLING

CORNEOPLASTIC OPD

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No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18		Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19	Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct			
SAFE																			
1	**Incidents**	Total reported - All incidents	86	_	6	6	11	5	11	6	8	3	11	6	7		80		
2		Total reported - Patient safety	29	_	4	3	4	2	4	5	2	0	7	1	3		35		
3		Internal investigation (Amber or Red)	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	**Falls**	Falls - All	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
6		Falls - With harm	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
7	**Pressure Damage**	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
8	**Inoculation Injury**	Reported incidents	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
9	**MRSA**	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
10	**C Difficile**	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
11	**Hand Hygiene**	Hand hygiene	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	93%	100%	100%		99%		
12		Bare below the elbows	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
13	**Medication Audit**	Missed dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
14		Omitted dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
15		Total doses			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
16	**Medication Errors**	Reported errors	18	0	1	3	1	1	2	4	2	0	4	0	1		19		This relates to doctors prescribing
EFFECTIVE																			
17	**Compliance in Practice** (CiP)	Inspection score		80%	80.1%		Reported 1/4ly			90.7%			Reported 1/4ly			ported 1	91%		
CARING																			
18	**Friends & Family Test**	Patient numbers (eligible to respond)		_	1663	1667	2081	1633	1819	2007	2165	2020	2288	2044	1846		21233		
19		% return rate	22.8%	20%	24%	26%	23%	22%	20%	21%	21%	20%	24%	21%	20%		22%		Unit to raise awareness to patients to increase response rate
20		% recommendation (v likely/likely)	94.7%	90%	96%	93%	94%	95%	94%	92%	93%	93%	91%	92%	95%		93%		
21		% unlikely/extremely unlikely	1.3%	0%	1%	2%	2%	0%	2%	3%	2%	2%	4%	3%	1%		2%		

RESPONSIVE																			
22	**Complaints**	No. recorded	4	0	1	0	0	0	1	0	1	1	2	0	0		6		
WELL-LED																			
23	**Vacancy** Establishment=	Full Team WTE															#DIV/0!		
24		Vacancy WTE		10%				1.91	1.91	3.11	2.8	2.48	2.48	2.48	2.24		2.4		Nursing establishment = 20.12 WTE
25		Vacancy (hrs)		10%				310.4	310.4	505.4	455	403	403	403	364		394.28		
26	**Temporary Staffing** excluding RMN	Agency Use		10%				0	0	0	0	0	0	0	0		0		
27		Bank Use		10%				407.4	206.5	125.5	173.5	170.5	168	168.5	226		205.74		
28	**Sickness**	Hours						27.5	30	0	17	47.5	0	96.5	10		28.563		
29		%		2%				0.5%	0.9%	0.0%	0.8%	1.5%	0.0%	3.1%	0.3%		0.9%		
30	**Maternity**	Hours						0	0	0	0	0	0	0	0		0		
31	**Budget Position**	YTD Position		>0				92109	117732	19631	34880	49650	65400	76928	93558		549888		
32	**Statutory & Mandatory**	Mandatory training		95%				97%	97%	96%	94%	92%	91%	94.6%	94%		94%		Improving picture, Matron continues to work with staff to increase compliance
33		Appraisal		95%				95%	95%	100%	95%	90%	95%	100%	95%		96%		Great improvement noted.
34	**Uniform Audit**	Compliance with uniform policy %		95%													#DIV/0!		

NURSING METRICS - 12 MONTH ROLLING

CRITICAL CARE UNIT

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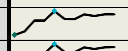
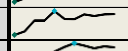
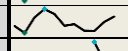
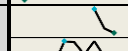
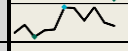
No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18		Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19	Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct			
SAFE																			
1	**Incidents**	Total reported - All incidents	147	_	12	14	16	13	9	16	11	16	8	18	25		158		
2		Total reported - Patient safety	100	_	6	8	11	8	5	10	6	11	8	17	23		113		
3		Internal investigation (Amber or Red)	4	0	0	0	0	0	0	1	0	0	0	0	0		1		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	**Falls**	Falls - All	2	0	0	0	0	0	0	1	0	1	0	0	1		3		review completed
6		Falls - With harm	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
7	**Pressure Damage**	G2 or above (hospital acquired)	4	0	0	1	0	0	0	0	1	0	0	0	0		2		
8	**Inoculation Injury**	Reported incidents	0	0	0	0	0	0	0	0	0	0	0	0	1		1		
9	**MRSA Screening**	Elective patients	100%	95%	100%	n/a	100%	100%	n/a	100%	100%	n/a	n/a	n/a	100%		100%		
10		Trauma patients	89.1%	95%	100%	100%	0%	80%	100%	n/a	100%	100%	100%	100%	100%		88%		
11		Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
12	**C Difficile**	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
13	**Hand Hygiene**	Hand hygiene	90.4%	95%	100%	100%	90%	78%	90%	100%	100%	90%	93%	100%	N/S		94%		
14		Bare below the elbows	98.8%	95%	100%	100%	100%	100%	90%	100%	100%	100%	93%	100%	N/S		98%		
15	**Drug Assessments**	% staff compliant	95.9%	100%	88%	88%	94%	100%	100%	100%	100%	88%	93%	100%	93%		95%		Mtron working with staff to ensure compliance improves.
16	**Medication Audit**	Missed dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
17		Omitted dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
18		Total doses			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
19	**Medication Errors**	Reported errors	4	0	0	1	1	0	0	0	2	0	0	0	1		5		review in progress
20	**Safety Thermometer**	Harm Free Care %	92.5%	95%	100%	100%	100%	67%	50%	100%	100%	100%	100%	100%	100%	100%	93%		
21		New Harm Free %	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
22	**VTE** (Venous thromboembolism)	Assessment of patients (S. Therm)	95.5%	95%	100%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%		
23		24 hour follow up (S. Therm)	80%	95%	100%	100%	100%	100%	0%	33%	0%	100%	100%	100%	100%	100%	78%		
24		Monthly screening % (Informatics)	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
25	**Shift meets requirement** Day %	RN	96.8%	95%	96%	92%	100%	98%	96%	90%	96%	99%	90%	99%	98%		96%		
26		HCA	96.1%	95%	97%	93%	92%	95%	104%	94%	118%	91%	96%	100%	96%		98%		
27	**Shift meets requirement** Night %	RN	88.5%	95%	94%	81%	94%	90%	91%	89%	99%	96%	88%	95%	88%		91%		
28		HCA	90.0%	95%	65%	53%	71%	86%	80%	400%	113%	50%	50%	100%	100%		106%		HCAs booked to reflect patient acuity
EFFECTIVE																			
29	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	90.9%	95%	100%	100%	100%	100%	50%	67%	100%	100%	100%	100%	100%	100%	93%		
30		7 day review (Safety Thermometer)	89.3%	95%	75%	n/a	50%	n/a	100%	100%	n/a	0%	n/a	n/a	n/a	n/a	65%		
31	**Compliance in Practice** (CiP)	Inspection score		80%	Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	#DIV/0!		
CARING																			

RESPONSIVE																			
32	**Complaints**	No. recorded	2	0	0	0	0	1	1	0	0	0	0	0	0		2		
WELL-LED																			
33	**Vacancy** Establishment=	Full Team WTE															#DIV/0!		
34		Vacancy WTE	9.32	10%	5.01	6.01	9.16	9.16	11.97	9.66	9.59	11.01	10.48	10.98	11.02		9.5		Ward Establishment = 29.37 WTE
35		Vacancy (hrs)	1514.2	10%	814	976	1488	1488	1945	1570	1558	1789	1703	1784	1791		1536.9		
36	**Temporary Staffing** excluding RMN	Agency Use	595.5	10%	827.5	482	689	641	846	950	1035	976.5	918	965	940.5		842.77		
37		Bank Use	222.9	10%	223	149	316	410	353.5	226	246	172	171	271	327.5		260.45		
38	**Sickness**	Hours											360.5	221	187.5		256.33		
39		%	1.9%	2%	2.5%	4.1%	1.7%	3.0%	3.2%	7.7%	7.5%	5.0%	7.7%	4.6%	3.9%		4.6%		Long term sickness staff, being managed within policy, alongside the short term sickness.
40	**Maternity**	Hours															#DIV/0!		
41	**Budget Position**	YTD Position		>0	11190	25981	93023	93265	69733	-91455	-30308	-33259	-108905	51653	56696		137614		
42	**Statutory & Mandatory**	Mandatory training	88%	95%	88%	90%	90%	90%	87%	85%	86%	86%	87%	86%	88%		87%		Difficulty in staff attendance due to vacancies, long term sick and mat leave. Matron working closely with HoN to address.
43		Appraisal	90.8%	95%	91%	91%	91%	86%	72%	68%	77%	81%	90%	85%	84%		83%		Compliance improving HoN working with team to complete outstanding appraisals
44	**Uniform Audit**	Compliance with uniform policy %		95%													#DIV/0!		

NURSING METRICS - 12 MONTH ROLLING

MAIN OUTPATIENTS

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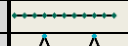
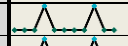
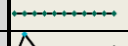
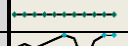
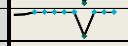
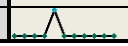
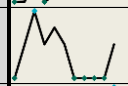
No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18		Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19	Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct			
SAFE																			
1	**Incidents**	Total reported - All incidents	134	_	8	10	12	24	16	11	7	14	12	16	12		142		
2		Total reported - Patient safety	28	_	5	1	2	4	3	2	2	1	3	4	2		29		
3		Internal investigation (Amber or Red)	1	0	0	0	0	0	0	0	0	0	0	0	0		0		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	**Falls**	Falls - All	1	0	0	0	0	1	0	0	0	0	1	0	0		2		
6		Falls - With harm	1	0	0	0	0	1	0	0	0	0	1	0	0		2		
7	**Pressure Damage**	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
8	**Inoculation Injury**	Reported incidents	3	0	0	2	1	0	0	0	0	0	0	0	1		4		
9	**MRSA**	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
10	**C Difficile**	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
11	**Hand Hygiene**	Hand hygiene	84.8%	95%	56%	70%	56%	70%	86%	100%	89%	N/S	80%	100%	100%		81%		Significant improvement, requires sustaining moving forward.
12		Bare below the elbows	96.3%	95%	89%	90%	100%	100%	100%	100%	100%	N/S	100%	100%	100%		98%		
13	**Medication Audit**	Missed dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
14		Omitted dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
15		Total doses			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
16	**Medication Errors**	Reported errors	1	0	0	0	0	0	1	0	0	0	0	0	0		1		
EFFECTIVE																			
17	**Compliance in Practice** (CiP)	Inspection score		80%	82.1%		89.1%			90.3%			Reported 1/4ly			ported 1	90%		
CARING																			
18	**Friends & Family Test**	Patient numbers (eligible to respond)		_	11446	11458	13356	11446	11984	12479	12729	12866	12975	12813	11732		135284		
19		% return rate	16.3%	20%	16%	17%	18%	17%	18%	17%	16%	16%	16%	16%	17%		17%		Matron working closely with staff to increase compliance and response rate as remains static. Often challenging when patients return several times within pathway.
20		% recommendation (v likely/likely)	94.4%	90%	95%	94%	95%	95%	94%	94%	95%	94%	94%	94%	96%		95%		
21		% unlikely/extremely unlikely	2.3%	0%	2%	3%	2%	2%	3%	2%	2%	2%	2%	3%	2%		2%		

RESPONSIVE																			
22	**Complaints**	No. recorded	4	0	0	0	1	1	0	0	0	1	0	1	0		4		
WELL-LED																			
23	**Vacancy** Establishment=	Full Team WTE															#DIV/0!		
24		Vacancy WTE		10%					1.26	1.22	1.18	1.18	1.81	1.82	1.76		1.5		Establishment = 15.50 WTE
25		Vacancy (hrs)		10%					204.75	198.25	191.7	191.7	294.12	295.7	286		237.46		
26	**Temporary Staffing** excluding RMN	Agency Use		10%					0	0	0	0	0	0	0		0		
27		Bank Use		10%					304.5	231.25	310.5	321.75	192.75	287.7	276		274.92		
28	**Sickness**	Hours										139	48	32	0		54.75		
29		%		2%					5.3%	5.7%	8.9%	5.5%	1.9%	1.3%	0.0%		4.1%		Sickness continues to improve within this area
30	**Maternity**	Hours							0	0	0	0	0	0	0		0		
31	**Budget Position**	YTD Position		>0					117894	-7780	-6392	-12043	-8463	-11769	-12216		59231		
32	**Statutory & Mandatory**	Mandatory training		95%					90%	91%	90%	94%	97%	98%	92%		93%		Matron working with team to enhance complinace
33		Appraisal		95%					85%	90%	90%	80%	89%	94%	95%		89%		Improvement in month noted further increase expected in next month
34	**Uniform Audit**	Compliance with uniform policy %		95%													#DIV/0!		

