Queen Victoria Hospital
NHS Foundation Trust

Business Meeting of the Board of Directors

Thursday 3 January 2019

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: 3 January 2019

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 *(apologies)*
Director of Communications and Corporate Affairs	-	Clare Pirie
Deputy Company Secretary	-	Hilary Saunders
Lead Governor	-	John Belsey
Dave Hurrell	-	Deputy Director of HR

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

NHS
Queen Victoria Hospital
NHS Foundation Trust

Business meeting of the Board of Directors
Thursday 3 January 2019
11:00 – 14:00
The Education Centre, Queen Victoria Hospital RH19 3DZ

Agenda: session held in public			
Welcome			
06-19	**Welcome, apologies and declarations of interest** *Beryl Hobson, Chair*		
Standing items		**Purpose**	**Page**
07-19	**Patient story** *Jo Thomas, Director of nursing*	*assurance*	-
08-19	**Draft minutes of the meeting held in public on 1 November 2018** *Beryl Hobson, Chair*	*approval*	1
09-19	**Matters arising and actions pending** *Beryl Hobson, Chair*	*review*	9
10-19	**Chair's report** *Beryl Hobson, Chair*	*assurance*	10
11-19	**Chief executive's report** *Steve Jenkin, Chief executive*	*assurance*	14
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services			
12-19	**Board Assurance Framework** *Jo Thomas, Director of nursing, and* *Ed Pickles, Medical director*	*assurance*	69
13-19	**Quality and governance assurance** *Ginny Colwell, Non-executive director and committee chair*	*assurance*	-
14-19	**Corporate risk register (CRR)** *Jo Thomas, Director of nursing*	*review*	72
15-19	**Quality and safety report** *Jo Thomas, Director of nursing, and* *Ed Pickles, Medical director*	*assurance*	80
16-19	**2018 Emergency preparedness, resilience, and response (EPRR) assurance** *Jo Thomas, Director of nursing*	*assurance*	115

Key strategic objectives 3 and 4: operational excellence and financial sustainability			
17-19	**Board Assurance Framework** *Abigail Jago, Director of operations and* *Michelle Miles, Director of finance*	*assurance*	152
18-19	**Financial, operational and workforce performance assurance** *John Thornton, Committee chair*	*assurance*	154
19-19	**Operational performance** *Abigail Jago, Director of operations*	*assurance*	157
20-19	**Financial performance** *Michelle Miles, Director of finance*	*assurance*	175
21-19	**Network 7 Pathology contract** *Michelle Miles, Director of finance*	*approval*	185
22-19	**Estates strategy** *Michelle Miles, Director of finance*	*information*	-
Key strategic objective 5: organisational excellence			
23-19	**Board assurance framework** *Dave Hurrell, Deputy director of workforce*	*assurance*	192
24-19	**Workforce monthly report** *Dave Hurrell, Deputy director of workforce*	*assurance*	193
25-19	**People and organisational development strategy** *Dave Hurrell, Deputy director of workforce*	*approval*	205
Governance			
26-19	**Audit committee** *Kevin Gould, Committee chair*	*assurance*	227
Any other business (by application to the Chair)			
27-19	*Beryl Hobson, Chair*	*discussion*	-

Questions from members of the public			
28-19	*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**: 07 March 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 1 November 2018, 11:00 – 14:00, Education Centre, 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)
	John Thornton (JT)	Non-executive director (voting)
In attendance:	Hilary Saunders (HS)	Deputy company secretary (minutes)
	Andi Heaton (AH)	Freedom to speak up guardian **[items 155-18 to 161-18]**
Public gallery:	Two public members of the Council of Governors.	

Welcome	
155-18	**Welcome, apologies and declarations of interest** The Chair opened the meeting. There were no apologies and no new declarations of interest.
Standing items	
156-18	**Patient story** JMT advised the Board that the patient who had planned to come to today's meeting to recount her experience had withdrawn at short notice. She had, however, forwarded an email describing her recent experience of treatment. Reading from the email, JMT described in detail how the patient had felt that she was not listened to and that her treatment had been lacking in dignity and respect. The complaint had been subjected to full investigation, with the majority of issues upheld. JMT and EP updated the Board of actions taken to ensure the issues had been addressed and that those concerned had carefully reflected on this event. The Board expressed concern and asked that a letter of apology be sent from the Chair to the patient, (who was aware that the Board was hearing about the issues raised), assuring her that lessons had been learned from the incident.
157-18	**Draft minutes of the meeting session held in public on 6 September 2018** The minutes of the meeting held in public on 6 September were **APPROVED** as a correct record, subject to the wording of item 128-18, explicitly stating the surgeon's mess will be available for all members of staff to use in the future.
158-18	**Matters arising and actions pending** The board received and approved the current record of matters arising and actions pending.
159-18	**Chair's report** The Chair presented her first written report to the Board which included details of activities with governors and non-executive directors, and also of events attended on behalf of the Trust. The Board commended this as a useful addition to current reporting, particularly the updates on external ambassadorial roles.
160- 18	**Chief executive's report** The Chief executive presented his regular report, comprising: Board Assurance Framework (BAF) overview Key risks remained workforce, underperformance against income plan and the RTT18 and 52 week breach position. Any impact on patient safety and quality was carefully monitored and assurance provided in

	separate reports to the Board, which was also shared with regulators and commissioners. The main report, highlights of which included: • The appointment of a programme director to support the Trust's current partnership working with Brighton and Sussex University Hospitals (BSUH) and Western Sussex Hospitals Foundation Trust (WSHFT). The aim is to further align both clinical and support services. The Chair and CEO of WSHFT had been invited to attend the December board seminar. The Chair reminded the Board that it was still waiting to see the terms of reference for the Programme Board. • Receipt of the CQC routine Provider Information Request (PIR). This is an indication that within six months, the CQC will undertake an inspection of well-led at the trust-wide level, in addition to an inspection of at least one core service. Information contained within PIR will inform the CQC's inspection approach. SJ commended JMT and her team for the work undertaken in preparation for this. • Publication by NHS Improvement of Q1 finance and operational performance figures for the provider sector which showed provider trusts were forecasting a deficit of £519m, despite the requirement set out in the planning guidance to deliver a balanced income and expenditure position. The Board commended the introduction of the integrated dashboard presented data using the CQC domains of safe, effective, caring, responsive and well led which made information more easily accessible. It highlighted the issues of underperformance against plan, recruitment and retention and RTT18 waiting times, but also demonstrated that the Trust was performing well under safe, effective and caring. There had been a slight increase in the Friends and Family (FFT) metrics of staff recommending QVH as a place to work, but SJ noted there was still room for improvement. The Board noted that this was not a requirement of the regulator and it was at the Trust's discretion how best to present the summary data. Discussion ensued as to the benefits or otherwise of presenting data according to the Trust's KSOs instead of CQC domains. Agreement was reached to review again at the seminar in February. However, SJ noted it was important to recognise that these were the areas which the CQC would review during inspection. The Board sought and received clarification regarding the wording used to describe the current estates strategy which did not fully reflect the wording of KSO2. SJ explained that was not a new branding but rather a description of what the Trust aimed to achieve through its estates programme (ie. enhanced patient experience by ending the need to move patients from theatres to the wards through draughty, open corridors). Brexit and the impact to delivery of services. SJ reported that the Secretary of State had written to advise of requirements to ensure continuity of supply of goods and services in the event of a no-deal Brexit, and reported that MM had been appointed as board-linked Senior Responsible Officer (SRO). MM described work underway to ensure due diligence, scheduled for completion at the end of November. She also advised that she would be raising these issues during the next STP procurement conference call. The Board noted the media update and that that given the size of our organisation, QVH generated a strong media and social media presence, which particularly recognised our standing in the local community.
161-18	**Freedom to speak up (FTSU)** The Chair welcomed Andi Heaton, the FTSU guardian who was attending the Board to provide an annual update on the FTSU role and the activity so far. The Board noted the contents of the report and sought clarification with regard to the following: • Reference to the statement that a 'surprising number' of speak ups had occurred since the appointment of the guardian 18 months ago. AH explained that compared to Brighton and Sussex University Hospitals NHS Trust (BSUH), the percentage of speak ups was higher at QVH, which was a substantially smaller organisation. The Board acknowledged that having a large number of speak ups was not necessarily a bad thing as it demonstrated a culture of openness and transparency. SJ concurred, and felt this figure was a testament to the transparency of the FTSU election process, the credibility of AH and also the high profile which the FTSU initiative had been given throughout the Trust since its launch. • Following four speak ups from one department, an investigation was underway. AH made clear that reference in the report to those suffering repercussions as a result of speaking up related to this particular investigation, and not to the experience of all those who had chosen to speak up in recent months. The investigation had yet to be concluded, so it was not possible to provide any further information in this particular case. • The Board sought assurance that staff affected would be protected under the Whistleblowing policy. GO

	explained that there were two distinct issues in relation to whistleblowing and the legislation which related to it (the Public Interest Disclosure Act (PIDA) 1988). Whilst there were sufficient protections under PIDA for those who raised such concerns, the Trust also had a responsibility to create a culture of openness where individuals raising any other concerns would also feel confident to speak up. The Board noted the additional challenges of maintaining confidentiality in a small organisation. SJ reminded the Board of the number of issues which had been satisfactorily resolved as a result of the FTSU initiative, but agreed with AH that there was a requirement to review current process to ensure the right mechanisms were in place. The Board debated the reasons why the number of speaks up had fallen in recent months. Whilst it was noted that the Trust offered a variety of ways in which to raise concerns in addition to the FTSU process, it was also agreed that, with AH's departure and the appointment of a new FTSU guardian, this would be a timely opportunity to relaunch the process. On behalf of the Board, the Chair thanked AH for everything she had done in establishing the FTSU role, and wished her well in the future.
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
162-18	**Board assurance framework** AJ presented the latest update on KSO3. The Board noted the variable trust wide processes for booking and scheduling and asked how this would be addressed. AJ described development of process maps. Current focus was on stability and reporting processes on this site, with a review scheduled for quarters 3 and 4. Spoke sites would be incorporated into the overall process in due course. MM presented the KSO4 update asking the Board to note that whilst we were above plan at the end of Q2, there were still significant risks to full year delivery.
163-18	**Financial and operational and workforce performance assurance** As Committee Chair, JT noted that QVH still faced a number of related challenges across operations, financial performance and workforce, for which there was limited assurance that all key goals would be achieved. Despite some levelling out, JT was not assured that overall recruitment and retention issues were improving. Feedback from the Stay/Exit interviews reviewed by the Committee indicated that many of the areas for improvement raised by employees did not relate to pay and conditions, but fell into the category of leadership, including limited management support. The Board agreed this would be carefully monitored by the Committee (noting that all members received F&PC reports as a matter of course).
164-18	**Operational performance** AJ presented the regular update, asking the Board to note in particular: • The referral to treatment (RTT) position with the planned revision of trajectories. • The eRS hard paper switch-off which took effect on 1 October. 3% of referrals were still received on paper but the Trust had protocols in place to ensure these weren't lost in the system. QVH was working well with commissioners and weekly calls with NHSE/NHSI and the CCG to monitor progress were ongoing. • Significant challenges in regard to delivery of diagnostic standards in September with particular pressures in sleep studies. However, whilst we were not yet where we wanted to be, both NHSI and commissioners appeared assured by the progress to date. The Board commended the quality of the reports and went on to seek clarification on the following: • That the 53.8% performance on the 62-day head and neck (H&N) cancer target was as a result of the very small numbers involved (3 breaches in a total of 6.5). AJ described the complicated pathway for head and neck patients, much of which was not under the Trust's control. There had been a dip in the August performance; however September targets were back on track. • Analysis of the data which showed the top seven reasons for cancellations within theatres. Good progress was being made to mitigate against these through contacting patients in the days just prior to procedure.

165-18	**Financial performance** MM presented the finance report, highlighting: • That the Q2 position had been achieved as a result of a series of non-recurrent stock adjustments. Work within theatres and procurement was ongoing to introduce significant changes in current practice and gain better understanding of minimum stock requirements. • Other additional income included funding from the League of Friends for the CT scanner (due for implementation in December). • There had been a significant drop in patient activity, particularly within Outpatients (mainly Oral services and Plastics). MM was hopeful the situation would improve once the benefits of the efficiency work supported by FourEyes and RTT18 were realised, but in the meantime the operations team would investigate the reasons behind this drop and report back via the F&PC. • In line with other trusts, our pay position had also been affected by the Agenda for Change award. The Board considered the current position, noting that whilst the Trust had agreed to reset its operational plan in July,(thus reducing the challenge during the first half of the financial year), this had made it significantly harder to achieve plan in the second half. Costs were rising due to the need for agency staff, whilst income remained stagnant. In order to become a sustainable business it was crucial for the Trust to address both activity and cost control and there was now an urgent need to engage the whole organisation to support this.
166-18	**Estates strategy** MM presented a report apprising the Board of developments to the Trust's estates strategy. Highlights included: • The Trust wished to develop its site to ensure it remained one of the leading surgical hospitals in the country. In order to fund this, it was considering selling an unused area of land on the site. The aim was to sell this land with planning permission in order to maximise the value to the hospital, (the land identified is already allocated in both the district and local plan for housing). The Trust had appointed architects and had worked with planners in recent months, but learned very recently that it wouldn't be possible to achieve the land sale in this financial year due to the requirement for ecology reports to be undertaken prior to seeking planning permission. The Board sought and received clarification in respect of the following: • The objective was to improve patient experience by building two new wards adjacent to the theatres. Currently patients were moved through cold corridors between theatres and the wards which impacted on privacy and dignity. It was also hoped that the plan would allow for enhanced outpatient environment and an improvement in car parking which would benefit patients, visitors, staff and the local neighbourhood. • There had been strong public and staff engagement which would continue. • There was a strong governance process in place with the Estates strategy project steering group, reporting directly to the Finance and performance committee. • A draft transport survey had already been undertaken which had not highlighted any significant tissues. • Mid Sussex District Planning had been specific about the number of dwellings permitted (including affordable housing), but appeared reasonably supportive of the Trust's approach to date. MM agreed to keep the Board apprised on progress and likely timescales.
Key strategic objective 5: organisational excellence	
167-18	**Board assurance framework** As part of the KSO5 update, GO highlighted: • The opportunities for closer partnership working with STP and through the Local Workforce Action Board (LWAB), particularly for whole system leadership and talent management initiatives • That she was now executive lead for the recently launched Theatre recruitment and retention workstream (part of the work supported by FourEyes). • The draft workforce and organisational development strategy was scheduled for review by the Board at its seminar in December.
168-18	**Workforce monthly report** GO presented the latest workforce report asking the Board to note: • Finance and Human Resources continued to work closely together to consolidate the ledger and gain a

	clear understanding of the precise vacancy rate. • Additional work was being undertaken on the temporary workforce, with a focus on the cost to the organisation. • Sickness rates attributed to stress and anxiety incorporated a large range of illnesses, including depression. The latest report from Occupational Health indicated that around half the cases were linked to personal rather than work related challenges. A bid had been submitted to the League of Friends for funding for a stress reporting tool. • An increase in staff engagement had been seen from the recent Friends and Family Test (FFT). Return rates to date for the current staff survey were good. The Board asked if any trends had been identified regarding the recent spike in leavers. There was no obvious trend, but the Head of Organisational development was currently developing a qualitative scoring metric to enhance intelligence gained from exit interviews.
169-18	**Equality and diversity annual report** GO presented the workforce diversity report for 2017/18, observing that as QVH was such a small organisation there had been challenges around reporting detailed information given the ease with which staff could be identified. She highlighted in particular: • Section 2 of the report which set out the nine equality priorities which the Trust was required to abide by • The equal pay and reward section, noting that the gender pay gap correlated to the difference in male representation at different bands/grades, with an uneven distribution in medical and dental roles and senior management (for example Clinical Excellence Awards (CEAs) paid to long standing surgeons at the top of their pay scale). At present not enough females were applying for CEAs. This matter had been raised at the Local Negotiating Committee (LNC) meetings and was a key action to improve on current numbers. • The workforce age profile, noting concerns regarding the aging workforce and the large percentage of staff aged over 55 who could take retirement at any given time. The workforce and organisational development strategy was to support flexible working and flexible working patterns. The Board noted the contents of the report and sought additional clarification regarding the high numbers of staff who had not declared their sexual orientation. GO explained that the Trust uses the electronic staff record (ESR) - not staff survey data - to process and report information on diversity characteristics. Upon appointment all staff are asked to provide equality monitoring information. However, longer serving members of staff would have been appointed before data was collected in this way which could explain the high level of non-disclosure. There were no further questions and the Board **NOTED** the contents of the report.
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services	
170-18	**Board assurance framework** JMT and EP presented the current BAFs for KSOs 1 and 2, reporting there had been no changes since the last report.
171-18	**Quality and governance (Q&G) assurance report** As Committee Chair, GC presented the latest Q&G assurance report, asking the Board to note that at the last meeting, discussion had focused on deaths which had taken place at the Trust in in April and September. The Trust needed to clarify processes and timescales in order to identify and implement learnings as quickly as possible. Recommendations would be presented at the next Q&GC. The 18-week Referral to Treatment target (RTT-18) had been raised as a Serious Incident. It was agreed that the Board would spend some time reflecting the train of events. BH confirmed this should be scheduled for the seminar in February 2019.
172-18	**Corporate risk register (CRR)** JMT presented September's Corporate Risk register asking the Board to note that this had been further reviewed in October; additional changes would be reported to the Board via the Q&GC. This version showed three new risks had been added, three closed and three re-scored. She was assured that directors now took ownership for risk, ensuring the process was embedded throughout the organisation. The Board reviewed the risks which had been re-scored noting in particularly there had been robust assurance

	with regard to compliance requirements under the General Data Protection Regulation. JMT explained that despite work undertaken to mitigate against the risk of patients missing from the cancer PTL, this risk would remain on the corporate risk register for the time being. The Board commended the quality of the CRR. There were no further comments and BH thanked JMT for her update.
173-18	**Quality and safety report** JMT and EP presented the quality and safety report drawing the Board's attention to the metrics contained within the report which provided assurance that QVH continued to provide safe, high quality care and a sustained patient experience, despite the workforce shortages. A further risk to quality of care was the RTT18 and RTT52 breaches. An agreed process for undertaking clinical harm reviews on all patients affected was in place, with no harm identified to date, although the Trust did not underestimate the impact of these delays on patients and families. The Trust supported the use of bank and agency staff where necessary, and would not compromise on safety regardless of current challenges within the organisation. EP presented feedback following the recent Health Education England Kent, Surrey and Sussex review. All trainees had highlighted the supportive environment at QVH, but the main concern was that trainees were working in satellite clinics without local consultant supervision when consultants were on leave. EP noted that QVH operates a larger hub/spoke model than other hospitals and in the past have relied heavily on junior doctors to support this. Whilst there were plans to address the recommendation, these would have both financial and operational impacts. The review team had also expressed concern at the lack of appropriate food and rest facilities available to trainees out of hours. This had been a recurrent theme throughout previous reviews, however, plans were now underway to address this as part of the capital programme. The Board sought clarification regarding the reporting of infection outbreaks. JMT referred the Board to the Quality and Safety assurance report which had advised that the Trust's quality indicators were being reviewed to include MRSA. However, the focus for the national target remained on bacteraemia. The Board received assurance that there had been a recent improvement in Site Practitioner staffing, with JMT noting that the team was now fully established, (although unexpected sickness had accounted for a recent reduction in cover). The Clinical Quality Review Group had met on 7 November and formally closed down the action plan resulting from the Prevention of Future Deaths notice. The Board sought and received assurance that by using a range of metrics, there was clear evidence that the Trust performed well against the national benchmarks relating to harm-free care.
174-18	**6-monthly nursing workforce review** JMT presented the six-monthly workforce review; this was a National Quality Board requirement providing assurance that safe nursing levels were being maintained in all areas of the Trust. JMT advised that this had been reviewed both at Executive management team (EMT) and Quality and governance committee (Q&GC), where there had been considerable discussion regarding workforce issues. The Board was reminded of the ongoing commitment and flexibility of staff who worked hard to provide continuity of care. In addition the Trust had developed good working relationships with its agency staff. The report demonstrated that safe care has been provided but the Trust was not complacent and aware that it remained at risk within critical care and theatres. Whilst there was an expectation that the international recruitment programme would eventually relieve some of the pressure, JMT warned that there could be a 12-month lead in period before this cohort were fully inducted into the Trust. Focus also continued on local staff recruitment programmes.

	The Board noted the contents of the 6-monthly establishment review, taking assurance that the Trust met the benchmarks recommended by the Royal College of Nursing. It also commended the achievement of the operational nursing teams in achieving over 90% compliance of statutory and mandatory training, despite current pressures.
Governance	
174-18	**STP governance arrangements** SJ presented a paper which had been circulated to all Sussex and East Surrey (SES) STP partner provider trust boards and CCG governing bodies which summarised recent revisions to the SES STP governance arrangements. SJ reminded the Board of the background to the 2018 governance review, noting that the STP executive (of which he was a member) had approved the model and principles supporting these new arrangements. The STP Compact had been introduced to strengthen system leadership and collaborative partnership working . SJ noted in particular the values to which all organisations were required to commit. The Board discussed the content of the paper and the implications of the new governance arrangements, in particular: • The Board was cognisant of the need to identify acute clinical network solutions to the challenges within provision of maxillofacial care. The STP clinical and professional cabinet were developing the clinical case for change which would require visible leadership. • Given that workforce was currently an issue throughout the STP, not just at QVH, there was a requirement for transparency and scrutiny around the decision making process. • The Kent STP was not linked to this proposal, although the Board noted that several of our satellite services were based in this area and requested updates as they became available. • There was a request for more assurance with regard to collective authority. SJ reiterated that he would not be prepared to act outside of the parameters of the Trust's scheme of delegation. All 24 organisations involved in the SES STP, including QVH, had been asked to endorse the document. The Board noted that whilst gaps remained around some of the detail, it was important to proceed and agreed to endorse the current proposal.
176-18	**Audit committee** The Board received an assurance report from the Chair of the committee on matters discussed at its meeting on 19 September. There were no questions and the Board **NOTED** the contents of the report.
177-18	**QVH Charity** BH noted that as the Charity reported into the Corporate Trustee and not the Board, this item would be removed from future agendas. However, the Corporate Trustee would be required to receive final and approved minutes of the Charity committee meetings **[Action: CP].**
178-18	**Annual report on use of Trust seal** In line with S.10 of the Trust's standing orders, the board received a report confirming that there had been no sealings made since the last annual report in November 2017.
179-18	**Annual review on co-operation with third parties** As required under the FT Code of Governance, the Board considered a report on the effectiveness of the Trust's co-operation with relevant third parties. The Board reflected that the regulation pertaining to this report was less relevant now than when FTs were first established due to Strategic Transformation Partnerships (STPs) and collaborative working, and it was clear that co-operation and collaboration were crucial to our sustainability.
Any other business	
180-18	There was none.

Questions from members of the public	
181-18	There were none.

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	Nov 2018	171-18	Quality and governance assurance	KSO1	Review of RTT18 waiting list issue to be included as part of BoD seminar work programme	**CP**	Feb-19	Scheduled for February 2019	**Pending**
2	Nov 2018	177-18	QVH Charity	Governance	Corporate Trustee to receive final and approved minutes of the Charity committee meetings	CP	With immediate effect	Included in CT meeting with effect from December.	**Closed**
3	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	Regular updates now included in CEO report wef November 2018	**Closed**
4	Sept 2018	138-18	Risk appetite	KSO1	Risk issue descriptors to be refined on an ongoing basis from November.	**JMT**	Nov	Complete	**Closed**
5	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~~ Jan	Update iincluded in safety and quality report to January BoD	**Closed**
6	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	**Closed**
7	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	**Closed**

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**Thursday, 3 January 2019**		**Agenda reference:**	**10-19**	
Report title:	**Chair's Report**				
Sponsor:	Beryl Hobson, Chair				
Author:	Beryl Hobson, Chair				
Appendices:	NA				
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					
Recommendation:	For the Board to **NOTE** the report				
Action required *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:					
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	NA				

Report to:	Board of Directors
Meeting date:	Thursday 3rd January 2019
Agenda item reference no:	10-19
Report from:	Beryl Hobson, Chair
Date of report:	Monday 17th December 2018

Chairs Report

Overview

1. As we enter 2019, it is worth reflecting on the last year and looking forward into this new year. 2018 year was not without challenge for the board and hospital, with a significant deterioration in some of our operational activities and finances, together with workforce issues. All these issues are of course intertwined, and understanding every aspect of this complexity is essential to enable us to deliver stretching, achievable recovery plans and accurate forecasts for future years.
2. Notwithstanding these challenges our staff continue to provide outstanding care to patients, as reflected in our quality reports. Every week I read the comments about QVH on the online 'Care Opinion'. As I write, today's entry includes the following wording ''my experience has been 100% positive thanks to the care and professionalism of all your members of staff''. On behalf of the board, I would like to extend our thanks to everyone for their contribution to ensuring that patients get the best possible care.
3. We now know that we will be subject to a CQC Well-Led inspection in February 2019 and some of our services will receive an unannounced inspection. I am confident that everyone will respond well to CQC and will demonstrate QVH at its very best.

Chair's activities

4. In early December I attended the Sustainability and Transformation Programme (STP) Oversight group, comprised of the Chairs and Leaders of the twenty four organisations involved in the STP. We received an update from the Executive Chair and Leader including his views on the current business planning round (timescales have already slipped). He indicated that he felt that the STP system is now working together in a more organised way, although it still has a significant financial challenge. He also stated that once organisations have declared their 3rd quarter positions and forecast outturn, there would have to be a very good reason for any changes before the financial year end. We also received a report on the transformation priorities and a baseline summary of the underlying work streams. Finally the four 'places' gave updates on the transformation work in their areas.

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. In November and December we had a record number of staff and volunteers attending the induction. One of the issues which was raised in November was how long we take to offer jobs (and how unwelcoming this can seem) and I know that this is area of concern for the Workforce team who are actively working on our processes to improve this situation (the issue is not just about the workforce team, but also how managers interact with the process).
    b. Walkabouts – since I was appointed I have always undertaken '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.

Recent visits include:

- the workforce team
- Kitchens
- Housekeeping
- Peanut ward
- Business managers
- Radiology (a team visit and a second visit to see the new CT scanner in action)
- Patient Experience
- Cashier
- C-wing wards
- Physio and OT
- Theatres

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

c. Volunteer coffee morning - the hospital is very well served by a willing band of volunteers, and it was a privilege to attend their coffee morning and to thank them for the valuable service they provide to QVH
d. 10 and 15 year service awards – we held two sessions to present the certificates and badges to people who have long service in the NHS. I usually reflect in these sessions about what has changed in the world since they started their NHS careers, highlighting that both the NHS and QVH has changed considerably and will continue to evolve to respond to patients' needs. We also took the opportunity at the December board seminar to present the Director of Nursing, Jo Thomas, with her 30 year award.
e. I have also met with several consultants and senior clinicians as part of a programme to understand the issues they face in their day to day jobs

External engagements

6. I am often asked to act as a 'external interviewer' for NED and Chair appointments. Since the last board meeting I was involved in the interviews for the Chair of First Community Health – a Community Interest Company (CIC) delivering health and community services in the 'north place' (and part of our STP). The successful candidate will be confirmed by their Council of Governors (who in the case of a CIC are predominantly staff) on Thursday 20th December, so the outcome should be public before our board meeting.
7. QVH enjoys a good relationship with East Grinstead Museum, which contains exhibitions relating to the hospital and Guinea Pig Club. I was fortunate to be invited to a lunch with the trustees of the Museum and the RAF benevolent fund, which provides support to the museum.
8. I was also privileged to be invited to an informal get together of guinea pigs and their families, which was organised by Andrew Perry, son of Jack Perry. Whilst there was only one guinea pig able to attend, it was good to meet the families, including Maggie Saunders, who has been a great supporter of QVH and our awards ceremony.
9. I met individually with Alan Macarthy the recently appointed Chair of Western Sussex and Brighton and Sussex University Trusts. We discussed the current MOU with BSUH and our working partnership with both hospitals. At our December board seminar Alan and the CEO, Marianne Griffiths, joined our board to talk about the current and possible areas of future collaboration.

10. I spent two slots collecting for the QVH charity at Sainsbury's. It was humbling to see the respect and fondness that local people have for QVH. During the course of November we raised over £3,500 for the charity – well done and thank you to everyone involved.

Non-Executive Director (NED) Activities

11. 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 to Ross Tilley ward and Out patients
    - A tour round the QVH estate (with reference to the potential land sale site)
    - Attending the IM&T meeting
    - Visits to Pharmacy and histopathology

Governor Activity

12. Steve Jenkin and I attended the governors' forum on 5 November 2018. The purpose of this forum was for governors to understand the trust strategy (including the estates strategy), roles of the lead governors and the NEDs and to get to know each other. In the evening John Belsey, the lead governor, organised a social event for governors which Steve and I also attended.
13. I attended the Governors Steering group which sets the agenda for the Council of Governors. On the same day I also attended the Governors appointments committee which amongst other issues commenced the process of appointing two new NEDs to replace Ginny Colwell and John Thornton in 2019.

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 December 2018 alongside the corporate risk register. KSO 1 and 2 were reviewed at the Quality and Governance Committee,20 December. KSO 3, 4 and 5 were reviewed 17 December 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 January trust board and has been shared externally with externally to regulators and commissioners.

	Q 4 2017/18	Q 1 2018/19	Q2 2018/19	Q3 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	20	20	20	20	15

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**03/01/2019**	**Agenda reference:**			
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 October & November 2018 3) Understanding the performance and potential of specialist hospitals – Innovation Agency and UCL Partners				
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	• Integrated Performance Dashboard Summary • CT scanner installed • Report on the performance and potential of specialist hospitals • Publication of Q2 providers finance & performance by NHS Improvement				
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): [Tick which KSO(s) this recommendation aims to support]	KSO1: **Y/N** *Outstanding patient experience*	KSO2: **Y/N** *World-class clinical services*	KSO3: **Y/N** *Operational excellence*	KSO4: **Y/N** *Financial sustainability*	KSO5: **Y/N** *Organisational excellence*
Implications					
Board assurance framework:					
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	EMT				
	Date:	17/12/18	Decision:	Review BAF	
Next steps:					

CHIEF EXECUTIVE'S REPORT
JANUARY 2019

Thank you

As we enter a new calendar year, I would like to take the opportunity to thank all of our staff and volunteers who worked tirelessly for our patients last year and particularly over the festive period. As CEO I take enormous pride in supporting our exceptional staff who day in day out contribute to delivering outstanding care for our patients. At times they work under pressure to ensure patients receive the right care, and in a landmark year where we celebrated the NHS turning 70, it is both humbling and inspiring so see and hear what we continue to deliver on a daily basis.

This year I'm sure will be as interesting as the past one for QVH as well as most provider trusts in the NHS particularly from a financial perspective. In the next three months we should undergo our CQC unannounced inspection and well-led inspection as well as potentially leaving the European Union. Whatever the challenge, I am confident that our staff team will continue to give of their very best and to ensure we continue to provide outstanding care for our patients.

TRUST ISSUES

Freedom to Speak Up Guardian (FTSU)

Following a recent election I am delighted to report Shelia Perkins from our Psychological Therapies team has taken on the trust's Freedom To Speak Up Guardian role following Andi Heaton leaving QVH in November last year. There were three nominations for the role which was overseen by the Electoral Commission.

Shelia Perkins

Shelia taking over the role coincided with the publication by Dr Henrietta Hughes of her latest annual report to the CQC board, marking her second year in post as the National Guardian for the NHS, with a cameo by Andi herself (on page 15) with details later in this report. The FTSU Guardian role provides an opportunity for staff to raise any concerns they feel are not been heard or fell unable to raise through usual management lines.

Care Quality Commissions (CQC) – Well-led review

We have received notification that CQC will carry out a provider level inspection of 'well led' on 26th and 27th February 2019. In addition, an unannounced inspection of at least one core service will take place at some point prior to the well-led inspection.

CT scanner

Following a generous donation from our League of Friends a new CT scanner has been installed and our first patient was scanned on 10 December 2018.

The introduction of a CT scanner at QVH comes at a time when a recent report recommends a network of one stop shop diagnostic centres for the rapid diagnosis of suspected cancer that should be established across England, according to its author Sir Mike Richards.

"The access to diagnostics in this country is inadequate," Professor Sir Mike Richards, the former chief inspector of hospitals and national cancer director said at a launch event for his review of one stop shop diagnostic centres published on 27 November 2018. "The total numbers of CT scans done in this country, whether it's looking for cancer or other things, are way below those in other countries. We've got to make things easier for the patient to get the care that they need and to get investigated if that's appropriate," he said.

Integrated Performance Dashboard Summary
This month sees a revised version of our 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, against each Key Strategic Objective.

Research and Development
I understand that our indicative budget for Research and Development from our Clinical Research Network will be £167,289 in 2019-20, which represents an increase of £99,754 over our initial budget for 2018-19. The team has worked incredibly hard over recent years to ensure our research plays a critical role in enabling our patients to shape and deliver the future of healthcare in this country.

Business Planning 2019/20
The process commenced during the end of 2018 to ensure wide engagement with our clinical leads and business managers through our Hospital Management Team. At the time of writing we were awaiting the planning guidance from the NHS. Work will continue throughout this quarter towards year end.

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 with over 103,000 reported vacancies. QVH has seen a slight improvement in the past couple of months with annual rolling turnover in theatres under 20%. Our underlying poor financial performance has continued and there is a significant risk to achieving our full year plan.

Media
Appendix 2 shows a summary of QVH media activity during October and November.

SECTOR ISSUES
Specialist Hospitals
Specialist hospitals are widely recognised for their excellence within individual specialties, including rare and complex cases. The contribution that specialist hospitals provide to the English healthcare system has previously been documented in several reports from the Federation of Specialist Hospitals, including, most recently in November 2015 *Driving innovation in the NHS*. These reports have contained case studies outlining both excellent service innovation and in many cases, clinical services excellence.

It is recognised that specialist hospitals consistently perform well and are seen as demonstrating a stronger culture of service innovation. It was felt by both the Federation of Specialist Hospitals and a number of the Academic Health Science Networks (AHSN) that a deeper understanding of the performance of specialist hospitals would be helpful in:

a) Spreading any learning to other organisations and,
b) Gaining a greater understanding of how specialist hospitals can use their strengths to better connect with and benefit other providers in the wider NHS in their integrated care systems and place-based health and care systems.

The Federation of Specialist Hospitals commissioned the Innovation Agency (AHSN for the North West Coast) and UCL Partners to undertake this study.

The study (Appendix 3) shows that there are many examples of specialist hospitals sharing expertise, pursuing adoption of standardised pathways or outcome improvement and undertaking leadership roles. A large proportion of this existing involvement is based on the use of their internal funding provision.
Many specialist hospitals recognise they are on a transformational journey; adapting to changing healthcare policy, financial funding priorities and their engagement roles with the rest of the healthcare system.