NURSING METRICS - 12 MONTH ROLLING
MARGARET DUNCOMBE

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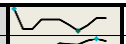
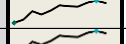
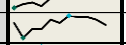
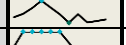
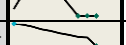
No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18 Nov	Quarter 3 2017/18 Dec	Quarter 4 2017/18 Jan	Quarter 4 2017/18 Feb	Quarter 4 2017/18 Mar	Quarter 1 2018/19 Apr	Quarter 1 2018/19 May	Quarter 1 2018/19 June	Quarter 2 2018/19 July	Quarter 2 2018/19 Aug	Quarter 2 2018/19 Sept	Quarter 3 2018/19 Oct	Year to Date Actual	Trend	Comments
SAFE																			
1	**Incidents**	Total reported - All incidents	180	_	18	18	17	15	12	14	13	8	13	14	9		151		
2		Total reported - Patient safety	118	_	11	9	12	12	7	9	11	4	9	10	6		100		
3		Internal investigation (Amber or Red)	0	0	0	0	0	0	0	0	1	0	2	0	0		3		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	**Falls**	Falls - All	14	0	1	2	2	1	1	0	2	0	2	2	0		13		
6		Falls - With harm	4	0	0	0	0	1	0	0	1	0	0	1	0		3		
7	**Pressure Damage**	G2 or above (hospital acquired)	1	0	0	0	0	0	0	0	0	0	2	0	0		2		
8	**Inoculation Injury**	Reported incidents	0	0	0	0	0	0	0	0	0	0	0	1	0		1		
9	**MRSA Screening**	Elective patients	97.4%	95%	94%	91%	100%	100%	97%	100%	98%	98%	98%	100%	91%		97%		Twice weekly audits are now be completed of patient notes to identify individuals who are not completing required paperwork.
10		Trauma patients	95.4%	95%	93%	92%	93%	97%	100%	94%	93%	96%	100%	94.8%	97%		95%		Twice weekly audits are now be completed of patient notes to identify individuals who are not completing required paperwork.
11		Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
12	**C Difficile**	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
13	**Hand Hygiene**	Hand hygiene	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/S	100%		100%		
14		Bare below the elbows	94.7%	95%	100%	93%	100%	60%	100%	100%	80%	100%	100%	N/S	100%		93%		
15	**Drug Assessments**	% staff compliant	99.7%	100%	100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%		100%		
16	**Medication Audit**	Missed dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
17		Omitted dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
18		Total doses			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
19	**Medication Errors**	Reported errors	34	0	6	1	2	2	1	3	4	2	0	4	2		27		under review
20	**Safety Thermometer**	Harm Free Care %	99.4%	95%	100%	100%	100%	100%	100%	100%	100%	100%	93%	100%	85%	100%	98%		
21		New Harm Free %	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	93%	100%	92%	100%	99%		
22	**VTE** (Venous thromboembolism)	Assessment of patients (S. Therm)	99.1%	95%	100%	100%	100%	100%	89%	100%	92%	100%	87%	100%	100%	100%	97%		
23		24 hour follow up (S. Therm)	89.3%	95%	89%	92%	54%	67%	80%	73%	42%	20%	82%	57%	89%	73%	68%		Twice weekly audits are now be completed of patient notes to identify individuals who are not completing required paperwork.
24		Monthly screening % (Informatics)	97.4%	95%	96%	96%	99%	98%	86%	99%	96%	99%	99%	97%	97%		97%		
25	**Shift meets requirement** Day %	RN	97.3%	95%	98%	95%	98%	97%	90%	96%	98%	99%	99%	98%	97%		97%		
26		HCA	99.5%	95%	102%	100%	104%	93%	107%	100%	102%	104%	98%	102%	100%		101%		
27	**Shift meets requirement** Night %	RN	94.8%	95%	98%	88%	95%	97%	94%	101%	100%	96%	96%	98%	97%		96%		
28		HCA	86.4%	95%	77%	88%	91%	88%	85%	94%	103%	86%	82%	100%	88%		89%		
EFFECTIVE																			
29	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	100%	95%	100%	100%	100%	100%	100%	100%	100%	92%	80%	100%	100%	93%	97%		
30		7 day review (Safety Thermometer)	70.8%	95%	0%	67%	50%	100%	0%	100%	100%	100%	80%	33%	100%	100%	69%		Twice weekly audits are now be completed of patient notes to identify individuals who are not completing required paperwork.
31	**Compliance in Practice** (CiP)	Inspection score		80%	87.4%		86.8%			Reported 1/4ly			Reported 1/4ly			ported 1	87%		
CARING																			
32	**Friends & Family Test**	Patient numbers (eligible to respond)	1737	_	146	122	129	133	109	144	124	125	128	131	111		1402		
33		% return rate	60.8%	40%	31%	77%	78%	63%	76%	63%	71%	55%	58%	57%	60%		63%		
34		% recommendation (v likely/likely)	98.1%	90%	100%	95%	99%	96%	99%	100%	99%	99%	100%	97%	100%		99%		
35		% unlikely/extremely unlikely	0.1%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%		0%		

RESPONSIVE																		
36	**Complaints**	No. recorded	1	0	0	0	0	1	0	0	0	0	1	1	2		5		ward matron reviewing complaints
WELL-LED																			
37	**Vacancy** Establishment=	Full Team WTE			50.18	48.8	48.8	49.44	49.44	49.44	49.08	48.67	49.04	49.54	49.54		49.3		
38		Vacancy WTE	8.2	10%	6.55	7.41	9.79	8.92	10.02	11.46	11.21	11.13	12.16	12.74	12.12		10.3		
39		Vacancy (hrs)	1332.9	10%	1064	1204	1590	1450	1628	1862	1822	1808	1976	2070	1970		1676.7		
40	**Temporary Staffing** excluding RMN	Agency Use	546.7	10%	799	968	1045	874	1229	1522.5	1464	1242.5	1207	1789	1775.8		1265.1		
41		Bank Use	485	10%	732	302	557	553	827.5	736	940	899	901	823.5	673		722.18		
42	**Sickness**	Hours			250	310	439.5	596	448	312.5	121	306	132	165	193		297.55		
43		%	3.7%	2%	3.1%	3.9%	5.5%	7.4%	5.6%	3.8%	1.5%	3.8%	1.6%	2.0%	2.4%		3.7%		
44	**Maternity**	Hours			107	185	185	185	185	185	127	69	69	69			136.6		
45	**Budget Position**	YTD Position		>0	72524	61585	36168	36	-20622	-49366	-72573	-96771	-102720	-214295			-386034		
46	**Statutory & Mandatory**	Mandatory training		95%	94.8%	91%	93%	95%	96%	93%	95%	93%	90%	91%	91%		93%		Educator and matron working on this
47		Appraisal		95%	94%	100%	98%	82%	83%	88%	95%	94%	88%	92%	90%		91%		Educator and matron working on this
48	**Uniform Audit**	Compliance with uniform policy %		95%													#DIV/0!		

NURSING METRICS - 12 MONTH ROLLING

ROSS TILLEY

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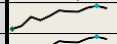
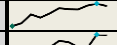
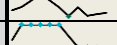
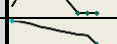
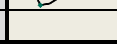
No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18		Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19	Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct			
SAFE																			
1	**Incidents**	Total reported - All incidents	194	_	24	21	26	16	12	11	15	10	18	10	12		175		
2		Total reported - Patient safety	111	_	14	14	20	8	9	7	7	9	8	2	8		106		
3		Internal investigation (Amber or Red)	1	0	0	0	1	0	0	0	0	0	0	0	0		1		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	**Falls**	Falls - All	19	0	5	1	4	2	0	1	1	2	0	0	2		18		Reviewed by ward matron
6		Falls - With harm	1	0	0	0	0	0	0	0	0	0	0	0	1		1		Reviewed by ward matron
7	**Pressure Damage**	G2 or above (hospital acquired)	0	0	0	0	0	0	0	1	0	0	0	0	0		1		
8	**Inoculation Injury**	Reported incidents	2	0	1	0	0	0	0	0	0	0	0	1	0		2		
9	**MRSA Screening**	Elective patients	97.8%	95%	100%	100%	98%	94%	95%	97%	94%	100%	100%	98%	94.9%		97%		Twice weekly audits are now be completed of patient notes to identify individuals who are not completing required paperwork.
10		Trauma patients	97.2%	95%	98%	100%	99%	96%	99%	99%	97%	97%	95%	94%	94.9%		97%		Twice weekly audits are now be completed of patient notes to identify individuals who are not completing required paperwork.
11		Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
12	**C Difficile**	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
13	**Hand Hygiene**	Hand hygiene	100%	95%	100%	100%	N/S	100%	100%	100%	100%	100%	100%	N/S	100%		100%		
14		Bare below the elbows	97.4%	95%	100%	87%	N/S	100%	100%	87%	80%	100%	100%	N/S	100%		95%		
15	**Drug Assessments**	% staff compliant	99.7%	100%	100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%		100%		
16	**Medication Audit**	Missed dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			orted 1/	0		
17		Omitted dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			orted 1/	0		
18		Total doses			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			orted 1/	0		
19	**Medication Errors**	Reported errors	40	0	5	6	3	3	5	3	2	1	3	1	2		34		under review
20	**Safety Thermometer**	Harm Free Care %	99.4%	95%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%		
21		New Harm Free %	99.4%	95%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%		
22	**VTE** (Venous thromboembolism)	Assessment of patients (S. Therm)	98.6%	95%	100%	94%	89%	100%	100%	100%	100%	93%	95%	100%	100%	100%	98%		
23		24 hour follow up (S. Therm)	87.8%	95%	71%	88%	83%	60%	50%	93%	53%	46%	88%	64%	78%	73%	71%		Twice weekly audits are now be completed of patient notes to identify individuals who are not completing required paperwork.
24		Monthly screening % (Informatics)	97.8%	95%	98%	96%	99%	99%	94%	98%	96%	94%	97%	94%	94%		96%		
25	**Shift meets requirement** Day %	RN	97.8%	95%	99%	91%	95%	97%	93%	98%	96%	98%	100%	98%	97%		97%		
26		HCA	97.3%	95%	93%	96%	91%	102%	96%	102%	96%	98%	96%	102%	96%		97%		
27	**Shift meets requirement** Night %	RN	93.1%	95%	95%	89%	89%	95%	96%	93%	93%	90%	88%	97%	99%		93%		
28		HCA	86.0%	95%	79%	73%	86%	96%	100%	100%	90%	97%	88%	85%	90%		89%		
EFFECTIVE																			
29	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	98.9%	95%	93%	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%	99%		
30		7 day review (Safety Thermometer)	84.5%	95%	50%	80%	100%	100%	25%	100%	100%	n/a	75%	100%	100%	100%	85%		
31	**Compliance in Practice** (CiP)	Inspection score		80%	90.6%		86.6%			Reported 1/4ly			Reported 1/4ly			orted 1/	87%		
CARING																			
32	**Friends & Family Test**	Patient numbers (eligible to respond)	2418	_	219	181	215	174	174	174	193	203	196	194	204		2127		
33		% return rate	47.1%	40%	24%	79%	55%	43%	58%	60%	39%	39%	29%	43%	31%		45%		Matron continues to promote the importnace of this
34		% recommendation (v likely/likely)	97.9%	90%	98%	99%	97%	99%	99%	95%	100%	95%	100%	100%	98%		98%		
35		% unlikely/extremely unlikely	0.3%	0%	0%	0%	0%	0%	0%	2%	0%	1%	0%	0%	0%		0%		

RESPONSIVE																			
36	**Complaints**	No. recorded	2	0	0	0	0	0	1	0	1	0	0	0	1		3		
WELL-LED																			
37	**Vacancy** Establishment=	Full Team WTE			50.18	48.8	48.8	49.44	49.44	49.44	49.08	48.67	49.04	49.54	49.54		49.3		
38		Vacancy WTE	8.2	10%	6.55	7.41	9.79	8.92	10.02	11.46	11.21	11.13	12.16	12.74	12.12		10.3		
39		Vacancy (hrs)	1332.9	10%	1064	1204	1590	1450	1628	1862	1822	1808	1976	2070	1970		1676.7		
40	**Temporary Staffing** excluding RMN	Agency Use	546.7	10%	799	968	1045	874	1229	1522.5	1464	1242.5	1207	1789	1776		1265.1		
41		Bank Use	485	10%	732	302	557	553	827.5	736	940	899	901	823.5	673		722.18		
42	**Sickness**	Hours			250	310	439.5	596	448	312.5	121	306	132	165	193		297.55		
43		%	3.7%	2%	3.1%	3.9%	5.5%	7.4%	5.6%	3.8%	1.5%	3.8%	1.6%	2.0%	2.4%		3.7%		
44	**Maternity**	Hours			107	185	185	185	185	185	127	69	69	69			136.6		
45	**Budget Position**	YTD Position		>0	72524	61585	36168	36	-20622	-49366	-72573	-96771	-102720	-214295			-386034		
46	**Statutory & Mandatory**	Mandatory training		95%	94.8%	91%	93%	95%	96%	93%	95%	93%	90%	91%	91%		93%		Educator and matron working on this
47		Appraisal		95%	94%	100%	98%	82%	83%	88%	95%	94%	88%	92%	90%		91%		Educator and Matron working on this
48	**Uniform Audit**	Compliance with uniform policy %		95%													#DIV/0!		

NURSING METRICS - 12 MONTH ROLLING
MAX FAC OUTPATIENTS

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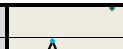
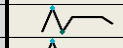
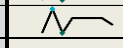
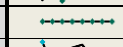
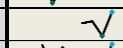
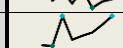
QVH

No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18		Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19	Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct			
SAFE																			
1	**Incidents**	Total reported - All incidents	30	_	4	3	2	5	5	4	5	5	3	4	1		41		
2		Total reported - Patient safety	8	_	1	2	0	0	1	2	1	0	0	2	1		10		
3		Internal investigation (Amber or Red)	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	**Falls**	Falls - All	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
6		Falls - With harm	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
7	**Pressure Damage**	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
8	**Inoculation Injury**	Reported incidents	2	0	0	0	1	0	0	0	1	0	0	0	0		2		
9	**MRSA**	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
10	**C Difficile**	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
11	**Hand Hygiene**	Hand hygiene	100%	95%	100%	100%	100%	100%	100%	90%	100%	N/S	100%	100%	N/S		99%		
12		Bare below the elbows	100%	95%	100%	100%	100%	100%	100%	100%	100%	N/S	100%	100%	N/S		100%		
13	**Medication Audit**	Missed dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
14		Omitted dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
15		Total doses			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
16	**Medication Errors**	Reported errors	2	0	0	1	0	0	0	0	1	0	0	0	1		3		
EFFECTIVE																			
17	**Compliance in Practice** (CiP)	Inspection score		80%	Reported 1/4ly		83.3%			90.4%			Reported 1/4ly			ported 1	87%		
CARING																			
18	**Friends & Family Test**	Patient numbers (eligible to respond)		_	1440	1238	1379	1302	1436	1542	1589	1378	1477	1442	1371		15594		
19		% return rate	17.9%	20%	17%	18%	19%	17%	17%	18%	18%	17%	17%	19%	16%		18%		Discussed with team, aware to encourage patients to complete to improve this data and understand where learning can take place etc. to improve our services.
20		% recommendation (v likely/likely)	92.3%	90%	92%	91%	95%	94%	91%	91%	92%	93%	94%	93%	94%		93%		
21		% unlikely/extremely unlikely	3.1%	0%	2%	4%	2%	2%	4%	4%	2%	1%	1%	3%	1%		2%		

RESPONSIVE																			
22	**Complaints**	No. recorded	13	0	1	0	3	2	0	1	2	1	2	0	0		12		
WELL-LED																			
23	**Vacancy** Establishment=	Full Team WTE													21.37		21.4		
24		Vacancy WTE		10%				0.79	2.39	0.76	1.76	1.76	1.76	1.76	1.34		1.5		Departmental Establishment = 21.37 WTE
25		Vacancy (hrs)		10%				128.37	388	123.5	286	286	286	286	218		250.23		
26	**Temporary Staffing** excluding RMN	Agency Use		10%				0	0	0	0	0	0	0	0		0		
27		Bank Use		10%				274.37	24	177	214	245	115.5	120.75	162		166.58		
28	**Sickness**	Hours										120.5	133.8	33.75	198.5		121.64		
29		%		2%				5.5%	0.5%	5.0%	2.2%	3.5%	3.8%	0.9%	5.7%		3.4%		monitoring in progress by HoN
30	**Maternity**	Hours															#DIV/0!		
31	**Budget Position**	YTD Position		>0				8270	22807	-4197	-913	1333	3754	6041	7423		44518		
32	**Statutory & Mandatory**	Mandatory training		95%				93%	90%	92%	89%	92%	88%	89%	90%		90%		HoN working with team to improve compliance
33		Appraisal		95%				85%	85%	100%	88%	90%	92%	96%	100%		92%		Much imporved, HoN working with team to support and assist in completing staff appraisal
34	**Uniform Audit**	Compliance with uniform policy %		95%													#DIV/0!		

NURSING METRICS - 12 MONTH ROLLING

PEANUT WARD

Contact Gavin Ferrigan on ext. 4556 for any formatting queries

No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18 Nov	Quarter 3 2017/18 Dec	Quarter 4 2017/18 Jan	Quarter 4 2017/18 Feb	Quarter 4 2017/18 Mar	Quarter 1 2018/19 Apr	Quarter 1 2018/19 May	Quarter 1 2018/19 June	Quarter 2 2018/19 July	Quarter 2 2018/19 Aug	Quarter 2 2018/19 Sept	Quarter 3 2018/19 Oct	Year to Date Actual	Trend	Comments
SAFE																			
1	Incidents	Total reported - All incidents	100	_	14	9	10	13	2	7	30	28	25	11	11		160		
2		Total reported - Patient safety	26	_	3	2	3	2	0	0	4	3	1	1	2		21		
3		Internal investigation (Amber or Red)	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	Falls	Falls - All	0	0	0	0	0	0	0	0	1	0	0	0	0		1		
6		Falls - With harm	0	0	0	0	0	0	0	0	1	0	0	0	0		1		
7	Pressure Damage	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
8	Inoculation Injury	Reported incidents	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
9	MRSA	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
10	C Difficile	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
11	Hand Hygiene	Hand hygiene	98.8%	95%	N/S	N/S	100%	N/S	N/S	N/S	N/S	70%	44%	N/S	70%		71%		Both medical and nursing staff fell short in the audit. Frequent reminders given to all staff during ward rounds.
12		Bare below the elbows	98.2%	95%	N/S	N/S	100%	N/S	N/S	N/S	N/S	90%	100%	N/S	100%		98%		
13	Drug Assessments	% staff compliant	99.5%	100%	100%	100%	100%	100%	94%	100%	100%	94%	94%	100%	100%		98%		
14	Medication Audit	Missed dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
15		Omitted dose			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
16		Total doses			Reported 1/4ly		Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			ported 1	0		
17	Medication Errors	Reported errors	5	0	0	1	0	0	0	0	1	1	0	0	0		3		
18	Safety Thermometer	Harm Free Care %	100%	95%	n/a	n/a	100%	n/a	n/a	100%	100%	100%	100%	100%	100%	n/a	100%		
19		New Harm Free %	100%	95%	n/a	n/a	100%	n/a	n/a	100%	100%	100%	100%	100%	100%	n/a	100%		
20	BMI Monthly	Total no. of ward patients		_		189	180	194	176	178	226	145					1288		
21		No. patients screened & documented		_		171	172	187	171	171	208	143					1223		
22		Patients with documented BMI %		95%		90%	96%	96%	97%	96%	92%	99%					95%		
23	Shift meets requirement Day %	RN	96.8%	95%	93%	87%	100%	99%	96%	94%	100%	95%	98%	98%	99%		96%		
24		HCA	98.0%	95%	100%	100%	91%	103%	100%	108%	97%	103%	96%	100%	96%		99%		
25	Shift meets requirement Night %	RN	61.9%	95%	45%	55%	92%	88%	93%	83%	98%	84%	85%	90%	80%		81%		Changes have been made to the shift patterns of both Band 5 and 6's in order to meet the TW requirements.
26		HCA	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
EFFECTIVE																			
27	Compliance in Practice (CiP)	Inspection score		80%	88.7%		88.1%			91.1%			Reported 1/4ly			ported 1	90%		
CARING																			
28	Friends & Family Test	Patient numbers (eligible to respond)	2340	_	195	181	173	192	171	172	224	199	201	199	164		2071		
29		% return rate	28.2%	40%	31%	33%	31%	34%	40%	42%	37%	33%	28%	38%	45%		36%		Improving rates.
30		% recommendation (v likely/likely)	99.3%	90%	98%	97%	100%	100%	100%	99%	93%	98%	98%	95%	100%		98%		
31		% unlikely/extremely unlikely	0.2%	0%	0%	2%	0%	0%	0%	0%	0%	0%	1%	0%	0%		0%		

RESPONSIVE																			
32	**Complaints**	No. recorded	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
WELL-LED																			
33	**Vacancy** Establishment=	Full Team WTE															#DIV/0!		
34		Vacancy WTE	3.3	10%	2.45	0.93	0	0	0	0.24	1.24	1.5	1.18	1.18	1.08		0.9		
35		Vacancy (hrs)	542.9	10%	398	151	0	0	0	39	201.5	244	191.75	191.8	175.5		144.78		
36	**Temporary Staffing** excluding RMN	Agency Use	92.2	10%	17.5	57	22.5	10	1	28	110	71	92.5	68.5	69.5		49.773		
37		Bank Use	273.8	10%	437.5	168	229	217	34	192	413	472.5	488.4	366.5	284.5		300.22		
38	**Sickness**	Hours										161.5	84	24	40		77.375		
39		%	5.5%	2%	5.6%	7.9%	4.5%	6.8%	3.6%	4.0%	1.0%	4.9%	2.6%	0.7%	1.2%		3.9%		
40	**Maternity**	Hours															#DIV/0!		
41	**Budget Position**	YTD Position		>0	23045	811	-13480	-14325	-6784	99	5968	7514	4051	2932			9831		
42	**Statutory & Mandatory**	Mandatory training		95%	84%	83%	83%	88%	88%	92%	92%	93%	93%	91%	94%		89%		All staff are booked to do their MAST.
43		Appraisal		95%	75%	75%	75%	77%	72%	80%	83%	91%	91%	91%	96%		82%		
44	**Uniform Audit**	Compliance with uniform policy %		95%													#DIV/0!		

NURSING METRICS - 12 MONTH ROLLING

SLEEP DC

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QVH

No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18		Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19	Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct			
SAFE																			
1	Incidents	Total reported - All incidents	26	_	2	0	2	3	3	3	0	2	3	2	1		21		
2		Total reported - Patient safety	9	_	1	0	0	0	2	1	0	0	0	2	0		6		
3		Internal investigation (Amber or Red)	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	Falls	Falls - All	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
6		Falls - With harm	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
7	Pressure Damage	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
8	Inoculation Injury	Reported incidents	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
9	MRSA	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
10	C Difficile	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
11	Hand Hygiene	Hand hygiene	100%	95%	100%	100%	100%	N/S	N/S	100%	100%	N/S	100%	100%	N/S		100%		
12		Bare below the elbows	98.9%	95%	100%	100%	100%	N/S	N/S	100%	100%	N/S	100%	100%	N/S		100%		
13	Medication Errors	Reported errors	2	0	0	0	0	0	1	0	0	0	0	1	0		2		
14	VTE	Monthly screening % (Informatics)	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
EFFECTIVE																			
15	Compliance in Practice (CiP)	Inspection score		80%	84.4%		89.0%			Reported 1/4ly			Reported 1/4ly			orted 1	89%		
CARING																			
16	Friends & Family Test	Patient numbers (eligible to respond)		_	890	641	829	610	903	988	851	919	896	792	653		8972		
17		% return rate	22.8%	20%	21%	23%	21%	21%	21%	17%	18%	17%	22%	24%	19%		20%		
18		% recommendation (v likely/likely)	95.3%	90%	96%	95%	96%	94%	93%	93%	99%	96%	97%	97%	97%		96%		
19		% unlikely/extremely unlikely	1.7%	0%	2%	1%	0%	3%	4%	4%	0%	2%	1%	1%	1%		2%		
RESPONSIVE																			
20	Complaints	No. recorded	3	0	0	0	1	0	0	0	0	0	0	0	0		1		
WELL-LED																			
21	Vacancy Establishment=	Full Team WTE															#DIV/0!		
22		Vacancy WTE		10%													#DIV/0!		
23		Vacancy (hrs)		10%													#DIV/0!		
24	Temporary Staffing excluding RMN	Agency Use		10%													#DIV/0!		
25		Bank Use		10%													#DIV/0!		
26	Sickness	Hours															#DIV/0!		
27		%		2%													#DIV/0!		
28	Maternity	Hours															#DIV/0!		
29	Budget Position	YTD Position		>0													0		
30	Statutory & Mandatory	Mandatory training		95%													#DIV/0!		
31		Appraisal		95%													#DIV/0!		
32	Uniform Audit	Compliance with uniform policy %		95%													#DIV/0!		

Review Details

Trust	Queen Victoria Hospital NHS Foundation Trust
Date of review	10 September 2018
Review type	Risk-based Review (onsite visit)
Specialty / training programme reviewed	Core Surgical Training and Plastic Surgery
HEE Review Lead	Dr Chris Carey, County Dean, Health Education England, Kent, Surrey and Sussex

Introduction

The purpose of this form is to provide initial feedback from a quality review to the Trust. A definitive list of good practice, requirements and recommendations will appear in the final report. This form will be completed during the review and sent to the Trust the following day.