A number of specialist hospitals expressed the need to formalise this wider 'public service responsibility role' with a mechanism for commissioners to formally contract with specific providers to assist with the development and redesign of commissioned services; the adoption and implementation of service innovation; and assistance with the improvement of outcomes. However, supporting permissions, service delivery adoption infrastructure and pump priming financial support are required to ensure that transitions to new care models are embedded.

The study made a number of recommendations which will be taken forward by the Federation of Specialist Hospitals including seeking pump priming innovation funding from NHS England to wider service advances; how NHSE considers how specialist hospitals could provide a supportive population health management role in STP work around the standardisation of care pathways; and, partnership working between specialist hospitals and their local AHSN.

NATIONAL ISSUES

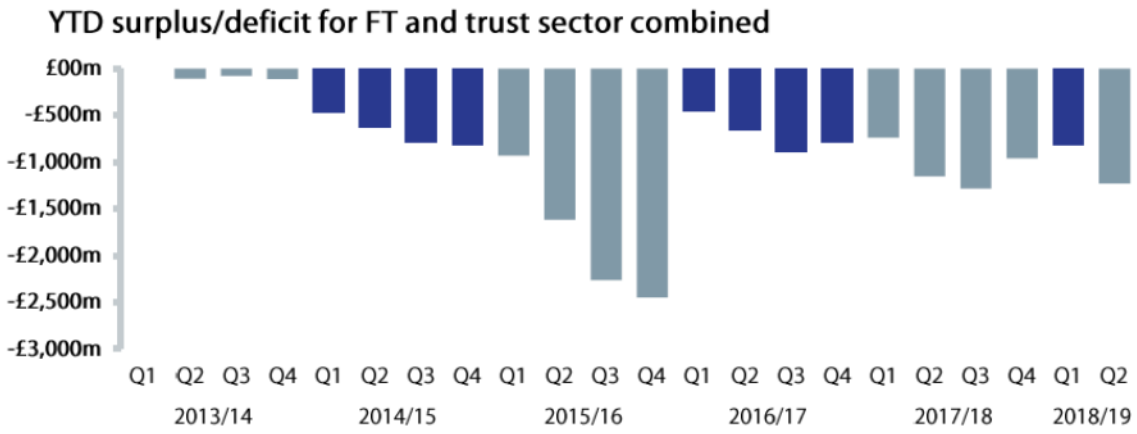
NHS England and NHS Improvement – new joint senior leadership team

NHS England and NHS Improvement have announced a new joint senior leadership team – the NHS Executive Group. Under the new structure, seven integrated regional teams will play a major leadership role in the geographies they manage, making decisions on how best to assure and support performance in their region, as well as supporting local system transformation. Executive Regional Managing Director (NHSI & NHSE, South East) will be the current interim incumbent Anne Eden.

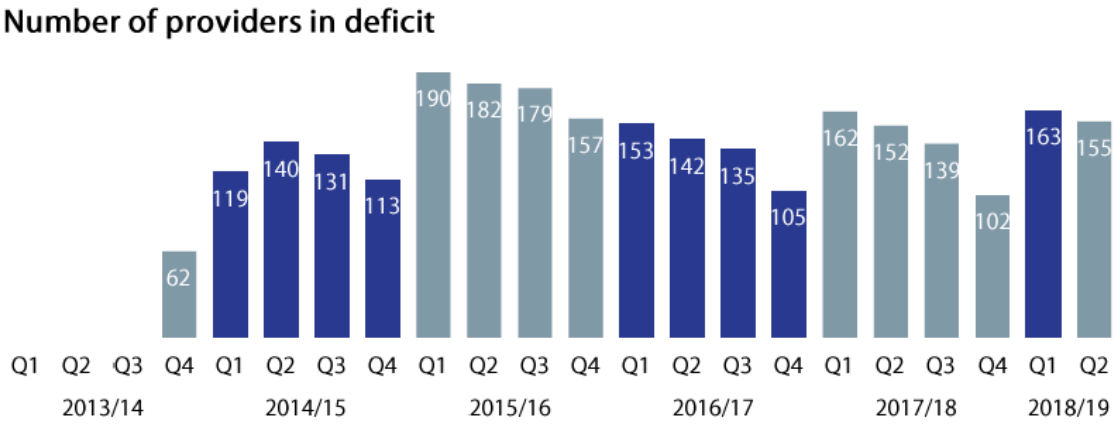
NHS Improvement (NHSI) Q2 publication of Providers Finance and Performance

Published on 29 November 2018, the figures cover the three month period end 30 September 2018. The key headlines:

- At Q2 the provider sector is forecasting a deficit of £558m, up from £519m at Q1.
- The year to date deficit is now £1.2bn, despite trusts delivering around £1.2bn worth of efficiency savings.
- Emergency admissions continue to rise ahead of winter, with 5.6 million visiting accident and emergency departments, up 3.9% on the same period last year.
- Workforce pressures remain a significant challenge, with 103,000 vacancies in the provider sector.



- 157 (67%) of 230 trusts are reporting a deficit at Q2, including Provide Sustainability Funding (STF). The deficit remains heavily concentrated in the acute sector, with 89% of acute providers now in deficit.



- Against year to date plans, 87 providers are reporting variances, including PSF. This is mainly due to:

  - Demand pressure across the system – in planned care, waiting lists continues to grow, and stood at 4.3 million in September 2018.
  - Expenditure on staff and pay award – the sector is around £561m over plan in terms of pay costs, largely due to the inclusion of the agenda for change (AfC) pay award that was not included in Q1 plans. Not all of the uplift has been funded by the Government – QVH shortfall was around £100k.
  - Under delivery of planned efficiency savings – cost improvement plans have fallen £125m (9%) off plan – QVH is £2m short of its CIP target.

Other key figures include:

- In the face of growing demand and increasing staff vacancies, trusts are continuing to rely on the temporary workforce. Providers spent £1.2bn on agency staff during the first six months of the year, which is around £93m above the agency ceiling performance; with bank staff expenditure around £1.7bn. QVH during the same period spent £1.6m on agency and £1.2m on bank staff.

- The number of patients waiting longer than 52 weeks has increased. At the end of Q2, 3,156 patients were waiting over a year for treatment compared to 1,178 patients for the same period last year.
- Referral to treatment (RTT) performance was 86.67%, down from 89.1% same period last year.

Ian Dalton, CEO for NHSI said: 'The NHS is working flat out to ensure record numbers of patients get the care they need. Frontline staff and managers deserve tremendous praise for their heroism. But this achievement continues to come at a cost with performance targets not being met nationally and hospitals being unable to balance their books to cover the increased demand on their services. The Long Term Plan is our opportunity to fundamentally redesign how the NHS works so that it can continue to provide high-quality care for patients.'

National Guardian's Office Annual Report 2018
The new report highlights the progress that the office has made during Dr Hughes' second year and outlines her future priorities. These include:

- Recommendations from the 2018 Freedom to Speak Up Guardian Survey to improve how the guardian role is being implemented, including an honest assessment of the time required by guardians to meet the needs of workers
- Producing a universal guardian job description for organisations in the healthcare system, including independent providers of NHS services and arm's-length bodies, and developing an Education and Training Guide for guardians
- Partnership working with other bodies, including developing guidance for trust boards with NHS Improvement, producing e-learning with Health Education England and revising guidance on the use of settlement agreements
- Supporting the growth of the guardian role in primary care, with additional funding from NHS England
- Developing a post-pilot case review process that continues to support learning across healthcare.

Empowering NHS leaders to lead
Sir Ron Kerr, the former Guy's and St Thomas's NHS Foundation Trust chief executive, who is now a Non-Executive director of the Department of Health and Social Care (DHSC) was commissioned to review some of the biggest problems for NHS leadership by the DHSC under the previous health secretary Jeremy Hunt. The review was published on 28 November 2018 and makes a series of recommendations.

The review found: "The conditions in which leaders operate are stressful and difficult, with great responsibility and the highest stakes. Over time, this has led to a negative working culture in which both bullying and discrimination are prevalent and accepted.

"This must change and should be led from the top, with NHS leaders ensuring they model the highest standards of behaviour. The review recommends a number of actions to build a modern working culture in which all staff feel supported, valued and respected for what they do and can challenge without fear." They are some of the strongest official findings about bullying in NHS leadership from someone who has been a very senior insider in the service for many years.

The review – which included evidence from NHS Providers and NHS Clinical Commissioners – also found “negative behaviours” stemmed from the ”conflicting messages [which] can be sent to the rest of the system from within” NHS England and NHS Improvement. It said they should address this in their new joint working and via the chief people officer they are due to appoint.

Sir Ron stressed that some leaders “do not feel confident that speaking out would make a difference”.

One of the major recommendations of the review, called Empowering NHS leaders to lead, is for the NHS long-term plan to make troubled NHS organisations more “desirable” places to work. It is thought the NHS long-term plan is likely to discuss how to address long-term underperforming NHS organisations, indicating an approach and options for turnaround.

Steve Jenkin
Chief Executive

Integrated Dashboard Summary
Key indictators at a glance - November 2018

Queen Victoria Hospital
NHS Foundation Trust

KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services		
C-Diff	0	→
MRSA	0	→
E-coli	0	→
Gram-negative BSI	0	→
Serious Incidents	0	→
Never Events	1	↓
No of QVH deaths	0	→
No of off-site deaths (within 30 days)	1	↑
Contacts	19886	↑
Complaints	5	↓
Closed <30 days	0	→
FFT		
In-patient	100%	↑
Day surgery	98%	↑
MIU	95%	→
Trauma	96%	↑
O/Ps	95%	→

KSO3 Operational Excellence		
MIU <4hrs	97.80%	→
RTT 18 weeks	75.86%	↑
Cancer 2ww	93.10%	→
Cancer 62 day	85.00%	↑
Diagnsotics <6weeks	97.44%	→
52ww	95	↑
Referrals via eRS	99.00%	↑

KSO4 Financial Sustainability		
Financial plan	(£812k)	↓
Variance to plan	(£1842k)	↓
Patient activity income	(£778k)	↓
CIP delivery YTD	(£2124k)	↓
Agency spend % of pay bill	5.96%	↑

KSO5 Organisational Excellence		
Vacancy rate	12.34%	↑
Turnover rate	19.52%	↑
Sickness rate	3.02%	↓
Appraisal rate	83.76%	↑
MAST	88.31%	↑
Staff FFT (work at QVH)	61.59%	↑
Staff FFT (care at QVH)	91.39%	↑

Activity - M8	Plan	Actual	2017/18
MIU attendances	913	**954**	832
Elective (day case)	1356	**1084**	1039
Elective	420	**359**	349
Non-elective	481	**379**	417
Critical care	75	**57**	62
O/P first attendance	4383	**3748**	4205
O/P follow up	12591	**10696**	10707
O/P procedures	3073	**2331**	2183
Other	4199	**3404**	3842

Key	Improved Performance	Deteriorating Performance	Remains the same
	↑	↓	→

QVH media update – October and November 2018

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

Page four of The Times

Nerve grafted from ankle can restore feeling in patient's eyes

Kat Lay Health Correspondent

Surgeons at a British hospital are performing a pioneering operation to restore sensation in the eye by using a nerve taken from the ankle.

Thousands of people in the UK lack sensation in their cornea, putting them at risk of infection and blindness. The new surgery, which has been performed on 13 patients, takes three consultant surgeons at Queen Victoria Hospital in East Grinstead, West Sussex, four hours. Within months the patients regain feeling in their eyes.

The surgeons remove a nerve from the back of the patient's ankle to replace one that is not working in the cornea. The ankle was chosen because most people do not miss sensation there, according to Raman Malhotra, the consultant oculoplastic surgeon who leads the team.

The ankle nerve is connected to a working nerve in the forehead, Mr Malhotra said. "If you think of it as an electrical cable, we take the plastic sheath off to leave the wires exposed and connect them around the eye."

1 Nerve taken from patient's leg grafted on to healthy nerve
2 Surgeons tunnel grafted nerve across forehead to damaged cornea
Incisions
Normal eye
3 End of nerve separated and connected around damaged cornea

People can lose sensation in the eye after neurosurgery or infection by viruses such as herpes. About five people in 10,000 in Europe have the condition, meaning that 33,000 people in the UK may be affected. Because the body relies on nerve signals to stimulate repair, as well as on growth factors produced by nerves to heal, these people are at risk of losing their sight. A cut on the cornea can lead to ulcers that the eye cannot deal with, and patients' inability to feel when they get something in their eye raises the risk of infection.

They have to use eye drops dozens of times a day and some have parts of their eyelids cauterised. Within months of the new surgery, patients can feel eyedrops going in, Mr Malhotra said. "Within six to 12 months, they start regaining sensation to the point we can touch one corner of their eye and they can feel it."

The hope is that patients will eventually regain all of the nerve's protective functions. "It is phenomenal when you see how it can change people's lives," Mr Malhotra said.

The technique was developed in Canada for use in children and Mr Malhotra decided to bring it to Britain after he saw it presented at an international conference.

Oxervate, a growth stimulant approved by the US Food and Drug Administration in August, has also shown promise in restoring sensation to the eye. Mr Malhotra hopes that combining it with the surgery could bring even better results.

Kelly McColl, 24, from Rugby, had no feeling in her left cornea after having a dermoid cyst removed when she was a teenager. She said: "From that left eye, I have never been able to cry."

Her days were interrupted by the need to use eyedrops ten times a day. "It seems like a small thing, but that was the biggest impact. I'm a teacher, I don't have the time to step out and put eyedrops in all the time," she said.

Since she had the operation in February Ms McColl has started to regain feeling and has been thrilled at the lack of scarring. "That was one of my reservations," she said.

She now needs eyedrops only in the morning and evening, and said: "Hopefully in time there will be something there that will allow me to cry."

Page four of The Times published an article about corneal neurotisation, a surgical procedure carried out at QVH involving three of our consultant surgeons and a four hour operation. The pioneering surgery which was also recently featured in The British Journal of Ophthalmology, is enabling patients to regain sensation in their eyes within months. The procedure, which involves removing a nerve from the back of the patient's ankle to replace one that is not working in the cornea, has been successfully completed on a number of patients including Kelly who was quoted in the article. The Times featured details of the procedure on page four of the paper on Monday 29 October including an explanation of what it involves by Raman Malhotra, one of our consultant ophthalmic surgeons, who brought the surgery from Canada to QVH.

NHS Providers Chief Executive report

Steve Jenkin, our chief executive, was interviewed for a report by NHS Providers entitled "Clinician to chief executive - Supporting leaders of the future." Steve was one of 13 chief executives featured, all of whom have a clinical background, who were asked to share their thoughts on clinicians becoming leaders. The launch of the report coincided with a national conference run by NHS Providers.

Burns awareness day

For burns awareness day (17 October) we wanted to spread public health messaging about preventable burns, in particular paediatric scalds. Almost half of the children admitted our hospital with burns in 2017/18 were treated for scalds (465 children), the majority of which happened in the child's own home. Tea and coffee scalds were the main cause. Nora Nugent, our burns lead and consultant plastic surgeon was interviewed by local radio stations BBC Surrey on Saturday 13 October for the breakfast show, and the BBC Sussex drive time show on burns awareness day itself. Both interviews focused on the number of children we treated in the last year; the potentially preventable nature of many scald

injuries; other household items that can cause burns such as hair straighteners and radiator pipes; plus the importance of immediate first aid.

Our press release was also covered on local radio stations Spirit FM including a piece on its website and on Heart Sussex. In addition it appeared on the Clinical Services Journal website (pictured) and the Crawley News 24 website.

The media coverage was accompanied by a twitter-takeover where we posted about burns, first aid and top tips at least once an hour, every hour from 9am to 9pm. Our support of burns awareness day received positive feedback from the Children's Burns Trust who initiated the day (pictured).

We also created a 'Twitter moment' to summarise our social media posts and the feedback we received which you can find here.


Sixty seconds on . . . hospital car parking

Abi Rimmer

The BMJ

It's terrible, we know. What's new?

NHS Digital has published data showing exactly how much money hospitals in England make from charging for parking.[1] Last year NHS trusts made £69.5m from charging staff to park and a further £156.8m from charging patients and visitors.

That's some violation

It does seem rather a lot, although the charges vary by hospital. For example, it costs staff £2 an hour to park at the Royal Free in London, while at the Queen Victoria Hospital in East Grinstead and Colchester Hospital University it's a steal at 1 p an hour. And some sites don't charge at all.

patients, staff, and visitors would be able to park for free by the end of 2011.[2] Eventually, some 10 years later, it was announced in September 2018 that parking was free.[3]

They didn't exactly put their foot down, did they?

No. And in a response to a petition launched earlier this year calling for parking charges in England's hospitals to be scrapped, the Department of Health and Social Care cited Wales's problems with free parking, such as illegitimate use and a lack of spaces. "Having a parking regime prevents these problems," the government argued.

The cost of hospital parking

The BMJ (British Medical Journal) website ran a 'sixty seconds on' article focusing on hospital parking, in particular the costs for staff. It follows national interest in the subject and data published by NHS Digital showing how much money hospitals in England make from charging for parking. QVH was mentioned with parking for staff being "a steal at 1p an hour."

QVH outstanding patient experience award

The Clinical Services Journal website ran a story regarding our breast cancer reconstruction nurses Rebecca Spencer and Pam Golton being recognised for the outstanding patient experience they provide at our recent staff awards. They were joint-winners of the category which is nominated by patients, past and present, and received over 50 nominations this year. The news of their award was also featured on the Crawley News 24 website (pictured) and in the Crawley Observer.

EAST GRINSTEAD

Queen Victoria Hospital's gardeners are blooming award winners!

Gardeners John Hobden and Kevin Tyrell-Dann, were presented with a special 'Hidden Heroes of Horticulture' award by East Grinstead in Bloom.

Published 2 weeks ago on 30th October 2018
By **Crawley News 24**

Gardeners are blooming marvellous

At the end of the month we issued news about two awards won by QVH gardeners John Hobden and Kevin Tyrell-Dann from South and South East in Bloom, and East Grinstead in Bloom, in recognition of their hard work on making the hospital grounds look beautiful. It was quickly featured on the Crawley News 24 website (pictured).

National Giving Voice award

Jane Dawson, our principle speech and language therapist (head and neck oncology) won a national Giving Voice award from the Royal College of Speech and Language Therapists this month. The College initiated its own press release (we are also doing our own) which was mentioned in the East Grinstead Gazette.

Setting the standard of time at QVH

The October edition of RH Uncovered magazine, East Grinstead edition, featured two mentions of QVH. The first was a feature about the Prime Meridian (considered to be both the common zero of longitude and the standard of time throughout the world) which runs through East Grinstead and our hospital. The second mention was in a piece about the Horder Centre launching a cosmetic fellowship which was awarded in 2018 to Dr Matt Pywell who has worked at QVH.

COMMUNITY

RH History Uncovered:

The Prime Meridian & East Grinstead

This month, the clocks change, to coincide with the clocks going back for winter RH History Uncovered looks at the Prime Meridian which runs through the town of East Grinstead. Adopted in October 1884, the Prime Meridian was chosen by delegates at the International Meridian Conference in Washington DC to be both the common zero of longitude and the standard of time reckoning throughout the world.

By Jacob White

The modern Prime Meridian, based at the Royal Observatory, Greenwich, was established by Sir George Airy in 1851. The position of the Greenwich Meridian has been defined by the location of the Airy Transit Circle ever since the first observation by Airy. Before this, it was defined by a succession of earlier transit instruments, the first of which was acquired by the second Astronomer Royal, Edmond Halley in 1721.

Before a common Prime Meridian was set, countries established their own for shipping. Britain set its own passing through the Royal Observatory at Greenwich.

The final Prime Meridian was set with an imaginary line running from the North Pole to the South Pole passing through Greenwich.

Today, the Prime Meridian passes through East Grinstead on its way from North Pole

were installed by East Grinstead Town Council to celebrate the turning of the second Millennium in 2000. Erected at 0 degrees longitude, on both sides of each of the town's roads through which the meridian line passes.

The Prime Meridian passes through East Court as well as the car park and grounds of East Grinstead's internationally-acclaimed Queen Victoria Hospital and is marked at the hospital with a stone marker. The special markers are a permanent reminder that the town of East Grinstead sits interestingly in both the Eastern and Western Hemispheres and gives the line markers a resonance

QVH in the local press

An obituary for Andrew O'Brien, who previously worked here as a senior house officer in maxillofacial surgery, and sadly passed away recently, was mentioned on the Kent Live website. We were also featured in another in memoriam piece, this time in Valley Park Radio magazine, the publication for patients of Darent Valley Hospital, which celebrated the life of Dave Reynolds, a previous QVH patient.

QVH Charity in the local press

CHARITY OF THE MONTH QVH Charity

Actor Jack Ashton, best known for playing Rev Tom Hereward in the BBC TV series Call the Midwife, has teamed up with QVH Charity by becoming its first ambassador.

The charity supports the work of Queen Victoria Hospital in East Grinstead, which provides life-changing reconstructive surgery, burns care and rehabilitation services for people across the South of England. But it's the hospital's proud heritage which goes back to the pioneering treatment of injured Second World War airmen, the group known as the Guinea Pig Club, that first inspired Jack to get involved.

Speaking of his new ambassador role, Jack said: "I know the history of the Guinea Pig Club well and have been fortunate to meet a few of them in real life as well. Their outlook on life after the horrific trauma they sustained was nothing short of inspirational. Since then I've had the pleasure of visiting the hospital and chatting to staff and have seen for myself what an incredibly special place it is.

"I'm excited to give my support to QVH Charity to help them continue to raise money which funds ground-breaking research, provide equipment and make sure patients have the best possible experience of hospital."

Camilla Slattery, Head of Fundraising for QVH Charity, added: "We are delighted that Jack has decided to join us as an ambassador. With the help of Jack and our supporters we're passionate about raising vital funds needed to make a real difference to patients, some of whom have suffered devastating injuries."

• *Visit www.supportqvh.org*

The announcement of actor Jack Ashton (best known for playing Rev. Tom Hereward in the BBC television series, Call the Midwife) as ambassador for QVH Charity received local interest including the October edition of Index Magazine (where QVH Charity was featured as charity of the month) and the East Grinstead Gazette. Both also mentioned a dinner, hosted by the charity, which Jack attended as part of the official unveiling of his new role.

In other fundraising news, QVH Charity fundraiser Mike Gwynn, who tackled the 980 miles Ride Across Britain to support our facial palsy service, continued to receive local media interest post-event. This included a photo-led story in the East Grinstead Gazette.

QVH on social media

Following on from September's eye health week, October featured world sight day (11 October). We focused a series of social media posts on the importance of cornea donation, the number of sight saving procedures our team carry out each year, and why you should chat to your family about your intentions regarding cornea donation after you pass away.

October also saw the first annual allied health professionals' day (15 October) which we used as an opportunity to highlight the many different allied health professional roles we have here at QVH. We achieved a Twitter take-over with photos and descriptions of each of the roles here at QVH and the multidisciplinary approach to working with patients. It received good engagement, including on Facebook where a post featuring a photo collage of different staff in their allied health professional roles which was seen by nearly 3,000 people (pictured).

We also created a 'Twitter moment' summarising our coverage and feedback for the day which you can find here.

During October we continued 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 continue to receive a good response on both Facebook and Twitter.

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.

Potential patients in the press

QVH is often featured in ad hoc media mentions relating to patients or potential patients of the hospital. This month it included an article in The Sun (pictured) regarding an unnamed man being severely burned by molten metal at a Kent factory. We were cited as the specialist hospital he was brought to. The story, given the local angle, was also featured on the Kent Online website.

QVH and the Standen Christmas tree

Julie Baker, matron of our Peanut Ward (pictured), and Amy Overbury, one of our medical photographers, were interviewed for regional television news programme BBC South East Today regarding QVH's involvement in decorating this year's Christmas tree at National Trust property Standen. Our staff have been working with Mr X Stitch, known as the "kingpin of contemporary embroidery" to create cross stitched bauble decorations. The piece aired on Friday 23 November, the night the tree was exclusively unveiled to all the groups included in the project. Prior to the unveiling, both the East Grinstead Gazette and Mid Sussex Times ran a story about Mr X Stitch's project mentioning us as the local hospital involved.

Lindsay's an inspiring orthodontist

Our consultant orthodontist, Lindsay Winchester, winning an outstanding patient experience award at our recent QVH Staff Awards received a series of media coverage. Firstly on the dentistry.co.uk website, highlighting how one of Lindsay's patients had been inspired to pursue a career in dentistry thanks to her treatment at QVH.

The news was also featured in the November/December issue of Orthodontic Practice magazine. Additionally, the British Orthodontic Society carried news of the award in its e-news bulletin, sent to all orthodontists in the UK, which has generated some lovely feedback to Lindsay from her peers.

Jane and her national award

Jane Dawson, our principal speech and language therapist (head and neck oncology), being awarded a prestigious accolade by the Royal College of Speech and Language Therapists in recognition of the support she's given fellow clinicians in West Africa, was featured as a lead story in the East Grinstead Gazette in November.

The piece, based on information issued by QVH (separately to a release from the Royal College), featured quotes from Jane on what it was like to win, and Ed Pickles our medical director on the importance of sharing our expertise.


Speech therapist earns award for work in Africa

‘Patients are the focus of everything that we do’

Rebecca and Pam with nursing director Jo Thomas

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@eastgazetteSue

When the Queen Victoria Hospital (QVH) asked patients to nominate staff who went the extra mile they were overwhelmed with the response.

This year's annual patient experience award generated more than 50 nominations. Among winners were Pam Golton from East Grinstead and Rebecca Spencer from Crawley - hospital breast reconstruction nurse specialists.

The duo received an amazing eight nominations from patients who commended their support during their reconstruction journey following breast cancer. QVH is a leading centre for reconstructive breast surgery, performed either at the same time as a mastectomy or after treatment has been completed. Pam and Rebecca help patients throughout their journey and for however long their treatment takes.

Comments included: "They have been amazing, going beyond the care and support I have ever experienced in any other NHS trust" and "They are kind, caring, good listeners, totally dedicated, professional and give you good honest advice and reassurance if you are worried about anything."

The win was announced on the night of the annual QVH Staff Awards by a special film a patient, Linda, helped create, explaining in her own words why she was driven to nominate the duo. Watch it on: on YouTube https://youtu.be/XMekeWtKKY

Pam said: "I was thrilled to find out I had been nominated and it was even more special to find out we had won, Rebecca and I are a team and it is lovely to be recognised for what in essence is 'just doing our job' but what a job!

Helping ladies navigate what could potentially be the most emotional time of their lives is a privilege and one that we both take very seriously."

Rebecca continued: "It's lovely to hear how we have made a difference and humbling to see how much we are appreciated.

Patients are the focus of everything we do. To hear that I helped women through a difficult time is really rewarding and makes me feel very proud."

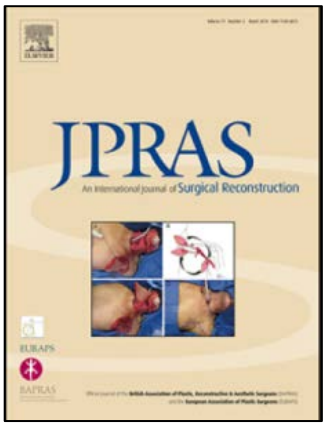
“Patients are the focus of everything that we do”

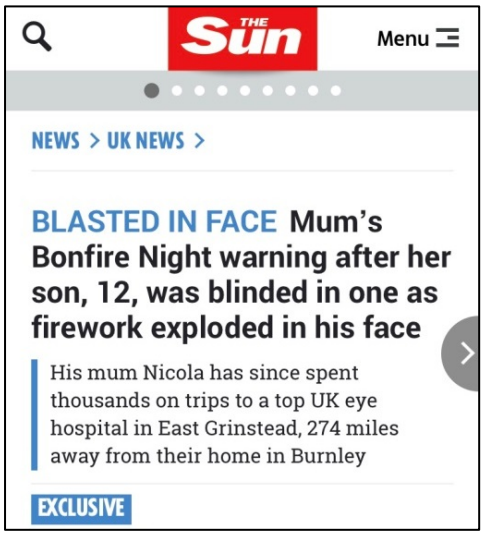
The East Grinstead Gazette also ran a photo-led piece entitled ‘Patients are the focus of everything that we do’ about Rebecca Spencer and Pam Golton, our breast reconstruction nurse specialists, winning an outstanding patient experience award at our recent QVH Staff Awards.

It follows on from other local media coverage the duo received in October.

Microscope Assisted Surgery for Dupuytrens Disease

James Blair, one of our consultant plastic surgeons, and Dariush Nikkhah, who was previously a microsurgical fellow at QVH, wrote a paper for JPRAS (the international journal of surgical reconstruction) entitled Microscope Assisted Surgery for Dupuytrens Disease which has just been published. The article explains that they are the first to report about this microscope assisted technique for recurrent Dupuytrens in the medical literature and have demonstrated reduced risk of neurovascular injury for 17 patients.





The danger of fireworks

The Sun newspaper ran a story about a mum's Bonfire Night warning after her son was blinded in one eye when a firework exploded in his face. Mum Nicola explains how her 12 year old son Tyler has been making 274 mile trips to our hospital to receive a sight-saving cornea transplant and to have regular check-ups. She is calling for a ban on the sale of fireworks to the general public.

In November, to coincide with bonfire night, the British Association of Plastic Reconstructive and Aesthetic Surgery (BAPRAS) commenced a campaign calling on the government to allow graphic warnings on firework packaging, similar to cigarette packets, to show how dangerous they are. Baljit Dheansa, one of our consultant plastic surgeons and BAPRAS member, was interviewed by local radio station BBC Surrey about the campaign.

Man who helped our heroes face the world

Emily Mayhew, author of book ’The Guinea Pig Club’ which has just been re-released, was featured on The Daily Mail’s website. The piece talks about Archibald McIndoe’s pioneering surgery and fighting for the rights of his patients. We are referenced in the article as “a special hospital in East Grinstead” although named in full in the actual book.

To sleep or not to sleep?

Peter Venn, consultant sleep physician from our sleep disorder centre, was interviewed for BBC Radio Kent's Saturday Breakfast Show on 24 November in a segment about sleep disorders. It followed local media coverage which stated 8,000 people in Kent alone suffer with sleep apnoea and have been referred to a clinic in the county. Peter explained what the condition is, its symptoms and assured the people of Kent it is not a county specific issue!

Call the vicar

Kudos, the lifestyle magazine for Kent and East Sussex, ran a four page article with actor Jack Ashton, best known for playing Rev. Tom Hereward in the BBC television series, Call the Midwife, who has given his support to QVH Charity as its first ambassador.

The article on its website and in its November issue, talks about his involvement in the hospital, interest in the Guinea Pig Club and his acting career.

Experts warn of the dangers of preventable burns at home

Queen Victoria Hospital NHS Foundation Trust

Burns specialists at Queen Victoria Hospital are warning parents and adults of the dangers of preventable injuries at home following a year-on-year increase in referrals to its paediatric burns unit. Almost half of the children admitted to the hospital with burns (465) in 2017/18 from across Sussex, Surrey and Kent were treated for scalds, the majority of which happened in the child's own home. Tea and coffee scalds were the main cause.

Scalds continue to be the leading cause of paediatric burns nationally, backed up by figures from The Children's Burns Trust and the British Burn Association, which show that in 2017 more than 3,500 children required admission to an NHS burns service like Queen Victoria Hospital. The hospital's team also see more than 50 children each year who have a burn caused by hair straighteners and more than 40 children with injuries caused by hot radiators or radiator pipes, often toddlers pulling themselves up as they learn to walk. These figures remain consistent year on year.

Perhaps more worrying is the number of very young children who are sustaining injuries. In the last year 46 per cent of the children seen by the Queen Victoria Hospital's burns team were aged two and under.

Local advice on burns first aid

The winter edition of Community News, the local publication for Lingfield, Crowhurst, Dormansland, Dormans Park, Felcourt, Newchapel, Haxted, Horne and Baldwins Hill, devoted a page to the advice from our burns experts about the danger of preventable burns injuries especially those involving children. The piece included the 'cool, call, cover' first aid advice.

Our gardeners are blooming marvellous

The news of our gardeners winning two awards was a photo-led feature in the East Grinstead Gazette in November. The piece marked QVH receiving a certificate of excellence from South and South East in Bloom, and our gardeners John Hobden and Kevin Tyrell-Dann being presented a special 'hidden heroes of horticulture' award by East Grinstead in Bloom.

It follows on from some coverage we received at the tail-end of October.


Hospital's gardens are blooming marvellous

SUSAN KING
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Patients and visitors to Queen Victoria Hospital (QVH) often comment on how lovely its grounds are. Now its gardening duo have been given not one but two awards!

The hospital was awarded a certificate of excellence from South and South East in Bloom and its gardeners, John Hobden and Kevin Tyrell-Dann, were also presented with a special 'Hidden Heroes of Horticulture' award by East Grinstead in Bloom.

Chair of East Grinstead in Bloom, Julie Mockford, met John and Kevin to congratulate them personally on their achievements. She said: "As Chair of East Grinstead in Bloom I have, for the first time this year, [illegible] category at our annual award ceremony. John and Kevin work tirelessly on the grounds of QVH and received high praise from the South and South East in Bloom judges who appreciate how important grounds are for patients and staff. I felt their endeavours should be celebrated."

John Hobden, QVH grounds supervisor, said: "We're delighted that our grounds have been recognised with two awards. The Hidden Heroes award was a special surprise – it's an honour to receive such a local and prestigious award. We enjoy making the grounds look welcoming and bright and would like to thank the League of Friends of QVH for their ongoing support in funding equipment and plants to help us create such lovely outdoor environments."

John Hobden, Julie Mockford, Kevin Tyrell-Dann and Steve Jenkin (QVH chief executive)

McIndoe and Remembrance Day

The East Grinstead Gazette ran a piece about a series of short documentary style films made by local filmmaker Mike Rumsey for East Grinstead's Remembrance Day service. Of the seven films, one focused on what is perhaps East Grinstead's biggest contribution to recent history – Archibald McIndoe and the Guinea Pig Club. Bob Marchant, secretary of the Guinea Pig Club, whose connection with QVH spans the last 60+ years did the interview and we provided background information regarding the impact McIndoe's pioneering techniques have had on modern day medicine. We also promoted the film (available on YouTube) through our social media which proved very popular.

The Kent Live website ran a story entitled "Poignant wall of remembrance helps to bring to life the people of two world wars in Sevenoaks". Joan Medill was interviewed about her brother Peter Brooke who had been a member of the Guinea Pig Club and received treatment at QVH. On the subject of Guinea Pig members, the East Grinstead Gazette ran a piece about a 97 year old Canadian Airman – Reg 'Crash' Harrison recalling his three month treatment at QVH during WWII.

Other national online mentions

The website for Facilities Management magazine ran a piece about Essentia obtaining a spot on NHS estates framework which mentioned QVH as a client.