Serious Concerns

GMC Theme	Description	IMR form issued?*
	N/A	

Areas that are working well

GMC Theme	Description
R1.16	All trainees felt that there was a large amount of high quality training and teaching opportunities on offer at the Trust.
R1.16	The Monday teaching sessions were highly regarded and the Thursday morning Hand teaching sessions were praised by the Core Surgical Training trainees
R3.2	All trainees highlighted the supportive environment evident at the Trust from all grades.
R2.1	The review team felt that positive changes to the department have been made and felt that this was a result of both the supportive and proactive management in the Trust and the commitment of the consultant body.
R1.15	The review team were pleased to hear that the Core Surgical Training trainees were receiving on average six theatre session per week.
R1.13	The Core Surgical Training trainees reported that the two day Trust induction was good.

R5.9	When asked by the review team, all trainees indicted that they would recommend their post to a colleague.
R1.12	The trainees praised the role of the trauma coordinators
R2.1	The review team were pleased to hear that the Trust were thinking about extending the Surgical team to include personnel to help with the Phlebotomy and discharge responsibilities and encouraged the Trust to continue to look into this.

Areas for improvement

GMC Theme	
R1.8	The review team were concerned to hear that trainees were working in satellite clinics without local consultant supervision on occasions when consultants were on leave. The Trust must work towards ensuring that all trainees working at distant sites have on-site supervision which means not running clinics during periods of consultant leave. This should be in place within a 6-month period.
R1.12	The review team felt that although a large amount of time and work had been put into the redesigning of the rota's, this was still a work in progress and that further work in optimizing was required.
R2.7	The review team were pleased to see the high numbers of consultants that were able to attend the departments Local Faculty Group meeting. However, it was felt that more trainees should be encouraged to attend to allow for a more robust and balanced discussion. Trainees had a number of ideas for improving aspects of their work and should be given the opportunity to discuss these
R1.14	The review team felt that the Trust should look into the morning handover to make a more efficient process of handing over information on patients which is less time-consuming for the on-call trainee.
R1.13	The review team felt that trainees should receive local inductions when attending satellite clinics and the Trust should look into facilitating this. In particular trainees should have appropriate access to IT facilities in all sites where they work.
R3.12	The review team were disappointed to hear of the Trusts policy for only two core trainees to be released at the same time for regional teaching and felt that the Trust should change this.
R1.16	The review team felt that the Trust should consider how to increase training opportunities for trainees in the regional Major Trauma Centre.
R3.2	The review team were disappointed to hear of the lack of appropriate food and rest facilities available to trainees out of hours and felt that the Trust should look into ways to improve this.
R3.2	The review team felt that trainees access to the medical cover of the Trust's Occupational Health service was patchy and that the Trust should look in to ways to improve this.
R2.3	The Trust should provide a non-medical phlebotomy service

What happens next?

We will draft a report of the review, which will be sent to the Trust for comment on factual accuracy within ten working days of the review. Final reports and an action plan detailing all actions generated at the review will be sent to the Trust within 20 working days of the review. At this time the final report will also be published on the Quality, Regulation and Commissioning Team (London and South East) website.

*If an Immediate Mandatory Requirement (IMR) has been issued, the Trust is required to provide a response within five working days of the review. We will monitor all requirements and recommendations via the action plan.

More information about quality reviews can be found at http://www.lpmde.ac.uk/var/plqru.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**01 November 2018**		**Agenda reference:**	**174-18**	
Report title:	**Six Monthly Workforce Review Board Report**				
Sponsor:	Jo Thomas, Director of Nursing				
Author:	Nicky reeves, Deputy Director of Nursing				
Appendices:	None				
Executive summary					
Purpose of report:	The six-monthly workforce Review is a National Quality Board requirement and is provided for assurance that safe nursing levels are being maintained in all areas of the trust.				
Summary of key issues	• Nursing workforce challenges remain high key actions taken include international recruitment, sustained recruitment and local advertising and financial and education incentives to attract and retain staff • Safe care has been provided and robust systems of monitoring and escalation are in place and effective				
Recommendation:	The Board is requested to **note** the contents of the report.				
Action required				**Assurance Y**	
Link to key strategic objectives (KSOs):	KSO1: Y *Outstanding patient experience*	KSO2: Y *World-class clinical services*	KSO3: Y *Operational excellence*	KSO4: Y *Financial sustainability*	KSO5: Y *Organisational excellence*
Implications					
Board assurance framework:	Links to all 5 KSOs				
Corporate risk register:	Workforce risk is on CRR and relates to nursing in 3 separate risks				
Regulation:	Compliance with regulated activities in Health & Social Care Act 2008				
Legal:	As above				
Resources:	NA				
Assurance route					
Previously considered by:	EMT				
	Date:	15/10/18	Decision:		
Previously considered by:	Q&GC				
	Date:	18/10/18	Decision:	for presentation at board	
Next steps:					

Queen Victoria Hospital
NHS Foundation Trust

6 Monthly Nursing Workforce Review, 1st April to 30th September 2018

1. Purpose

As previously reported, this six monthly review provides the Board with an update on nurse staffing levels at Queen Victoria Hospital and fulfils the requirements of the National Quality Board (NQB) expectations (appendix 1) in providing assurance on safe staffing and quality of care.

The paper provides assurance that the National Quality Board; Safe sustainable and productive staffing paper, an improvement resource for adult inpatient wards in acute hospitals (Edition 1, January 2018)" has been reviewed and referenced against QVH nursing workforce deployment as appropriate.

The review covers staffing in theatre, inpatient and outpatient areas of the organisation and the range of initiatives being taken to improve the situation regarding recruitment and retention of registered and unregistered staff within the clinical areas.

2. Background

The benefits of having appropriate staffing levels are well evidenced and include safer care, greater staff satisfaction and align with the Trust's key strategic objectives;

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

As previously identified, following the Francis Public Inquiry Report and the Governments response to the Inquiry Recommendations – "Hard Truths" there has been and continues to be a national focus on nurse staffing levels and ensuring these are fit for purpose.

The data in this report is based on information available covering the 6 months from April 2018 to 30th September 2018 inclusive. This data is based on a number of sources including finance ledgers, ESR, Safe Staffing, local templating and establishment information.

As previously, in the appendices, is an example of the staffing review metrics which demonstrate the numbers of times the staffing levels fell below the planned levels for that day. This data is reviewed on a daily basis, in real time, by the nursing and quality team. (Appendix 2)

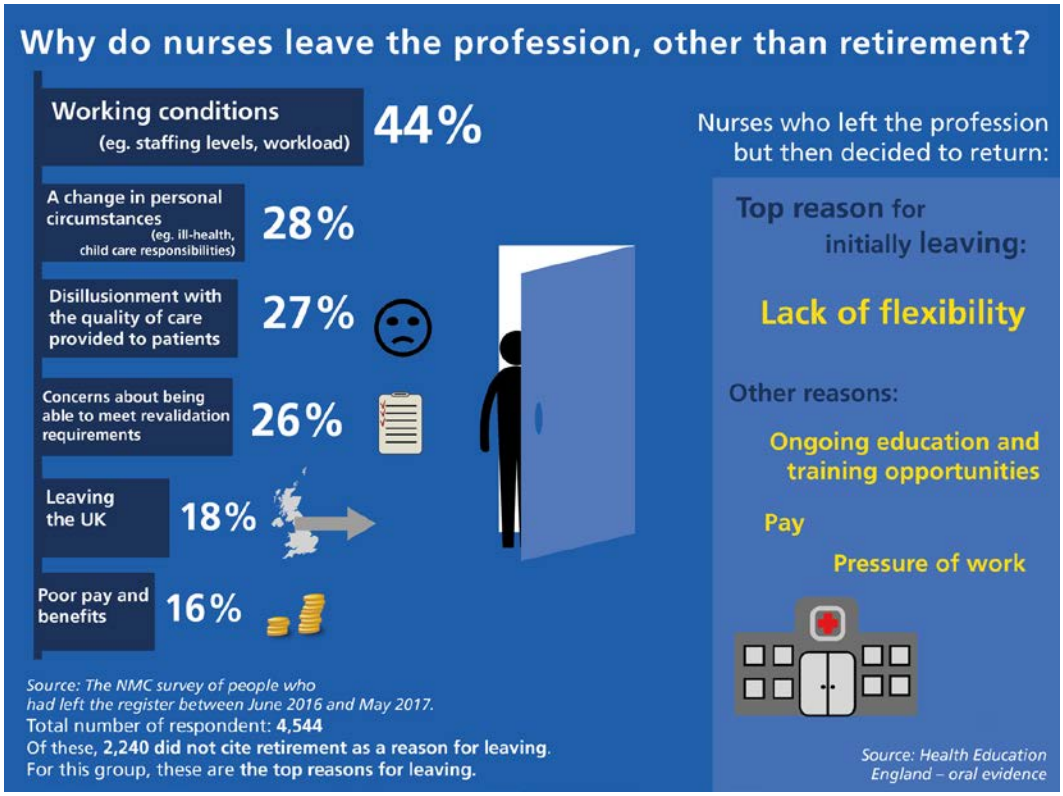
3. Recruitment and Retention Initiatives and Challenges

As in the previous paper covering October 2017 to April 18, the House of Commons Health Committee report, "the nursing workforce – Second report of session 2017 – 19" has been reviewed. The paragraph below summarises the national challenge and references the Francis report.

"The potential impact of staffing levels on safety was clearly articulated by Sir Robert Francis QC, Chair of the Mid Staffs inquiry and Honorary President of the Patients' Association, at the Committee's first session:
Nurses are the glue that keeps together delivery of the service to patients. If you do not have sufficient numbers of caring and compassionate nurses, the patient and perhaps their relatives begin to suffer immediately—there is no one to undertake observations, changes in which tell doctors what treatment is needed. Deteriorations are missed and patients who cannot care for themselves in the most basic ways are left uncared for"

The infographic below was included in the previous paper but describes clearly the challenges in retaining nursing staff across the NHS and is worthy of review and consideration in the light of the continued staffing challenges at QVH.

This survey looked at the responses of 4,500 nurses



As previously reported leadership from the human resources and organisational development team is aimed at facilitating managers and team leads to focus on all Trust staff to feel valued and supported. Currently a range of improved rates of bank pay has been introduced for the next 3 months (October to December) to incentivise all trained nurses and theatre practitioners to cover more shifts in theatres, critical care and Canadian wing. There are many funded opportunities for staff to attend study days and courses including conferences, formal educational opportunities, for example degree and diploma level study and apprenticeships as well as generous relocation and transfer from agency packages

The 2017 National NHS staff survey identified deterioration in the numbers of staff recommending QVH as a place to work and a number "information gathering processes" were commenced. The 2018 Staff Survey is currently live.

Themes identified through the "stay interviews" and "exit interviews" have been reviewed by the Deputy Director of HR and the Deputy Director of Nursing. Learning from this information is shared in Nursing Quality Forum and with the Heads of Nursing and Matrons in the individual areas.

In addition, a Royal College of Nursing representative approached the Trust to undertake a small project on why staff choose to work at QVH. We supported this project as it gave staff

a further ‘voice’(alongside existing channels including line manager, freedom to speak up Guardian, Tell Jo and whistleblowing policy) to express their views. This project took place in September 2018 with a small number of staff the reasons why they chose to work at QVH. In total, 7 staff were interviewed. Below is a small selection of some of the questions and responses, the entire survey has not been included as elements were person or department identifiable.

Q. What do you look forward to when you come to work each day?

A. Without exception all 7 staff mentioned teamwork and helping patients as there reasons for coming to work each day.

Q. Do you have suggestions about how we can improve as an organisation?

A. One member of staff suggested being more patient needs driven rather than by targets.

Q. Would you recommend QVH as an employer/ place to work?

A. Only one person mentioned concerns that would prevent them from doing so but said if staffing improved it would most probably be a yes answer. One member of staff was so enthusiastic and would definitely promote the Trust due to the opportunity she had been given to train as a Nursing Associate.

Q Do you believe that your work has meaning and know how it contributes to the wider Trust?

A. All staff being clinical believed there jobs had significant meaning to caring for the patients but felt they were unsure how it contributed to the wider Trust except in raising the finances to keep the place running.

Q. Is the organisation providing you with opportunities to grow and develop as a person and as a professional? Can you see yourself accomplishing them here?

A. The more junior staff both said they believed they were given good opportunities to develop. However qualified staff reported concerns over being able to get all mandatory training achieved mainly due to staff shortages. Several however did say they had been given opportunities to change their job roles to fit in with their changing circumstances.

Q. Are you treated respectfully by your colleagues/ managers?

A. All 7 responded positively to this question.

Heads of Nursing and Ward matrons covering the areas included in this will be involved in reviewed the information and acting upon the feedback in the next 1:1 with the deputy director of nursing.