QVH on social media

In addition to our regular posts on social media giving an insight into the life and work of QVH, we featured Stop the Pressure day, a worldwide day raising awareness of pressure ulcers. A photo of our tissue viability nurse Laura Macaulay dressed as a superhero, not only proved to be our most popular post of the month (seen by over 10,500 on Twitter, around 2,000 people on Facebook, and with an impressively high 204 people engaging with the Facebook post within the first week) but it generated feedback from local MP Sir Nicholas Soames on Twitter.

During November we also continued with our campaign #70ThingsQVHIsProudOf building on the momentum of NHS70 and a way of highlighting some of the amazing work carried out here at QVH. 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.

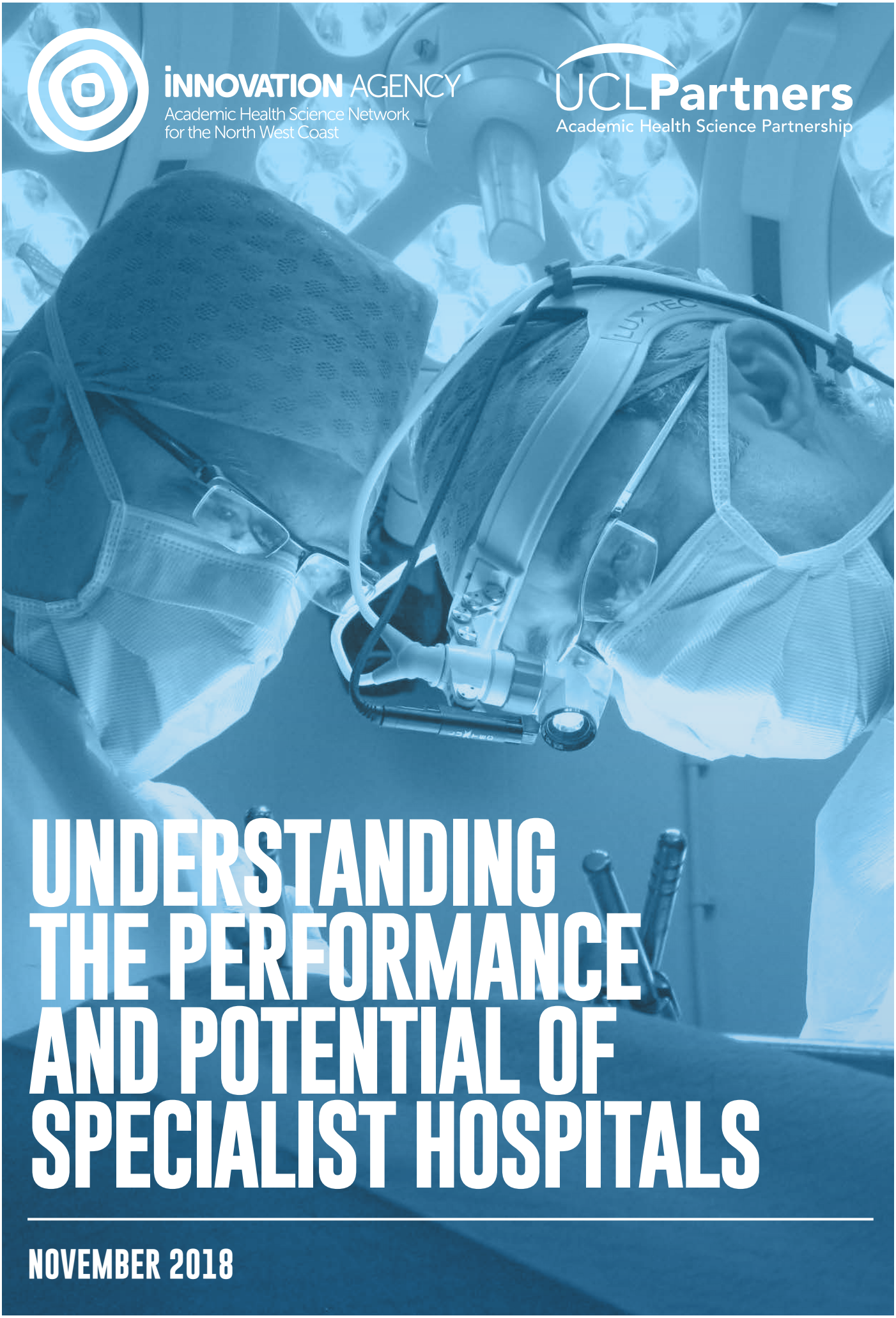
Press releases

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

- Experts warn of the dangers of preventable burns injuries at home
- Outstanding breast cancer nurses recognised by patients at awards
- Hospital's gardeners are blooming award winners
- Inspiring orthodontic consultant praised by patients at awards
- Jane's national award for improving the lives of people with cancer in Ghana.

For more information…

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



INNOVATION AGENCY
Academic Health Science Network
for the North West Coast

UCLPartners
Academic Health Science Partnership

UNDERSTANDING THE PERFORMANCE AND POTENTIAL OF SPECIALIST HOSPITALS

NOVEMBER 2018

EXECUTIVE SUMMARY

All specialist hospitals are unique but they are similar in that they bring or have the potential to bring value into the system in terms of improving quality standards.

A number of specialist trusts are rolling out treatments that have proven clinical value (as judged by NICE) but have not yet received financial viability approval. When these treatment methods are refined, they then receive financial approval from commissioners and can be rolled out more widely to patients. This should be recognised as giving much benefit to the patients and the healthcare system.

Specialist trusts are leading crosscutting work streams in their local system, which are adding much value to partners. However, there is sometimes a tension in the system with other providers interpreting a leadership role as an attempt to take more control.

Specialist trusts cite their international expertise but more work could be done to formalise these links and spread good practice from the UK. These comparisons could be used by Specialised Commissioning to ensure performance and standards are truly the best in class.

Innovation and its adoption, which is commonly demonstrated in specialist hospitals, creates a culture that can attract the best staff, bring in the best research/researchers and develop better outcomes for patients. The focus on this area could be replicated in other hospitals, supported by AHSNs.

Indicators such as CQC ratings, Friends and Family Test, staff survey and other measures of performance and patient experience consistently show high scores for specialist trusts. It is thought this is helped by a more focused provision of services and by the smaller size of specialist trusts, which enables greater staff engagement, a feeling of community; and by a great sense of pride in clinical specialism.

The study shows that there are many examples of specialist hospitals sharing expertise, pursuing adoption of standardised pathways or outcome improvement and undertaking leadership roles. A large proportion of this existing involvement is based on the use of their internal funding provision. Many specialist hospitals recognise they are on a transformational journey; adapting to changing healthcare policy, financial funding priorities and their engagement roles with the rest of the healthcare system.

Many expressed the need to formalise this wider 'public service responsibility role' with a mechanism for commissioners to formally contract with specific providers to assist with the development and redesign of commissioned services; the adoption and implementation of service innovation; and assistance with the improvement of outcomes.

However, supporting permissions, service delivery adoption infrastructure and pump priming financial support are required to ensure that transitions to new care models are embedded.

RECOMMENDATIONS

1. Our interviews have shown that many of the specialist trusts who are successfully innovating employ a senior level post to lead this function and link into supportive agencies such as AHSNs, NIHR infrastructure etc, as well as appropriate commercial partnerships (as strongly evidenced by The Christie Hospital NHS Foundation Trust experience). This approach should be adopted in a systematic manner across specialist hospitals and into the wider hospital sector.

   Recommendation: All trusts should consider the development of senior level post with a designated innovation role.

2. The majority of specialist trusts said they would welcome the development of a more systematic best practice approach to help fast track service innovations of value with availability of expert advice.

   Recommendation: The AHSN Network should take the lead in collaboration with Specialised Commissioners and the specialist trusts group on the development of a best practice approach to service innovation and a supporting expert team capability that is accessible to all trusts.

3. A role for Specialised Commissioners may be to formalise international links and benchmark specialist trusts against international best in class standards for innovation and performance to ensure world-leading services.

   Recommendation: Specialised Commissioners should consider supporting the international benchmarking of specialist trusts, using some of the service outcomes standards as part of the core specification with all providers.

4. The current role of some specialist trusts in funding and improving financial efficiencies of innovative treatments, which benefit patients, should be celebrated and recognised in the system.

   Recommendation: A pump priming innovation fund should be established by NHS England to be accessed via bids from specialist trusts and other providers, to take forward wider service advances, on the condition they help to promote the roll out of the service innovation.

5. The narrower condition/treatment focus in most specialist trusts has allowed an enhanced focus on a supportive, collegiate culture where colleagues can unite around a theme and share a common language.

   Recommendation: We recommend that the proposed NHS Confederation work explores whether this culture could be replicated in other provider organisations.

6. Where specialist hospitals have adopted population health roles as part of their mission, this is valued by the system and may be a role that more specialist hospitals would like to promote into their system and/or at a national level. In Merseyside, specialist trusts are integrated into their STP and leading a number of work streams on population health to benefit the health and care system. In some areas, AHSNs are helping to form a bridge between specialist hospitals and the wider NHS including STPs.

   Recommendation: NHS England should consider how specialist hospitals could provide a supportive population health management role in STP work around the standardisation of care pathways and adoption of prevention activities.

7. Although many of the specialist hospitals are national and sometimes global leaders in translating their discovery science and clinical expertise into innovative treatments, they are often unaware of the national policies, levers and funding streams that might encourage faster adoption and spread.

   Recommendation: Every specialist hospital should establish a formalised partnership with their local AHSN to take forward service innovation and accelerate adoption and spread.

SECTION ONE: INTRODUCTION

1.1 INTRODUCTION

Specialist hospitals are widely recognised for their excellence within individual specialties, including rare and complex cases. The contribution that specialist hospitals provide to the English healthcare system has previously been documented in several reports from the Federation of Specialist Hospitals, namely:

- Harnessing the potential of specialist hospitals 2009
- A report on the outcomes achieved by specialist hospitals May 2014
- Driving innovation in the NHS November 2015
- Building a successful NHS workforce October 2016

These reports are available on request by emailing: secretariat@fsh.uk.net

The value of specialist hospitals has been well documented in many of these reports with examples of how they have achieved high quality and service standards, pioneered new treatments and developed a global reputation for research and service innovation. These reports have contained case studies outlining both excellent service innovation and in many cases, clinical services excellence.

It is recognised that specialist hospitals consistently perform well and are seen as demonstrating a stronger culture of service innovation. It was felt by both the Federation of Specialist Hospitals and a number of the Academic Health Science Networks that a deeper understanding of the performance of specialist hospitals would be helpful in:

a) Spreading any learning to other organisations and

b) Gaining a greater understanding of how specialist hospitals can use their strengths to better connect with and benefit other providers in the wider NHS in their integrated care systems and place-based health and care systems.

1.2 APPROACH TAKEN

The Federation of Specialist Hospitals commissioned the Innovation Agency (AHSN for the North West Coast) and UCLPartners to undertake this study. Both organisations are contiguous with two main clusters of specialist hospitals. The analysis and supporting co-ordination of this report has been supported by Paul Wood, independent management consultant.

The study has involved the following activities:

1) A series of structured interviews with a selection of stand-alone specialist hospitals and specialist services that are part of a wider group of hospitals. In total, 12 out of 21 specialist hospitals have contributed to this study. In addition, three chief executives/chairs of larger trusts with specialist services that are now part of their larger group of hospitals were interviewed.

2) A series of structured interviews was undertaken with leading stakeholders in the NHS, NHSI, Specialised Commissioning, Shelford Group, NIHR and a regional transformation partnership leader.

   The full list of participants in the interview process is included in Appendix 2.

3) Comparative analysis of the current published information around the performance of specialist hospitals and some extracts of published analysis undertaken by the national GIRFT team has been undertaken. We acknowledge the contribution provided by this national team and individual contributions made by specialist trusts to this part of the report.

4) Assessment of the relative importance of different factors raised by interviewees supporting the underlying reasons for relatively higher performance.

5) Capturing the current roles and activity undertaken by specialist hospitals in the leadership and delivery of wider system transformation work and assessment of the potential of specialist hospitals in testing, developing and disseminating innovation.

6) Highlighting case studies of key service innovations or service transformation approaches being adopted by specialist trusts, which have potential wider relevance or which could be spread into the wider health sector.

   This work was undertaken during the period July to September 2018.

1.3 STRUCTURE OF THE REPORT

The report structure is as follows:

Section 2: An understanding of specialist hospitals' performance and the underlying factors, which may explain relatively higher performance; this section covers a short summary of the availability of the relevant data on the performance of specialist and other aligned hospitals.

Section 3: A summary of the roles that specialist hospitals are undertaking in regional STPs (Strategic Transformation Partnerships) or national roles in which they are promoting or leading service innovation or improvement initiatives. This section also covers some of the key areas highlighted where specialist hospitals could either extend or develop their role in systems based place based care or service transformation work.

Section 4: A description of the scale of service innovation taking place and an overview of the potential of specialist hospitals in disseminating innovation.

SECTION TWO: UNDERSTANDING THE PERFORMANCE OF SPECIALIST HOSPITALS

2.1 INTRODUCTION

Our interviews highlighted that there are at least four dimensions of performance in which specialist hospitals can be considered. These are:

1) Performance against the regulatory provider license framework that is monitored by NHS Improvement.

2) Comparisons with similar specialist service providers internationally in particular in the areas of cancer, orthopaedics and children's services. Although published information in this area is limited, clusters of specialist trusts are undertaking this comparative performance on a regular basis, as part of their service innovation focus and an aim to provide world class performance, service standards and outcomes.

3) Calibre of applied scientific research undertaken across specialist hospitals in conjunction with local academics and researchers.

4) Effectiveness of specialist hospital roles in contributing towards improving the wider health system performance through:

   - reducing the scale of unwarranted performance variation

   - leading the standardisation of specific pathways

   - leadership roles in the development of clinical care networks

2.2 AVAILABILITY AND USE OF INFORMATION

A review of information that is readily available suggests that current performance metrics are focused around service access targets, CQC ratings, and patient satisfaction levels.

The NHS Specialised Commissioning function collects and reviews differential performance of all providers they fund, focusing on financial performance, time to treat and other quality indicator dashboards. Any comparative performance review is on an individual provider basis against agreed service activity contract terms and compliance with the delivery of any prescribed service specification or commission of specialist hospitals as a group.

Specialist trusts are providing many of the benchmarks of qualitative best practice or standards used in improving value initiatives such as Getting It Right First Time (GIRFT).

2.2.1 INTERNATIONAL BENCHMARKING – EVIDENCE ON OUTCOMES

For many specialist trusts, there are few UK providers with a similar patient case mix on which to compare outcomes on a like for like for basis. A few specialist trusts compare their outcomes performance with a peer group of international provider comparators.

Several specialist trusts gave examples where their outcomes for particular services are known to be best in the world or compare favourably with 'best in class'. However, as commented by interviewees, meaningful comparisons on outcomes data are often limited to just a few indicators on cancer survival rates and PROM style indicators around orthopaedic surgery.

There is limited published international benchmarking information around specialist hospitals used by the national Specialised Commissioning function as part of their performance intelligence or evaluation of investment levels. This is an area for consideration by clusters of specialist hospitals in partnership with the national Specialised Commissioner.

In terms of performance and contribution to the wider system, as outlined later (section 3), there is a wide spectrum of different roles being played by specialist hospitals in their local systems or with a national focus, with limited defined measurement or contribution.

Clinical Excellence awards may be viewed as an indicator of high service standards, outcomes and service capability. However, they rely heavily on individual self-reporting and often do not reflect system benefits. Information is not currently reported by grouping of specialist hospitals as compared with large teaching or acute hospitals. Clinical Research ratings are linked to their associated alliances with universities.

2.2.2 GIRFT REPORTS – EVIDENCE AROUND BEST PRACTICE PATHWAYS

Evidence of compliance to best practice standards and appropriate reduction or increase in care and resource use is beginning to emerge as part of the GIRFT report and supporting processes. We outline in Section 3 the pioneering role that certain specialist hospitals have made already to the development of this performance review and improvement approach. As outlined by one interviewee, there is an overriding need to develop the evidence base of NHS service outcomes and standards.

"There is a real opportunity using the evidence base for supporting innovation to make a significant impact far in excess of their relative size. It is important to encourage specialist hospitals to deliver this and to understand that innovation is part and parcel of what they should be doing.

2.3 OPERATIONAL COMPARATIVE PERFORMANCE

Hypothesis: Specialist hospitals are achieving higher performance ratings against the areas of common performance measurement.

In an attempt to test this hypothesis, we have used the NHS Improvement performance datasets and other readily available datasets. Overall analysis of the cumulative performance in the final quarter of 2017/18, indicates that a large cohort of both stand-alone specialist hospitals and specialist hospitals that are part of a wider hospital group do record higher levels of performance ratings in the areas routinely measured by the NHS sector.

As outlined below, although a greater proportion of specialist trusts have good to outstanding CQC ratings, this is not a consistent picture across the board.

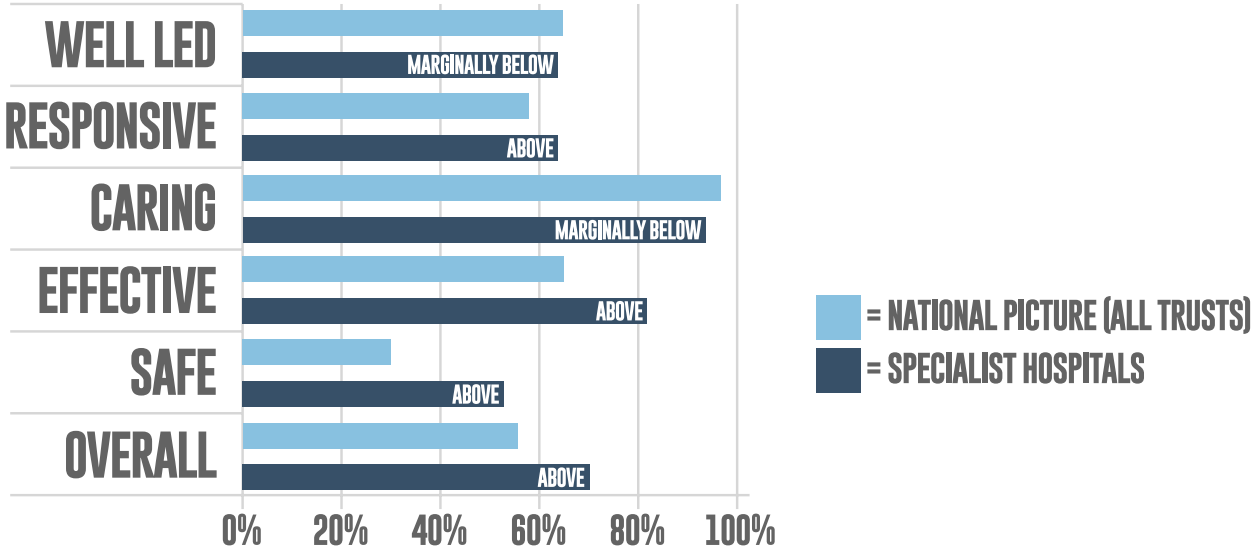
2.4 CQC RATINGS PERFORMANCE

In total, 71 per cent of specialist trusts are rated good or outstanding compared to 56 per cent of all trust providers group.

The chart below summarises the profile of CQC ratings as at final quarter of 17/18:

The review of the current CQC ratings database for all providers as at July 2018, suggests that:

- Stand-alone specialist hospitals group has a higher level of overall good and outstanding ratings than the other hospital provider groups
- Specialist hospitals record higher levels of good and outstanding ratings on safe, resource effective, responsive ratings compared to all other trusts groups
- Specialist trusts group have a similar profile of good and similar ratings on Well Led and Caring compared with other NHS trusts groups
- Specialist hospitals that are part of a larger group of hospitals appear to perform well on CQC ratings – four out of five.



2.5 FINANCIAL CONTROLS TOTAL POSITION

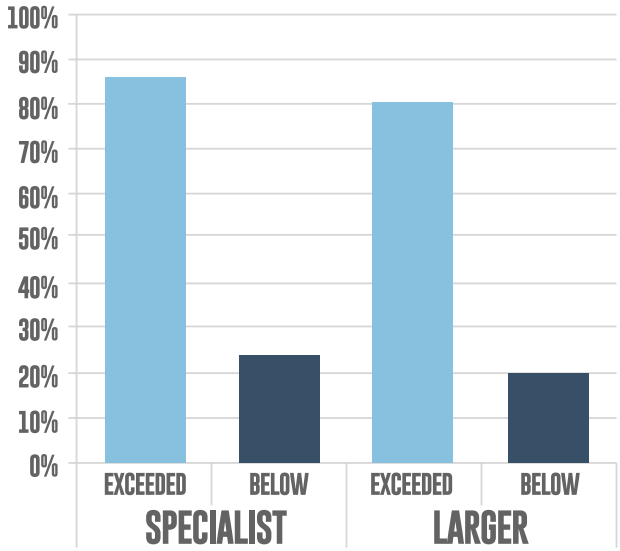
Table 1 below summarises the targeted financial position of NHS trusts in 17/18 compared to the actual reported within the NHS Improvement reporting framework. It shows that specialist hospitals in overall net return delivered a higher surplus position than expected in the region of £265m. This is compared with non-specialist trusts' reported deficit position increasing by £422m.

GROUP CATAGORY	YEAR TO DATE TARGET (£M)	ACTUAL £M	VARIANCE	% OF TRUSTS ACHIEVED
Non Specialist Trusts Group	-937.6	-1359.62	-422.02	67%
Specialist Hospitals Group	25.8	248.22	222.42	76%
Specialist Hospitals Part of Larger Hospital Groups	12.3	45.1	32.8	80%
Overall Provider Sector	-899.5	-1066.3	-166.8	

SOURCE: NHS I QUARTERLY REPORTS

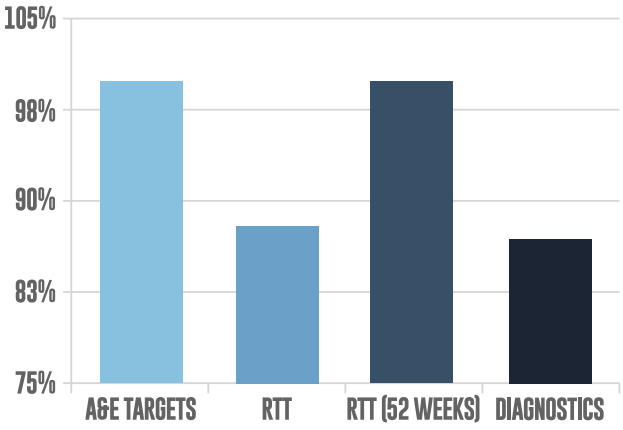
The chart below shows that 75 to 80 per cent of specialist hospitals achieved their financial control position compared with 67 per cent of all other trusts.

Chart: Proportion of stand-alone specialist trusts exceeding their financial control target compared to their specialist providers that are part of larger group



2.6 SERVICE ACCESS PERFORMANCE

Specialist trusts perform well above the average across all the service access performance measures.



SUMMARY TABLE	A&E TARGETS (%)	RTT COMPLETE (%)	RTT (52 WEEKS) NO	DISAGNOSTICS W TIME (%)
National Average Non Specialist Hospitals	83.55 %	86.78 %	526.80	2.13 %
Specialist Hospitals Group	97.20 %	85.90 %	4.94 %	1.28 %
% of Specialist Hospitals - Above National Average	6 out of 6	15 out of 17	17 ouf of 17	14 out of 16
Overall Provider Sector National Average Performance	100 %	88 %	100%	87 %
Specialist Hospitals Within Larger Groups	62.1 %	68.96 %	40.8	1.28

2.7 NATIONAL CANCER TARGETS

Reported performance in this area is overall well above the national average among all providers. Chart 3 below illustrates the profile.

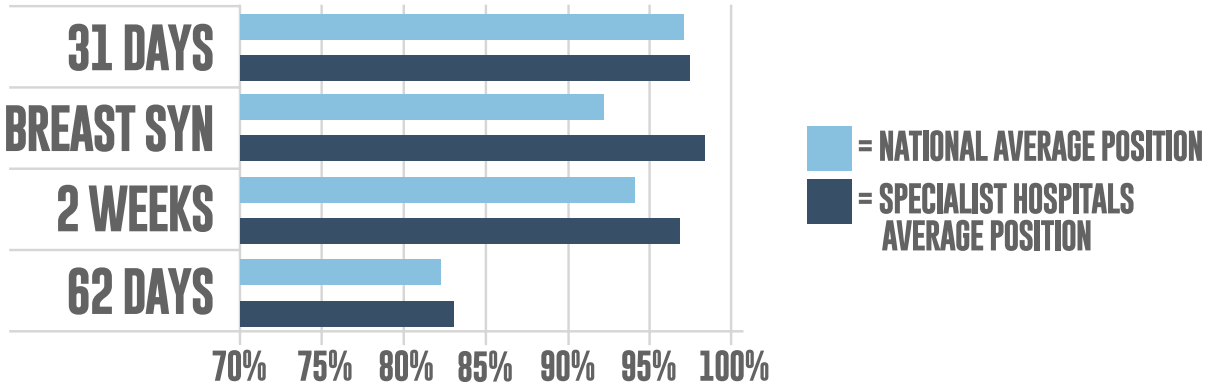


Table 3: Supporting Summary Table – Cancer Targets Performance

SPECIALIST HOSPITAL TRUST	CANCER 62 DAYS (%)	CANCER 2 WEEKS (%)	CANCER BREAST SYN	CANCER 31 DAYS
No. of Trusts	15 %	11 %	2 %	15 %
Average Position (Spec Hospitals)	83.1 %	96.7 %	98.4 %	97.5 %
National Average Position	82.3 %	94.1 %	92.3 %	97.2 %
% of Specialist Hospitals - Above The National Average Performance Level	8 out of 15	9 out of 11	2 out of 5	12 out of 15

2.8 PATIENT EXPERIENCE RATING

The majority of specialist trusts perform very well against the national patient experience ratings. The majority of specialist trusts record an above average percentage of recommendations re Friends and Family Test and all score highly in the inpatient survey.

Table 4: Summary Position on Patient Experience Rating

TRUST PROVIDER GROUPINGS	FRIENDS & FAMILY TEST (% RECOMMENDED)	IN PATIENT SURVEY (EXPERIENCE RATING OUT OF 10)
National Average (All Trusts)	96.0 %	8.20
Stand-Alone Specialist Hospitals	95.8 %	8.87
Specialist Hospitals as part of a larger group	94.3 %	8.18
No of specialist hospitals above the national average rating	13 out of 17	13 out of 13

Source: NHS Inpatient Survey and Friends & Family Test

Orthopaedic trusts perform in the top upper quartile, top 10 percent. As outlined by many specialist trusts, the single client or service focus provides the opportunity to focus on patients and families' experience of the key pathways and the quality.

2.9 KEY REASONS FOR SPECIALIST TRUSTS PERFORMING WELL

The level of empirical and longitudinal evidence based around the key factors underpinning the higher levels of performance ratings is very limited. But the views of specialist trusts providers and system leaders interviewed were relatively consistent on the key factors that they see every day that are underlying factors in delivering a higher level of performance. Table 4 below summarises the key reasons given for the higher performance levels. None of these key factors is unique to specialist hospitals but many interviewers believe a higher number is evident in these providers.

Table 4: Summary of the key reasons provided for higher performance

SPECIALIST HOSPITAL TRUST	% MENTIONED BY SPECIALIST TRUST INTERVIEWEES	% MENTIONED BY OTHER STAKEHOLDER INTERVIEWEES
Single Specialty / Client Group Focus	80 %	100 %
Culture of Research / Service Excellence & Continuous Improvement of Patient Services	100 %	80 %
Focus on scheduled Patient Care Interventions Rather Than Emergency /unscheduled	70 %	90 %
Clinical & Managerial Leadership Capability	100 %	80 %
Calibre of Staff & Their Focus on Outcome Excellence	100 %	100 %
Sense of Identity / Staff Motivation Linked to Culture	90 %	60 %
Funding Position of Specialist Trusts	50 %	80 %
Co-Location of Specialist Services	50 %	30 %
Smaller Size of the Organisation	80 %	80 %

Source: Interviews held with specialist trust leaders and other system stakeholders and factors highlighted for the good performance

2.10 KEY REASONS: VIEWS OF SPECIALIST HOSPITAL LEADERS & SYSTEM LEADERS

Single specialty focus & scale of scheduled workload

The most common observation made by nearly all interviewees is the inherent advantage that specialist hospitals have in being able to focus both clinical leadership and management on a single specialty focus that is predominantly around scheduled care.

This is compared with the typical DGH or large hospital role of managing the scale of non-elective/emergency activity with up to 90 service specialty lines in major teaching hospitals.

> So, that's one of the real drivers from the financial performance that I think allows specialist organisations to be much more planned, to work to standard operating procedures much more, to be clear about end to end processes and so the relative efficiency becomes quite clear.
>
> I think being a single specialty organisation means that we can focus what we do and also, are protected from the pressures of other specialties. So, if we think for example about our A&E performance, I think we are consistently the best performing hospital in London and that is by focus of our specialism. So, not only are ophthalmic patients rarely admitted when they come to A&E, we're also not having to make difficult decisions in terms of prioritising ophthalmic patients attending A&E compared with other people perhaps coming in with more critical life-threatening illnesses.
>
> **MOORFIELDS EYE HOSPITAL**

> Due to the specialism they can focus, ensure that things happen and having this clear focus means that staff and clinicians easily understand each other, which helps them to accelerate innovation and improved performance, partly due to the peer support.
>
> **THE WALTON CENTRE NHS FOUNDATION TRUST**

> Due to the size of the trust there is the opportunity for clinicians to coalesce around something in common. This size and focus allows some headspace for staff, compared to big DGHs who are always fighting fires.
>
> **ALDER HEY CHILDREN'S NHS FOUNDATION TRUST**

> Specialist hospitals have the inherent advantage of being able to focus scheduled care of a limited number of service lines rather than 90 plus of typical large hospitals or DGHs that are managing large volumes of emergency activity, every day.
>
> **NHS IMPROVEMENT LEADER**

> Particularly how do you optimise specialist services as part of a busy organisation? How do you ensure that you maintain the quality as you start to bring in new translational medicines and translational innovation is an interesting topic. We are having quite an active discussion with NHSE about excess treatment costs."
>
> **GUY'S & ST THOMAS' NHS FOUNDATION TRUST**

Culture, research & continuous improvement

The culture developed by many specialist trusts was highlighted by many as one of the key differences that results in better outcomes and performance levels. Both the scale and focus of research and the drive for continuous improvement was also raised by many specialist trusts as a major contributing factor.

> The philosophy is that the trust is one big team and the execs are very visible, which is not the case in bigger trusts. The culture has developed over the last 10 years and our vision is to be the best. Cardiac procedures, surgery and cancer are all subject to national scrutiny and this means that there is a competitive consultant environment, which breeds excellence. Staff know that what they say will be taken seriously and the workforce is like a family, who all know each other.
>
> **LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST**

> I think what's so exciting for me in my organisation is if we can add that culture of really supporting innovation and improvement and it becomes part of what we do, bottom up as opposed to sort of top down, I think the opportunities that will be unlocked will be massive.
>
> **MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST**

Clinical & managerial leadership

> The trust has an unstinting focus on leadership and quality and there is an in-depth understanding by all staff of the work of the organisation. The trust is robust in measurement, assessment and monitoring and sees itself as being on a continuous improvement journey. As the trust is small, there is exec engagement with staff. The trust listens to its staff; a huddle is held every day with executive team, clinical and back office teams, including HR, medical engineering and others.
>
> **LIVERPOOL HEART & CHEST HOSPITAL NHS FOUNDATION TRUST**

> The trust has a robust clinical leadership model and has an external governance review in place. Staff don't have to ask for permission for making changes that will improve safety, care or patient experience issues.
>
> **ALDER HEY CHILDREN'S NHS FOUNDATION TRUST**

> I guess the thing that particularly differentiated between that and some of the previous ratings was assessments around leadership and two particular things came out quite strongly if you read through our CQC report.
>
> **BIRMINGHAM WOMEN'S & CHILDREN'S NHS FOUNDATION TRUST**

> It is clear from viewing the performance of NHS providers, although specialist hospitals have many inherent advantages, these would not be harnessed if they didn't have a very strong calibre of leadership.
>
> **NHS IMPROVEMENT**

Culture, research & continuous improvement

All specialist hospital stakeholders highlighted their aligned culture throughout the workforce as one of the major factors in performing well both on process measurements and clinical service outcomes.

> Smaller specialist hospitals have a particular work ethic, focused on making them centres of excellence.
>
> We tend to be reasonably comfortable that we can deliver on the process; it gives us the time and the capacity to focus on the outcome measures. So, I don't know that I could evidence this but the fact that we don't have to get our clinicians spending huge amounts of time prioritising who they allocate theatre time to in order to meet RTT, means they have got time to think about their PROM indicators, the appropriate clinical outcome measures for their patients and to focus their discussions and their time on that.
>
> About 50 per cent of our focus is given to research and the application of how we can advance treatments and services for the benefit of our local population.
>
> **ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST**

> All staff, no matter what professional grouping, are encouraged to be engaged in either research or service innovation and improvement.
>
> **THE CHRISTIE NHS FOUNDATION TRUST**

> The difference with working in a specialist hospital was that our clinicians - and I don't just mean doctors - but nurses, AHPs and everyone were travelling round the country, travelling round the world presenting examples of their research and service innovation that they were doing; they were learning what other people were doing.
>
> **ALDER HEY CHILDREN'S NHS FOUNDATION TRUST**

Calibre of staff & alignment of motivation to focus on outcomes

A major underlying factor of their relative success raised by all interviewees from specialist hospitals is the calibre of staff they attract and their motivation to undertake research and service innovation. It is seen by many as an important differential that facilitates the higher performance levels and delivery of service excellence.