QVH is actively seeking opportunities to promote the Trust at schools, colleges, universities and other careers events. In addition links are being forged with South Bank University and University of Surrey to look at new opportunities for additional student nurses to come to QVH for placement. At the time of writing, South Bank have been unable to progress plans to use us as a “host” organisation for student nurses but are planning to use us for placements.

QVH has successfully recruited and new Trust Wide practice development and educational lead nurse who will commence in post at the end of December. This post will give full time support to deliver the ongoing practice requirements of the existing workforce and student nurses and start to assess the needs of the organisation from a nurse education perspective.

The Trust has had some success in working collaboratively with Yeovil hospital to carry out an international recruitment campaign and there are approximately 40 nurses in the pipeline with Theatre or Critical Care skills who will join the organisation over the next 6 months. These nurses will join the trust as band 4 nursing assistants and will complete a range of competencies which will enable them to apply to the NMC for registration and meet the QVH values and behaviours requirements. This process will take an additional 4-6 months.

The Trust is also carrying out a local recruitment campaign with banners at the front entrance of the Trust, and the League of Friends have kindly sponsored an advertising campaign on local bus routes which is getting the QVH brand seen across Sussex and Surrey.

Initiatives QVH is taking to recruit and retain staff

- paying newly qualified staff at Band 4 until their registration is completed, fast tracking them through the incremental points during their first year on completion of a preceptorship programme and financial support to cover the cost of the first years registration.

- Supporting nursing and ODP staff with their registration fees, kindly sponsored by the League of Friends

- QVH is offering “new starter premiums” to registered nurses and theatre practitioners in addition to relocation expense if eligible; the new recruit gets £500 after successful completion of the probationary period and then £1000 at 1 year.

- “Refer a friend scheme” whereby existing staff are rewarded with a payment in the event that an applicant they introduced to the organisation is successfully recruited.

- Developing band 4 assistant practitioner roles in a number of clinical areas and collaborating with other providers to ensure readiness for the associate nurse roles.

- QVH is continues to have success with return to practice nursing staff who are keen to work with us during their university programme on placement and afterwards in substantive posts.

- Supporting five HCA’s on the new Nurse Associate Programme funded by the apprentice levy

April – September 2018 leaver and starter data for information.

Registered – new employees

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2016-17 & 2017-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
STARTERS WTE (Excluding rotational doctors)		1.00	0.00	0.00	1.00	3.68	**0.51**
LEAVERS WTE (Excluding rotational doctors)		2.68	1.40	0.81	1.97	6.00	**7.60**
Starters & Leavers balance		-1.68	-1.40	-0.81	-0.97	-2.32	**-7.09**

Unregistered – new employees

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2016-17	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
STARTERS WTE (Excluding rotational doctors)		**0.00**	**2.00**	**2.00**	**2.00**	**1.00**	**0.61**
LEAVERS WTE (Excluding rotational doctors)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1.57**
Starters & Leavers balance		**0.00**	**2.00**	**2.00**	**2.00**	**1.00**	**-0.96**

Sourced via ESR data

The vacancy rate has not impacted negatively on patient satisfaction scores (2017 Picker Survey, Complaints, Friends and Family Test). QVH patient satisfaction has been sustained and is amongst the best in England benchmarking against the national surveys and FFT scores. Patient experience is a key measure of quality and deterioration in this can be an early warning indicator that there are safety issues so the nursing directorate and the patient safety team continues with enhanced surveillance and triangulation of daily staffing levels, DATIX, complaints, safe care metrics and bank and agency usage to identify potential early warning signs.

The risks associated with prolonged vacancies have been added to departmental risk registers, CRR and the BAF risk rating for key strategic objectives – KSO 5 Organisational Excellence has been increased to reflect the increased risk regarding workforce. Workforce updates continues to be a feature at every public board which includes details on nursing recruitment and retention.

4. Establishment benchmarking sources

As referred to in previous papers NICE guidance advises not more than 8 patients per registered nurse during the day time and one registered nurse to 10 patients at night as a national benchmark for a “general ward” and this has been used as the standard for review in Canadian Wing. In addition, the staffing establishments have also been measured using the Safe Care Patient Activity and Dependency models.

As before, RCN guidance advises a ratio of RN: HCA at 65:35 for a general ward. Canadian Wing has a ratio of 72:28. The skill mix is set above the RCN guidance due to the number of multi-specialty patients, the patient turnover, complexity and the range of skills required to provide high quality care.

National benchmarking data for Burns Units is difficult to identify however, staffing levels at QVH compare favourably to other burns units within the London and South East Burns Network.

The Royal College of Nursing (RCN) guidance on paediatric nursing staffing advises that regardless of patient numbers, there should be a minimum of 2 registered children’s nurses

on duty at any time. The specific staffing solution for Peanut ward is described in more detail below.

Critical Care guidance provided by the Intensive Care Society requires that level 3 patients must be cared for on a ratio of one registered nurse per patient plus supervisory registered nurse support. Level 2 and 1 patients require a reduced ratio of registered staff, one nurse to two or three patients for example. Since Critical Care incorporated the Step Down Patient cohort, the overall critical mass of staff has increased which allows greater flexibility.

Theatre establishment are benchmarked against both the Association for Perioperative Practice (AfPP) guidance and the Royal College of Anaesthetist guidance relating to anaesthetic practitioners. These recommendations are used to create the overall theatre establishment.

5. Establishment review findings

The Deputy Director of Nursing (DDN) undertook the six month reviews with the Heads of Nursing (HoN) and Ward Matrons for each ward area; in addition, the Theatre Manager and DDN reviewed the theatre staffing establishment. These reviews have been presented to the Director of Nursing and Quality (DNQ) for further review and quality assurance.

Nurse staffing across the whole site is reviewed in real time by the ward matrons and heads of nursing, and out of hours by the Site Practitioner. The DDN or DNQ monitor planned staffing levels against actual on a daily basis (example in appendix 2)

Ward and Outpatient areas as at 31st March 2018 (excl Ward clerk and admin posts)

Below is a summary of the staffing establishments including registered and non-registered workforce but excluding non-clinical, admin and clerical posts

Department	Total Recruitable (Substantive WTE incl 12% uplift)	Number of WTE in post 1st April 2018	Number of WTE in post 30th Sept 2018	Number of vacant posts 30th Sept 2018	% Vacant posts 30 Sept 2018	Staff in post change from April 2018 to Sept 2018
Burns Ward	21.53	21.01	**16.21**	5.32	24.7%	↓
Canadian Wing	44.94	36.10	**33.20**	11.74	26.1%	↓
Corneo OPD	19.25	17.21	**17.01**	2.24	11.6%	→
Critical Care	27.75	19.21	**17.39**	10.36	37.3%	↓
Max Fax OPD	21.37	19.61	**20.03**	1.34	6.3%	↑
Peanut Ward	17.28	17.43	**16.06**	1.22	7.1%	→
Peri Op	130.58	103.20	**106.33**	24.25	18.6%	↑
Plastics OPD	14.37	13.24	**12,61**	1.76	12.2%	↓
Totals	**297.07**	**247.01**	**238.84**	**58.23**	**19.6%**	↓

Key; green, 10% or less, amber 10.1- 15%, red 15.1% and above

Peri Op including Pre assessment

Theatre staffing has been benchmarked and assurance provided that each theatre is established with the correct number of staff compared with the AfPP guidance. Theatres are actively recruiting to 24.25 WTE, mainly band 5 registered staff. The national shortage of trained theatre nurses/practitioners continues to be more acute in the South region. The Trust is currently working with Yeovil to process the 23 accepted theatre practitioner posts.

In addition, there have been a number of local applications in the last three months resulting in 7 accepted theatre practitioner posts.

Theatres continue to line book agency theatre staff with an average of 10 agency theatre nurses per day to provide safe staffing in theatres. The “regular” agency staff receive local induction and orientation to the department. Staffing is risk assessed on a daily basis reviewing the impact of agency staff on the skill mix within theatre. In addition, due to staff shortages at times, it has been necessary to have 2 agency staff on call over night with a single substantive member of the QVH team. A paper updating EMT on the specifics of this was approved in September 2018.

QVH is currently working with Four Eyes Insight to address productivity levels within theatre and a review of the agency staffing levels is ongoing at present. In addition, the theatres are being staffed to complexity which allows us a more accurate workforce plan on a daily basis.

Canadian Wing

Canadian Wing has a bed compliment of 43 beds; 4 enhanced recovery beds and 4 corneo plastics beds which are staffed at a higher level due to the co morbidity and speciality nature of the patients; these are included within the overall staffing calculations. Following review in conjunction with the HoN and Ward Matron, Canadian Wing as a total runs on a registered staffing ratio of 1:6 during the day and 1:7 at night including the enhanced recovery area. Health Care Assistants work across both wards offering care and support to the patients supervised by a registered nurse. There are 11.74 WTE vacancies being actively recruited to. Four nurses have accepted jobs following the international recruitment campaign.

Burns Ward

The benchmarking data for Burns Ward is consistent with our surrounding burns units. The staffing establishment for the 6 beds is 3 registered staff giving a ratio of 1:2 on a day shift at night there are 2 registered staff for 6 beds giving a ratio of 1:3. The Burns budget includes a number of additional staff who support the management of patients in the community, education, administration and audit. These additional posts are a requirement of the National Burns Care Standards but are not included in the establishment figures above. There are 5.32 WTE vacancies being actively recruited to.

Critical Care

Critical care has establishments set which are consistent and compliant with the specific guidance laid down by the Intensive Care Society. QVH Critical Care is established to deliver level 3 care to two to three patients (depending on the severity of the case) and level 2 and 1 care to varying numbers of patients. The maximum number of patients being cared for at Levels 3-1 is five. The skill mix and patient acuity are reviewed on an hour by hour basis to ensure the correct staffing levels are maintained. There remains a national shortage of qualified critical care nurses. In addition to recruitment initiatives, regular agency staff are utilised to ensure consistency and safety is maintained. The team is very flexible in changing shifts to accommodate peaks and troughs in critical care requirements. Due to the challenges with the workforce, a paper was taken to EMT in August 2018 which detailed the high usage of critical care agency staff. The paper set out the reasons why we continued to use line booked agency staff above national guidance but there were plans in place to ensure there would never be more than 50% agency workers on shift at any given time. The consequence of this could be cancellation of cases to ensure a safe staffing level. This paper was approved. There are currently 10.36 WTE vacancies being actively recruited to. The Trust is currently working with Yeovil to process the 12 accepted critical care posts

Paediatrics

The paediatric ward establishment has been set using RCN guidance for staffing paediatric units.

The ward continues to run an on call service at night and will only open in the event that a patient requires overnight care, otherwise staff go off duty at 00.00. Peanut are actively recruiting 1.2 WTE.

Corneo OPD

Corneo has excellent retention of staff and has developed a range of specialist roles to meet the needs of their patient group. Corneo are actively recruiting 2.2 WTE.

Max Fax OPD

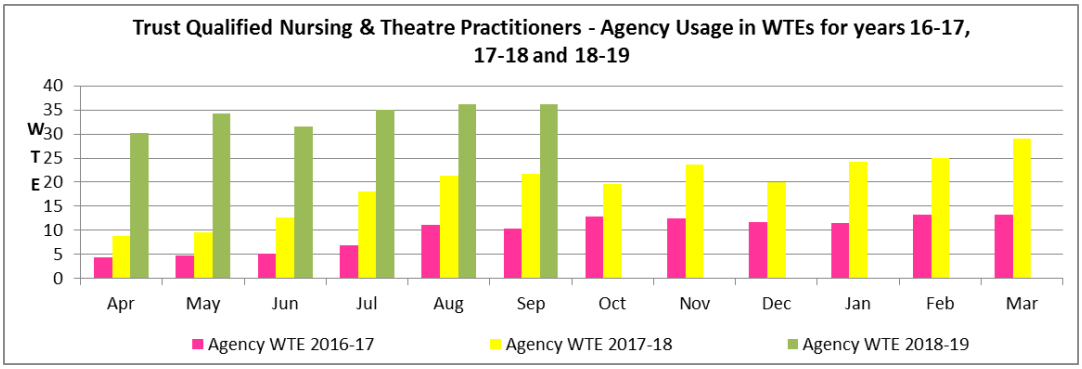
Max Fax has improved its recruitment and retention over the last 6 months and is recruiting to 1.3 WTE.

Plastics OPD

Plastics Outpatients has improved its recruitment and is recruiting to 1.76 WTE.

6. Temporary Staff usage

The graphs below demonstrate an increase in agency usage and therefore cost. Nursing vacancies make it necessary to use temporary staffing which is above the NHSI set agency cap to provide safe cover in some specialist areas for example in Theatres and Critical care (significant national shortages in all these staff groups).



Sourced via ESR

As stated earlier in the paper, temporary staff receive a local induction to their area.

There are 4 points throughout the day where staffing and safety are reviewed, at 08.00, 10.00, 15.30 and 20.00 via the site handover and bed meetings chaired by the Site Practitioner team with Multidisciplinary input.