> I couldn't point you to any evidence of this, but I wonder whether it has a positive impact in terms of the staff as well. Our clinical staff are more motivated because they've got the time to focus on clinical indicators rather than RTT, which is understandable. The process measures which are important are understandably less likely to motivate a clinician than a conversation about outcomes.
>
> **MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST**

> Commitment of staff and outlook. Staff are mission driven and have a quasi-religious belief that the trust has a special role. There is uniqueness in what they do and for patients, the care is better. This creates the characteristics. Facilities are antiquated but patient experience is always in the upper 90 per cent in surveys. As they deal in end-stage disease, they are the last station for many patients and many will die. They are grateful for their care and staff reflect that approach.
>
> **ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST**

> Unlike the rest of the hospital sector, our ability to recruit the most capable of staff and retain them is one of our greatest strengths; our temporary staff cost profile represents less than one per cent of our total trust costs. We have never had to use a large temporary staff profile.
>
> **THE CHRISTIE NHS FOUNDATION TRUST**

> The viability of specialist institutions does seem to be stronger than it is for some of our smaller DGHs where there is little population movement, it is difficult to recruit, disconnected from the academic mainstream and their core can become isolated and nucleus hard to maintain.
>
> We are surrounded by a few of the best academic institutions in the world. So, there are smart people everywhere.
>
> **UNIVERSITY COLLEGE LONDON HOSPITALS FOUNDATION TRUST**

> I think that something else that differentiates specialist hospitals from other organisations, even university teaching hospitals, is that generally staff satisfaction levels are much higher. They are always in the high 90s which possibly reinforces the narrative that life is easier and better and nicer; but you can flip that over and say well what is it about a positive experience that people are having?
>
> **MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST**

> I think the fact that we do perform consistently well in specialist hospitals on things like staff surveys and friends and family feedback is something that's embedded in the culture, the patient experience side of the things, and the organisation's pride in what it does. And that's I think what binds us rather than the clinical speciality – it's the cultural thing we are really analysing here.
>
> **ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST**

> We have constantly engaged patients and carers in the design of our services and regular monitoring of performance. As a result of this we provide service consultations in many local hospitals and have developed our chemo@work service offering.
>
> **THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST**

Financial funding profile

The scale of financial funding available to most specialist hospitals was considered by many of the system-wide stakeholders as a major contributing factor. Historically, the margins received for undertaking specialised services work have been very different – in many instances based on local price negotiation. Up until recently, they have not experienced the capping of prices or the application of marginal tariff rates for increased activity. The national model hospital work has shown that the margins for undertaking non-specialist emergency work have been eroded over the years with changes in non-elective PbR tariffs and the ceilings placed on income received for increasing non elective activity.

However, the picture for specialist trusts is varied; some are dependent on block contracts that have not kept pace with clinical developments. In addition, the move of some contractual activity to local CCG basis is changing the certainty of specialist trusts' income base alongside the cash constraints being imposed on specialised commissioning budgets.

> "Clearly people are exercised about the size of the specialised services budget.
>
> There is a general feeling that they do tend to attract more money rather than if they were focusing on elderly or chronic long term conditions needs."
>
> **STP LEAD**

It should be noted however, that the evidence based on funding per capita is not currently used by NHS commissioning bodies and those patients who are both frail and have chronic long term conditions are the same patients who benefit from the services provided by specialist hospitals.

However, as raised by many interviewees, the real issue is the scale of focus and subsequent investment in population health management compared with the provision of treatments.

International specialist provider benchmarking

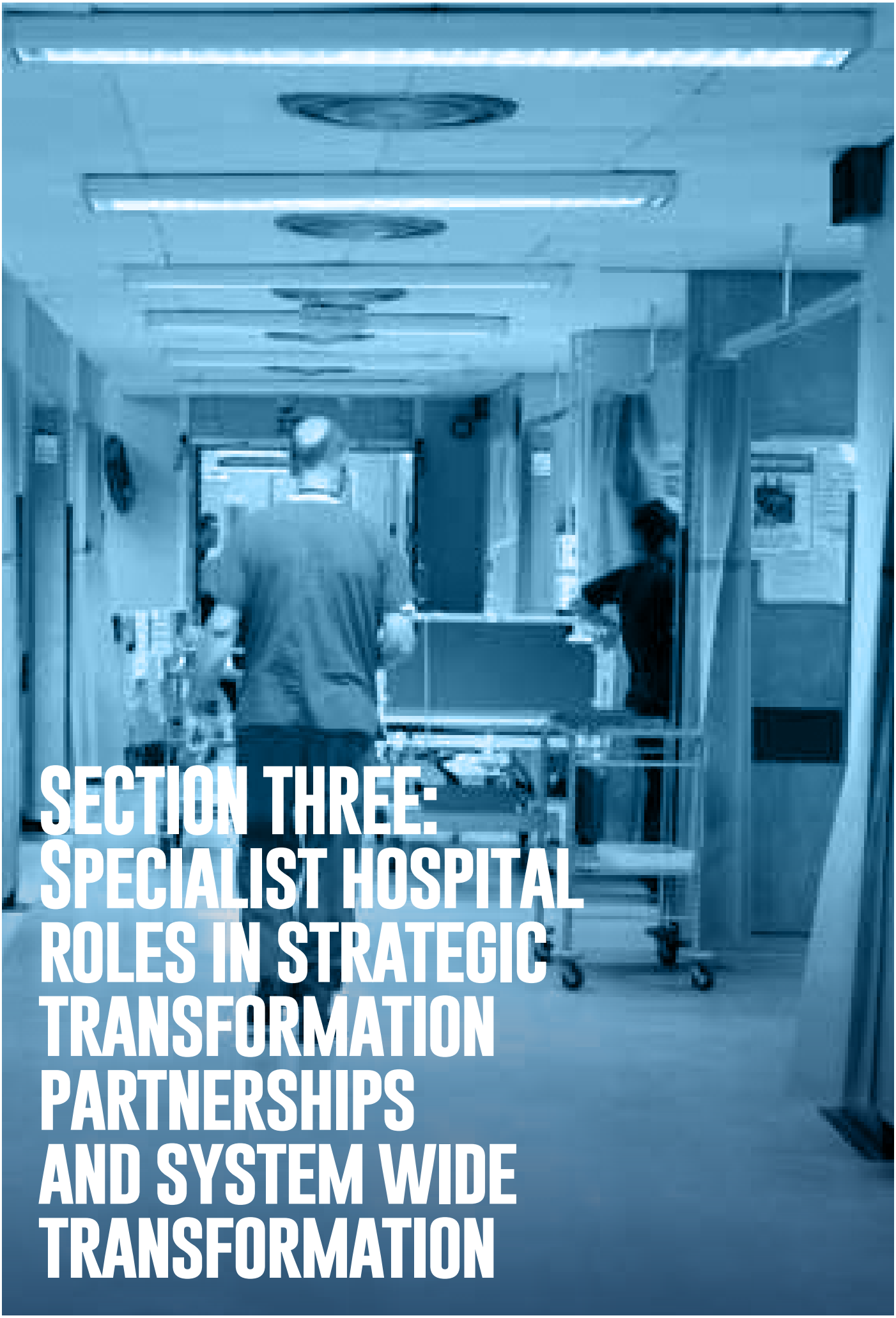
Many of the specialist hospitals have an international reputation built up over decades of both research and service innovation. The track record on treatment advances and developing services is recognised as world class in several areas of ophthalmology, cancer, orthopaedics and cardiac procedures.

The wider publication of the international benchmarking of service outcomes in these service areas appears limited to organisations' annual reports but more importantly, it is not currently used by national or local commissioners to set standards that become a baseline for commissioning of services.

The use of international standards benchmarking around service model standards and outcomes expected was raised by several stakeholders as a major deficiency in the current English healthcare commissioning system. As outlined later, it is a perceived 'public responsibility' role that all specialist hospitals, if they are to remain relevant in the future, need to undertake, to support their role as change agents for regional and national commissioning systems.

> "Several specialist hospitals record and monitor their outcomes against an international peer group.
>
> In the context of RNOH, this provider records low infection rates (less than 0.19%), largest scoliosis unit in Europe, one of the largest sarcoma units in the world. A unique treatment of patients from as young as six months all the way throughout their life. They are producing outcomes that set a benchmark, which others could follow.
>
> If you then take into account their wider R and D, teaching and training role - RNOH trains 15-20% of orthopedic surgeons in the country – their role in training is a benefit to the wider system."
>
> **ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST OUTCOMES POSITION – INTERNATIONAL COMPARISON**

> "There is good evidence that high volume centres have better outcomes, particularly in the areas of ileal pouch surgery and polyposis services, and only a specialist hospital can be a high volume centre in some of the more niche areas, listed above. St Mark's Hospital cares for the largest number of patients with Type 3 intestinal failure in the country. As a result, we have established treatment protocols for complications that are only rarely seen in low volume centres and the survival rates for patients on home parenteral nutrition are some of the best in the world.
>
> "Studies have demonstrated improved outcomes for patients having colorectal cancer surgery provided at higher volume centres (Huo et al, 2017)."
>
> **ST MARK'S HOSPITAL EXPERIENCE**



SECTION THREE: SPECIALIST HOSPITAL ROLES IN STRATEGIC TRANSFORMATION PARTNERSHIPS AND SYSTEM WIDE TRANSFORMATION

3.1 ROLES UNDERTAKEN BY SPECIALIST HOSPITALS

Historically, certain specialist hospitals have worked together in national provider alliances, which help with the review and testing of new service pathways and treatments through to their involvement in setting standards. The major alliances highlighted in this interview programme were:

- Orthopaedic specialist trusts alliance that has evolved into the establishment of the GIRFT team and review processes hosted by Royal National Orthopaedic Hospital
- Children trusts alliance that has been involved in national service policy formation and the commissioning of new services and standard setting
- Cancer provider alliances that have led the development of new service advances and have supported specific commissioning initiatives
- Other specialist hospitals' input into developing national service standards and new service models for NHS England

The recent roles described by specialist hospitals highlight the potential leadership and advisory roles that are still being undertaken by specialist hospitals as part of their wider responsibilities to provide expertise and service planning leadership that will benefit the wider NHS. Some key examples highlighted are below:

> Members of the specialist children hospitals group worked together to develop an appropriate product, national standard and the development of care bundles to provide a safety monitor for children's services.
>
> There was previously no equivalent for children. It started like many other service innovations from the interests and ideas of an individual clinician and chief nurse at Birmingham Children's Hospital. The paediatric alliance was used to take soundings with colleagues to see if there was interest in developing a product and approach.
>
> There was initial work undertaken by Alder Hey, GOSH and Birmingham Children's Hospital. A joint team looked at what safety monitoring might look like, to review other existing service models - UK-wide, locally and internationally. They looked at some of the work that has happened particularly in the care bundle approach and with the paediatric early warning tools to build a set of standards and best practice.
>
> NHS England then supported a rollout of equivalent safety monitoring for children and the care bundle approach. The children alliance is now involved in evaluating its application nationally – taking it from creation through testing, adoption and spread.
>
> **WORK OF THE CHILDREN SPECIALIST HOSPITALS ALLIANCE – DEVELOPMENT OF THE CHILDREN SAFETY MONITOR**

3.2 LEADERSHIP AND DEVELOPMENT OF NATIONAL IMPROVEMENT APPROACH – GIRFT

The inherent capability of specialist hospitals is also shown by the evolution of the orthopaedic specialist trusts alliance and leadership from RNOH clinicians and managers to the development of the GIRFT team. This team is now providing leadership in national programmes identifying the best in class pathways and setting out outcome benchmarks.

Summarised below are the outcomes achieved to date from the focus on specialist orthopaedic pathways. However, with the expansion of the programme into many other areas, it is notable that all specialist and teaching hospitals are contributing to the programmes around formulating 'what good looks like'. These programmes are using the expertise across the system but particularly specialist hospitals to improve service innovation, outcomes and patient pathways.

Case study – Impact of the orthopaedic services improvement and reducing unwarranted variations GIRFT

As outlined by Professor Tim Briggs, the potential value of harnessing the expertise and clinical leadership of specialist hospitals to help raise the bar of the whole system has been evidenced by the impact of applying GIRFT principles to orthopaedics. The extract below illustrates the reported progress.

Extract: Impact to date of the GIRFT orthopaedic study

- Reduced length of stay, reduced readmission rates, reduction in litigation in orthopedics (bucking the trend)
- Cost saving in the last three years of over £79m in reduced litigation costs alone. Reduction in number of centres carrying out low volume of interventions. Great examples in neurology, paediatric surgery, cardiothoracic surgery
- Number of patients over the age of 60 requiring knee replacements in a year has now reduced in some centres from 28 per cent of their patients to two per cent because of implementing the best practice and revised pathways. Similarly, for hip replacement in patients over 70, a significant drive to use evidence base for patients needing knee and hip replacements has resulted in better outcomes for patients and better procurement costs. This would suggest that investment in MSK programmes can go further in virtually every trust in the country

This role of leading an evidence based improvement approach across target areas both nationally and at a regional level has the potential for growing into a large-scale service innovation, as part of the solutions development work. There is a potential role in leading and executing specific service change and innovation for strategic commissioners, either in clusters or in individual specialist trusts working with other providers in a partnership model.

The style of approach may have to be adapted to lead service change around medical or cancer services particularly for patient pathways involving various co–morbidities. However, the requirement for the role clearly exists as illustrated by the work of specialist GIRFT teams and the existing work being undertaken by specialist cancer trusts.

It was raised by several specialist trusts that although GIRFT work is welcome to raise standards, there is a danger that unless undertaken in genuine partnership with all providers it could be perceived as simply promoting the service excellence of specialist trusts.

A comment from GOSH highlights this point:

"There's a fine line between us as specialist hospitals stepping out to do that and having fertile ground and willingness of other players to partner and form a partnership. The reason being that without that readiness it starts to be perceived as arrogance rather than a genuine partnership for the benefit of our shared patients."

3.3 OVERALL PICTURE –CHALLENGES FACED BY SPECIALIST TRUSTS

Discussions with specialist trusts and system wide leaders highlights that although there are some compelling stories and effective approaches taking place, across the NHS system we are still poor at rolling out best practice and enhancing standards and patient outcomes. There are some individual examples of how some of the recommendations outlined in the FSH report Driving Innovation Forward, are being executed but the wider position is of inconsistent application. As outlined by many, the barriers to innovation and system wide transformation as highlighted in the 2011 Department of Health report Innovation, Health and Wealth still exist. These barriers can be categorised as follows:

- Leadership culture (both clinical and managerial) to support innovation and system wide transformation is inconsistent or lacking;
- Commissioners (both specialised and CCGs) lack the tools or capability to drive innovation forward in their commissioning and contracting work;
- Lack of effective and systematic innovation architecture available to support large scale innovations;
- System financial incentives are not geared towards rewarding the innovators and can act as a disincentive to adoption; but it is acknowledged that the Innovation and Technology Tariff/Payment introduced for 2017-19 has potential for development in this regard, alongside assistance from AHSNs.
- Poor access to and use of evidence, data and metrics around service innovation.

The interviews undertaken for this report have identified that there is a mixed picture of the real involvement or contribution provided by specialist hospitals.

As outlined in the case study below, specialist hospitals around Liverpool are all providing major leadership roles in developing further standardised networks of care services and taking forward the implementation of standardised care pathways. Other specialist hospitals are beginning to lead strategic reviews of their specialty across their local system that is not confined to tertiary pathways. Some are also leading on improving service provision or service reconfiguration – acting as the 'honest broker'.

For some specialist trusts, their logical role in strategic transformation partnership working is more difficult due to their national service coverage (eg GOSH, Royal Brompton). Others outlined the resistance from other providers in the development of a networked care model due to perceptions of a take-over of particular services rather than helping to raise standards.

As outlined by one specialist hospital, there are tensions around the roll out of standardisation of pathway protocols and service models.

"I do think we enter a room and there's an element of understandable tension because we have this network model. It's sometimes harder for us to have those collaborative conversations with other providers because their understandable first assumption is that we want to acquire them which is rarely the motivation."

Specialised commissioning perspective - lack of alignment

Several expressed concerns about the perceived non-alignment of their roles and service portfolio in the context of the specialised commissioning agenda around developing and implementing standard service specifications.

"Are we attempting to commission services on the basis of known world class standards or lowest common denominator?"

"Where do we start with the commissioning system; I have rarely seen any commissioners take action to improve the standards and outcomes of particular services when information on poor outcomes is evident?"

"Our commissioning system needs urgent reform – otherwise the inherent strengths of services provided by specialist hospitals/centres will be eroded."

Commissioners' perspective

The other perspective outlined is that specialist hospitals are a legacy of having no coherent provider strategy and not being aligned with the need to provide modern medicine or elective care.

The view was expressed that some stand-alone specialist hospitals may not be relevant as a service provider model given the direction of travel of locally based service commissioning. However, others highlighted single specialty hospitals as having the potential to lead, provide or manage services that are focused on the health management of a particular population segment.

Contribution of specialist hospitals

Despite the inherent difficulties and challenges of system wide transformation work, several specialist hospitals can point to how they now have emergent or established leadership roles within their regional STP process. Some have established leadership positions with permission to engage the wider system in specific service innovation initiatives or to roll out best practice standards that can benefit patients across all hospitals or the wider system.

Each specialist hospital is unique in its service capability or inherent strengths but all possess a culture and a workforce who are passionate about improving services, delivering service excellence and advancing treatments or services.

We outline below some notable examples that illustrate both the capability and range of roles that many specialist hospitals are undertaking. These include work with STPs; national service development; and in some cases, international experience in raising service standards and helping other healthcare systems. These demonstrate:

- How specialist trusts can lead a system wide review and service pathway standardisation programme
- How specialists trusts can lead and facilitate the collaborative working of many providers and commissioners to develop population health management approaches and design services to support prevention and detection
- How specialist trusts have developed standardised models of care across a large care network involving many hospitals and large populations

System leadership roles – spread of standardisation of best practice pathways and population health management work

Although specialist hospitals may have had difficulty in dispelling the myths of specialism elitism or tensions with other providers, there are excellent examples of how specialist trusts are leading system wide transformation and helping to standardise key pathways. The roles being undertaken by four Merseyside based specialist trusts highlights the potential leadership role that can be undertaken and the value they bring to engaging with population health management issues and solutions.

An extract of the roles is below.

TRUST	DESCRIPTION OF ROLE
Alder Hey NHS Foundation Trust	Leading a women and children's work stream, which is setting up a route map to develop a hub and spoke service. Working with commissioners in assisting the development of a revised children service model network. Providing training support, eg anaesthetist training.
Liverpool Heart and Chest Hospital NHS Foundation Trust	There is a clear, defined role for the cardiac specialism in the STP and this work stream has been running for three years. The trust provides work stream leadership and it is governed by a strong Board including third sector stakeholders, academia, the networks, primary care. RightCare data is used. LHCH have funded this work stream for three years but have not done this as a 'feather in their cap'; they have focused half the work on prevention to change population health in the longer term and they are proud of this. They have led the clinical network. "Working with primary care helps LHCH clinicians to understand their issues and for primary care to understand the issues of the consultants."
The Walton Centre NHS Foundation Trust	STP work is very positive, as they have been working collaboratively for years. The STP has helped The Walton Centre to standardise pathways, joining the dots across the system to support patients and trusts. Spreading pathways that they do well – eg first seizure; and in acute trusts, pathways for headache National pathway – back pain evaluation of pain management not drugs Community pain management – taking a medicines management role Parkinson's disease and MS - the trust has been asked to lead on standardising pathways The trust has built good relationships regionally, providing neurologists to all hospitals in a network of local outreach care with standardised pathways
The Clatterbridge Cancer Centre NHS Foundation Trust	A leadership role in the development of the Cancer Alliance across STP population Specialists working in a local outreach standardised service model Working with GPs and system providers on development of prevention health plans and use of staff. Innovation occurring with the design and delivery of chem@workplace Developing the capabilities of MDTs around cancer therapy programmes Development of closer to home plans with Specialised Commissioning team Transforming Cancer Care Team development re internal transformation alongside changes to roles to support population health management approaches

Roll out of the Moorfields clinical service model

One of the best examples of dissemination of service innovation is the development across 30 plus hospitals of the virtual glaucoma and cataract service model that is improving outcomes at Moorfields Eye Hospital NHS Foundation Trust.

Moorfields participated in the national Vanguard programme and were keen to share knowledge about their network model. Their view was that adopting a standardised approach by sharing learning was applicable to every specialty rather than just ophthalmology.

"So, I think because we have the time to think differently and I suppose actually for us there is an element of survival of our independence, this forced us to think differently about our model. This meant we were able to innovate and then share it more widely. And I think it's something that we definitely have the potential to do more of; if I was going to be a bit self-critical on reflection I'm not sure we always do that as effectively as we could do."

3.4 OTHER ROLES FOR SPECIALIST HOSPITALS

The survey also revealed the potential breadth of roles that specialist trust leaders are undertaking, for instance:

- National clinical lead roles for cancer and oncology acute services
- National roles in leading the review of maternity services
- Vanguard roles in sharing best practice re cancer collaboratives
- Leadership of the STP secondary care service model and reconfiguration options
- Leadership facilitation role around exploring a future provider federation model being explored in Birmingham and Solihull
- The Christie Hospital leadership role in the Manchester-wide cancer service strategy development and working with local authorities and health commissioners
- The Christie Hospital outcome improvement partner role, helping other hospitals to deliver service and outcome improvement
- Recent invitation for St Mark's clinical team to lead and strengthen the local STP work focus on raising service standards
- Work of GOSH on genetics

All specialist hospitals consulted could highlight areas where they are beginning to make a significant contribution to STPs.

3.5 RECOGNITION OF NEW ROLES FOR SPECIALIST HOSPITALS IN POPULATION HEALTH MANAGEMENT

Several specialist hospitals identified that changes are required in engagement with the wider system to make the service portfolio relevant to population health management and the use of staff in prevention.

"I think particularly with this most recent policy shift to population, this has probably been the single biggest challenge especially to specialist hospitals. I think when we were operating in the environment as we were 10 years ago, actually it was pretty much dominated by secondary and tertiary as a system and therefore we could relate to and engage with other providers that were sort of similar to us, but not single specialty. I think this latest shift to thinking about the population has been more difficult."

The specialist cancer trusts are embracing this agenda and being proactive with their clinicians taking on prevention and detection roles within the development of place based health.

3.6 CONCLUSIONS

Overall, we would conclude that there is an appetite among specialist hospitals to share expertise, pursue adoption of standardised pathways or outcome improvement and undertake leadership roles across systems and networks. A large proportion of the existing involvement is based on the use of their internal funding provision. Many specialist hospitals recognise they are on a transformational journey; adapting to changing healthcare policy, financial funding priorities and their engagement roles with the rest of the healthcare system.

Many expressed the need to formalise this wider public responsibility with a mechanism for commissioners to formally contract with specific providers to assist with the development and redesign of commissioned services, the adoption and implementation of service innovation and assistance with the improvement of outcomes.

However, supporting permissions and pump priming financial support are required to ensure that transitions to new care models become embedded.

SECTION 4: SERVICE INNOVATION WITHIN SPECIALIST HOSPITALS AND HOW WE CAN IMPROVE THE DISSEMINATION AND ADOPTION OF INNOVATION

As outlined in many previous reports, specialist hospitals have a long established culture of research and service innovation. We outline in this section the approaches of trusts to developing a service innovation culture and taking forward major innovations. We summarise the key themes and lessons of value to the wider system.

This section also summarises the key areas highlighted by participants as areas for improvement in the development of service innovation, dissemination of opportunities and subsequent adoption.

4.1 WHAT ARE SPECIALIST HOSPITALS DOING WITH REGARD TO SERVICE INNOVATION?

The interview programme has suggested that all specialist hospitals are undertaking many service innovation initiatives. Much of this activity is financed by specialist trusts themselves with some pump priming support from AHSNs or other modernisation monies.

The table below summarises some areas of service innovation either in the pipeline or which have been adopted.

Table 1 – Examples of specialist trusts' major service innovation

SPECIALIST TRUSTS	SERVICE INNOVATION ACTIVITY
NORTH WEST TRUSTS	
Liverpool Heart and Chest Hospital NHS Foundation Trust	• Patient pathway redesigns using process improvement techniques • Workforce roles redesign and development of a single system wide workforce • Robotics innovation • CareCube scheduling tool taken to the commercial market that supports all their service delivery models • Clinical service model redesign – use of day case model for cardiac procedures
The Walton Centre NHS Foundation Trust	• Ongoing development of the outreach network model • Artificial intelligence application in redesign of rehabilitation service models
Alder Hey NHS Foundation Trust	• Partnership working with Toronto Sick Kids • Development of a regional network of children services in line with known best practice children models in Philadelphia
The Christie NHS Foundation Trust	• Proton beam therapy centre – first one in the UK • Big data project with several commercial partners, university and research bodies • Large commercial partnerships that have funded service innovation in diagnostic imaging service models and pathology services (international partnerships)
The Clatterbridge Cancer Centre NHS Foundation Trust	• Ongoing development of their outreach care network model • Development of a chemo@work service model • Digital transformation plans – implication of pathways and facilitating local working across the whole cancer care network

Table 1 – Examples of specialist trusts' major service innovation . Continued...

SPECIALIST TRUSTS	SERVICE INNOVATION ACTIVITY
OTHER TRUSTS	
Royal National Orthopaedic Hospital NHS Trust	• Implants developments – established source of new devices • Assisted living technologies – and development of specific products • Digital diagnostic pathology lab ideas
Moorfields Eye Hospital NHS Foundation Trust	• Roll out of their virtual cataract and glaucoma service model • AI retinal diagnostics with Google Deepmind
St Mark's Hospital	• Development of two novel techniques, in conjunction with The Royal National Orthopaedic Hospital, Stanmore, to allow a select group of patients to be offered re-sectional surgery where in the past they had been deemed inoperable. Both techniques have been published in peer-reviewed journals. • Develop the polyposis registry in the UK (also the second largest in the world) that provides advice and guidance service by telephone • A smartphone app has been developed which provides current published management guidelines for polyposis syndromes in a user-friendly format. This has been downloaded over 2500 times worldwide • Development of the largest biofeedback team in the world
Birmingham Women's and Children's NHS Foundation Trust	• Development of innovative devices that facilitate improved theatre productivity; and improving the early warning systems in intensive care • Development of a health partners alliance working with the University of Birmingham and University Hospitals Birmingham NHS FT and West Midlands AHSN • Involvement in genomics project • Projects with technology and pharma commercial partners
Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH)	• Focus on being research based hospital • Rheumatology Dept has enhanced both outreach and transition with a seamless children and young persons' highly specialised service that has created a significant national network. Neurologists and neurosurgeons within the epilepsy framework have advanced nationally to provide equity of access to highly specialised diagnostic therapeutic options around rare and uncommon epilepsies even to the point of surgical treatments for epilepsy

The interview process highlighted a significant range of both small and large service innovation projects that are being pursued by specialist hospitals, many in partnership with commercial organisations including both SMEs and much larger industry partners.

The key themes of service innovation are reflecting the focus of technology development (AI technology, digital diagnostic testing); the growth of population health management; self-care treatment approaches; improving future predictive planning; and operational issues such as the need to improve scheduling and patient flow management.

4.2 TYPE OF APPROACH

All specialist hospitals interviewed said that their culture emphasised staff engagement, encouraging staff to explore and pursue research opportunities and service innovation ideas. This is combined with an emphasis on organisational strategies and specialist hospital service planning on research and service innovation. However, few could articulate a systematic approach for assessing service innovation ideas or disseminating evaluated projects into full-scale adoption.

Several of the larger specialist trusts do have more formalised processes and as much focus is given to research and innovation as it is to operational service delivery. Many are engaging clinicians and patient groups but few are formally evaluating ideas and developing a dissemination pathway.

The other key specialist trust approaches are:

- Many trusts have invested in a Director of Innovation or equivalent as a way of demonstrating the priority given to innovation and research
- Many of the trusts are refreshing their service strategy, engaging both staff and a wide spectrum of external stakeholders; they all talk about service innovation, pioneering patient care and sharing knowledge
- Specialist hospitals are using their local AHSN and/or AHSC for facilitation and innovation development support and development of commercial partners. Hackathons are particularly valued by both staff and trusts in working with their AHSNs to develop specific innovations
- Innovation hubs have been developed with the support of AHSNs to explore the use of new technologies and datasets in service innovation
- Joint working of front line clinicians, researchers and academics that leads to service innovation proposals and use of evidence based assessments
- Cancer specialist trusts outlined the extensive use of clinical trials to inform service treatment advances and new pathways
- Training and use of improvement methodologies and toolkits
- Development of long established commercial partnerships by certain specialist trusts in supporting their clinical service models

Big data application to improve service innovation and outcomes

Several specialist trusts highlighted they are pursuing big data improvement projects. As an example of the scale and ambition, The Christie Hospital's real time data outcomes project is aimed at improving clinical outcomes with faster access to comprehensive patient data and reduced variability in care.

Patient reported outcome data (PROMs) is currently available for a small number of patients. The Christie are exploring how this could be extended to the majority of patients and linked to other relevant patient data including genomics and radiomics.

In partnership with several partners, the Christie project is exploring natural language pro-cessing and machine learning to make this data widely usable. They are also attempting to use a greater breadth of data to fill the gap in outcomes such as with primary care data.

Through collaboration with global software company SAP, they are undertaking a proof of concept to support the sustainable delivery of a comprehensive digital enterprise strategy.

The key features of this innovative work is to:

- Integrate data from four disease sites - head and neck, lung, colorectal and gynaecology patients and present a comprehensive view of their pathway within the trust for each patient with one of these cancers. This will be available to the clinical teams in real time;
- A data interrogation tool will be provided alongside this to allow cohorts of patients to be identified with key criteria supporting the faster identification of patients suitable for clinical trials;
- Explore the use of Natural Language Processing (NLP) for unstructured data like radiology, pathology or genomics reports.

The project is still at the early development stage but is an important part of the trust's service innovation culture.

4.3 SCALE OF ROLL OUT ADOPTION AND DISSEMINATION

Although there is no shortage of ideas and service innovation initiatives it is interesting to reflect on how many are being disseminated into the wider system. Some of those interviewed, including the Specialised Commissioning finance team, highlighted that with one or two exceptions the specialist trusts lack both capacity and capability to take many of the innovations forward at pace or scale.

Key issues raised were:

- Insufficient capacity and infrastructure to take forward service innovations that were shown in the Vanguard initiative to accelerate the uptake of new approaches
- The need for a coherent national approach and policy for supporting innovation
- The need to improve the quality of good clinical research of service innovations that have the capacity to become a commissioned service
- Technical expertise to develop and apply for intellectual property protection and patents
- The capacity to support clinical staff thorough service product development phases and then translation into the wider NHS market
- Limited availability of economic modelling and systematic assessment of propositions around potential commercial value as well as NHS system value
- Developing the right financial support and partnership collaborations to take forward propositions and support roll out
- The funds to support change management and an improvement science approach to embed service innovation and realise the return on investment

Key comments on barriers to implementation of service innovation at scale

"So, we have enterprising tools, we have improving patient experience and we have the discovery element around research. I'm not sure that we are very good at formalising and building the ground works to build an innovative hospital. I think that happens from the fact that we attract innovative people because of our BRC status, because of our university and our research agenda. So, I think it's not that we've necessarily built a whizzy way of doing it. I think they've come here because that is the nature of what Moorfields and the Institute do.

"I don't think we've got the structures and processes. I don't think it has come because we set up cultures and process but probably a bit of the learning we need to do is we would benefit from having a little bit of structure."

THE NEED FOR STRUCTURE AND PROCESSES TO SUPPORT INNOVATION

"Taking it from the idea, the sandpit-session, it is a challenge in a special institution just dealing with niche complex patients. How do you ensure that addressing one need is also addressing the mass population burden – that we are not just going to sort out one spinal cord injury patient a year compared to the provision of treatment option that is going to benefit the wider population and in some cases whole of Europe?

"It's how to translate into a much broader patient population. So, you have to consider that factor in the 100 ideas that you take forward to the next stage."

NEED FOR EVALUATION SUPPORT – UNDERSTANDING THE POPULATION HEALTH IMPACT

"How do you then take it to the next stage of investment? Often that requires money, a scale of investment. It requires a bigger grant or consideration of the commercial side of things. And often I've found a lot of barriers along the way in terms of how the NHS can really unlock investment and support those ideas coming through and the governance arrangements around that and understand why they are all there."

RNOH CHALLENGES – TAKING FORWARD A CONCEPT TO POTENTIAL COMMERCIAL VALUE

"I don't think our issue is getting innovation in technology or drugs into the organisation. The biggest challenge, which came out very clearly from the Accelerated Access Review, is how to standardise and generalise that in a way that supports clinicians. So it's the change management process as much as the technology that matters. It's in the improvement science agenda where the biggest strides are to be made going forward."

NEED FOR INVESTMENT IN CHANGE MANAGEMENT AND IMPROVEMENT SCIENCE

"Our ability to benefit from that in terms of commercialisation has been poor and we are in the process of creating a strategy to improve our capacity where appropriate and relevant to commercialise that sort of discovery.

"We are starting to think about this stuff, starting to think about not just the discovery because in our business there is no point in discovering if it's not made accessible. I think a risk not just for GOSH and children's complex disease but the whole sector - these discoveries In rare diseases are going to be bloody expensive. We are going to need a whole new model around access."

IMPROVING THE ACCESSIBILITY OF NEW TREATMENTS - GOSH PERSPECTIVE

4.4 WAYS IN WHICH SERVICE INNOVATIONS ARE CURRENTLY SPREAD

The approach to spreading service innovations in most instances is relatively low key, unless there is a commercial venture partnership or a plan to use staff networks. Few are using the STP process, with the exception of the roles outlined by specialist trusts across the Cheshire and Merseyside STP. Several of the larger specialist trusts have well established commercial joint ventures that are generating significant dividends, which are being ploughed back into patient care.

However, as outlined in the interviews, there are limitations on the use of reported surpluses and they have to resort to using their charitable funds. The scale of charitable funds varies significantly between specialist trusts.

Several specialist trusts have a significant national training role, for example:

- Twenty per cent of orthopaedic surgeons in the UK have come through Stanmore training rotation. They provide insight into specialist services and involvement in some of the service innovations
- A similar picture in Moorfields and ophthalmology, where a large proportion of trainees and clinical staff have some exposure to the centre as part of their training and are aware of the newer treatment advances. Moorfields have used this network to spread their virtual diagnosis and assessment service
- Innovations have spread through external networking of clinicians in both the UK and internationally, eg Liverpool Heart and Chest Hospital's day case model with the introduction of business style lounges, originated from a service approach in the Netherlands; and their use of real time scheduling and a tele-tracking system of a patient's needs and journey originated from private sector manufacturing applications
- Use of commercial partnerships to promote the service innovation concept and management of support with regard to their roll out. For example, Liverpool Heart and Chest Hospital set up a joint venture company to promote and roll out the CareCube scheduling tool (see case study). The trust has an equity stake and the aim is to grow the company turnover and customer base with a view to a sale in five to ten years to realise a value to the trust
- Use of commercial partners to undertake engagement of patient groups in the co-design of ideas (RNOH example)
- Engagement with the Specialised Commissioning team by The Clatterbridge Cancer Centre in their development of their care closer to home service model, to increase engagement and support.

Key comments on service innovation

"With Teen (Teenager) Tech, a small engagement company, we recently have been showcasing and doing workshops at the teen tech event. It's a fantastic organisation and it is amazing because what they do is promote science and technology to kids aged 10 to 17. They engage in schools, create competitions arrange work experience and so on. And we have engaged with them for the last two years and we are team tech at the NHS and the idea is to bring healthcare technologies and the appetite for healthcare technologies to those young individuals."

RNOH APPROACH TO SERVICE IDEAS TESTING

A CEO view of the requirement for further support on incentivisation of the right service innovation: "I guess we were saying earlier in all of that policy narrative that incentivisation funding is going to be around populations, but we still often think about one scientific breakthrough that initially helps two people, then hopefully spreads to a bigger population base. So, I think there's more we need to do to think about how we incentivise staff and organisations to do population based research and the use of this to develop service innovation.