Both the DDN and DoN monitor staffing levels via e roster and the safe staffing metrics as shown in appendix 2.

Monthly triangulation of actual staffing against planned is carried out and measured against incidents raised via datix.

7. Retirements

The table below indicates the numbers qualified Nurses/theatres practitioners who could retire in the next 2 years. Included is anyone aged 53 and over for any NMC registered staff and anyone 58 and over for any HCPC registered staff.

Payscale	2 Years
Review Body Band 5	27
Review Body Band 6	27
Review Body Band 7	15
Review Body Band 8 - Range A	1
Review Body Band 8 - Range B	1
Review Body Band 8 - Range C	1
Grand Total	72

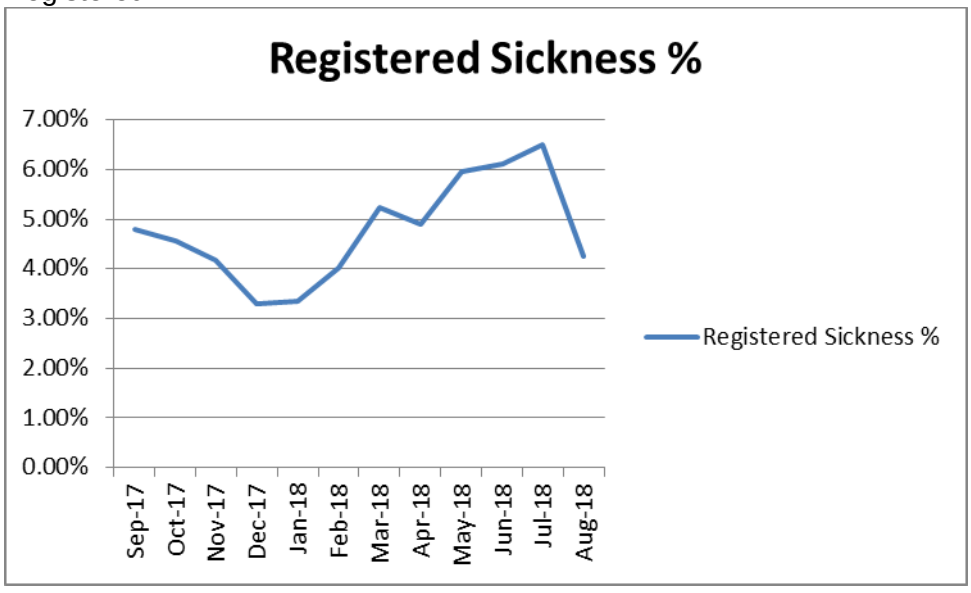
8. Sickness and Maternity Leave

Each individual area is required to cover the vacancy left by a member of staff on maternity leave which creates a cost pressure of approximately 20% of the staff member pay costs, this varies depending on the length of service and the amount of occupational maternity pay an individual is entitled to.

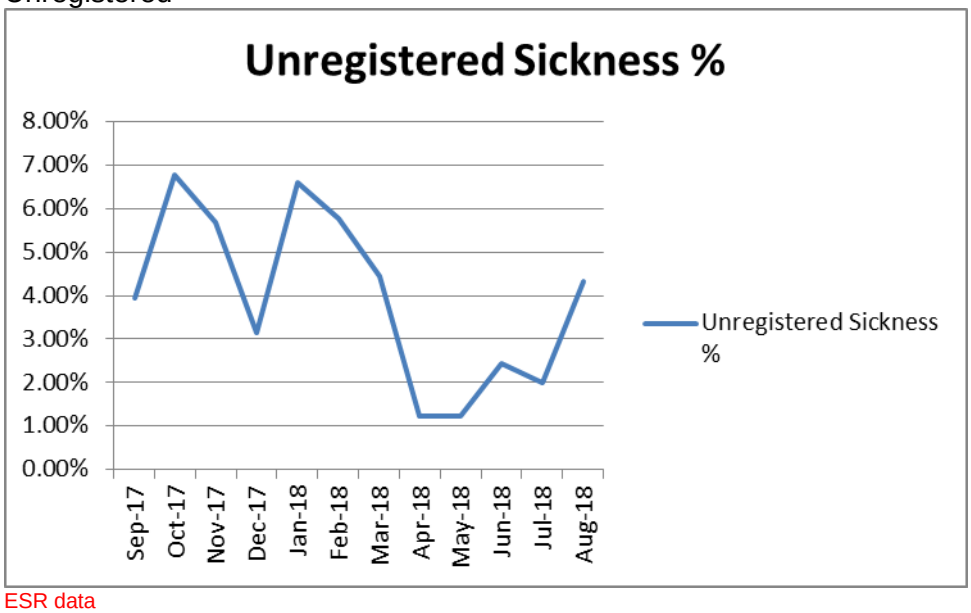
5.09 WTE registered nurses are currently as at 30th September 2018 on maternity leave across the nursing areas reviewed as part of this paper, a small decrease from the April review

Sickness continues to be managed within individual areas in conjunction with the Human Resources team. The charts below demonstrate the sickness rates in the registered and unregistered nursing workforce, including theatres.

Registered



Unregistered



ESR data

9. Assurance

The report details the actions being taken to address the recruitment challenges experienced within QVH at present whilst also demonstrating the national picture. In addition, the report demonstrates QVH compliance with a variety of guidelines for safe staffing levels and recommended benchmarks.

Staffing levels continue to be reviewed regularly using evidence based tool (smarter nursing care tool) and there is a clear governance process for monitoring and escalation.

No moderate or above patient safety incidents as a result of inadequate staffing have been identified from this triangulation.

Patient experience has not been measurably affected by the levels of temporary of staff, as evidenced in the monthly FFT scores, complaints and the CQC national inpatient survey 2017 which shows patients continue to rate the experience at the trust very highly, with 57 of the 62 questions asked scoring significantly better than other trusts, an improvement on last year. As stated above however, the staff survey (2017) does demonstrate deterioration in the scores relating to staff recommending QVH as a place to work

During this process the DDN has benchmarked against the NQB recommendations (appendix 3) and is assured that QVH is meeting these recommendations.

10. Recommendations

The Board is asked to:

- note the 6 monthly establishment review
- note that we meet the benchmarks recommend by RCN, ICS, NICE and AfPP
- note the staffing levels and skill mix are effectively reviewed
- note that safe, high quality care is being delivered due to staff pride in their work and flexibility.
- note the key area of concern remains the high vacancy rate particularly within theatres and critical care
- note the actions being taken to address the recruitment and retention challenges

Nicky Reeves DDN September 2018

References

House of Commons Health Committee The nursing workforce Second report of session 2017-19

Picker Survey 2017

Safe Sustainable and productive staffing. An improvement resource for adult inpatient wards in acute hospitals. National Quality Board Edition 1, January 2018.

2017 National NHS Staff Survey – Results from QVH NHS Foundation Trust

Appendix 1 NQB expectations

Recommendation	Current Position
Boards take full responsibility for the quality of care to patients and as a key determinant of quality take full and collective responsibility for nursing care and care staffing capacity and capability	The Board has a process in place for setting and monitoring nursing levels. The Board receives six monthly nursing workforce reports and an update on staffing levels and quality at every public board.
Processes are in place to enable staffing establishments to be met on a shift to shift basis	Nursing acuity and capacity is reviewed three times per day in the ward areas. This information is presented at the twice daily bed meeting where senior clinical and operational staff manages the patient flow for electives and trauma. Nursing and care staff can be reallocated at the start or during a shift Local escalation process is embedded. Heads of Nursing are visible in the clinical areas. Daily oversight of planned versus actual staffing levels by Director or deputy Director of Nursing.
Evidence based tools are used to inform nursing and care staffing capability and capacity	All ward areas use safer nursing care tool-acuity and dependency tool. Application of specialty specific national guidance to support establishments and professional judgement
Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns	Datix reporting system is established and used. 'Tell Jo' – confidential email to DoN. Trust policies eg Whistleblowing. Compliance in practice ward visits and clinical Fridays undertaken by DoN.
Multi-professional approach is taken when setting nursing and care staffing establishments	This is the third six monthly workforce review undertaken by the DoN in conjunction with the executive management team (EMT). Changes to establishments have been made only after consultation with EMT and trust staff.
Nurses and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties	There is 22% uplift within the ward establishments to cover sickness, mandatory and statutory training and leave. Ward matrons are accountable for their budgets and have monthly meeting with the HoN and finance. All ward matrons have supervisory time to undertake management duties.
At each public board an update on workforce information, staffing capacity and capability is discussed six monthly with a nursing establishment review	The DoN provides updates on workforce in the quality report at every public board and there is a 6 monthly review of nursing workforce.
Information is clearly displayed about nurses and care staff on duty in each ward on each shift.	All ward areas have status boards in public areas stating expected number and actual number of nurses and care staff on duty. When there are variations on this, the ward matron will review and escalate via agreed processes to ensure safe staffing

	maintained. The DoN will review this escalation and triangulate with safer care metrics and complaints data to ensure staffing levels allow provision of quality care
Providers take an active role in securing staff in line with workforce requirements	Recruitment days for general and theatre staff have taken place in the last 12 months. Staff are supported to undertake specialist modules for development and enhanced care. Director of HR reviewing recruitment processes. Part of the theatre productivity work has a workforce subgroup. Different recruitments campaigns have been instigated in the last 4 months. This has results in increased interest in post however the trust is experiencing difficulty in recruiting to some posts mainly in Theatres and ITU (significant national shortages in these areas).
Commissioners actively seek assurance that the right people with the right skills are in the right place at the right time with the providers with who they contract.	DoN meets monthly with the CCG Chief Nurse. Staffing levels discussed at these meeting. The commissioners are aware of the nurse staffing levels and the actions the trust is taking to optimise recruitment and retention.

Appendix 2

Below is an example of the metric taken from the Safe Staffing tool completed by the site practitioners on a daily basis. This demonstrates the number of times per month (August) staffing did not meet the expected levels. The same metric is completed for each inpatient area although these are not all included in this paper. This information is reviewed on a weekly basis by the Director of Nursing. When staffing levels are amber or red, incidents and complaints are also reviewed and triangulated to identify issues and take remedial action.

SAFE STAFFING DASHBOARD

ROSS TILLEY

GREEN	*Staffing meets planned requirement*
AMBER	*Staffing does not meet planned requirement but care is safe*
RED	*Staffing does not meet planned requirement & the senior nurse has been informed*

SEPTEMBER 2018

M	T	W	Th	F	S	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

SEPTEMBER 2018

M	T	W	Th	F	S	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

When amber or red rationale to be provided below

Date (Day)	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA	Rationale if amber or red
1	3	1	3	1	
2	2	1	2	1	
3	2	2	2	2	
4	4	2	4	2	
5	4	2	4	2	
6	4	2	4	2	
7	4	2	4	2	
8	3	1	3	1	
9	3	1	3	1	
10	3	1	3	1	
11	5	2	5	2	
12	4	1	4	1	
13	4	2	4	2	
14	4	2	4	2	
15	4	1	4	1	
16	3	1	3	1	
17	4	2	3	1	12 patients
18	4	2	3	2	
19	4	2	4	2	
20	4	2	4	2	
21	4	2	4	2	
22	4	1	3	1	
23	3	1	3	1	
24	4	1	4	1	1 x SN on orientation
25	4	2	4	2	
26	4	2	4	2	
27	4	2	4	2	
28	3	2	3	2	
29	3	1	3	0	
30	3	1	3	1	
RT DAY	108	47	105	45	
HOURS	1242	540.5	1208	517.5	
% Achieved			97%	96%	

Date (Night)	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA	Rationale if amber or red
1	2	0	2	0	5 Pts
2	2	1	2	0	6 pts
3	3	1	3	1	
4	3	1	3	1	
5	3	1	3	1	
6	3	1	3	1	
7	3	1	3	1	
8	2	1	2	1	
9	2	1	2	0	no HCA 17 pts
10	3	1	3	1	
11	3	1	3	1	
12	3	1	3	1	
13	3	1	3	1	
14	3	1	3	1	
15	2	1	2	1	
16	2	1	2	1	
17	2	1	2	1	
18	3	1	3	1	
19	3	1	3	1	
20	3	1	3	1	
21	3	1	3	1	
22	3	1	2	1	11 pts
23	2	1	2	1	
24	3	1	3	1	
25	3	1	3	1	
26	3	1	3	1	
27	3	1	3	1	
28	3	1	3	1	
29	2	1	2	0	9 pts
30	3	1	3	1	15pts
RT NT	81	29	80	26	
HOURS	931.5	333.5	920	299	
% Achieved			99%	90%	

Appendix 3

Recommendations

The resource includes recommendations to aid decision-making as outlined below.