"But there is also that service delivery process. And again, I don't think at the moment we incentivise and we don't celebrate it. I think my observation, being an academic is that the scientific gene discovery is always celebrated and promoted more than you've completely radically changed the patient's experience in clinic."

NEED TO ENCOURAGE AND INCENTIVISE POPULATION BASED RESEARCH AND SERVICE DELIVERY INNOVATION

View expressed by Specialised Commissioning: "We seem to have a real paucity of clinicians leading good research at the moment in the UK. So, we need to generate that and re-generate that. So, for us, if there's any new innovation it's got good evidence and it's got a sound basis then we have a methodology to roll it out across the system quite rapidly. If you look at what we achieved with hep C drugs for example, the way we changed the system very, very rapidly. So, being a single commissioner helps a lot. But what's holding us back is the evidence - the paucity of good quality clinical research at the moment coming out of UK centres. We need to support clinical evidence and research that is focused on the impact on patient populations."

PAUCITY OF GOOD CLINICAL EVIDENCE AROUND SERVICE INNOVATIONS

"Whilst we have done this I don't think we're great at spreading service innovation. The thing we do which is not always necessarily by design - half the UK's ophthalmologists come through us at some stage. They then pick up whatever they do here and take that all over the country and you can tell that happens by research collaboration. But that's a good opportunity and many specialist trusts have that, particularly London specialist trusts have the opportunity to drive leadership."

MOORFIELDS' EXPERIENCE IN THEIR CATARACT AND VIRTUAL GLAUCOMA CLINICS

CONCLUSIONS & RECOMMENDATIONS

1. Our interviews have shown that many of the specialist trusts who are successfully innovating employ a senior level post to lead this function and link into supportive agencies such as AHSNs, NIHR infrastructure etc, as well as appropriate commercial partnerships (as strongly evidenced by The Christie Hospital NHS Foundation Trust experience). This approach should be adopted in a systematic manner across specialist hospitals and into the wider hospital sector.

   Recommendation: All trusts should consider the development of senior level post with a designated innovation role.

2. The majority of specialist trusts said they would welcome the development of a more systematic best practice approach to help fast track service innovations of value with availability of expert advice.

   Recommendation: The AHSN Network should take the lead in collaboration with Specialised Commissioners and the specialist trusts group on the development of a best practice approach to service innovation and a supporting expert team capability that is accessible to all trusts.

3. A role for Specialised Commissioners may be to formalise international links and benchmark specialist trusts against international best in class standards for innovation and performance to ensure world-leading services.

   Recommendation: Specialised Commissioners should consider supporting the international benchmarking of specialist trusts, using some of the service outcomes standards as part of the core specification with all providers.

4. The current role of some specialist trusts in funding and improving financial efficiencies of innovative treatments, which benefit patients, should be celebrated and recognised in the system.

   Recommendation: A pump priming innovation fund should be established by NHS England to be accessed via bids from specialist trusts and other providers, to take forward wider service advances, on the condition they help to promote the roll out of the service innovation.

5. The narrower condition/treatment focus in most specialist trusts has allowed an enhanced focus on a supportive, collegiate culture where colleagues can unite around a theme and share a common language.

   Recommendation: We recommend that the proposed NHS Confederation work explores whether this culture could be replicated in other provider organisations.

6. Where specialist hospitals have adopted population health roles as part of their mission, this is valued by the system and may be a role that more specialist hospitals would like to promote into their system and/or at a national level. In Merseyside, specialist trusts are integrated into their STP and leading a number of work streams on population health to benefit the health and care system. In some areas, AHSNs are helping to form a bridge between specialist hospitals and the wider NHS including STPs.

   Recommendation: NHS England should consider how specialist hospitals could provide a supportive population health management role in STP work around the standardisation of care pathways and adoption of prevention activities.

7. Although many of the specialist hospitals are national and sometimes global leaders in translating their discovery science and clinical expertise into innovative treatments, they are often unaware of the national policies, levers and funding streams that might encourage faster adoption and spread.

   Recommendation: Every specialist hospital should establish a formalised partnership with their local AHSN to take forward service innovation and accelerate adoption and spread.

APPENDIX 1 - ACRONYMS USED IN THE REPORT

NICE	National Institute for Health and Care Excellence
AHSN	Academic Health Science Network
AHSC	Academic Health Science Centre
NIHR	National Institute for Health Research
NHS I	NHS Improvement
UCL	University College London
GIRFT	Getting It Right First Time
CQC	Care Quality Commission
RTT	Referral Time to Treatment
A&E	Accident and Emergency
PROM	Patient Reported Outcome Measure
RNOH	Royal National Orthopaedic Hospital
R & D	Research and Development
GOSH	Great Ormond Street Hospital
LHCH	Liverpool Heart and Chest Hospital
BRC	Biomedical Research Centre
STP	Strategic Transformation Partnership

APPENDIX 2 – INTERVIEW PARTICIPANTS

SPECIALIST TRUSTS	NAME AND TITLE
Birmingham Women's and Children's NHS Foundation Trust	Dr Vin Diwakar, Paediatric Consultant and former Medical Director. Currently Medical Director NHS London Matt Boazman, Director for Strategy and Innovation
Royal National Orthopaedic Hospital NHS Trust	Rob Hurd, Chief Executive Dr Rui Loureiro, Head of Clinical Research and Head of Institute of Orthopaedics
Moorfields Eye Hospital NHS Foundation Trust	David Probert, Chief Executive Johanna Moss, Director of Strategy and Business Development
Alder Hey Children's NHS Foundation Trust	Louise Shepherd, Chief Executive Dr Steve Ryder, Medical Director
Liverpool Heart and Chest Hospital NHS Foundation Trust	Jane Tomkinson, Chief Executive Dr Raphael Perry, Medical Director Sue Pemberton, Nursing Director Mark Jackson, Director of Research and Innovation
The Walton Centre NHS Foundation Trust	Hayley Citrine, Chief Executive Dr Andrew Nicolson, Medical Director
Royal Brompton and Harefield NHS Foundation Trust	Robert Bell, Chief Executive
The Christie NHS Foundation Trust	Roger Spencer, Chief Executive Wes Dale, Head of Research and Facilitation Professor Rob Bristow, Chief Academic Officer Professor John Radford, Director of Research
The Clatterbridge Cancer Centre NHS Foundation Trust	Anna Farrar, Interim Chief Executive Dr Sheena Khanduri, Medical Director
St Mark's Hospital (part of North West London Hospitals NHS Trust)	Prof Omar Faiz, Clinical Director Mr Simon Crawford, Deputy CEO (NWLUH) Miss Carolynne Vaisey, Colorectal Surgeon, Mr Matthew Fitzpatrick, Divisional General Manager for Surgery and St Mark's William Banister, General Manager, St Mark's Surgery Directorate
Great Ormond Street Hospital for Children NHS Foundation Trust	Peter Steer, Chief Executive
OTHER STAKEHOLDERS INTERVIEWED:	
University College London NHS Foundation Trust	Professor Marcel Levi, Chief Executive
NHS England Specialist Commissioning	Dr James Palmer, Medical Director Jonathan Powell, Director of Finance
Department of Health and National Institute for Health Research	Dr Louise Wood, Director of Science, Research and Evidence
North London Partners STP (5 CCGs in North Central London)	Will Huxter, Director of Strategy and former Regional Director Specialised Commissioning London
Guy's and St Thomas' NHS Foundation Trust	Hugh Taylor, Chair Dr Ian Abbs, Medical Director
Federation of Specialist Hospitals	Professor Tim Briggs, Chair
NHS Improvement	Kathy McClean, Medical Director
Shelford Group	Nick Kirby, Managing Director

APPENDIX 3 – CASE STUDIES

CASE STUDY 1

USING MACHINE LEARNING TO DETECT COMMON EYE DISEASES: A COLLABORATION BETWEEN MOORFIELDS EYE HOSPITAL AND GOOGLE DEEPMIND

Moorfields Eye Hospital, University College London and Google DeepMind have collaborated to develop a new machine-learning system that is as good as the best human experts at detecting eye problems and referring patients for treatment.

Why is this important?

More than 285 million people worldwide live with some form of sight loss, including more than two million people in the UK. Eye diseases remain one of the biggest causes of sight loss, and many can be prevented with early detection and treatment.

By speeding up diagnosis for patients with eye diseases, treatment can be started sooner, increasing the chance of saving individuals sight.

The challenge

The challenge is to speed up the time it takes for patients to be seen to discuss diagnosis and treatment of eye health complaints following an optical coherence tomography (OCT) scan.

Ophthalmologists use these highly complex scans to help diagnose common eye diseases. However, their complexity means the scans can take eye health professionals a long time to analyse, affecting how quickly patients can be seen to discuss outcomes.

Actions taken

Moorfields Eye Hospital, University College London and Google DeepMind teamed up to investigate whether AI technology could help improve the care of patients with sight-threatening diseases, such as age-related macular degeneration and diabetic eye disease, by making the analysis of OCT scans faster without losing any of the accuracy in diagnosis.

Machine learning systems were trained to identify ten features of eye disease from OCT scans. The system was then able to recommend a referral decision based on the most urgent conditions detected.

To establish whether the AI system was making correct referrals, clinicians also viewed the same OCT scans and made their own referral decisions.

As well as giving a diagnosis decision, the system also provides information explaining how it arrived at its recommendation, as well as a confidence rating expressed as a percentage.

The system is adaptable to different types of eye scanner, which could significantly increase the number of people who benefit from this technology, as it can still be used even as OCT scanners are upgraded or replaced over time.

Outcomes

The AI system developed can recommend the correct referral decision for over 50 eye diseases with 94 per cent accuracy, matching world-leading eye experts.

Plans for the future

This research now needs to go through clinical trials to explore how this technology might improve patient care in practice, and regulatory approval is needed before it can be used in hospitals and other clinical settings.

If clinical trials are successful in demonstrating that the technology can be used safely and effectively, Moorfields Eye Hospital will be able to use an eventual, regulatory-approved product, free across all 30 of their UK hospitals and community clinics, for an initial period of five years.

The work which has gone into this project will also help accelerate wider NHS research for many years to come.

Reference: Clinically applicable deep learning for diagnosis and referral in retinal disease. Jeffrey De Fauw, Joseph R Ledsam, Olaf Ronneberger. Nature Medicine volume 24, pages 1342–1350 (2018).

CASE STUDY 2

DEVELOPMENT OF A HIGH VOLUME, AMBULATORY CARE MODEL USING AN INNOVATIVE SCHEDULING AND TRACKING TOOL BASED ON LEAN MANAGEMENT PRINCIPLES

Context

An ambulatory day case service has been developed by Liverpool Heart and Chest Hospital in partnership with CareCube that has radically changed the experience of patients requiring cardiac procedures. It is supported by an innovative, integrated scheduling platform to improve safety, resource utilisation and efficiency in cardiology.

Summary: The change proposition and service innovation

In reviewing their planned care processes and feedback from patients, the trust decided to redesign their planned care pathways. They researched internationally what others were doing and visited Amsterdam to view at first hand a very different style of providing day cases. This involved the use of patient lounges and a different approach to carrying out diagnostic investigations that allowed patients to remain in their own clothes.

The trust adopted the concept and took it further, creating an airport-style lounge where patients could relax between investigations or invasive procedures. They enjoy a café environment with wifi and massage services. Liverpool Heart and Chest Hospital collaborated with experts from within both healthcare and automotive sectors to develop a multi-function scheduling platform enabling real time co-ordination and tracking of patient interventions.

Why this is important:

The demand for cardiology procedures has grown dramatically, not just because we have an ageing population, but also due to the availability of new procedures. In the last 10 years, death rates have halved in the UK through excellent clinical interventions. However, it is essential to optimise resources in order to deliver this care efficiently while maintaining a high standard of care. Cardiology has evolved as a speciality based on evidence based medicine and robust clinical data, yet when it comes to effective use of resources, healthcare organisations are not using this outcome evidence to change service delivery approaches.

The challenge:

Patients undergoing cardiology procedures arrive at the catheter lab through different routes, for instance as elective cases, inter-hospital acute transfers or in ambulances and schedules change constantly throughout the day. Delivering clinical care to every patient with a high standard of both clinical and patient engagement, is a challenge for all such centres.

Actions taken:

Liverpool Heart and Chest Hospital collaborated with CareCube, who have expertise in delivering a process flow solution that link actions and people, bringing learnings from the automotive and healthcare industries. Engaging with the whole multi-disciplinary team, regardless of role or location, led to the development of a single platform covering the entire patient journey within the hospital. Aside from clinical outcomes, the system supports timely decision-making, safety standards, maximized use of resources, and the ability to visualise outcomes through front-end reporting data that drives continued improvement.

Outcomes:

With 360 people in the multi-disciplinary team networked real-time in what is a dynamic space, communication is improved, linking each patient to the most effective pathway. Liverpool Heart and Chest Hospital is rated 'outstanding' by the CQC and this is borne out by this innovative work. The Cath lab now delivers checklists and team briefs about all patients, has reduced turnaround times between patients to nine minutes, and routinely allocates 100 per cent of lab sessions. Data is needed for many reasons and by different teams – such as the daily safety huddle, weekly cath lab meeting, or data for audit/reporting, compliance with NatSSIPs and LocSSIPs audit data. Here, all data is in one platform.

Testimonial:

Jeanette Broome, Cath Lab Manager said: "CareCube has allowed a single platform that is accessible for consultants, ANPs, PAs, scheduling teams and clinical teams to allow safe, visible planning of both planned and emergency procedures with up to date list changes available to all. It gives a platform to share relevant and vital information for individual patient procedures. It offers a unique, interactive checklist process, which complies with NatSSIPs and LocSSIPs and includes patient participation.

"Data is readily available which gives the ability to feedback to teams daily and drive quality improvements and efficiency between the wards and Cath Lab areas."

CASE STUDY 3

PROTON BEAM THERAPY SERVICE INNOVATION AT A COMPREHENSIVE CANCER CENTRE

Background and evolution

From 2018, The Christie is home to the UK's first high-energy NHS proton beam therapy centre. This is an advanced form of radiotherapy using protons rather than X-rays. Proton beam therapy directs the radiation treatment to precisely where it is needed with minimal damage to surrounding tissue, reducing the possible long-term side effects. As a result, it is particularly beneficial to patients with hard to treat tumours close to sensitive areas such as the brain or the spine, and to children whose tissues are still developing.

The NHS currently pays for some patients to be treated overseas but this option is tough for patients. Treatment typically lasts six weeks and patients are without their wider families and support networks. Indeed, some patients are too unwell to travel overseas.

The NHS in England has provided £250m for a national proton beam therapy service with two centres, one at The Christie in Manchester, and one at University College London Hospitals NHS Foundation Trust.

Key stakeholders

Patients have been very involved in the development of this service, helping to design the patient environment, patient care and wrap around support services. This complex and innovative project in terms of construction, physics and engineering, radiotherapy training and familiarisation, treatment planning, clinical support, international collaboration and research has required the co-ordination of a complex network of stakeholders.

What stage is service innovation?

The Christie team has been central to developing the UK service, producing clinical protocols and pathways for NHS England. Their position as a specialist NHS comprehensive cancer centre with over 100 years of innovation and a well-earned international reputation has enabled them to overcome many unique challenges arising from this project.

- Equipment complexity: The cyclotron accelerates protons to two-thirds the speed of light, at temperatures only 3 degrees above absolute zero. The gantries guiding the beam are three stories high. The radiotherapy department is the largest in the UK and therefore had the breadth and depth of physics and engineering expertise to as-sist Varian, the equipment manufacturer, install and commission the equipment.
- Treatment planning: Radiotherapy treatment plans are developed by highly expert multi-disciplinary teams. The critical mass of clinicians, physicists, radiographers and other specialists at The Christie mean they can specialise in specific areas, ensuring that each patient will receive the very best plan.
- Complexity of paediatric patient pathway – The exceptional level of planning across all stages of the paediatric patient journey, from reception through to the preparation of patients, scanning and treatment delivery, demonstrates that outstanding results are achieved when there is a critical mass of expertise.
- National workforce shortages: As a specialist centre, they have access to a large pool of expert staff, including radiographers, to ensure a resilient service in both the existing radiotherapy service and the new proton beam therapy service.
- Wider patient requirements: Patients receiving proton beam therapy have other health and non-health needs; locating the centre at The Christie gives patients and families access to an unparalleled range of clinical and support groups helping to provide a comprehensive wrap around service and ensuring best outcomes.
- Dedicated research facilities and programme: Proton beam therapy is still in its in-fancy and there are a number of scientific and technological challenges to be ad-dressed for it to achieve its full potential. The research team has a programme of ac-tivities and a dedicated £6m research room (funded by The Christie charity) aiming to tackle these key scientific and technological challenges.

This expert knowledge and experience will be available to others through The Christie International Proton School. Their multidisciplinary team includes clinical (radiation) oncologists, radiation therapists and non-clinical specialists in oncology, dosimetry, radiotherapy physics, and engineering, as well as experts in commissioning, project management, capital and building development and equipment commissioning, providing specialist proton education to the clinical and academic communities.

Expected benefits of the innovation proposed

The UK's first high-energy NHS proton beam therapy centre at The Christie is expected to deliver many benefits for patients:

- Wider access and speedier referral process for patients who will clinically benefit from proton beam therapy, with treatment much closer to home.
- Fewer side effects and better long-term outcomes for patients, particularly children, with cancers close to areas such as the brain and spine.

Co-location of the service within a specialist NHS comprehensive cancer centre ensures:

- Access to specialist clinical experience with rare cancers and expert knowledge of patient pathways providing better opportunities for trials and outcome data collection.
- Integration with other services including chemotherapy, X-ray therapy, surgery, an-aesthesia, emergency/critical care, onsite diagnostics and specialised paediatric, teenage/young adult, and older adult oncology services.
- Comprehensive patient information, wrap around support and accommodation.
- Resilience if there are any gantry issues or the proton beam is not available.
- Advanced imaging capabilities, upgradable as technology develops.
- Integration of the clinical service with their research trial infrastructure and outcome tracking from referral through to follow up. This approach will ensure that the NHS becomes a world leader in the evidence-based use of proton beam therapy.

Lessons learned and plans for the future

The Christie team is committed to actively sharing knowledge and expertise, including the many crucial lessons learned, through the Christie International Proton School. Once the new service is operational, there are plans for further innovation and groundbreaking opportunities:

- Collect highly detailed outcomes data from every patient treated for many years to come. This UK approach will be unique in the world. The data collected will enable clinicians to enhance and deliver innovate treatments for future patients.
- With dedicated research facilities and expertise, the prospect of exciting develop-ments and further innovation are very strong as exceptional minds from The Christie and The University of Manchester work together to harness the full potential of pro-ton beam therapy.

CASE STUDY 4

CHEMO@WORK SERVICE INNOVATION FROM THE CLATTERBRIDGE CANCER CENTRE

How the idea developed

The Clatterbridge Cancer Centre NHS Foundation Trust have been providing for a number of years a specialist nurses support service for treating patients at home with chemotherapy. Patient feedback on the use of the service highlighted a need to support certain patients getting back to work as quickly as possible or reducing their time away from work. In particular, this affected those patients who had to take time off work to attend local hospitals or the specialist cancer centre and had difficulties with access to public transport.

Responding to the feedback, the trust took the decision to explore the feasibility of extending the chemotherapy support service into the workplace with an initial selected number of patients.

They secured some AHSH pump priming support over a 15-month period to develop the service. The extension into the workplace began in the early part of 2018 and at present is only available for patients receiving Trastuzumab (Herceptin), or other treatments delivered by subcutaneous injection.

Use of the service

There are currently around 12 to 16 patients using the service and receiving treatment in the workplace; this number is expected to increase as people extend their working lives into their late sixties and early seventies. In the future, clinicians will explore the extension of the service to other cancer treatments such as SACT (systemic anti–cancer therapy) and developing immunotherapy treatments.

Challenges overcome to develop the service proposition

The response from employers to the proposed service was 100 per cent positive and they were all willing to make available a suitable room to be adapted as a treatment room, meeting health and safety standards expected for chemotherapy interventions. Both large and small employers have converted a room to a suitable standard.

The greatest challenge was to put in place the appropriate legal contractual, service liability and governance framework required to provide cancer treatments in many different outside of hospital settings. This took more than six months of review, consultation with authorities and support from legal experts. Now, a contractual and suitable governance framework is in place, so the service can be rolled out more quickly to further workplaces following agreement by patients and employers.

The other major activity is around ensuring there are sufficient numbers of trained staff to deliver the service, in particular advanced practitioner nurse roles.

Areas of support required – lessons learnt

In terms of reviewing this service innovation, the case for this service like many others could have benefited from some upfront economic modelling around the potential impact for particular communities to share with commissioners. In addition, early guidance on addressing service liability and clinical governance implications would have reduced the timelines involved in the feasibility testing.

Outcomes to date

The service is still its initial year, but it is proposed to undertake an annual patient audit and survey and to publish abstracts of this patient audit around this innovative workplace treatment service.

In addition, the trust is exploring with AHSNs the need to support the impact assessment with some economic modelling.

APPENDIX 4 – ALIGNMENT OF SPECIALIST HOSPITALS WITH AHSNS

FEDERATION MEMBERS:	AHSN:
The Christie NHS Foundation Trust www.christie.nhs.uk	Health Innovation Manchester www.healthinnovationmanchester.com
The Clatterbridge Cancer Centre NHS Foundation Trust www.clatterbridgecc.nhs.uk	INNOVATION AGENCY Academic Health Science Network for the North West Coast www.innovationagencynwc.nhs.uk
Liverpool Heart and Chest Hospital NHS Foundation Trust www.lhch.nhs.uk	INNOVATION AGENCY Academic Health Science Network for the North West Coast www.innovationagencynwc.nhs.uk
Moorfields Eye Hospital NHS Foundation Trust www.moorfields.nhs.uk	UCLPartners Academic Health Science Partnership www.uclpartners.com
Royal Brompton and Harefield NHS Foundation Trust www.rbht.nhs.uk	IMPERIAL COLLEGE HEALTH PARTNERS www.imperialcollegehealthpartners.com
Royal National Orthopaedic Hospital NHS Trust www.rnoh.nhs.uk	UCLPartners Academic Health Science Partnership www.uclpartners.com
Royal Papworth Hospital NHS Foundation Trust www.royalpapworth.nhs.uk	eahsn Eastern Academic Health Science Network www.eahsn.org
St Mark's Hospital and Academic Institute www.stmarkshospital.nhs.uk	IMPERIAL COLLEGE HEALTH PARTNERS www.imperialcollegehealthpartners.com
The Walton Centre NHS Foundation Trust www.thewaltoncentre.nhs.uk	INNOVATION AGENCY Academic Health Science Network for the North West Coast www.innovationagencynwc.nhs.uk
Queen Victoria Hospital NHS Foundation Trust www.qvh.nhs.uk	Kent Surrey Sussex Academic Health Science Network www.kssahsn.net

SPECIALIST ORTHOPAEDIC ALLIANCE GROUP MEMBERS:	AHSN:
Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust www.rjah.nhs.uk	west midlands ACADEMIC HEALTH SCIENCE NETWORK www.wmahsn.org
Royal Orthopaedic Hospital NHS Foundation Trust (Birmingham) www.roh.nhs.uk	west midlands ACADEMIC HEALTH SCIENCE NETWORK www.wmahsn.org
Nuffield Orthopaedic Centre, Oxford www.ouh.nhs.uk/hospitals/noc	Oxford Academic Health Science Network www.oxfordahsn.org
Wrightington Hospital www.wwl.nhs.uk/hospitals/wrightington	Health Innovation Manchester www.healthinnovationmanchester.com
NON-MEMBERS:	**AHSN:**
Alder Hey Children's NHS Foundation Trust www.alderhey.nhs.uk	INNOVATION AGENCY Academic Health Science Network for the North West Coast www.innovationagencynwc.nhs.uk
Birmingham Women and Children's NHS Foundation Trust www.bwc.nhs.uk	west midlands ACADEMIC HEALTH SCIENCE NETWORK www.wmahsn.org
Great Ormond Street Hospital for Children NHS Foundation Trust www.gosh.nhs.uk	UCLPartners Academic Health Science Partnership www.uclpartners.com
Liverpool Women's Hospital www.liverpoolwomens.nhs.uk	INNOVATION AGENCY Academic Health Science Network for the North West Coast www.innovationagencynwc.nhs.uk
National Hospital for Neurology and Neurosurgery www.uclh.nhs.uk/ourservices/ourhospitals/nhnn	UCLPartners Academic Health Science Partnership www.uclpartners.com
Royal Marsden www.royalmarsden.nhs.uk	IMPERIAL COLLEGE HEALTH PARTNERS www.imperialcollegehealthpartners.com
Sheffield Children's Hospital www.sheffieldchildrens.nhs.uk	YORKSHIRE & HUMBER ACADEMIC HEALTH SCIENCE NETWORK www.yhahsn.org.uk

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www.uclpartners.com

Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**3 January 2019**		**Agenda reference:**	**12-19**	
Report title:	Board Assurance Framework – KSOs 1 & 2				
Sponsor:	Jo Thomas, Director of Nursing / Ed Pickles, Medical Director				
Author:	Jo Thomas/Edward Pickles				
Appendices:	NA				
Executive summary					
Purpose of report:	To provide assurance to the Board that the key risks to achieving strategic objectives are being managed to mitigate current risks and that there is awareness of future risks. They include reference to external factors which may impact on the internal management of the risks.				
Summary of key issues	All 5 KSOs have been updated since the November Trust Board meeting.				
Recommendation:	To Board is asked to **note** the updated BAF KSOs 1&2.				
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 BAF reflects the main risks to the trust achieving its key strategic objectives.				
Corporate risk register:	The document also contains risks that relate to the KSOs and has been cross referenced in compiling the KSO update. The corporate risks identification numbers are shown in red on the KSOs.				
Regulation:	Compliance with CQC Essential Standards of Quality and Safety and NHSI requirements				
Legal:	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and Care Quality Commission (Registration) Regulations 2009				
Resources:	No changes identified at this time.				
Assurance route					
Previously considered by:	The KSOs are reviewed bi-monthly at EMT. KSO1 and 2 are reviewed at Q&GC KSOs 3, 4 and 5 are reviewed at F&P				
	Date:	EMT 17/12/18	Decision	Noted	
Next steps:					

KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality
Committee: Quality & Governance
Date last reviewed: 11 December 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- 48 posts offered 36 accepted
- 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 with Medway

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 1094,1077,1035,1035,1126
- Increase in negative FFT comments re appointments/waiting times Links to CRR 1125,
- 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: 12th December 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.

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.
- Commissioning and STP reconfiguration of head and neck services

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

Future Risks

- STP and NHSE 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:	**Trust Board**				
Meeting date:	**3 January 2019**		**Agenda reference:**	**14-19**	
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 Board is requested to note the Corporate Risk Register information and the progress from the previous report. The key changes this period are: ➢ 1 new Corporate risk added ➢ 10 risks closed: Corporate x 1 (replaced with new Risk), Local x 9 ➢ 11 risk scores reviewed: 9 changed from Corporate to Local, 2 had score reduction and remained on Corporate Register				
Recommendation:	The Board is asked to note the Corporate Risk Register information and the progress from the previous 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:	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:	17 12 18	Decision:	Reviewed and updated	
Previously considered by:	Hospital Management Team				
	Date:	17/12/18	Decision:	For assurance	
Next steps:					

Corporate Risk Register Report
October and November 2018 Data

Key updates:

Corporate Risks added between 01/10/2018 and 30/11/2018: 1

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
4x3=12	1133	Inability to provide full pharmacy services due to vacancies and sickness	Head of Pharmacy review: replaces existing Risk

Corporate Risks closed: 1

Risk ID	Risk Description	Risk Score	Rationale for Rescore	Committee where change(s) agreed/ proposed
1095	Inability to provide full pharmacy services due to vacancies	4x3=12	Replaced by new Risk: ID1133	MMOG

Corporate risks reviewed and re-scored: 11

Risk ID	Risk Description	Previous Risk Score	Updated Risk Score	Rationale for Rescore	Committee where change(s) agreed/ proposed
1110	Some Patient pathways not visible in reports, patient care may become 'lost'	3x4=12	3x3=9	Improved controls and reporting	R/v with Risk Handler & Exec Lead
898	Ageing specialist Histopathology laboratory equipment	3x4=12	3x3=9	Progress funding and sourcing new equipment	R/v with Exec Lead
1122	Sentinel Node Biopsy: increase in demand	3x5=15	3x4=12	Outsourced capacity to McIndoe	R/v with Exec Lead
1097	Concern that there may be missing cancer patients on the cancer	3x4=12	3x3=9	Improved position with effective procedures in place; PTL developed and	R/v with Exec Lead

Risk ID	Risk Description	Previous Risk Score	Updated Risk Score	Rationale for Rescore	Committee where change(s) agreed/ proposed
	PTL			signed off.	
119	Implementation of eRS (1st Oct 2018)	4x3=12	3x3=9	Effective measures in place: hard paper switch off 1st Oct 2018	R/v with Exec Lead
789	Failure to meet Trusts Medical Education Strategy	3x5=15	3x3=9	Acceptable rota coverage to establishment	R/v with Exec Lead (Med Director)
1093	Site practitioner staffing	4x3=12	3x3=9	Successful recruitment of staff	R/v with Exec Lead (DoN)
1112	Copying of CT images for MaxFax & Orthognathic patients	5x3=15	3x3=9	Agreements in place with all but two companies. Work on-going with residuals. No data currently being transferred via unencrypted disks.	R/v with Risk Handler & Exec Lead
1105	Ventilation within Burns, EBAC and CCU	4x4=16	3x3=9	Substantial plans for upgrade of unit	R/V with DoN
1126	Recruitment and workforce team constraints and limitations	4x5=20	4x3=12	Adequate control measures	R/V with DoN
1018	Sleep Unit Staffing Levels and Difficulty Recruiting	3x5=15	3x3=9	Maintaining service Actively recruiting to vacancies	R/V with BU Manager and Risk Owner

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
1133	21/11/2018	Inability to provide full pharmacy services due to vacancies and sickness	Delays to indirect clinical services (e.g. updating policies / guidelines / audit/ training) Pharmacy vacancy rate is increasing Lack of trained bank staff to cover Unable to move forward with non-clinical initiatives e.g JAC (pharmacy IT system) upgrade, compliance with falsified medicines directive	1. Recruitment underway for 3 vacant posts. 2. Offered band 2 assistant post (21/11/18) unlikely to be in post before Feb 19. New to pharmacy so will need significant training input 3. Previous band 2 staff working on bank part-time - but does not cover whole day 4. Locum pharmacist covering band 7 post until Jan 2018 when going travelling 5. Some part-time staff willing to work additional hours at plain rate. 6. Locum technician helping to cover pharmacist sickness with audits 7. Forward planning for holidays 8. Direct clinical work is priority 9. Medicines management technician working on wards supporting pharmacists	Abigail Jago	Judy Busby	Patient Safety	12	6		**Update**: planning underway for x2 maternity leave after March 2019	KSO1 KSO3 KSO5
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)	12	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.	Tabled for discussion at EMT 29/10/18	KSO3 KSO5
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 other long wait patients	Abigail Jago	Victoria Worrell	Compliance (Targets / Assessments / Standards)	20	9		**Update (Oct '18)**: RTT validation programme complete. RTT Action Plan in place & being monitored through fortnightly System Task & Finish group, weekly assurance call with NHSI & via internal assurance processes. Revised trajectories being agreed with Commissioners. Clinical Harm Reviews underway.	KSO1 KSO2 KSO3 KSO4 KSO5
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	12	9		**Oct update**: outsourced capacity to McIndoe	KSO1 KSO2 KSO3 KSO5
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		**October update**: Substantive Consultant leaving post February 2019; worsening picture. Going out to advert November 2018 - partnership working with other Trusts being explored 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
1094	15/12/2017	Canadian Wing Staffing	Current vacancy 12.12 wte in total registered and unregistered workforce Requiring significant resource from ward matron and bank office to cover shifts with qualified nurses leading to constant micro management of off duty rotas. Unable to recruit staff to fill all 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 and maintain safe care.	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. Tailoring trauma and elective demand to establishment available	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.	**6-11-18: Update**, remains similar situation 12-10-18: update, vacancies remain around 12WTE, some recruitment successful, turnover remains. national & domestic recruitment continues. 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
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	**October update**: some success with recruitment. CCG reviewed Theatre services 11/10/18 - no safety or quality issues were identified written report awaited. 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	**October update**: CT onsite will be operational December 2018 -joint programme manager commenced in post September 2018 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

ID	Opened	Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Actions	Progress/Updates	KSO
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		**October update** - included within capital bids for 2018/19 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	**October update**: Good uptake of offers from Dubai recruitment; continued scrutiny around use of agency & skill mix to ensure safe care. 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
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 paediatrician is 1 hour away in Brighton□ -Potential loss of income if burns derogation lost□ -no dedicated paediatric anaesthetic lists	*Paeds review group in place□ *Mitigation protocol in place surrounding transfer in and off site of Paeds patients□ *Established safeguarding processes in place to ensure children are triaged appropriately, managed safely□ *Robust clinical support for Paeds by specialist consultants within the Trust□ *All registered nursing staff working within paediatrics hold an appropriate NMC registration *Robust incident reporting in place□ *Named Paeds safeguarding consultant in post□ *Strict admittance criteria based on pre-existing and presenting medical problems, including extent of burn scaled to age.□ *Surgery only offered at selected times based on age group (no under 3 years OOH)□ *Paediatric anaesthetic oversight of all children having general anaesthesia under 3 years of age.□ *SLA with BSUH for paediatrician cover: 24/7 telephone advice & 3 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.	**October update**: Business case to be developed, activity data available and workforce plans underway.□ 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	KSO2 KSO3 KSO5
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	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	**Oct update**: reviewed - nil change□ 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

Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**3 January 2019**		**Agenda reference:**	**15-19**	
Report title:	Quality and Safety Report				
Sponsors:	Jo Thomas, Director of Nursing and Quality, Ed Pickles Medical Director				
Author:	Kelly Stevens, Head of Quality and Compliance				
Appendices:	Nursing metrics				
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: • Significant risks to safe provision of care and patient experience are the Trust's workforce recruitment and retention challenged and RTT 52 week breaches. • Never Event in November, first since October 2017. • In October Trust Lead and Commissioner & Specialist Commissioning undertook a planned review of theatres as part of an ongoing quality assurance cycle.				
Recommendation:	The Committee is asked to review and seek assurance that the contents of the report reflect the quality and safety of care provided by QVH				
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 KSO 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 upholds 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:	Quality and Governance Committee				
	Date:	20/12/18	Decision:		
Next steps:					

Executive Summary - Quality and Safety Report, January 2019

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 most significant risks to safe provision of care and patient experience are the trusts 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. The quality assurance processes during this reporting period identified three patient safety incidents relating to shifts where there was one less member of staff on duty than the planned rota. Two of these incidents had no relation to staffing levels, the third related a minor drug administration error (no harm to the patient) was indirectly linked to staffing on that shift. The Trust continues with international and domestic recruitment and is currently exploring international recruitment options with another local trust due to over recruitment of theatre staff. The Trust declared a never event in November, the first since October 2017. The declaration was made after some consideration with Commissioners and Regulators as the incident didn't fit the definition of a never event when referencing the NHSI Never Events policy and framework (2018). The investigation has been completed and is currently awaiting review by the Clinical Commissioning Group Serious Incident Scrutiny Panel. In October the Trust Lead Commissioner and Specialist Commissioning undertook a planned review of theatres as part of an ongoing quality assurance cycle. The final report concluded that the inspection team "observed a culture of safety, oversight and clinical leadership in an environment supportive of continuous quality improvement, staff supervision and education. Good practice examples included the Head of Nursing and Theatre Practitioners with protected time for leading on the safety agenda, a floor coordinator and consultant of the day to respond to the deteriorating patient and any early warning signs from staff". Work has commenced on providing separate entrances to the burns and critical care units in order to improve compliance with infection control standards. Staff have contributed to the plans and the final version is currently awaiting approval from the Estates Team. This work will also improve facilities for staff and patients; included are improved changing rooms, additional side rooms, additional staff room and a relatives room.

Medical Director	The planning of collaborative clinical work between WSHT, BSUH and QVH continues, with project work streams in plastics, paediatric burns and maxillofacial surgery. Amanda Harrison, the project lead jointly appointed with BSUH is driving the process with increasing progress and business plans for the plastics and burns projects are expected in March 2019. The STP and cancer alliance regional meetings for head and neck services in both Kent and Sussex are planned for January and February respectively, and the opportunity to discuss regional networks of care for head and neck cancer should be welcomed. The national Getting It Right First Time (GIRFT) programme continues apace, with recent submissions to the outpatient, radiology, coding and ophthalmology streams. Consultant engagement with the Theatre Productivity work remains good, and benefits from the 6:4:2 are being welcomed by the operating surgeons.

Report by Exception - Key Messages

Domain	Issue raised	Action taken
Safe: Never Event	**What we expect** – No never events **What happened** – Investigation identified that the retained item was not part of the formal count (correctly so) and that this cover was not identified when the trocar was returned to the scrub practitioner - **opportunity for learning identified.**	The trochar and protective cover are not subject to formal count: The surgeon chose to use a technique of drain insertion that aimed to minimise risk of accidental harm to the patient from the sharp end of trochar, to prevent injury to the patient or other theatre personnel, the trochar-cover was left on the trochar; the drain was reversed into the wound, it is highly probably that the trochar-cover slid off the trochar which was then pushed through the skin leaving the trochar-cover unseen within the wound. Variation in practice about how these items are handed to the surgeon and how they are returned to the scrub practitioner identified. Investigation has been completed, with an action plan to address identified learning and presented at December Clinical Governance Group prior to being reviewed by Quality and Governance Committee and Clinical Commissioning Group Serious Incident Scrutiny Panel.
Safe: serious incident RTT 18 System failure	**What we expect**- Robust systems in place to effectively manage RTT and provide timely flags to avoid 52 week breaches.	Clinical Harm Review meetings implemented from July for patients waiting over 52 weeks and cancer patients waiting over 104 days as per the national guidance 'Delivering Cancer Waiting Times'. Membership includes Head of Risk & Patient Safety, Director of Nursing and Medical Director with clinical team representation, this is usually the Clinical Director. Majority of cases are Max Fax (Dental) and Plastics . There have been 304 Clinical Harm reviews undertaken. Any patients that cannot be confirmed at the time of review as 'no harm' are followed up until 'point of treatment' to ascertain if any harm has been caused. There have been nil harms identified so far with 43 patients listed as under surveillance. 28 of the patients under surveillance have now completed their treatment and no harms have been identified, the remaining 15 will continue to be monitored until treatments are concluded.

Safe: Infection control	**What we expect**- Compliance with national infection control standards.	Plan to provide separate entrances to the burns and critical care units in order to improve compliance with infection control standards. Staff have contributed to the plans and the final version is currently awaiting approval from the Estates Team. This work will also improve facilities for staff and patients; included are improved changing rooms, additional side rooms, additional staff room and a relatives room. This project also includes renewing the ventilation system in the Burns theatre.
Safe: deteriorating patient	**What we expect**- Effective implementation of an e-Observations patient tracking tool within clinical areas to help with clinical decision making.	The Trust has convened an e-Observation Project Board to implement a new automated software package to collect and collate patient physiological data such as blood pressure, heart rate, respiratory rate and other clinical indices. These will then be compared automatically with locally and nationally agreed standards (implemented as locally agreed scoring systems) in order to automatically generate an alert when predetermined trigger levels are reached, commonly referred to as "Track and Trigger". The primary aim of this system is to detect patient deterioration at the soonest opportunity, and provide automated alerts to the patient's clinician for intervention and further escalation where required, to improve clinical safety and patient care. Data collected can be systematically audited to provide regular reports on patient status, response times and patient outcomes in order to improve quality of care.

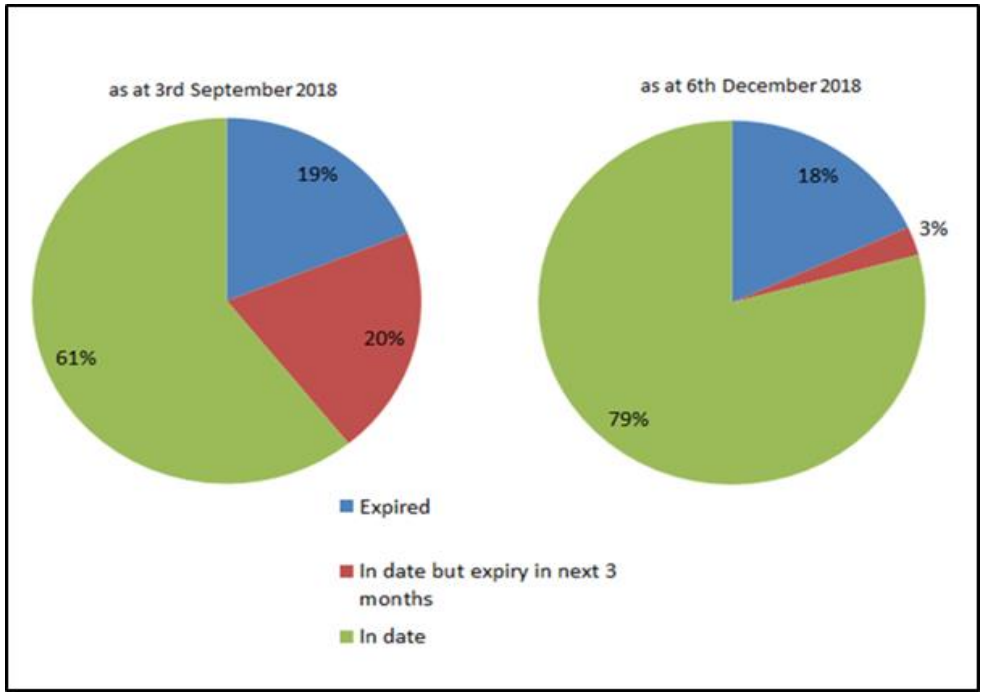
Well-led: CGG assurance visit to Theatres	**What we expect**- Confirmation from the Commissioners that they are assured about the developments and monitoring of the quality and cultural work in all the Trust theatres.	The Trust's lead Clinical Commissioning Group (CGG) and Specialist Commissioning undertook an assurance visit in Theatres to review the implementation of the *Improving Quality and Effectiveness of 5 Steps to Surgical safety* action plan. Positive feedback was received from the visit and no issues or concerns were raised. The CCG concluded: - The culture of safety, oversight and clinical leadership in an environment supportive of continuous quality improvement, staff supervision and education. - Good practice examples included the Senior Nurse for Safety, a floor coordinator and consultant of the day to respond to the deteriorating patient and any early warning signs from staff. Further recommendations proposed: Recommendations - The WHO checklist 'sign out' process and records should be reviewed - Whilst vacancies are being recruited to the organisations retention plan needs to be robust - The organisation needs a robust policy for visiting consultants including skills audit, supervision and support where compliance is regularly audited. The first 2 recommendations were already being taken forwards and the third will be reviewed by theatre manager and medical HR.

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)	Target	Quarter 3 2017/18	Quarter 4			Quarter 1 2018/19			Quarter 2			Quarter 3		12 month total/ rolling average
		Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	
Infection Control														
MRSA Bacteraemia acquired at QVH post 48 hrs after admission	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Clostridium Difficile acquired at QVH post 72 hours after admission	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	>95%	96%	97%	97%	98%	98%	98%	98%	97%	98%	97%	98%	98%	98%
MRSA screening - trauma	>95%	96%	97%	96%	98%	97%	95%	97%	96%	95%	96%	95%	96%	96%
Incidents														
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Serious Incidents	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Theatre metrics														
All patients: Number of patients operated on out of hours 22:00 - 08:00	5	3	4	2	5	6	5	5	5	5	4	8	3	55
Paediatrics under 3 years: Induction of anaesthetic was between 18:00 and 08:00	0	0	0	0	0	0	0	0	0	0	1	0	0	1
WHO quantitative compliance						99%	99%	98%	98%	98%	99%	99%	98%	98%
Non-clinical cancellations on the day		22	14	31	46	8	13	18	9	6	7	22	14	210
Needlestick injuries												4	2	6
Pressure sores												1	0	1
Paediatric transfers out (<18 years)		0	0	0	0	0	0	0	0	0	0	0	2	2
Medication errors														
Total number of incidents involving drug / prescribing errors		16	10	9	13	6	12	7	8	8	7	16	13	161
No & Low harm incidents involving drug / prescribing errors		16	10	9	13	6	12	7	8	8	7	16	13	125
Moderate, Severe or Fatal incidents involving drug / prescribing errors		0	0	0	0	0	0	0	0	0	0	0	0	0
Medication administration errors per 1000 spells		0.6	1.1	3	1.2	1.8	0.6	0.6	1.2	1.2	0.6	2.2	2.2	1.4
Harm free care rate (QVH)	>95%	100%	100%	97%	96%	98%	100%	97%	98%	100%	93%	100%	100%	98.3%
Harm free care rate (NATIONAL benchmark) - one month delay	>95%	94.4%	94.2%	94.2%	94.0%	93.9%	94.0%	94.1%	94.1%	93.9%	94.3%	94.1%		94%
Pressure Ulcers														
Hospital acquired - category 2 or above	15	1	0	0	0	1	1	0	1	0	0	0	1	5
VTE initial assessment (Safety Thermometer)	>95%	94.7%	95.1%	97.3%	96.4%	100.0%	97.4%	97.1%	88.1%	100.0%	100.0%	100.0%	100.0%	97.2%
Patient Falls														
Patient Falls assessment completed within 24 hrs of admission	>95%	87%	98%	92%	96%	95%	100%	100%	95%	98%	100%	97%	100%	96.4%
Patient Falls resulting in no or low harm (inpatients)		4	7	8	2	3	3	4	2	3	3	3	5	47
Patient Falls resulting in moderate or severe harm or death (inpatients)		0	0	0	0	0	1	0	0	0	0	0	0	1
Patient falls per 1000 bed days		3.92	6.29	7.46	1.87	2.61	3.33	3.64	1.79	2.89	2.85	3.39	4.27	3.72

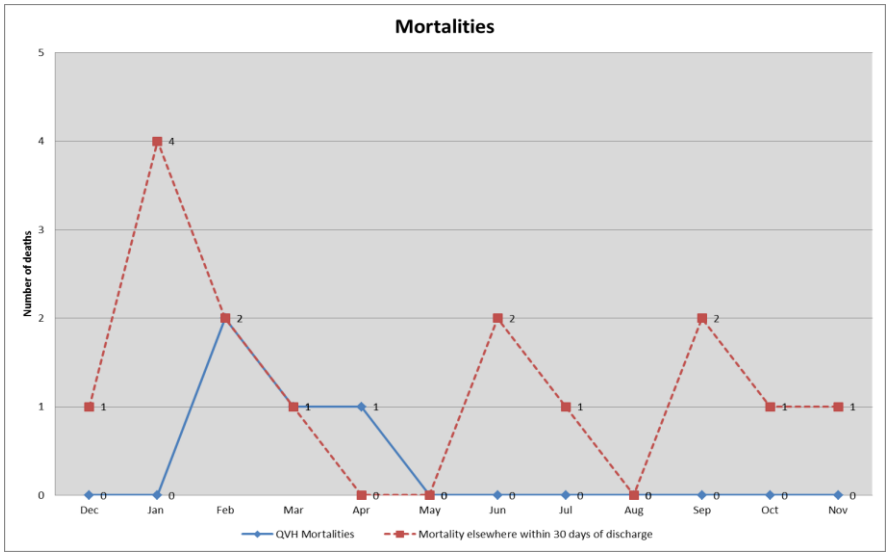
Safe - Clinical Policy Management

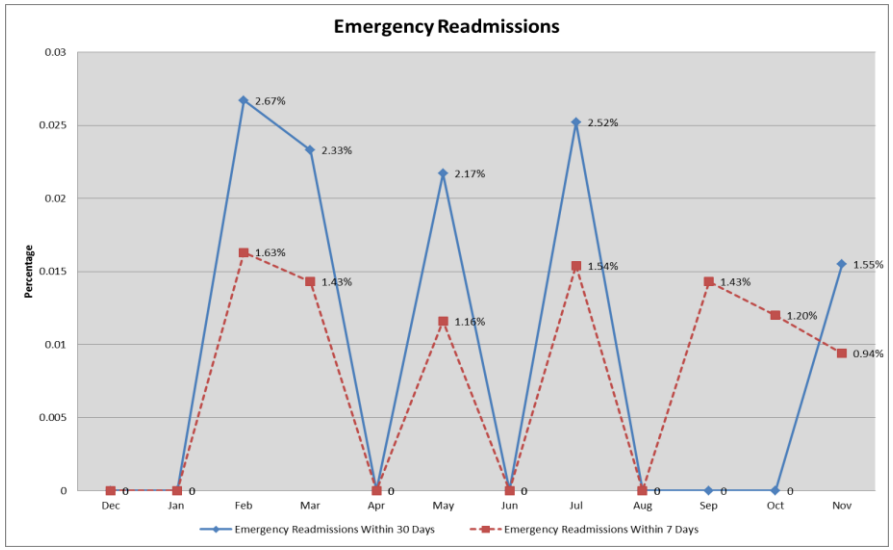
The Trust's currently has a total of 230 policies of which 18 % have passed the review date. Of these there are 48 clinical policies. Ten of these policies are currently out of date, however five of these have been ratified for use and are awaiting an equality impact assessment (EQIA) or will be approved by the Clinical Governance Group (CGG) in January 2019.



Recent changes:
There is a new policy administrator and the process of policy management has been reviewed. Six months before a policy expires the author is sent a written reminder with a further reminder at 3 months before expiry date with the line manager copied in. If a policy becomes overdue a further letter to the author, line manager and responsible director is sent. Polices will not be accepted for ratification in future without fully completed and signed off EQIA to reduce duplication of administration.

Effective - Performance Indicators





	Quarter 1 2018/19			Quarter 2			Quarter 3	
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Number of deaths on QVH site	1	0	0	0	0	0	0	0
Number of deaths off- site within 30 days of IP or OP procedure	0	0	2	1	0	2	0	2
No of completed preliminary reviews	1	0	2	1	0	2	0	2
No of deaths subject to a Structured Judgement Review	1	0	0	0	0	1	0	0
No of deaths in patients with co-existing learning difficulties	0	0	0	0	0	0	0	0

Learning from deaths

All off site deaths are subject to preliminary review of the case notes and enquiries with the GP and responsible clinicians. All deaths on the QVH site, or where a concern has been raised, are subject to a Structured Judgement Review (SJR) of the case notes. The type of SJR differs if the patient had learning difficulties. Where concerns are identified through preliminary case note review or SJR, these are investigated through the Datix and risk mechanisms.

An annual report on 'Learning from Deaths' was reported to the Quality and Governance Committee in December 2018.

Caring - Delivering Great Patient and Customer Care seminar run by NHS Elect

Purpose / background
The Trust's Patient Experience Manager attended the *Delivering Great Patient and Customer Care seminar* run by NHS Elect on Thursday 6th December 2018 . Topics of the day were:

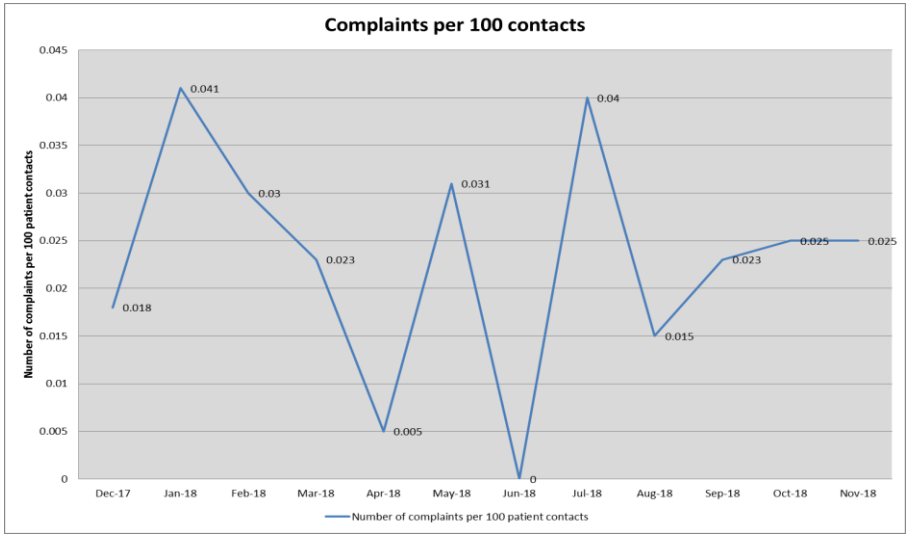
- A national update on patient experience from NHS England
- What other members in the NHS Elect network and in the wider NHS are doing in training staff to deliver great patient experience
- Shared learning across the NHS on patient and customer experience and feedback on how to sustain and expand existing programmes across regions and organisations

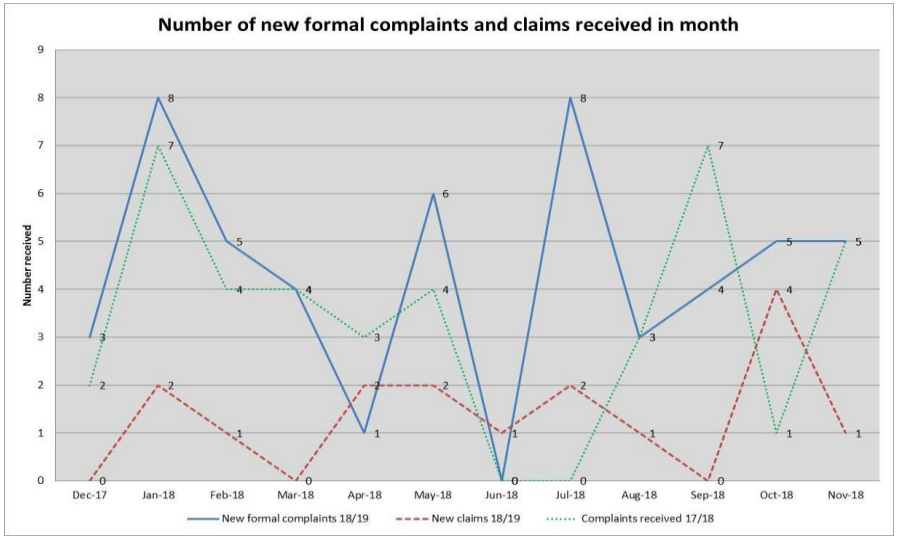
Friends and Family Test - potential changes and next steps
Since the Friends and Family Test (FFT) started in April 2015 it has now developed into a figure driven which is not why it was put in place. It was put in place to get qualitative feedback. NHS England is carrying out a project to improve the way that the FFT works across the country. The ambition is to ensure the FFT can be a more effective tool in gathering patient feedback that helps to drive local improvements in healthcare services. They are also considering whether to change the wording of the FFT question so that it works better across all healthcare settings.

In addition they are looking at ways to:
- Support services to make the most of what it can give them.
- Remove the burden in meeting some of the specifics in the guidance (such as the 48-hour rule for acute trusts)
- Support the best possible use of the data and increase the value of it.

Any recommendations and outcomes of the project are expected to be reported by NHS England in April 2019.

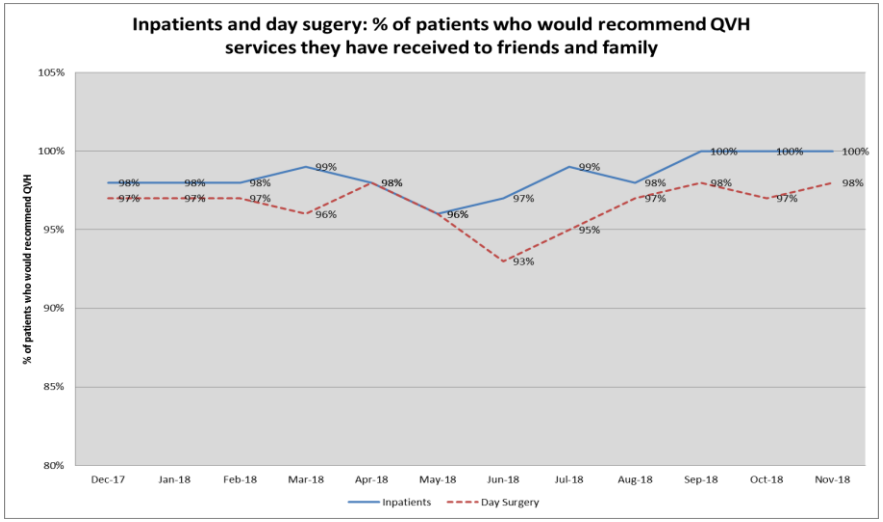
Caring - Current Compliance - Complaints and Claims

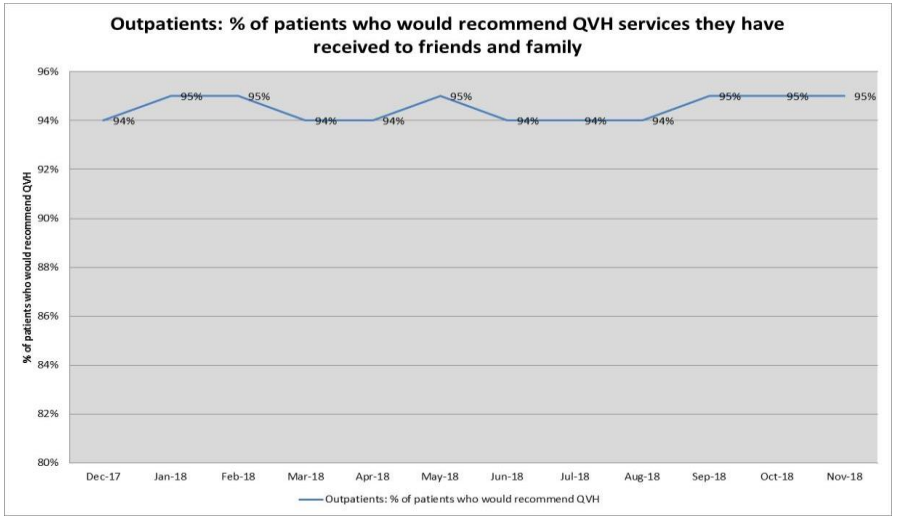


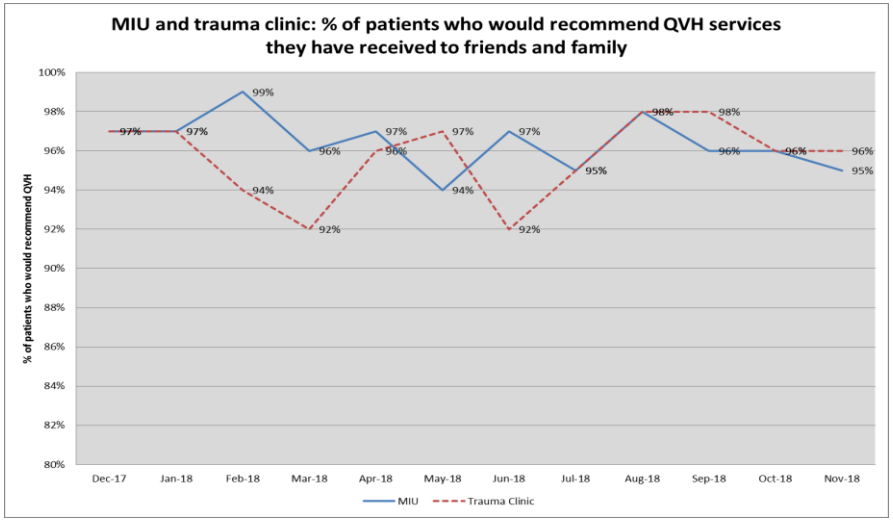


	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18
Contacts (IP+OP+MIU, all sites)	16414	19322	16798	17677	18284	19660	19340	20032	19399	17490	20227	19886
Complaints	3	8	5	4	1	6	8	8	3	4	5	5
Complaints per 100 contacts	0.018	0.041	0.03	0.023	0.005	0.031	0.041	0.04	0.015	0.023	0.025	0.025
Number of complaints referred to the Ombudsman for 2nd stage review	0	0	0	0	1	0	0	0	1	0	0	0
Number of complaints re-opened	0	0	0	0	1	0	0	1	0	0	0	0

Caring - Current Compliance - FFT







Nursing Workforce - Current Compliance

Domain	Compliance	Actions
Ross Tilley	During October and November there were 15/122 occasions where staffing numbers did not meet planned levels (9/122 in August and September). 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. There were two patient safety incident on a shift where there was 1 nurse less than planned. On investigation the incident relating to incorrect checking of medication was in part due to staffing levels the other was not related to staffing levels. No other falls , pressure ulcers or nursing medication errors occurred on these shifts.
Margaret Duncombe	During October and November there were 12/122 occasions where staffing numbers did not meet planned levels (8/122 in August and September). 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. There was one incident on a day when staffing was one nurse less than planned on investigation there was no direct link to incident and the staffing levels. No other falls, pressure ulcers or nursing medication errors occurred on these shifts.
Burns	During October and November there were 5/122 occasions where staffing numbers did not meet planned levels 5/122 in August and September). 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 10/122 occasion where staffing numbers did not meet planned levels(1/122 in August and September). 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 October and November there were 6/122 occasions where staffing numbers did not meet planned levels 3/122 in August and September). 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 October and November there were 21/122 occasions where staffing numbers did not meet planned levels (35/122 in August and September). Sickness and supernumerary 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

Qualified Nursing Workforce - Performance Indicators

QUALIFIED NURSING

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2016-17 & 2017-18	#####	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Compared to Previous Month
Establishment WTE (Establishment includes 12% headroom from 01/03/2018)		#####	253.28	253.28	253.28	253.28	253.28	253.28	253.28	253.28	253.28	246.76	246.76	**246.76**	◄►
Nursing Headroom		*###*	*16.22*	*16.22*	*16.22*	*16.22*	*16.22*	*16.22*	*16.22*	*16.22*	*16.22*	*N/A*	*N/A*	**N/A**	
Adjusted Establishment (removed Headroom til 31/8/18. From 1/9/18 12% headroom included in establishment)		#####	235.06	235.06	235.06	235.06	235.06	235.06	235.06	235.06	235.06	246.76	246.76	**246.76**	◄►
Staff In Post WTE		198.44	193.82	189.62	190.34	194.66	189.21	188.22	187.74	187.82	186.19	183.31	184.36	**186.27**	▲
Vacancies WTE		36.62	41.24	45.44	44.72	43.01	45.85	49.45	49.93	49.85	51.48	63.45	61.80	**60.49**	▼
Vacancies %	>12% / <>12% / <8%	#####	17.54%	19.33%	19.02%	18.30%	19.51%	21.04%	21.24%	21.21%	21.90%	25.71%	25.04%	**24.51%**	▼
STARTERS WTE (Excluding rotational doctors)		2.00	0.00	0.72	0.00	4.00	1.00	0.00	0.00	1.00	3.68	0.51	3.64	**3.23**	▲
LEAVERS WTE (Excluding rotational doctors)		3.00	6.31	2.26	2.61	3.40	2.68	1.40	0.81	1.97	6.00	7.60	2.80	**1.43**	▼
Starters & Leavers balance		-1.00	-6.31	-1.54	-2.61	0.60	-1.68	-1.40	-0.81	-0.97	-2.32	-7.09	0.84	**1.80**	
Agency WTE		23.58	20.02	24.14	24.91	29.07	30.30	34.20	31.53	35.09	36.29	36.06	35.35	**32.92**	▼
Bank WTE		11.86	11.08	13.13	13.03	21.12	17.46	19.64	21.09	17.23	18.77	17.73	20.74	**23.92**	▲
Trust rolling Annual Turnover %	>=12% / <>12% / <10%	#####	16.35%	16.11%	15.35%	16.37%	17.41%	16.76%	16.35%	17.06%	19.77%	21.72%	21.83%	**21.16%**	▲
Monthly Turnover		1.51%	3.25%	1.22%	1.36%	1.75%	1.41%	0.74%	0.43%	1.05%	3.20%	3.42%	1.57%	**0.52%**	▼
Sickness Absence %	>=4% / <>3% / <3%	4.17%	3.29%	3.34%	4.01%	*5.24%*	*4.69%*	5.37%	*6.12%*	6.50%	*4.26%*	3.33%	3.11%	***4.00%***	Nov Indicative Figure

Unqualified Nursing Workforce - Performance Indicators

Unqualified Nursing

Trust Workforce KPIs	Workforce KPIs (RAG Rating) *2016-17*			Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Workforce KPIs (RAG Rating) *2017-18*				Nov-18	Compared to Previous Month
Establishment WTE (Establishment includes 12% headroom from 01/03/2018)				107.32	107.32	107.32	107.32	107.32	107.32	107.32	107.32	107.32	107.32	100.79	100.79				*Note 1*	100.79	◄►
Nursing Headroom				8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	8.33	N/A	N/A					N/A	
Adjusted Establishment (removed Headroom (removed Headroom til 31/03/18. From 1/04/18 12%				99.59	99.59	99.59	99.59	99.59	99.59	99.59	99.59	99.59	99.59	100.79	100.79					100.79	◄►
Staff In Post WTE				85.64	81.64	83.83	80.83	79.33	80.44	82.51	83.51	84.34	86.30	82.52	83.31					85.38	▲
Vacancies WTE				13.95	17.95	15.76	18.76	20.26	19.15	17.08	16.08	14.65	13.29	18.27	16.88					15.41	▼
Vacancies %	>12%	8%<>12%	<8%	14.01%	18.02%	15.82%	18.84%	20.34%	19.23%	17.15%	16.15%	14.71%	13.34%	18.13%	16.75%	>12%	8%<>12%	<8%		15.29%	▼
STARTERS WTE (Excluding rotational doctors)				1.00	1.00	2.80	1.00	0.00	0.00	2.00	2.00	2.00	1.00	0.61	2.00	TARGETS: XXX				3.47	▲
LEAVERS WTE (Excluding rotational doctors)				0.46	1.00	2.00	3.61	1.61	0.00	0.00	0.00	0.00	0.00	1.57	1.00					1.00	▼
Starters & Leavers balance				0.54	0.00	0.80	-2.61	-1.61	0.00	2.00	2.00	2.00	1.00	-0.96	1.00					2.47	
Agency WTE				0.00	0.31	1.34	1.51	3.06	2.30	3.57	1.76	0.00	1.62	2.19	2.19					2.40	◄►
Bank WTE *Note 2*				5.35	4.87	5.58	5.78	6.30	5.46	6.51	7.36	10.07	8.13	7.76	7.35					7.29	▲
Trust rolling Annual Turnover % (Excluding Trainee Doctors)	>=12%	10%<>12%	<10%	23.03%	21.26%	24.61%	29.45%	30.16%	29.64%	27.14%	25.08%	21.08%	20.26%	16.74%	14.51%	>=12%	10%<>12%	<10%		15.23%	▼
Monthly Turnover				0.56%	1.18%	2.38%	5.02%	2.05%	0.00%	0.00%	0.00%	0.00%	0.00%	2.02%	1.28%					1.26%	▼
Sickness Absence %	>=4%	4%<>3%	<3%	5.70%	3.16%	6.59%	5.77%	4.46%	1.23%	1.23%	2.43%	2.00%	4.33%	3.97%	6.87%	>=4%	4%<>3%	<3%		*4.00%*	*Not Indicative Figure*

Medical Workforce - Performance Indicators

Metrics	2017/18 total / average	Target	Quarter 3 2017/18	Quarter 4			Quarter 1 2018/19			Quarter 2			Quarter 3		Year to date actual/ average
			Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	
Medical Workforce															
Turnover rate in month, excluding trainees	13.98% 12Mth rolling	<1%	1.01%	1.01%	0.00%	0.00%	85.00%	0.95%	0%	1.31%	1.60%	2.42%	0%	0%	10.22%
Turnover in month including trainees 9%	51% 12Mth rolling		2.15%	0.73%	10.21%	0.00%	6.09%	2.12%	0.71%	10.76%	3.15%	2.10%	1.35%	0.68%	3.32%
Management cases monthly		0	0	1	0	0	1	1	3	3	1	1	1	1	13
Sickness rate monthly on total medical/dental headcount	2.77%		0.75%	0.61%	0.46%	1.29%	1.03%	0.55%	0.88%	0.86%	2.05%	1.18%	0.94%	Available Jan 19	0.99%
Appraisal rate monthly (exclude deanery trainees)	88.80% Mar 17		86.00%	86.30%	81.76%	75.56%	82.35%	83.60%	90.38%	87.90	82.83%	79.38%	83.54	89.09	82.22%
Mandatory training monthly		95%	84%	84%	85%	82%	85%	84%	83%	84%	81%	77%	78.7%	83%	83%
Exception Reporting – Education and Training			0	0	0	0	1	0	0	0	0	0	0	0	1
Exception Reporting – Hours			0	0	5	0	0	0	0	1	0	0	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%, and appraisal rates have improved to 89%. All doctors are revalidated with a licence to practice. Two positive recommendations for revalidation have been submitted in the previous two months. One doctor is currently on a deferred decision due to insufficient information, but with full engagement of the doctor. 12 out of 19 consultant appraisers have received new annual refresher training within the last 12 months.

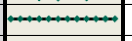
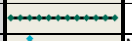
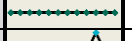
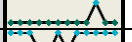
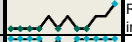
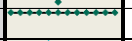
Consultant contracts and job planning are currently the subject of planned external audit. A new round of electronic job planning will commence in January 2019.