In determining nurse staffing requirements for adult inpatient settings:	
1.	A systematic approach should be adopted using an evidence-informed decision support tool triangulated with professional judgement and comparison with relevant peers.
2.	A strategic staffing review must be undertaken annually or sooner if changes to services are planned.
3.	Staffing decisions should be taken in the context of the wider registered multi-professional team.
4.	Consideration of safer staffing requirements and workforce productivity should form an integral part of the operational planning process.
5.	Action plans to address local recruitment and retention priorities should be in place and subject to regular review.
6.	Flexible employment options and efficient deployment of staff should be maximised across the hospital to limit the use of temporary staff.
7.	A local dashboard should be in place to assure stakeholders regarding safe and sustainable staffing. The dashboard should include quality indicators to support decision-making.
8.	Organisations should ensure they have an appropriate escalation process in cases where staffing is not delivering the outcomes identified.
9.	All organisations should include a process to determine additional uplift requirements based on the needs of patients and staff.
10.	All organisations should investigate staffing-related incidents and their outcomes on patients and staff, and ensure action and feedback.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**01/11/2018**		**Agenda reference:**	**175-18**	
Report title:	**Sussex & E Surrey Sustainability & Transformation Partnership (STP) approach to partnership working and governance support**				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Karen Breen, STP Programme Director				
Appendices:	A: Sussex & E Surrey STP Compact				
Executive summary					
Purpose of report:	To provide SES STP partner Provider Trust Boards/ CCG Governing Bodies with an overview of the recent revisions to the SES STP governance arrangements and commitment to collaborative system leadership via the newly introduced Compact. To seek endorsement of these changes.				
Summary of key issues	The paper provides a concise summary of the necessity for the 2018 governance review, the new model and the principles that support the new arrangements – all of which have been approved by the STP Executive. The QVH CEO is a member of the STP Executive. The paper also provides sight of the newly introduced Compact (agreed by the STP Executive in May 2018).				
Recommendation:	For the Board to **NOTE** the report				
Action required	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**
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:					
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	EMT				
	Date	15/10/18	Decision:	EMT noted	
Next steps:					

Sussex and East Surrey STP 2018/19 approach to partnership working and governance support

1. **Background**

   National guidance '*Next Steps on the NHS Five Year Forward View*' published in 2017 highlighted the need to strengthen Sustainability and Transformation Partnerships (STPs), their leadership and infrastructure. The guidance described the formation of 'Sustainability and Transformation Partnerships'. These are not new statutory bodies and hence supplement rather than replace the accountabilities of individual organisations.

   The guidance recognised that growing financial problems in different parts of the NHS cannot be addressed in isolation. Instead providers and commissioners are required to come together to manage the collective resources available for services for their local population.

   National guidance outlined that to succeed all STPs needed a basic governance and implementation 'support chassis' to enable effective partnership working. In 2017/8, the STP commissioned Carnell Farrar to undertake a governance 'review and refresh' exercise which set out the objectives and architecture of the STP governance arrangements. These arrangements, as with all good governance, were evolutionary to ensure optimum support to the progress of the STP.

   Bob Alexander was appointed as the Sussex and East Surrey Sustainability and Transformation Partnership (SES STP) Executive Chair in November 2017; to oversee development and delivery of STP strategic vision and priorities. This provided a timely opportunity to test that the governance arrangements were fit for purpose in line with the STP progression and maturity. The scope focused on SES STP Executive Group, Programme Board and Oversight Group.

2. **The importance of partnership working and good governance**

   Since STPs do not change the statutory responsibilities of individual organisations they raise important questions for how governance and partnership working will be managed and progressed to support collective decision-making.

   Where STPs are beginning to work well, common factors include improved relationships, dedication to system leadership and transparency, commitment at all levels, a focus on place, a clearly articulated story, and evolutionary governance structures.

   Effective governance should drive STP implementation and ensure the best possible decisions are made; working in the best interests of patients and public. Effective partnership working alongside good governance should help to form closer working relationships and identify areas where priorities and incentives can be aligned and

duplication avoided. This will mean a cultural shift from maintaining individual power bases to a more collaborative way of working that supports joint decision-making

3. SES STP Governance requirements

Two broad requirements were established for the focus of future SES STP governance arrangements:

i. **Authority and decision making; clear, agreed and accepted** – to achieve consistent collaboration and partnership working from across the SES STP footprint:
   - Accountability
   - Inclusivity
   - Transparency

ii. **Empowered transition from discussion to delivery forum** – to develop a clear line of sight for effective implementation of plans and set the system standard for continued collaboration and expectations:
   - Role and Responsibilities
   - Engagement
   - Leadership and behaviours

Outputs from desk-based research, interviews with SES partners and other STPs, and a governance survey conducted throughout January and February 2018 suggested an overall consensus that:

- Existing governance arrangements were no longer fit for purpose to support effective collaboration and decision making
- Forum inclusivity was not consistent and this was hindering transparency and collaboration
- Authority and accountability lines were not supported by the existing arrangements
- Duplication of information across multiple forums was common place and was not conducive to progress
- Reporting and monitoring mechanism needed to be strengthened
- An agreed system change in culture and behaviours was needed to further the commitment to joint/collaborative working across the STP footprint.

In agreement with the SES STP Executive Group and STP Programme Board and scrutiny from the STP Oversight Group the following were agreed as the principles to guide the next evolution of STP governance:

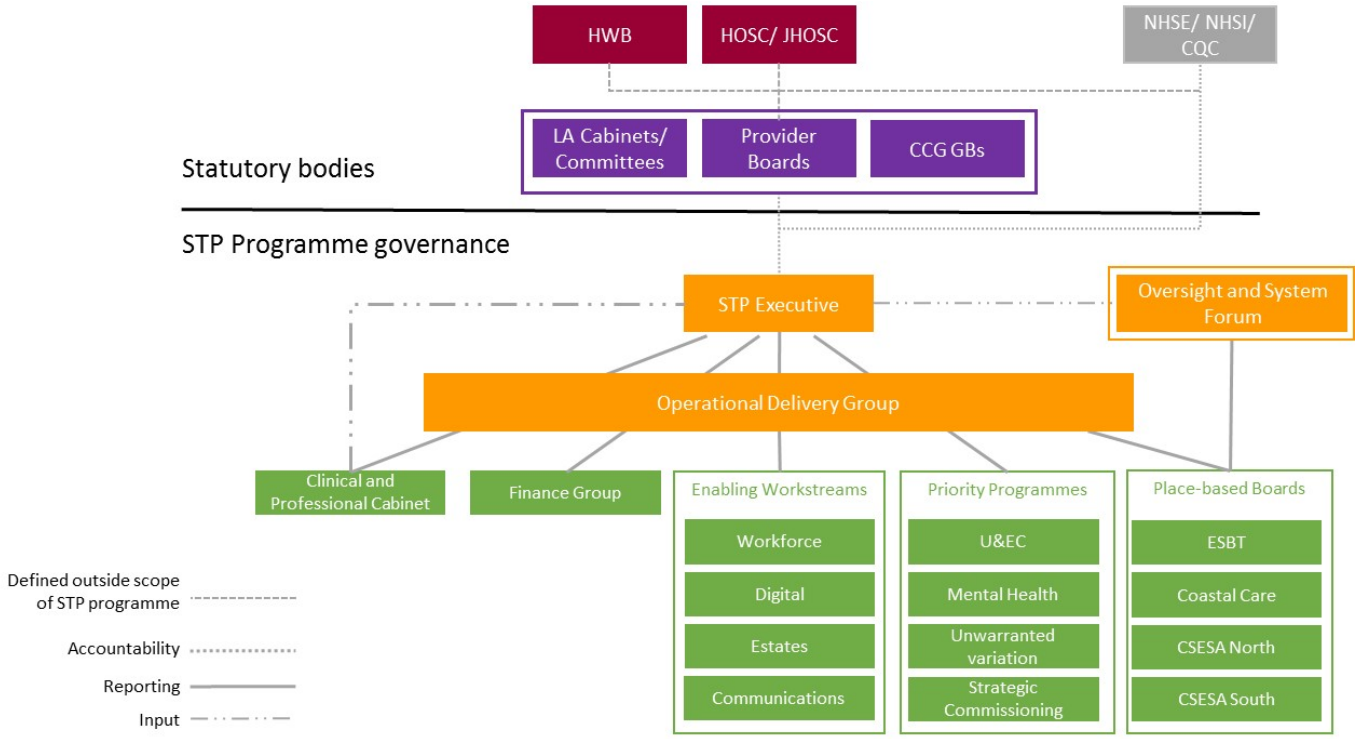
- Support effective collaboration and trust between SES STP health and social care organisations to work together to deliver the transformation
- Clearly define and embed the roles and responsibilities of the leadership
- Provide a robust yet agile framework that facilitates more effective strategic decision-making, including identification of priorities at system, place or local level

- Clarify decision-making authority and accountability, aligned with individual organisations
- Provide assurance around progress and delivery of both the STP programme and place-based plans
- Clarify the reporting and monitoring mechanisms
- Allow for transparent communication between partners and stakeholders
- Make the most of the scarce and limited resources available

4. Refined governance arrangements

In response, refined governance arrangements have been designed, developed and accepted by the current STP Executive, STP Programme Board and STP Oversight Group as the way forward for governance to support the required onward strategic oversight and delivery of SES STP priorities. It was agreed by all parties and forums that the refined arrangement should take effect immediately to ensure optimal support of STP progression throughout 2018/19.

Figure 4.1 Refined SES STP governance structure



The main revisions to the meeting structures are set out below:

STP Executive	• SES STP strategic decision making forum [previously Programme Board] • Accountability for collective strategy and delivery of SES STP [previously Programme Board] • Inclusive STP partner membership [focused on CEO/AO role across NHS] with Clinical representation secured • Take decisions on behalf of respective organisations and steer recommended decisions through respective statutory boards • Set and manage STP resource

	• Monthly [previously fortnightly]
Operational Delivery Group	• NEW group • Drives operational delivery and operational decision making [previously intertwined with Executive Group agenda] • Operational/strategic leads from place-based, programmes and enabling workstreams coming together on a regular basis • Monthly
Oversight and System Forum	A meeting of two parts [merging STP Oversight and STP Programme Board]: Oversight: • Focus on place-based plan development and delivery • Utilise existing place-based chairs' forums to inform group discussion • Membership as per existing with inclusion of HWB Chairs [previously Councils Leaders] • Quarterly [previously bi-monthly] System: • Unitary approach to membership: chairs, CEO/AOs and wider system partners/ stakeholders including HWB and Adult and Social Services • Early engagement and involvement in the determination of key elements of the STP – targeted agenda with specific topic/s • Quarterly [previously every six weeks]

5. Principles of the refined governance arrangements

The direction of travel through to final recommendations of the refined governance arrangements has been taken through and accepted by the Executive Group, Oversight Group and Programme Board throughout February to May 2018. SES STP partners have been kept up to date and feedback incorporated.

Subsequently, in July the Local Authorities confirmed the absolute commitment of all four councils to work with the STP to improve health and social care outcomes for our residents and the two core principles this is based on: place based working and effective partnership and good governance and stand ready to participate once the NHS partnership is ready to do so.

The following proposed principles are a direct result of input from SES STP partners as part of the governance review.

System culture and behaviours

- A need for a change in culture and approach to collaborative working
- Some existing behaviours will need to change to allow the governance structure to work effectively
- A common set of commitments identifying the necessary culture and the best ways of working together is required to ensure collective agreement and support for improved delivery of STP priorities throughout 2018/19 and beyond

Inclusivity

- SES STP partner CEOs represented at the STP Executive

- Chairs forum with added value gained from scrutiny of place-based focus and sharing of information
- Wider partners and other stakeholders to support early development/ feedback of STP priorities via the STP Oversight and System Forum

Collective authority

- Organisational leaders take decisions within their delegated powers and bring to bear the authority of their organisational positions
- Inclusivity of meetings facilitates consistent engagement of key leaders with delegation of attendance by exception only

Effective decision-making

- An inclusive STP Executive that is responsible for the strategic development and oversight of the STP
- The relationship with statutory and regulatory bodies, and the associated decision-making processes are clear and consistently applied across all partners
- Formal decision-making rests with statutory organisations, which own and drive the work through their leaders' participation in all elements of the partnership

Clinical leadership

- Clinical and Professional Cabinet is central to the continued development of the programme – securing the right membership and representation is key
- Clinical support and progress to be aligned to a clearly articulated and agreed SES STP Case for Change
- System clinical leaders take on a leadership role via the STP Executive

Efficient processes in place

- Simplified governance structure that reduces duplication and repetition of reporting
- Consistent reporting arrangements introduced to provide routine updates and aid management of the delivery of STP priorities
- Consistent and clear approach to communication and engagement [to come through the revised Communications Workstream]

6. SES STP Compact

In May 2018, the STP Executive agreed a STP Compact to strengthen system leadership and collaborative partnership working. A copy of the Compact is attached at **Appendix A**.

The Compact is designed to clearly articulate the agreed spirit of collaborative partnership working and sets out subscription to a set of commitments to each other as the executive leadership of the STP. This will need to be mirrored throughout the workings of the STP and not just sit at executive level.