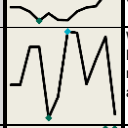
The policy to manage the new Clinical Excellence Awards scheme (CEAs) is being finalised

	Regular junior doctor forums are held to discuss training opportunities and concerns. There remains no exception reporting from junior doctors to inform us of breaches of contract with regard to hours worked, or training missed, despite encouragement to complete these. The estates work to the communal areas of the education centre will enable the trust, for the first time, to be compliant with out of hours rest facilities, and work is currently underway to create a mess committee and fund.
Education	QVH has responded to Health Education England's points raised in the 'Deanery' visit of September. The biggest change will be to no longer have junior staff working at spoke sites without immediate consultant supervision available from April 2019. The medical educational programme continues. In October we ran a evening event focusing on QVH abroad, with short lectures from Brian Bisase, Jane Dawson and Sarah Bailey describing their experiences of working and training in India, Ghana and Madagascar respectively. Post-graduate trainee courses have been provided in maxillofacial surgery and plastics.

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			Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19		Year to Date Actual	Trend	Comments
					Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov					
SAFE																					
1	**Incidents**	Total reported - All incidents	139	_	9	7	19	8	11	8	12	17	6	8	12	9	126		
2		Total reported - Patient safety	45	_	3	3	8	2	7	2	7	4	2	4	8	6	56		
3		Internal investigation (Amber or Red)	0	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	0		
5	**Falls**	Falls - All	12	0	1	1	5	1	1	0	1	0	1	0	1	0	12		Matron and Deputy Matron providing teaching and training to staff. HoN to continue to monitor Safety Thermometer audit on a monthly basis
6		Falls - With harm	1	0	0	0	0	0	0	0	1	0	0	0	1	0	2		
7	**Pressure Damage**	G2 or above (hospital acquired)	1	0	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	1	0	0	1		
9	**MRSA Screening**	Elective patients	99.5%	95%	100%	100%	100%	94%	93%	100%	94%	100%	100%	100%	100%	100%	98%		
10		Trauma patients	99.3%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	88%	99%		Matron providing feedback to the ward and reminding staff that all patients must be screened.
11		Reported cases	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1		
12	**C Difficile**	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
13	**Hand Hygiene**	Hand hygiene	94%	95%	N/S	100%	90%	N/S	100%	100%	100%	N/S	80%	100%	100%	100%	97%		
14		Bare below the elbows	100%	95%	N/S	100%	100%	N/S	100%	100%	100%	N/S	100%	100%	100%	100%	100%		
15	**Drug Assessments**	% staff compliant	97%	100%	100%	100%	100%	100%	85%	87%	100%	100%	93%	100%	85%	92%	95%		Requires action, Matron aware
16	**Medication Audit**	Missed dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
17		Omitted dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
18		Total doses			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
19	**Medication Errors**	Reported errors	9	0	0	0	0	0	1	0	1	0	0	1	1	2	6		Reviwed by ward team and learning will be implemented.
20	**Safety Thermometer**	Harm Free Care %	98.3%	95%	100%	100%	100%	100%	86%	100%	83%	100%	100%	100%	100%	100%	97%		
21		New Harm Free %	100%	95%	100%	100%	100%	100%	100%	100%	83%	100%	100%	100%	100%	100%	99%		
22	**VTE** (Venous thromboembolism)	Assessment of patients (S. Therm)	99%	95%	100%	100%	86%	100%	100%	100%	100%	50%	100%	100%	100%	100%	95%		
23		24 hour follow up (S. Therm)	95.5%	95%	100%	67%	83%	100%	100%	100%	100%	25%	100%	100%	0%	n/a	80%		Improved compliance
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%	97%	91%	96%	98%	98%	97%	96%	97%	96%	97%	99%	101%	97%		
26		HCA	96.6%	95%	84%	98%	100%	100%	100%	100%	64%	97%	93%	97%	84%	94%	93%		Staff skill mix aligned with patient acuity - current vacancies are managed with temporary staffing
27	**Shift meets requirement** Night %	RN	95.7%	95%	98%	82%	97%	102%	95%	98%	100%	97%	97%	97%	100%	100%	97%		
28		HCA	106.3%	95%	100%	100%	175%	100%	100%	163%	100%	100%	100%	100%	100%	100%	112%		
EFFECTIVE																					
29	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	100%	95%	100%	100%	100%	100%	100%	83%	100%	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%	ported 1/	Reported 1/4ly			92.1%			Reported 1/4ly			Reported 1/4ly		92%		
CARING																					
32	**Friends & Family Test**	Patient numbers (eligible to respond)	652	_	64	62	62	56	69	65	74	52	16	17	23	20	580		
33		% return rate	45%	40%	38%	16%	42%	21%	6%	31%	7%	31%	100%	100%	62%	100%	46%		Data collection reduced in month, staff encouraged to support completion of FFT to increase response rate
34		% recommendation (v likely/likely)	98.3%	90%	100%	96%	100%	92%	100%	85%	100%	100%	100%	100%	100%	100%	98%		
35		% unlikely/extremely unlikely	0%	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	0		
WELL-LED																			
37	**Vacancy** Establishment=	Full Team WTE															#DIV/0!		Total establishment for ward = 30.72 WTE
38		Vacancy WTE	6.43	10%	2.51	6.12	5.43	6.03	7.05	6.72	6.72	6.48	7.77	7.51	9.02	8.12	6.6		
39		Vacancy (hrs)	1044.88	10%	407	994.5	882	979	1145	1092	1092	1053	1263	1220	1465.8	1319.5	1076.1		
40	**Temporary Staffing** excluding RMN	Agency Use	99.1	10%	11.5	69	161	384	226	425	107.5	266.25	280	345	302.25	346.75	243.69		
41		Bank Use	360.1	10%	200	279	444	384.5	233	349	418	587.75	343.8	274.5	332	373.75	351.61		
42	**Sickness**	Hours									103.5	79.25	90	41.5	94.75	154	93.833		
43		%	3.1%	2%	4.3%	6.6%	1.7%	4.6%	1.6%	1.0%	2.1%	1.6%	1.9%	0.9%	1.9%	3.2%	2.6%		All current sickness currently being managed via policy
44	**Maternity**	Hours															#DIV/0!		
45	**Budget Position**	YTD Position		>0	70673	85983	166689	249483	41143	62409	-39429	-44803	-40236	-10887	-704	-10195	530126		
46	**Statutory & Mandatory**	Mandatory training	89.6%	95%	93%	93%	91%	89%	91%	89%	89%	91%	92%	93%	96%	97%	92%		Compliance improving, work continues to improve this
47		Appraisal	87.1%	95%	84%	84%	90%	90%	79%	82%	93%	92%	84%	88%	92%	79%	86%		Work has been underatken by HoN in disucssion with Matron and individual team members. Database does not appear to be accurate. This has now been addressed and will update in next month data.
48	**Uniform Audit**	Compliance with uniform policy %		95%											100%	100%	100%		

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
					Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov			
SAFE																			
1	Incidents	Total reported - All incidents	86	_	6	11	5	11	6	8	3	11	6	7	5	11	90		
2		Total reported - Patient safety	29	_	3	4	2	4	5	2	0	7	1	3	2	2	35		
3		Internal investigation (Amber or Red)	0	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	0		
5	Falls	Falls - All	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2		Patient fall in Outpatient department. Patient attended MIU, all appropriate action taken.
6		Falls - With harm	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1		
7	Pressure Damage	G2 or above (hospital acquired)	0	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	0		
9	MRSA	Reported cases	0	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	0		
11	Hand Hygiene	Hand hygiene	100%	95%	100%	100%	100%	100%	100%	100%	100%	93%	100%	100%	N/S	100%	99%		
12		Bare below the elbows	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/S	100%	100%		
13	Medication Audit	Missed dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
14		Omitted dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
15		Total doses			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
16	Medication Errors	Reported errors	18	0	3	1	1	2	4	2	0	4	0	1	0	1	19		Doctors prescribing related issue
EFFECTIVE																			
17	Compliance in Practice (CiP)	Inspection score		80%	80.1%	Reported 1/4ly			90.7%			Reported 1/4ly			Reported 1/4ly		91%		
CARING																			
18	Friends & Family Test	Patient numbers (eligible to respond)		_	1667	2081	1633	1819	2007	2165	2020	2288	2044	1846	2292	2262	24124		
19		% return rate	22.8%	20%	26%	23%	22%	20%	21%	21%	20%	24%	21%	20%	19%	19%	21%		Matron to increase completion of this working with team to address
20		% recommendation (v likely/likely)	94.7%	90%	93%	94%	95%	94%	92%	93%	93%	91%	92%	95%	93%	95%	93%		
21		% unlikely/extremely unlikely	1.3%	0%	2%	2%	0%	2%	3%	2%	2%	4%	3%	1%	3%	1%	2%		

RESPONSIVE																			
22	**Complaints**	No. recorded	4	0	0	0	0	1	0	1	1	2	0	0	1	1	7		Patient compliant via CQC. Issues currently being addressed by MDT.
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	3.23	3.69	2.6		Nursing establishment = 20.12 WTE
25		Vacancy (hrs)		10%			310.4	310.4	505.4	455	403	403	403	364	524.88	599.62	427.87		
26	**Temporary Staffing** excluding RMN	Agency Use		10%			0	0	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	222	275	214.29		
28	**Sickness**	Hours					27.5	30	0	17	47.5	0	96.5	10	205	163.5	59.7		
29		%		2%			0.5%	0.9%	0.0%	0.8%	1.5%	0.0%	3.1%	0.3%	6.6%	5.2%	1.9%		Sickness absence all currently managed through Trust policy
30	**Maternity**	Hours					0	0	0	0	0	0	0	0	0	0	0		
31	**Budget Position**	YTD Position		>0			92109	117732	19631	34880	49650	65400	76928	93558	30102	30917	610907		
32	**Statutory & Mandatory**	Mandatory training		95%			97%	97%	96%	94%	92%	91%	94.6%	94%	97%	96%	95%		Sustained compliance, requires continuous monitoring
33		Appraisal		95%			95%	95%	100%	95%	90%	95%	100%	95%	100%	100%	97%		Improvement sustained
34	**Uniform Audit**	Compliance with uniform policy %		95%											N/S	95%	95%		Great improvement noted

NURSING METRICS - 12 MONTH ROLLING
CRITICAL CARE UNIT

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QVH

No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3	Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19		Year to Date Actual	Trend	Comments
					Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov			
SAFE																			
1	**Incidents**	Total reported - All incidents	147	_	14	16	13	9	16	11	16	8	18	25	17	15	178		
2		Total reported - Patient safety	100	_	8	11	8	5	10	6	11	8	17	23	13	12	132		
3		Internal investigation (Amber or Red)	4	0	0	0	0	0	1	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	0		
5	**Falls**	Falls - All	2	0	0	0	0	0	1	0	1	0	0	1	0	2	5		Investigations completed and involve the same patient. Patient slipped off toilet seat, no injuries sustained. Promoting patient independance due to long term bed occupancy in CCU. All appropriate action taken.
6		Falls - With harm	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1		
7	**Pressure Damage**	G2 or above (hospital acquired)	4	0	1	0	0	0	0	1	0	0	0	0	0	0	2		
8	**Inoculation Injury**	Reported incidents	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1		
9	**MRSA Screening**	Elective patients	100%	95%	n/a	100%	100%	n/a	100%	100%	n/a	n/a	n/a	100%	100%	n/a	100%		
10		Trauma patients	89.1%	95%	100%	0%	80%	100%	n/a	100%	100%	100%	100%	100%	100%	100%	89%		
11		Reported cases	0	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	0		
13	**Hand Hygiene**	Hand hygiene	90.4%	95%	100%	90%	78%	90%	100%	100%	90%	93%	100%	N/S	100%	100%	95%		
14		Bare below the elbows	98.8%	95%	100%	100%	100%	90%	100%	100%	100%	93%	100%	N/S	100%	89%	97%		Staff continue to monitor all staff to ensure compliance improves
15	**Drug Assessments**	% staff compliant	95.9%	100%	88%	94%	100%	100%	100%	100%	88%	93%	100%	93%	100%	100%	96%		
16	**Medication Audit**	Missed dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
17		Omitted dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
18		Total doses			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
19	**Medication Errors**	Reported errors	4	0	1	1	0	0	0	2	0	0	0	1	0	0	5		
20	**Safety Thermometer**	Harm Free Care %	92.5%	95%	100%	100%	67%	50%	100%	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%	50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	96%		
23		24 hour follow up (S. Therm)	80%	95%	100%	100%	100%	0%	33%	0%	100%	100%	100%	100%	100%	100%	78%		
24		Monthly screening % (Informatics)	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
25	**Shift meets requirement** Day %	RN	96.8%	95%	92%	100%	98%	96%	90%	96%	99%	90%	99%	98%	94%	100%	96%		
26		HCA	96.1%	95%	93%	92%	95%	104%	94%	118%	91%	96%	100%	96%	96%	105%	98%		
27	**Shift meets requirement** Night %	RN	88.5%	95%	81%	94%	90%	91%	89%	99%	96%	88%	95%	88%	89%	93%	91%		
28		HCA	90.0%	95%	53%	71%	86%	80%	400%	113%	50%	50%	100%	100%	113%	100%	110%		
EFFECTIVE																			
29	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	90.9%	95%	100%	100%	100%	50%	67%	100%	100%	100%	100%	100%	100%	100%	93%		
30		7 day review (Safety Thermometer)	89.3%	95%	n/a	50%	n/a	100%	100%	n/a	0%	n/a	n/a	n/a	n/a	100%	70%		
31	**Compliance in Practice** (CiP)	Inspection score		80%	ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		#DIV/0!		
CARING																			

RESPONSIVE																		
32	**Complaints**	No. recorded	2	0	0	0	1	1	0	0	0	0	0	0	0	0	2	
WELL-LED																		
33	**Vacancy** Establishment=	Full Team WTE														29.25	29.3	
34		Vacancy WTE	9.32	10%	6.01	9.16	9.16	11.97	9.66	9.59	11.01	10.48	10.98	11.02	11.92	11.73	10.2	Ward Establishment = 29.37 WTE
35		Vacancy (hrs)	1514.2	10%	976	1488	1488	1945	1570	1558	1789	1703	1784	1791	1937	1906	1661.3	
36	**Temporary Staffing** excluding RMN	Agency Use	595.5	10%	482	689	641	846	950	1035	976.5	918	965	940.5	884.5	828	846.29	
37		Bank Use	222.9	10%	149	316	410	353.5	226	246	172	171	271	327.5	432.25	691.05	313.78	
38	**Sickness**	Hours										360.5	221	187.5	423.5	357	309.9	
39		%	1.9%	2%	4.1%	1.7%	3.0%	3.2%	7.7%	7.5%	5.0%	7.7%	4.6%	3.9%	8.9%	7.5%	5.4%	Long term sickness staff remains with short term sickness managed within Trust policy
40	**Maternity**	Hours															#DIV/0!	
41	**Budget Position**	YTD Position		>0	25981	93023	93265	69733	-91455	-30308	-33259	-108905	51653	56696	11881	-2451	135854	
42	**Statutory & Mandatory**	Mandatory training	88%	95%	90%	90%	90%	87%	85%	86%	86%	87%	86%	88%	87%	84%	87%	Matron continues to work with HoN to address.
43		Appraisal	90.8%	95%	91%	91%	86%	72%	68%	77%	81%	90%	85%	84%	89%	80%	83%	Matron working with staff in CCU to improve this
44	**Uniform Audit**	Compliance with uniform policy %		95%											93%	64%	78%	All staff reminded of Trust policy and importance of continued compliance. Matron working with all MDT staff to ensure compliance improves by monitoring staff entering the unit, adhering to bare below the elbows and compliance with IPACT in this area.

NURSING METRICS - 12 MONTH ROLLING
MAIN OUTPATIENTS

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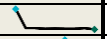
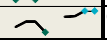
No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2018/19	Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19		Year to Date Actual	Trend	Comments
					Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov			
SAFE																			
1	Incidents	Total reported - All incidents	134	_	10	12	24	16	11	7	14	12	16	12	15	18	167		
2		Total reported - Patient safety	28	_	1	2	4	3	2	2	1	3	4	2	7	5	36		
3		Internal investigation (Amber or Red)	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5	Falls	Falls - All	1	0	0	0	1	0	0	0	0	1	0	0	0	0	2		
6		Falls - With harm	1	0	0	0	1	0	0	0	0	1	0	0	0	0	2		
7	Pressure Damage	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1		RCA investigation underway
8	Inoculation Injury	Reported incidents	3	0	2	1	0	0	0	0	0	0	0	1	0	0	4		
9	MRSA	Reported cases	0	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	0		
11	Hand Hygiene	Hand hygiene	84.8%	95%	70%	56%	70%	86%	100%	89%	N/S	80%	100%	100%	90%	80%	84%		Requires continuous montoring of all staff to increase compliance
12		Bare below the elbows	96.3%	95%	90%	100%	100%	100%	100%	100%	N/S	100%	100%	100%	100%	100%	99%		
13	Medication Audit	Missed dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
14		Omitted dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
15		Total doses			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
16	Medication Errors	Reported errors	1	0	0	0	0	1	0	0	0	0	0	0	1	0	2		
EFFECTIVE																			
17	Compliance in Practice (CiP)	Inspection score		80%	82.1%	89.1%			90.3%			Reported 1/4ly			90.4%		90%		
CARING																			
18	Friends & Family Test	Patient numbers (eligible to respond)		_	11458	13356	11446	11984	12479	12729	12866	12975	12813	11732	11983	13846	149667		
19		% return rate	16.3%	20%	17%	18%	17%	18%	17%	16%	16%	16%	16%	17%	18%	16%	17%		Work continues to increase compliance can be challenging when patients return several times within pathway.
20		% recommendation (v likely/likely)	94.4%	90%	94%	95%	95%	94%	94%	95%	94%	94%	94%	96%	95%	95%	95%		
21		% unlikely/extremely unlikely	2.3%	0%	3%	2%	2%	3%	2%	2%	2%	2%	3%	2%	2%	2%	2%		

RESPONSIVE																			
22	**Complaints**	No. recorded	4	0	0	1	1	0	0	0	1	0	1	0	0	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	1.32	1.32	1.4		Establishment = 15.50 WTE
25		Vacancy (hrs)		10%				204.75	198.25	191.7	191.7	294.12	295.7	286	214.5	214.5	232.36		
26	**Temporary Staffing** excluding RMN	Agency Use		10%				0	0	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	184	120.25	247.63		
28	**Sickness**	Hours									139	48	32	0	144	236.5	99.917		
29		%		2%				5.3%	5.7%	8.9%	5.5%	1.9%	1.3%	0.0%	5.8%	9.5%	4.9%		Short term sickness episodes increased in month. All staff monitored following Tust policy. All staff now returned to work.
30	**Maternity**	Hours						0	0	0	0	0	0	0			0		
31	**Budget Position**	YTD Position		>0				117894	-7780	-6392	-12043	-8463	-11769	-12216	-8281	-15901	35049		
32	**Statutory & Mandatory**	Mandatory training		95%				90%	91%	90%	94%	97%	98%	92%	91%	92%	93%		Compliance improving, work continues within the team
33		Appraisal		95%				85%	90%	90%	80%		94%	95%	100%	100%	92%		Compliance rates continue
34	**Uniform Audit**	Compliance with uniform policy %		95%											70%	80%	75%		Requires further and sustained improvement. Matron monitoring all members of the MDT to ensure uniform policy is adhered to. Will raise issues with individuals to further address as required.

NURSING METRICS - 12 MONTH ROLLING
MARGARET DUNCOMBE

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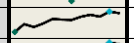
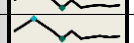
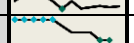
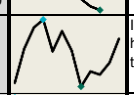
No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3	Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19		Year to Date Actual	Trend	Comments
					Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov			
SAFE																			
1	**Incidents**	Total reported - All incidents	180	_	18	17	15	12	14	13	8	13	14	9	15	20	168		
2		Total reported - Patient safety	118	_	9	12	12	7	9	11	4	9	10	6	13	15	117		
3		Internal investigation (Amber or Red)	0	0	0	0	0	0	0	1	0	2	0	0	1	1	5		Ongoing
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5	**Falls**	Falls - All	14	0	2	2	1	1	0	2	0	2	2	0	1	1	14		
6		Falls - With harm	4	0	0	0	1	0	0	1	0	0	1	0	0	0	3		
7	**Pressure Damage**	G2 or above (hospital acquired)	1	0	0	0	0	0	0	0	0	2	0	0	0	0	2		
8	**Inoculation Injury**	Reported incidents	0	0	0	0	0	0	0	0	0	0	1	0	1	0	2		
9	**MRSA Screening**	Elective patients	97.4%	95%	91%	100%	100%	97%	100%	98%	98%	98%	100%	91%	96%	98%	97%		
10		Trauma patients	95.4%	95%	92%	93%	97%	100%	94%	93%	96%	100%	94.8%	97%	96%	93%	96%		Twice weekly audits continuie in order to cpature staff not screening patients. Still awaiting MRSA stcikers that can be used on wound dressings
11		Reported cases	0	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	0		
13	**Hand Hygiene**	Hand hygiene	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	N/S	100%	100%	100%	100%		
14		Bare below the elbows	94.7%	95%	93%	100%	60%	100%	100%	80%	100%	100%	N/S	100%	78%	80%	90%		Sligth improvement from last month. Staff encouraged to challenge those not bare below the elbow.
15	**Drug Assessments**	% staff compliant	99.7%	100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
16	**Medication Audit**	Missed dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
17		Omitted dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
18		Total doses			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
19	**Medication Errors**	Reported errors	34	0	1	2	2	1	3	4	2	0	4	2	3	4	28		All staff encoouraged to report drug errors via datix. Individual staff members spoken to with each error.
20	**Safety Thermometer**	Harm Free Care %	99.4%	95%	100%	100%	100%	100%	100%	100%	100%	93%	100%	85%	100%	100%	98%		
21		New Harm Free %	100%	95%	100%	100%	100%	100%	100%	100%	100%	93%	100%	92%	100%	100%	99%		
22	**VTE** (Venous thromboembolism)	Assessment of patients (S. Therm)	99.1%	95%	100%	100%	100%	89%	100%	92%	100%	87%	100%	100%	100%	100%	97%		
23		24 hour follow up (S. Therm)	89.3%	95%	92%	54%	67%	80%	73%	42%	20%	82%	57%	89%	73%	89%	68%		Imporvement from last month, twice weekly audit conitnues to capture those staff not completing the paperwork.
24		Monthly screening % (Informatics)	97.4%	95%	96%	99%	98%	86%	99%	96%	99%	99%	97%	97%	97%		97%		Gavin awaiting results
25	**Shift meets requirement** Day %	RN	97.3%	95%	95%	98%	97%	90%	96%	98%	99%	99%	98%	97%	96%	97%	97%		
26		HCA	99.5%	95%	100%	104%	93%	107%	100%	102%	104%	98%	102%	100%	95%	93%	100%		Dependant upon patient acuity
27	**Shift meets requirement** Night %	RN	94.8%	95%	88%	95%	97%	94%	101%	100%	96%	96%	98%	97%	102%	100%	97%		
28		HCA	86.4%	95%	88%	91%	88%	85%	94%	103%	86%	82%	100%	88%	90%	88%	90%		Dependant upon patient acuity
EFFECTIVE																			
29	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	100%	95%	100%	100%	100%	100%	100%	100%	92%	80%	100%	100%	93%	100%	97%		
30		7 day review (Safety Thermometer)	70.8%	95%	67%	50%	100%	0%	100%	100%	100%	80%	33%	100%	100%	100%	78%		
31	**Compliance in Practice** (CiP)	Inspection score		80%	87.4%	86.8%			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		87%		
CARING																			
32	**Friends & Family Test**	Patient numbers (eligible to respond)	1737	_	122	129	133	109	144	124	125	128	131	111	140	147	1543		
33		% return rate	60.8%	40%	77%	78%	63%	76%	63%	71%	55%	58%	57%	60%	41%	41%	62%		
34		% recommendation (v likely/likely)	98.1%	90%	95%	99%	96%	99%	100%	99%	99%	100%	97%	100%	98%	100%	99%		
35		% unlikely/extremely unlikely	0.1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		

RESPONSIVE																			
36	**Complaints**	No. recorded	1	0	0	0	1	0	0	0	0	1	1	2	1	1	7		Ward matron regularly reviews complaints
WELL-LED																			
37	**Vacancy** Establishment=	Full Team WTE			48.8	48.8	49.44	49.44	49.44	49.08	48.67	49.04	49.54	49.54	49.54	49.54	49.2		
38		Vacancy WTE	8.2	10%	7.41	9.79	8.92	10.02	11.46	11.21	11.13	12.16	12.74	12.12	13.72	13.22	11.2		
39		Vacancy (hrs)	1332.9	10%	1204	1590	1450	1628	1862	1822	1808	1976	2070	1970	2229.5	2148.3	1813.1		
40	**Temporary Staffing** excluding RMN	Agency Use	546.7	10%	968	1045	874	1229	1522.5	1464	1242.5	1207	1789	1775.8	1642.8	1566.5	1360.5		85.8hours of temporary staffing used above template. Staffing requirements reviewed daily.
41		Bank Use	485	10%	302	557	553	827.5	736	940	899	901	823.5	673	851.75	847.3	742.59		
42	**Sickness**	Hours			310	439.5	596	448	312.5	121	306	132	165	193	157.75	180.5	280.1		
43		%	3.7%	2%	3.9%	5.5%	7.4%	5.6%	3.8%	1.5%	3.8%	1.6%	2.0%	2.4%	2.0%	2.2%	3.5%		
44	**Maternity**	Hours			185	185	185	185	185	127	69	69	69	0	0		114.45		
45	**Budget Position**	YTD Position		>0	61585	36168	36	-20622	-49366	-72573	-96771	-102720	-214295	-273162			-731720		
46	**Statutory & Mandatory**	Mandatory training		95%	91%	93%	95%	96%	93%	95%	93%	90%	91%	91%	92%	94%	93%		Improving from previous month. All out of date staff have been emailed and asked to book training. Extra training dates available over the Christmas period.
47		Appraisal		95%	100%	98%	82%	83%	88%	95%	94%	88%	92%	90%	86%	90%	91%		Staff appraisal rate improved from last month, two further appraisals completed this week.
48	**Uniform Audit**	Compliance with uniform policy %		95%											89%	80%	84%		Ward Matron to reguarly spot check staff in relation to complinace with uniform policy.

NURSING METRICS - 12 MONTH ROLLING
MAX FAC OUTPATIENTS

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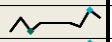
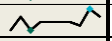
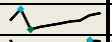
No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18	Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19		Year to Date Actual	Trend	Comments
					Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov			
SAFE																			
1	Incidents	Total reported - All incidents	30	_	3	2	5	5	4	5	5	3	4	1	3	4	44		
2		Total reported - Patient safety	8	_	2	0	0	1	2	1	0	0	2	1	3	1	13		
3		Internal investigation (Amber or Red)	0	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	0		
5	Falls	Falls - All	0	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	0		
7	Pressure Damage	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8	Inoculation Injury	Reported incidents	2	0	0	1	0	0	0	1	0	0	0	0	0	0	2		
9	MRSA	Reported cases	0	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	0		
11	Hand Hygiene	Hand hygiene	100%	95%	100%	100%	100%	100%	90%	100%	N/S	100%	100%	N/S	100%	100%	99%		
12		Bare below the elbows	100%	95%	100%	100%	100%	100%	100%	100%	N/S	100%	100%	N/S	100%	100%	100%		
13	Medication Audit	Missed dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
14		Omitted dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
15		Total doses			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
16	Medication Errors	Reported errors	2	0	1	0	0	0	0	1	0	0	0	1	0	0	3		
EFFECTIVE																			
17	Compliance in Practice (CiP)	Inspection score		80%	ported 1/	83.3%			90.4%			Reported 1/4ly			Reported 1/4ly		87%		
CARING																			
18	Friends & Family Test	Patient numbers (eligible to respond)		_	1238	1379	1302	1436	1542	1589	1378	1477	1442	1371	1683	1524	17361		
19		% return rate	17.9%	20%	18%	19%	17%	17%	18%	18%	17%	17%	19%	16%	19%	17%	18%		Team aware to encourage patients to complete FFT, often patients may return frequently which proves challenging for them to complete on more than one occassion
20		% recommendation (v likely/likely)	92.3%	90%	91%	95%	94%	91%	91%	92%	93%	94%	93%	94%	94%	93%	93%		
21		% unlikely/extremely unlikely	3.1%	0%	4%	2%	2%	4%	4%	2%	1%	1%	3%	1%	3%	2%	2%		

RESPONSIVE																			
22	**Complaints**	No. recorded	13	0	0	3	2	0	1	2	1	2	0	0	0	2	13		Complaints not nursing related.
WELL-LED																			
23	**Vacancy** Establishment=	Full Team WTE												21.37	21.37		21.4		
24		Vacancy WTE		10%			0.79	2.39	0.76	1.76	1.76	1.76	1.76	1.34	3.34	2.42	1.8		Departmental Establishment = 21.37 WTE
25		Vacancy (hrs)		10%			128.37	388	123.5	286	286	286	286	218	543	393.25	293.81		
26	**Temporary Staffing** excluding RMN	Agency Use		10%			0	0	0	0	0	0	0	0	0	0	0		
27		Bank Use		10%			274.37	24	177	214	245	115.5	120.75	162	169.25	117.9	161.98		
28	**Sickness**	Hours									120.5	133.8	33.75	198.5	55.5	171.25	118.88		
29		%		2%			5.5%	0.5%	5.0%	2.2%	3.5%	3.8%	0.9%	5.7%	1.6%	4.9%	3.4%		An increase in short term sickness in month. All monitored and correct action taken in adherence with Trust policy.
30	**Maternity**	Hours					0	0	0	0	0	0	0	0	0	0	0		
31	**Budget Position**	YTD Position		>0			8270	22807	-4197	-913	1333	3754	6041	7423	14672	17258	76448		
32	**Statutory & Mandatory**	Mandatory training		95%			93%	90%	92%	89%	92%	88%	89%	90%	94%	93%	91%		Team working on compliance
33		Appraisal		95%			85%	85%	100%	88%	90%	92%	96%	100%	100%	100%	94%		Continue to monitor to ensure remains a highest level
34	**Uniform Audit**	Compliance with uniform policy %		95%											100%	100%	100%		Sustained improvement

NURSING METRICS - 12 MONTH ROLLING
PEANUT WARD

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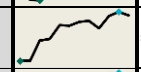
No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18	Quarter 4 2017/18			Quarter 1 2018/19			Quarter 2 2018/19			Quarter 3 2018/19		Year to Date Actual	Trend	Comments
					Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov			
SAFE																			
1	Incidents	Total reported - All incidents	100	_	9	10	13	2	7	30	28	25	11	11	16	10	172		
2		Total reported - Patient safety	26	_	2	3	2	0	0	4	3	1	1	2	1	1	20		
3		Internal investigation (Amber or Red)	0	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	0		
5	Falls	Falls - All	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1		
6		Falls - With harm	0	0	0	0	0	0	0	1	0	0	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	0		
8	Inoculation Injury	Reported incidents	0	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	0		
10	C Difficile	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
11	Hand Hygiene	Hand hygiene	98.8%	95%	N/S	100%	N/S	N/S	N/S	N/S	70%	44%	N/S	70%	90%	90%	77%		Has remained consitent this month
12		Bare below the elbows	98.2%	95%	N/S	100%	N/S	N/S	N/S	N/S	90%	100%	N/S	100%	100%	90%	97%		The matron is consistently asking the medical team to follow this rule.
13	Drug Assessments	% staff compliant	99.5%	100%	100%	100%	100%	94%	100%	100%	94%	94%	100%	100%	93%	93%	97%		2 staff are due to be reassessed, One is working thrugh the assessment documentation. The other is on long term sick.
14	Medication Audit	Missed dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
15		Omitted dose			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
16		Total doses			ported 1/	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
17	Medication Errors	Reported errors	5	0	1	0	0	0	0	1	1	0	0	0	0	1	4		Styaff are encouraged to report any medicatooj errors via datix. Individual members of staff spoken to.
18	Safety Thermometer	Harm Free Care %	100%	95%	n/a	100%	n/a	n/a	100%	100%	100%	100%	100%	100%	n/a	n/a	100%		
19		New Harm Free %	100%	95%	n/a	100%	n/a	n/a	100%	100%	100%	100%	100%	100%	n/a	n/a	100%		
20	BMI Monthly	Total no. of ward patients		_	189	180	194	176	178	226	145	213	210	188	243	199	2341		
21		No. patients screened & documented		_	171	172	187	171	171	208	143	202	201	174	236	194	2230		
22		Patients with documented BMI %		95%	90%	96%	96%	97%	96%	92%	99%	95%	96%	93%	97%	97%	95%		
23	Shift meets requirement Day %	RN	96.8%	95%	87%	100%	99%	96%	94%	100%	95%	98%	98%	99%	101%	98%	97%		
24		HCA	98.0%	95%	100%	91%	103%	100%	108%	97%	103%	96%	100%	96%	97%	97%	99%		
25	Shift meets requirement Night %	RN	61.9%	95%	55%	92%	88%	93%	83%	98%	84%	85%	90%	80%	70%	70%	82%		Changes have been made to the shift patterns of both Band 5 and 6's in order to meet the TW requirements. A staff nurse is currently on leave.
26		HCA	100%	95%	100%	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			Reported 1/4ly		90%		
CARING																			
28	Friends & Family Test	Patient numbers (eligible to respond)	2340	_	181	173	192	171	172	224	199	201	199	164	200	185	2261		
29		% return rate	28.2%	40%	33%	31%	34%	40%	42%	37%	33%	28%	38%	45%	31%	32%	35%		Staff are reminded regularly to give out FFT.
30		% recommendation (v likely/likely)	99.3%	90%	97%	100%	100%	100%	99%	93%	98%	98%	95%	100%	100%	100%	98%		
31		% unlikely/extremely unlikely	0.2%	0%	2%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%		

RESPONSIVE																			
32	**Complaints**	No. recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
WELL-LED																			
33	**Vacancy** Establishment=	Full Team WTE														19.71	19.7		
34		Vacancy WTE	3.3	10%	0.93	0	0	0	0.24	1.24	1.5	1.18	1.18	1.08	-0.08	-0.08	0.6		
35		Vacancy (hrs)	542.9	10%	151	0	0	0	39	201.5	244	191.75	191.8	175.5	-13	-13	97.379		
36	**Temporary Staffing** excluding RMN	Agency Use	92.2	10%	57	22.5	10	1	28	110	71	92.5	68.5	69.5	74	69.5	56.125		
37		Bank Use	273.8	10%	168	229	217	34	192	413	472.5	488.4	366.5	284.5	339.55	321.25	293.81		
38	**Sickness**	Hours									161.5	84	24	40	96	181	97.75		
39		%	5.5%	2%	7.9%	4.5%	6.8%	3.6%	4.0%	1.0%	4.9%	2.6%	0.7%	1.2%	3.0%	5.7%	3.8%		1 staff member on long term sickness. 1 staff member off for 4 weeks due to an operation.
40	**Maternity**	Hours															#DIV/0!		
41	**Budget Position**	YTD Position		>0	811	-13480	-14325	-6784	99	5968	7514	4051	2932	7797	13962		8545		
42	**Statutory & Mandatory**	Mandatory training		95%	83%	83%	88%	88%	92%	92%	93%	93%	91%	94%	95%	94%	90%		Emails to each individual lstaff out of date have been sent to ensure that % is back over 95% by next month
43		Appraisal		95%	75%	75%	77%	72%	80%	83%	91%	91%	91%	96%	96%	92%	85%		Two members of staff are on long term sick. One staff member is due their appraisal and the date has been booked.
44	**Uniform Audit**	Compliance with uniform policy %		95%											100%	100%	100%		