The need to safeguard the autonomy of individual organisations is clearly noted alongside the need to commit to effective partnership collaboration and trust; to deliver the aspirations of the STP.

It is acknowledged that much like the evolution of the governance arrangements to remain fit for purpose, so the progress and success of the Compact will be a developmental journey for all STP partners.

7. Conclusion

Following STP Executive, Oversight Group and Programme Board agreement, the refined governance arrangements have been adopted and commenced in May 2018.

The STP Executive has agreed the SES STP Compact. The implementation of the principles and commitments will be work in progress throughout the course of the foreseeable future.

The refined STP governance arrangements and the adoption and implementation of an SES STP Compact are positive developments that aim to compliment the accountability of individual organisations.

Due to the changing nature and dynamics of STP development, however, it is acknowledged these governance arrangements and Compact will be reviewed at appropriate intervals to ensure they remain fit for purpose.

8. Recommendation

The paper seeks SES STP partner statutory Board endorsement of:

- the introduction of a SES STP Compact to support the initiation of a cultural shift in the current approach to system leadership and collaborative working and,
- the refined governance arrangements to support the strategic leadership and operational development of the STP.

APPENDIX A Sussex and East Surrey STP Compact

Ambition

We will radically change the way we work so we successfully address the challenges we face. We will work collectively and collaboratively to transform and integrate services to meet the changing needs of all of the people who live in our area and:

- Offer people better care and better outcomes and make more use of the resources available to us.
- Improve population health and wellbeing by working together as an STP footprint.
- Tangibly progress towards delivering *Next Steps on the Five Year Forward View* especially: redesign of UEC system, better access to primary care, improved mental health and cancer services.
- Where care is more specialised, this care will be provided through acute clinical networks to ensure that we provide the highest quality care that meets the needs of our patients.
- Facilitate the four place-based integrated care systems to go as fast as they can, recognising different starting points; to better meet people's needs within the funding we have available.

Compact commitments

In the spirit of collaborative partnership working, we subscribe to a common set of principles.

We aspire to fulfil these principles through this explicit compact which, sets out our commitments to each other as the executive leadership of the STP.

We pledge to be open to respectful and constructive feedback about how well we do in this regard.

We commit to effective partnership collaboration and trust to work together to deliver the aspirations of the STP, while safeguarding the autonomy of organisations.

We accept that this is a developmental journey for all of us.

STP COMMITTMENT	INDIVIDUAL PARTNER COMMITMENT
As an STP collective we will…..	**As a partner of the STP I will…..**
Create the Right Environment	***Create the Right Environment***
➢ Behaviours should facilitate stronger	➢ Act in a way which is respectful, open

collective leadership. ➢ Behave in a positive, respectful and consistent way at all levels of interaction with partners. ➢ Be open and transparent, actively contributing at the Executive Group. ➢ Provide a fair and balanced critique of issues raised that are in the interest of the population serviced and do not totally destabilise one partner. ➢ Provide visible leadership to foster consensus and communicate the shared ambition. ➢ Be candid in offering constructive criticism and receptive in receiving it - always assuming good intent	and transparent with a *no surprises* approach. ➢ Maintain integrity of positive partnership working. ➢ Show empathy with partner issues. ➢ Work with own statutory board to facilitate collaboration and cooperation in the interest of the population served. ➢ Engage with and act as an ambassador to the wider system partners so they have an understanding of the vision and process of the STP.
Foster Excellence & Transformation	***Foster Excellence & Transformation***
➢ Deal with those issues which are best considered on a pan-STP basis. ➢ Ensure clinical leadership and engagement is embedded within the STP. ➢ Make available specialist expertise to support the system. ➢ Share and own risks as a system.	➢ Promote ambition, innovation and continuous improvement, celebrating success and learning from setbacks ➢ Provide the tools and information necessary to support clinical and financial sustainability. ➢ Draw on the talents and expertise of all staff across all grades and disciplines to make improvements.
Listen, Communicate & Influence	***Listen, Communicate & Influence***
➢ Listen and act in a spirit of shared endeavour and mutual learning to support solutions. ➢ Communicate regularly and clearly with	➢ Maintain two way communications between STP executive and own Governance authority. ➢ Foster effective internal and external

partners and advocate for the partnership with stakeholders and the public. ➢ Build coalition of support from the wider system to help the STP to implement the change required and to realise the benefits for people who live in our area.	relationships built on trust and agreement. ➢ Seek and provide feedback from and to the STP Executive Group. ➢ Provide visible leadership on behalf of the STP Executive Group to stakeholder events.
Open Collaboration	***Open Collaboration***
➢ Consider and agree solutions to close the quality, financial and efficiency gap. ➢ Promote a culture of system sustainability. ➢ Identify and support STP priorities to promote sustainability.	➢ Offer ambitious solutions to improve the system quality, finance and efficiency gap ➢ Be fully committed to place-based plans; to reach maturity and support future system sustainability

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**1 November 2018**		**Agenda reference:**	**176-18**	
Report title:	**Audit Committee Assurance update**				
Sponsor:	Kevin Gould, Audit Committee Chair				
Author:	Kevin Gould, Audit Committee Chair				
Appendices:	NA				
Executive summary					
Purpose of report:	To provide assurance to the board in relation to matters discussed at the Audit Committee meeting on 19 September 2018				
Summary of key issues	The Committee received assurance on KSO3 and KSO4, and received updates from External and Internal Audit.				
Recommendation:	The Board is asked to **NOTE** the contents of this report.				
Action required				**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:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	None				

Report to: Board of Directors
Meeting date: 1 November 2018
Reference number: 176-18
Report from: Kevin Gould, Chair
Author: Kevin Gould, Chair
Appendices: N/A
Report date: 15 October 2018

Audit Committee report
Meeting held on 19 September 2018

1. The Committee received an assurance update on KSO3 from the Director of Operations. The BAF has been revised significantly to reflect the current situation, and the assurance provided is limited at this time. The Committee was assured that appropriate actions were in progress, and asked for an update at the meeting in March 2019.

2. The Committee received an assurance update on KSO4 from the Director of Finance and Performance. While the Committee was assured that data improvements mean there is a better show underlying activity, further work is required to understand why this activity is falling and why costs are still increasing.

3. The Committee received a report on the status of approved policies. Of the 232 policies, 44 had passed their expiry date with 47 due to expire in the next 3 months. Clinical policies are being prioritised. The Committee received assurance on the processes for the ongoing management of policies.

4. The Committee reviewed and approved the Raising Concerns (Whistleblowing) policy.

5. KPMG provided its update, and a report on the financial statements of QVH Charity. They have issued an unqualified opinion and have made three recommendations on financial systems and controls.

6. Mazars advised that three internal audit reports for the year 2017/18 have been issued since the last meeting. The Committee expressed some concern about the delays in these, in particular a report on Bank and Agency had been in draft for over a year. The Committee sought assurance that the current year plan will be complete in the year, and asked for a more comprehensive update on any slippage at the next meeting.

7. The Committee received a report on the progress of counter fraud activity.

There were no other items requiring the attention of the Board.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**01 November 2018**		**Agenda reference:**	**178-18**	
Report title:	**Annual seal report 2018**				
Sponsor:	Clare Pirie, Director of communications and corporate affairs				
Author:	Hilary Saunders, Deputy company secretary				
Appendices:	None				
Executive summary					
Purpose of report:	For the Board to comply with S10 of the Trust's standing orders by noting any sealings made since the last annual report on 2 November 2017.				
Summary of key issues	There have been no sealings since the last annual report				
Recommendation:	The Board is asked to **NOTE** the contents of this report				
Action required	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	Ensures compliance with S10 of the Trust' standing orders, approved by the Board in July 2018				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	NA				

Report to:	Board of Directors
Meeting date:	01 November 2018
Agenda item reference no:	178-18
Report from::	Clare Pirie, Director of communications and corporate affairs
Author:	Hilary Saunders, Deputy Company Secretary
Date of report:	10 October 2018

Annual seal report

Purpose

1. The purpose of this paper is to comply with section 10 of the Trust's Standing Orders by providing an annual report of all sealings made since the last report on 02 November 2017.

Background

2. The Trust's Standing Orders, approved by the Board of Directors in July 2018 state:

> **Custody of seal**
> The Secretary shall keep the seal of the Foundation Trust in a secure place.
>
> **Sealing of Documents**
> Documents can only be sealed once they have been authorised by a resolution of the Board of Directors or of a committee thereof, or where the Board of Directors has delegated its powers.
>
> Building, engineering, property or capital documents do not require authorisation by Board of Directors or a committee thereof, but before presenting for seal these documents do require the approval and signature of the Finance Director (or an officer nominated by him/her) and the authorisation and countersignature of the Chief Executive (or an officer nominated by him/her who shall not be within the originating directorate).
>
> The fixing of the seal shall be authenticated by the signature of the Chair (or the Deputy Chair in the absence of the Chair) and one Executive Director.
>
> **Register of sealing**
> An entry of every sealing shall be made in a record provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealings shall be made to the Board of Directors at least annually. The report shall contain details of the description of the document and date of sealing.

3. The last annual report of sealing was made to the board of directors at its meeting held in public on 02 November 2017.

Annual report

4. Since 02 November 2017 there have been no resolutions to fix the seal of the Trust to a document.

Issues and risks

5. There are no issues or risks specifically relating to document sealed since the last report.

Recommendation

The board of directors is asked to **NOTE** this annual report of sealings.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	01 November 2018		**Agenda reference:**	**179-18**	
Report title:	**Co-operation with third parties with roles in relation to NHS foundation trusts**				
Sponsor:	Clare Pirie, Director of communications and corporate affairs				
Author:	Hilary Saunders, Deputy Company Secretary				
Appendices:	NA				
Executive summary					
Purpose of report:	The purpose of this paper is to enable the Board to fulfil its obligations under section E.2 of the NHS Foundation Trust Code of Governance to review on an annual basis the effectiveness of mechanisms to co-operate with relevant third party bodies and relationships with other NHS bodies, local authorities and other relevant organisations with an interest in the local health economy annually and, where necessary, take proactive steps to improve them.				
Summary of key issues	QVH continues to play a full role in the local STP and partnership working with BSUH and WSHFT has developed further over the last year. No specific risks have been identified.				
Recommendation:	The Board is recommended to accept the assurance of this report regarding the continued effectiveness of the trust's co-operation with relevant third parties.				
Action required				**Assurance**	
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	Effective partnership arrangements are essential to the delivery of KSO2, KSO3 and KSO4 and developments in current and new relationships should be reflected in the risks associated with these KSOs				
Corporate risk register:	None				
Regulation:	NHSI –Foundation Trust Code of Governance				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	None				

Report to:	Board of Directors
Meeting date:	01 November 2018
Reference no:	179-18
Report from:	Clare Pirie, Director of communications and corporate affairs
Author:	Hilary Saunders, Deputy Company Secretary
Report date:	10 October 2018

Co-operation with third parties with roles in relation to NHS foundation trusts

Purpose

1. The purpose of this paper is to enable the Board of Directors to consider the Trust's relationships with third parties in order to fulfil its obligations under section E.2 of the *NHS Foundation Trust Code of Governance ,* specifically:

> "The board of directors should review the effectiveness of these processes [effective mechanisms to co-operate with relevant third party bodies] and relationships [with other NHS bodies, local authorities and other relevant organisations with an interest in the local health economy] annually and, where necessary, take proactive steps to improve them."

Principles

2. The Board of Directors recognises that co-operation and collaboration is key to the sustainability of the organisation.

3. On behalf of the Board, the executive management team and their direct reports are responsible for maintaining collaborative and productive relationships with representatives of third parties. They are supported by members of the Hospital Management Team.

4. Third party developments and opportunities are reviewed by the executive management team at its weekly meetings and where appropriate discussed in the wider forum of the Hospital Management Team.

5. Issues and risks are reported to the relevant groups/committees within the Trust's governance structure and escalated to the Board of Directors for oversight and scrutiny.

Developments

6. Over the last year the Board of Directors has considered and continued to develop its relationships third parties including:
   - Brighton and Sussex University Hospitals Trust and Western Sussex Hospitals Foundation Trust, seeking to build on current partnership working to further align both clinical and support services. QVH and BSUH already work in partnership on a range of clinical activity including burns, plastics and head and neck services. The

three trusts have set up a programme board to make recommendations for further collaboration.

- NHS trusts which host QVH 'spoke' services across the South East Region, with specific work around improved waiting list management
- The Sussex and East Surrey STP, with executive directors regularly participating in all of the associated working groups and meetings, and the QVH Chair chairing the oversight group
- The Kent and Medway STP, with links primarily at chief executive level

Issues and risks

7. There are no immediate operational issues or strategic risks to the Trust's approach to and processes for co-operation with third parties.

Recommendation

8. The Board of Directors is recommended to accept the assurance of this report regarding the continued effectiveness of the Trust's co-operation with relevant third parties.