NURSING METRICS - 12 MONTH ROLLING

ROSS TILLEY

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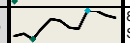
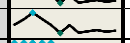
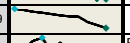
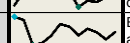
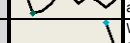
No.	Indicator	Description	2017/18 total/ average	Target	Quarter 3 2017/18 Dec	Quarter 4 2017/18 Jan	Feb	Mar	Quarter 1 2018/19 Apr	May	June	Quarter 2 2018/19 July	Aug	Sept	Quarter 3 2018/19 Oct	Nov	Year to Date Actual	Trend	Comments
SAFE																			
1	**Incidents**	Total reported - All incidents	194	_	21	26	16	12	11	15	10	18	10	12	20	12	183		
2		Total reported - Patient safety	111	_	14	20	8	9	7	7	9	8	2	8	15	8	115		
3		Internal investigation (Amber or Red)	1	0	0	1	0	0	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	0		
5	**Falls**	Falls - All	19	0	1	4	2	0	1	1	2	0	0	2	1	2	16		Reviewed by ward matron
6		Falls - With harm	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1		
7	**Pressure Damage**	G2 or above (hospital acquired)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1		
8	**Inoculation Injury**	Reported incidents	2	0	0	0	0	0	0	0	0	0	1	0	0	0	1		
9	**MRSA Screening**	Elective patients	97.8%	95%	100%	98%	94%	95%	97%	94%	100%	100%	98%	94.9%	100%	97%	97%		
10		Trauma patients	97.2%	95%	100%	99%	96%	99%	99%	97%	97%	95%	94%	94.9%	93.4%	94.7%	97%		Slight improvement on last month. Twice weekly audits are now be completed of patient notes to identify individuals who are not completing required paperwork. MRSA wound labels on order for wound MRSA swabs.
11		Reported cases	0	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	0		
13	**Hand Hygiene**	Hand hygiene	100%	95%	100%	N/S	100%	100%	100%	100%	100%	100%	N/S	100%	100%	90%	99%		All staff reminded of hand hygiene.
14		Bare below the elbows	97.4%	95%	87%	N/S	100%	100%	87%	80%	100%	100%	N/S	100%	100%	70%	92%		Staff encouraged to approach all staff not adhereing to this rule.
15	**Drug Assessments**	% staff compliant	99.7%	100%	100%	100%	100%	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
16	**Medication Audit**	Missed dose			ported 1	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
17		Omitted dose			ported 1	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
18		Total doses			ported 1	Reported 1/4ly			Reported 1/4ly			Reported 1/4ly			Reported 1/4ly		0		
19	**Medication Errors**	Reported errors	40	0	6	3	3	5	3	2	1	3	1	2	7	4	40		Staff encouraged to reoprt incidents. Individual staff members spoken to about errors.
20	**Safety Thermometer**	Harm Free Care %	99.4%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
21		New Harm Free %	99.4%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
22	**VTE** (Venous thromboembolism)	Assessment of patients (S. Therm)	98.6%	95%	94%	89%	100%	100%	100%	100%	93%	95%	100%	100%	100%	100%	98%		
23		24 hour follow up (S. Therm)	87.8%	95%	88%	83%	60%	50%	93%	53%	46%	88%	64%	78%	73%	82%	71%		Some improvement from last month. 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%	96%	99%	99%	94%	98%	96%	94%	97%	94%	94%	94%		96%		Gavin awaiting results
25	**Shift meets requirement** Day %	RN	97.8%	95%	91%	95%	97%	93%	98%	96%	98%	100%	98%	97%	97%	97%	96%		
26		HCA	97.3%	95%	96%	91%	102%	96%	102%	96%	98%	96%	102%	96%	92%	98%	97%		
27	**Shift meets requirement** Night %	RN	93.1%	95%	89%	89%	95%	96%	93%	93%	90%	88%	97%	99%	99%	98%	94%		
28		HCA	86.0%	95%	73%	86%	96%	100%	100%	90%	97%	88%	85%	90%	97%	100%	92%		
EFFECTIVE																			
29	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	98.9%	95%	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
30		7 day review (Safety Thermometer)	84.5%	95%	80%	100%	100%	25%	100%	100%	n/a	75%	100%	100%	100%	100%	89%		
31	**Compliance in Practice** (CiP)	Inspection score		80%	90.6%	86.6%			Reported 1/4ly			Reported 1/4ly			88.2%		87%		
CARING																			
32	**Friends & Family Test**	Patient numbers (eligible to respond)	2418	_	181	215	174	174	174	193	203	196	194	204	190	173	2271		
33		% return rate	47.1%	40%	79%	55%	43%	58%	60%	39%	39%	29%	43%	31%	37%	39%	46%		Matron continues to promote the importance of this
34		% recommendation (v likely/likely)	97.9%	90%	99%	97%	99%	99%	95%	100%	95%	100%	100%	98%	99%	100%	98%		
35		% unlikely/extremely unlikely	0.3%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		

RESPONSIVE																			
36	**Complaints**	No. recorded	2	0	0	0	0	1	0	1	0	0	0	1	1	0	4		
WELL-LED																			
37	**Vacancy** Establishment=	Full Team WTE			48.8	48.8	49.44	49.44	49.44	49.08	48.67	49.04	49.54	49.54	49.54	49.54	49.2		
38		Vacancy WTE	8.2	10%	7.41	9.79	8.92	10.02	11.46	11.21	11.13	12.16	12.74	12.12	13.72	13.22	11.2		
39		Vacancy (hrs)	1332.9	10%	1204	1590	1450	1628	1862	1822	1808	1976	2070	1970	2229.5	2148	1813.1		
40	**Temporary Staffing** excluding RMN	Agency Use	546.7	10%	968	1045	874	1229	1522.5	1464	1242.5	1207	1789	1776	1643	1566.5	1360.5		85.8 hours of temporary staffing used above template. Staffing requirements reviewed daily.
41		Bank Use	485	10%	302	557	553	827.5	736	940	899	901	823.5	673	851.8	847.3	742.59		
42	**Sickness**	Hours			310	439.5	596	448	312.5	121	306	132	165	193	157.75	180.5	280.1		
43		%	3.7%	2%	3.9%	5.5%	7.4%	5.6%	3.8%	1.5%	3.8%	1.6%	2.0%	2.4%	2.0%	2.2%	3.5%		
44	**Maternity**	Hours			185	185	185	185	185	127	69	69	69	0	0		114.45		
45	**Budget Position**	YTD Position		>0	61585	36168	36	-20622	-49366	-72573	-96771	-102720	-214295	-273162	-333679		-1065399		
46	**Statutory & Mandatory**	Mandatory training		95%	91%	93%	95%	96%	93%	95%	93%	90%	91%	91%	92%	94%	93%		Educator and matron rveiweing this and emailing out of date staff.
47		Appraisal		95%	100%	98%	82%	83%	88%	95%	94%	88%	92%	90%	86%	90%	91%		Educator and Matron booking out of date staff an appraisal date.
48	**Uniform Audit**	Compliance with uniform policy %		95%											100%	90%	95%		Ward Matron undertaking spot checks with uniform compliance.

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
					Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov			
SAFE																			
1	**Incidents**	Total reported - All incidents	26	_	0	2	3	3	3	0	2	3	2	1	1	2	22		
2		Total reported - Patient safety	9	_	0	0	0	2	1	0	0	0	2	0	0	1	6		
3		Internal investigation (Amber or Red)	0	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	0		
5	**Falls**	Falls - All	0	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	0		
7	**Pressure Damage**	G2 or above (hospital acquired)	0	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	0		
9	**MRSA**	Reported cases	0	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	0		
11	**Hand Hygiene**	Hand hygiene	100%	95%	100%	100%	N/S	N/S	100%	100%	N/S	100%	100%	N/S	100%	100%	100%		
12		Bare below the elbows	98.9%	95%	100%	100%	N/S	N/S	100%	100%	N/S	100%	100%	N/S	100%	100%	100%		
13	**Medication Errors**	Reported errors	2	0	0	0	0	1	0	0	0	0	1	0	0	1	3		
14	**VTE**	Monthly screening % (Informatics)	100%	95%	100%	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			90.6%		90%		
CARING																			
16	**Friends & Family Test**	Patient numbers (eligible to respond)		_	641	829	610	903	988	851	919	896	792	653	921	907	9910		
17		% return rate	22.8%	20%	23%	21%	21%	21%	17%	18%	17%	22%	24%	19%	19%	16%	20%		
18		% recommendation (v likely/likely)	95.3%	90%	95%	96%	94%	93%	93%	99%	96%	97%	97%	97%	98%	97%	96%		
19		% unlikely/extremely unlikely	1.7%	0%	1%	0%	3%	4%	4%	0%	2%	1%	1%	1%	1%	2%	2%		
RESPONSIVE																			
20	**Complaints**	No. recorded	3	0	0	1	0	0	0	0	0	0	0	0	0	1	2		
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%											100%	100%	100%		

Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**3 January 2019**		**Agenda reference:**	**16-19**	
Report title:	**2018/19 Emergency preparedness, resilience, and response (EPRR) assurance**				
Sponsor:	Jo Thomas, Director of Nursing				
Author:	Nicky Reeves, Deputy Director of Nursing & Emergency Planning Lead				
Appendices:	Three				
Executive summary					
Purpose of report:	To inform the Board of the results of the external assessment by the CCG and NHSE of our preparedness against the common NHS Emergency, Preparedness, Resilience and Response (EPPR) Core Standards.				
Summary of key issues	To provide assurance of the effectiveness of emergency planning and business continuity systems at QVH. The work plan is reviewed via the Clinical Governance Group and a six monthly updated will go to Q&GC.				
Recommendation:	The Board is requested to note the partial compliance rating and the contents of this report and appendices.				
Action required	**Approval**				
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:	Current status regarding EPPR does not impact on the KSOs				
Corporate risk register:	Current risk status for EPPR does not demonstrate a corporate risk				
Regulation:	National requirement working with NHSE and local CCG				
Legal:	The Civil Contingencies Act 2004 places a number of duties on responding agencies in the event of a Major Incident				
Resources:	None new resources identified to complete this work				
Assurance route					
Previously considered by:	Quality and Governance Committee				
	Date:	20/12/18	Decision:		
Next steps:	For Board approval				

Queen Victoria Hospital
NHS Foundation Trust

2018/19 Emergency preparedness, resilience, and response (EPRR) assurance

Document Control

Executive Sponsor: Jo Thomas Director of Nursing and Quality

Author: Nicola Reeves

Date: December 2018

Version: Final

Pages:

Status: Public. Written and prepared for Trust Board

Circulation: QVH Trust Board, Quality and Governance Committee

Purpose of Report

To inform the Board of the results of the external assessment by the CCG and NHSE of our preparedness against the common NHS Emergency, Preparedness, Resilience and Response (EPPR) Core standards

Background to EPPR requirements

All provider organisations are required to demonstrate compliance with core standards for Emergency Planning and Business Continuity which are set by the Local Health Resilience Partnership (LHRP) and National Emergency Planning Requirements.

The Trust is required to carry out a self-assessment and ensure the QVH Board is sighted on the process and results. (Appendix 1).

Assurance

The effectiveness of emergency planning and business continuity systems is assured by a number of mechanisms;

- Internal Assurance processes
- Table top exercises and lockdown drills
- Partnership working with Commissioners, NHS England
- Peer review by LHRP
- Education and training
- Annual report to Quality and Governance Committee and Trust Board

There are 55 core standards applicable to QVH and we can demonstrate full compliance in 44 of these (green). Ten standards are rated as partially compliant (amber), and one is non compliant (red) (this specifically relates to QVH being currently unable to send representation to both the executive meeting as well as the delivery group).

The table below illustrates the definitions of individual core standards.

Compliance level	Definition
Not compliant	Not compliant with the core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months.
Partially compliant	Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.
Fully compliant	Fully compliant with core standard.

Following review, the Trust compliance rating remains at Partial (see below for definitions). In addition there has been a "deep dive" in to Command and Control. This "deep dive" does not contribute to the overall compliance level.

Below are the national organisational assurance ratings and as stated above, QVH is rated as Partial Compliance

Overall EPRR assurance rating	Criteria
Fully	The organisation is 100% compliant with all core standards they are expected to achieve. The organisation's Board has agreed with this position statement.
Substantial	The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Partial	The organisation is 77-88% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.
Non-compliant	The organisation compliant with 76% or less of the core standards the organisation is expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months. The action plans will be monitored on a quarterly basis to demonstrate progress towards compliance.

Partnership Working with Commissioner and NHS England: The deputy director of nursing has undertaken a self-assessment against the core standards for emergency planning and this information has been shared with our lead commissioner and NHS England. Additional assurance has also been provided to the emergency planning officer at the CCG, this information has been reviewed and a joint presentation between CCG and DDN has been compiled and has been presented in October 2018 for peer review by LHRP.

Peer review by LHRP: The joint presentation was peer reviewed and discussed by the LHRP assurance process in October.

Attached to this summary is the 2018/19 EPPR template submitted to the CCG for review and the slides which formed the basis of the discussion at the peer review meeting (appendix 2&3).

Conclusion and recommendations

The current self -assessment identifies ten cores standards as amber and one red which require focussed work over the next 12 months. This gives a current compliance level of partial.

Although there is work to be done, none of these areas would impede our ability to respond to an incident or emergency. The commitment of QVH staff to supporting the organisation in a Major Incident Scenario was noted during the assurance meeting with NHSE.

It has been identified through this process again that additional resource to support the delivery of the EPRR agenda would benefit the organisation, to ensure attendance at all the relevant meeting and to deliver the specialist elements of emergency planning.

The work plan is reviewed via the clinical governance group and a six monthly update will go to the Quality and Governance Committee.

In addition, the board is required to publish the results of the assurance process within the annual reports.

The Board is requested to **note** the partial compliance rating and the contents of this report and appendices.

Appendix 1

NHS England

NHS England
Skipton House
80 London Road
SE1 6LH

30 July 2018

To: NHS Accountable Emergency Officers
NHS England Regional Directors
NHS England Regional Heads of EPRR
NHS England Regional Directors of Assurance and Delivery
NHS England Directors of Commissioning Operations
NHS England LHRP Co-chairs

Publications Gateway Reference: 08306

Dear colleague

Emergency Preparedness, Resilience and Response (EPRR) annual assurance process for 2018-19

I would like to thank organisations for their continued support during what has been another busy year for the emergency preparedness community.

As you will be aware, NHS England has a statutory requirement to formally assure itself of both our own, and the NHS in England's, EPRR readiness. This is provided through the EPRR annual assurance process. Assurance is a four stage process; we have produced the guidance enclosed to explain this in more detail, and assist organisations in completing their returns.

This letter notifies you of the start of stage one, the EPRR self assessment, initiating the 2018-19 EPRR assurance process. We have produced a self assessment tool organisations should use to complete this stage.

Core standards

The NHS England Core Standards for EPRR are the basis of the assurance process and have been reviewed this year. Changes include:

- Expanded focus on Business Continuity
- Revised formatting
- Removal of the CBRN (decontamination) equipment list

The Core Standards for EPRR, including the decontamination equipment list, are available on the NHS England website: http://www.england.nhs.uk/ourwork/eprr/.

Deep dive

The 2018-2019 EPRR annual assurance deep dive focusses on 'Command and Control'. The self assessment of these deep dive statements does not contribute to the organisation's overall EPRR assurance rating, and these should be reported separately.

Appendix 2

Ref	Domain	Standard	Detail	Specialist Providers	Evidence - examples listed below	Self assessment RAG Red = Not compliant with core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months. Amber = Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months. Green = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments (including organisational evidence)

1	**Governance**	**Appointed AEO**	The organisation has appointed an Accountable Emergency Officer (AEO) responsible for Emergency Preparedness Resilience and Response (EPRR). This individual should be a board level director, and have the appropriate authority, resources and budget to direct the EPRR portfolio. A non-executive board member, or suitable alternative, should be identified to support them in this role.	Y	• Name and role of appointed individual	Fully compliant				NR reviewed with CEO and AEO regarding delegated responsibility at LHRP. Section 1 of plan
2	**Governance**	**EPRR Policy Statement**	The organisation has an overarching EPRR policy statement. This should take into account the organisation's: • Business objectives and processes • Key suppliers and contractual arrangements • Risk assessment(s) • Functions and / or organisation, structural and staff changes.	Y	Evidence of an up to date EPRR policy statement that includes: • Resourcing commitment • Access to funds • Commitment to Emergency Planning, Business Continuity, Training, Exercising etc.	Fully compliant				amended post CCG review meeting to ensure it covers requirements, section 1 of plan

			The policy should: • Have a review schedule and version control • Use unambiguous terminology • Identify those responsible for making sure the policies and arrangements are updated, distributed and regularly tested • Include references to other sources of information and supporting documentation.							
3	**Governance**	**EPRR board reports**	The Chief Executive Officer / Clinical Commissioning Group Accountable Officer ensures that the Accountable Emergency Officer discharges their responsibilities to provide EPRR reports to the Board / Governing Body, no less frequently than annually. These reports should be taken to a public board, and as a minimum, include an overview on: • training and exercises undertaken	Y	• Public Board meeting minutes • Evidence of presenting the results of the annual EPRR assurance process to the Public Board	Fully compliant				Annual report, board report, QVH annual report

			by the organisation • business continuity, critical incidents and major incidents • the organisation's position in relation to the NHS England EPRR assurance process.							
4	**Governance**	**EPRR work programme**	The organisation has an annual EPRR work programme, informed by lessons identified from: • incidents and exercises • identified risks • outcomes from assurance processes.	Y	• Process explicitly described within the EPRR policy statement • Annual work plan	Fully compliant				Work Plan
5	**Governance**	**EPRR Resource**	The Board / Governing Body is satisfied that the organisation has sufficient and appropriate resource, proportionate to its size, to ensure it can fully discharge its EPRR duties.	Y	• EPRR Policy identifies resources required to fulfil EPRR function; policy has been signed off by the organisation's Board • Assessment of role / resources • Role description of EPRR Staff • Organisation structure chart • Internal Governance process chart including EPRR group	Partially compliant		EPO	6 months	Requires additional staffing resource or innovative ways of working to address and meet the need
6	**Governance**	**Continuous improvement process**	The organisation has clearly defined processes for capturing learning from	Y	• Process explicitly described within the EPRR policy statement	Fully compliant				Lessons learned

			incidents and exercises to inform the development of future EPRR arrangements.							
7	**Duty to risk assess**	**Risk assessment**	The organisation has a process in place to regularly assess the risks to the population it serves. This process should consider community and national risk registers.	Y	• Evidence that EPRR risks are regularly considered and recorded • Evidence that EPRR risks are represented and recorded on the organisations corporate risk register	Fully compliant				Risk assessment and CGG minutes September 2018
8	**Duty to risk assess**	**Risk Management**	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Y	• EPRR risks are considered in the organisation's risk management policy • Reference to EPRR risk management in the organisation's EPRR policy document	Fully compliant				Risk management policy, clinical governance group
9	**Duty to maintain plans**	**Collaborative planning**	Plans have been developed in collaboration with partners and service providers to ensure the whole patient pathway is considered.	Y	Partners consulted with as part of the planning process are demonstrable in planning arrangements	Fully compliant				Section 1 of plan
11	**Duty to maintain plans**	**Critical incident**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a critical incident (as per the EPRR Framework).	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements	Fully compliant				Emergency Plan

					• outline any staff training required					
12	**Duty to maintain plans**	**Major incident**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to a major incident (as per the EPRR Framework).	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Fully compliant				Emergency Plan
13	**Duty to maintain plans**	**Heatwave**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of heat wave on the population the organisation serves and its staff.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Fully compliant				Heatwave Plan

14	**Duty to maintain plans**	**Cold weather**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to the impacts of snow and cold weather (not internal business continuity) on the population the organisation serves.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Fully compliant				Winter Plan
15	**Duty to maintain plans**	**Pandemic influenza**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to pandemic influenza as described in the National Risk Register.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Fully compliant				Flu Plan
16	**Duty to maintain plans**	**Infectious disease**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to an infectious disease outbreak within the organisation or the community it serves, covering a range of	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment	Fully compliant				Infection control policy and outbreak policy

			diseases including Viral Haemorrhagic Fever. These arrangements should be made in conjunction with Infection Control teams; including supply of adequate FFP3.		requirements • outline any staff training required					
17	**Duty to maintain plans**	**Mass Countermeasures**	In line with current guidance and legislation, the organisation has effective arrangements in place to distribute Mass Countermeasures - including the arrangement for administration, reception and distribution, eg mass prophylaxis or mass vaccination. There may be a requirement for Specialist providers, Community Service Providers, Mental Health and Primary Care services to develop Mass Countermeasure distribution arrangements. These will be dependent on the incident, and as	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Fully compliant				Mass vaccination response tested during flu season

			such requested at the time. CCGs may be required to commission new services dependant on the incident.							
18	**Duty to maintain plans**	**Mass Casualty - surge**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to mass casualties. For an acute receiving hospital this should incorporate arrangements to increase capacity by 10% in 6 hours and 20% in 12 hours.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Fully compliant				Conops document and burns surge and escalation
19	**Duty to maintain plans**	**Mass Casualty - patient identification**	The organisation has arrangements to ensure a safe identification system for unidentified patients in emergency/mass casualty incident. Ideally this system should be suitable and appropriate for blood transfusion, using a non-sequential unique patient identification number and capture patient sex.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Fully compliant				Emergency Plan

20	**Duty to maintain plans**	**Shelter and evacuation**	In line with current guidance and legislation, the organisation has effective arrangements in place to place to shelter and / or evacuate patients, staff and visitors. This should include arrangements to perform a whole site shelter and / or evacuation.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Fully compliant				Site Evacuation plan and SRF plan. Discussion regarding mutual aid within Burns network for speciality transfer
21	**Duty to maintain plans**	**Lockdown**	In line with current guidance and legislation, the organisation has effective arrangements in place safely manage site access and egress of patients, staff and visitors to and from the organisation's facilities. This may be a progressive restriction of access / egress that focuses on the 'protection' of critical areas.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Fully compliant				Lockdown and terrorism policy for approval in October

22	**Duty to maintain plans**	**Protected individuals**	In line with current guidance and legislation, the organisation has effective arrangements in place to respond to manage 'protected individuals'; including VIPs, high profile patients and visitors to the site.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Partially compliant				To be covered in policy
23	**Duty to maintain plans**	**Excess death planning**	Organisation has contributed to and understands its role in the multiagency planning arrangements for excess deaths, including mortuary arrangements.	Y	Arrangements should be: • current • in line with current national guidance • in line with risk assessment • tested regularly • signed off by the appropriate mechanism • shared appropriately with those required to use them • outline any equipment requirements • outline any staff training required	Fully compliant				Although QVH does not have mortuary facilities, we would fully cooperate with the SRF policy and options to support with siting of temporary mortuary facility would be possible
24	**Command and control**	**On call mechanism**	A resilient and dedicated EPRR on call mechanism in place 24 / 7 to receive notifications relating to business continuity incidents, critical incidents and major incidents. This should provide	Y	• Process explicitly described within the EPRR policy statement • On call Standards and expectations are set out • Include 24 hour arrangements for alerting managers and other key staff.	Fully compliant				On call manager rota

			the facility to respond or escalate notifications to an executive level.							
25	**Command and control**	**Trained on call staff**	On call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf on the Chief Executive Officer / Clinical Commissioning Group Accountable Officer. The identified individual: • Should be trained according to the NHS England EPRR competencies (National Occupational Standards) • Can determine whether a critical, major or business continuity incident has occurred • Has a specific process to adopt during the decision making • Is aware who should be consulted and informed during decision making	Y	• Process explicitly described within the EPRR policy statement	Partially compliant	Training needs analysis and identification of relevant courses			Need commitment from on call managers to attend relevant external tactical or strategic training. Competent regarding internal escalation of incidents

			• Should ensure appropriate records are maintained throughout.							
26	**Training and exercising**	**EPRR Training**	The organisation carries out training in line with a training needs analysis to ensure staff are competent in their role; training records are kept to demonstrate this.	Y	• Process explicitly described within the EPRR policy statement • Evidence of a training needs analysis • Training records for all staff on call and those performing a role within the ICC • Training materials • Evidence of personal training and exercising portfolios for key staff	Fully compliant				training records
27	**Training and exercising**	**EPRR exercising and testing programme**	The organisation has an exercising and testing programme to safely test major incident, critical incident and business continuity response arrangements. Organisations should meet the following exercising and testing requirements: • a six-monthly communications test • annual table top exercise • live exercise at least once every three years • command post	Y	• Exercising Schedule • Evidence of post exercise reports and embedding learning	Fully compliant				live events, lockdown, comms test

			exercise every three years. The exercising programme must: • identify exercises relevant to local risks • meet the needs of the organisation type and stakeholders • ensure warning and informing arrangements are effective. Lessons identified must be captured, recorded and acted upon as part of continuous improvement.							
28	**Training and exercising**	**Strategic and tactical responder training**	Strategic and tactical responders must maintain a continuous personal development portfolio demonstrating training in accordance with the National Occupational Standards, and / or incident / exercise participation	Y	• Training records • Evidence of personal training and exercising portfolios for key staff	Partially compliant	Training needs analysis and identification of relevant courses			Need commitment from on call managers to attend relevant external tactical or strategic training. Competent regarding internal escalation of incidents

30	**Response**	**Incident Co-ordination Centre (ICC)**	The organisation has a preidentified an Incident Co-ordination Centre (ICC) and alternative fall-back location. Both locations should be tested and exercised to ensure they are fit for purpose, and supported with documentation for its activation and operation.	Y	• Documented processes for establishing an ICC • Maps and diagrams • A testing schedule • A training schedule • Pre identified roles and responsibilities, with action cards • Demonstration ICC location is resilient to loss of utilities, including telecommunications, and external hazards	Fully compliant				tested bimonthly
31	**Response**	**Access to planning arrangements**	Version controlled, hard copies of all response arrangements are available to staff at all times. Staff should be aware of where they are stored; they should be easily accessible.	Y	Planning arrangements are easily accessible - both electronically and hard copies	Fully compliant				Qnet, hard copy in IOCC and clinical areas
32	**Response**	**Management of business continuity incidents**	The organisations incident response arrangements encompass the management of business continuity incidents.	Y	• Business Continuity Response plans	Fully compliant				Impact assessment example
33	**Response**	**Loggist**	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical	Y	• Documented processes for accessing and utilising loggists • Training records	Partially compliant	LHRP identified issue with maintaining compete			Challenge with maintaining up to date loggists.

			incidents and major incidents.				nce, action moving forwards by LHRP.			
34	**Response**	**Situation Reports**	The organisation has processes in place for receiving, completing, authorising and submitting situation reports (SitReps) and briefings during the response to business continuity incidents, critical incidents and major incidents.	Y	• Documented processes for completing, signing off and submitting SitReps • Evidence of testing and exercising	Fully compliant				Centralised e mail address
37	**Warning and informing**	**Communication with partners and stakeholders**	The organisation has arrangements to communicate with partners and stakeholder organisations during and after a major incident, critical incident or business continuity incident.	Y	• Have emergency communications response arrangements in place • Social Media Policy specifying advice to staff on appropriate use of personal social media accounts whilst the organisation is in incident response • Using lessons identified from previous major incidents to inform the development of future incident response communications • Having a systematic process for tracking information flows and logging information requests and being able to deal with multiple requests for information as part of normal business processes • Being able to demonstrate	Fully compliant				Social Media Policy, comms and Emergency Plan

					that publication of plans and assessments is part of a joined-up communications strategy and part of your organisation's warning and informing work					
38	**Warning and informing**	**Warning and informing**	The organisation has processes for warning and informing the public and staff during major incidents, critical incidents or business continuity incidents.	Y	• Have emergency communications response arrangements in place • Be able to demonstrate consideration of target audience when publishing materials (including staff, public and other agencies) • Communicating with the public to encourage and empower the community to help themselves in an emergency in a way which compliments the response of responders • Using lessons identified from previous major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing	Fully compliant				As above, 24/7 comms support

39	**Warning and informing**	**Media strategy**	The organisation has a media strategy to enable communication with the public. This includes identification of and access to a trained media spokespeople able to represent the organisation to the media at all times.	Y	• Have emergency communications response arrangements in place • Using lessons identified from previous major incidents to inform the development of future incident response communications • Setting up protocols with the media for warning and informing • Having an agreed media strategy which identifies and trains key staff in dealing with the media including nominating spokespeople and 'talking heads'	Fully compliant				As above, 24/7 comms support
40	**Cooperation**	**LRHP attendance**	The Accountable Emergency Officer, or an appropriate director, attends (no less than 75%) of Local Health Resilience Partnership (LHRP) meetings per annum.	Y	• Minutes of meetings	Fully compliant				
41	**Cooperation**	**LRF / BRF attendance**	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with other responders.	Y	• Minutes of meetings • Governance agreement if the organisation is represented	Non compliant	To be addressed and delegated	EPO	6 months	

42	**Cooperation**	**Mutual aid arrangements**	The organisation has agreed mutual aid arrangements in place outlining the process for requesting, co-ordinating and maintaining resource eg staff, equipment, services and supplies. These arrangements may be formal and should include the process for requesting Military Aid to Civil Authorities (MACA).	Y	• Detailed documentation on the process for requesting, receiving and managing mutual aid requests • Signed mutual aid agreements where appropriate	Fully compliant				MOU - Winter Planning
46	**Cooperation**	**Information sharing**	The organisation has an agreed protocol(s) for sharing appropriate information with stakeholders.	Y	• Documented and signed information sharing protocol • Evidence relevant guidance has been considered, e.g. Freedom of Information Act 2000, General Data Protection Regulation and the Civil Contingencies Act 2004 'duty to communicate with the public'.	Fully compliant				Section 1 Emergency Plan
47	**Business Continuity**	**BC policy statement**	The organisation has in place a policy statement of intent to undertake Business Continuity Management System (BCMS).	Y	Demonstrable a statement of intent outlining that they will undertake BC - Policy Statement	Fully compliant				BCP

48	**Business Continuity**	**BCMS scope and objectives**	The organisation has established the scope and objectives of the BCMS, specifying the risk management process and how this will be documented.	Y	BCMS should detail: • Scope e.g. key products and services within the scope and exclusions from the scope • Objectives of the system • The requirement to undertake BC e.g. Statutory, Regulatory and contractual duties • Specific roles within the BCMS including responsibilities, competencies and authorities. • The risk management processes for the organisation i.e. how risk will be assessed and documented (e.g. Risk Register), the acceptable level of risk and risk review and monitoring process • Resource requirements • Communications strategy with all staff to ensure they are aware of their roles • Stakeholders	Fully compliant				BCP
49	**Business Continuity**	**Business Impact Assessment**	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Y	Documented process on how BIA will be conducted, including: • the method to be used • the frequency of review • how the information will be used to inform planning • how RA is used to support.	Partially compliant	All BIAs need review	EPO	12 months	
50	**Business Continuity**	**Data Protection and Security Toolkit**	Organisation's IT department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Statement of compliance	Partially compliant	Working towards			Email confirmation of pt assurance

51	**Business Continuity**	**Business Continuity Plans**	The organisation has established business continuity plans for the management of incidents. Detailing how it will respond, recover and manage its services during disruptions to: • people • information and data • premises • suppliers and contractors • IT and infrastructure These plans will be updated regularly (at a minimum annually), or following organisational change.	Y	• Documented evidence that as a minimum the BCP checklist is covered by the various plans of the organisation	Fully compliant				IT Recovery Plan
52	**Business Continuity**	**BCMS monitoring and evaluation**	The organisation's BCMS is monitored, measured and evaluated against the Key Performance Indicators. Reports on these and the outcome of any exercises, and status of any corrective action are annually reported to the board.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers	Fully compliant				Board report
53	**Business Continuity**	**BC audit**	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Audit reports	Fully compliant				Audit carried out in 2016 by internal auditors

54	**Business Continuity**	**BCMS continuous improvement process**	There is a process in place to assess and take corrective action to ensure continual improvement to the BCMS.	Y	• EPRR policy document or stand alone Business continuity policy • Board papers • Action plans	Fully compliant				BCP
55	**Business Continuity**	**Assurance of commissioned providers / suppliers BCPs**	The organisation has in place a system to assess the business continuity plans of commissioned providers or suppliers; and are assured that these providers arrangements work with their own.	Y	• EPRR policy document or stand alone Business continuity policy • Provider/supplier assurance framework • Provider/supplier business continuity arrangements	Fully compliant				BCP
56	**CBRN**	**Telephony advice for CBRN exposure**	Staff have access to telephone advice for managing patients involved in CBRN exposure incidents.	Y	Staff are aware of the number / process to gain access to advice through appropriate planning arrangements	Fully compliant				CBRN Policy and PHE guidance. Burns access to tx base and Guys poison unit
57	**CBRN**	**HAZMAT / CBRN planning arrangement**	There are organisation specific HAZMAT/ CBRN planning arrangements (or dedicated annex).	Y	Evidence of: • command and control structures • procedures for activating staff and equipment • pre-determined decontamination locations and access to facilities • management and decontamination processes for contaminated patients and fatalities in line with the latest guidance • interoperability with other relevant agencies • plan to maintain a cordon /	Fully compliant				CBRN plan plus ongoing dialogue regarding requirement particularly burns related

					access control • arrangements for staff contamination • plans for the management of hazardous waste • stand-down procedures, including debriefing and the process of recovery and returning to (new) normal processes • contact details of key personnel and relevant partner agencies					
58	**CBRN**	**HAZMAT / CBRN risk assessments**	HAZMAT/ CBRN decontamination risk assessments are in place appropriate to the organisation. This includes: • Documented systems of work • List of required competencies • Arrangements for the management of hazardous waste.	Y	• Impact assessment of CBRN decontamination on other key facilities	Partially compliant	Awaiting external support			E mail from Louise Marchant, consider adding QVH CBRN response of MIU

60	**CBRN**	**Equipment and supplies**	The organisation holds appropriate equipment to ensure safe decontamination of patients and protection of staff. There is an accurate inventory of equipment required for decontaminating patients. • Acute providers - see Equipment checklist: https://www.england.nhs.uk/ourwork/eprr/hm/ • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011) (found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf) • Initial Operating Response (IOR) DVD and other material: http://www.jesip.org.uk/what-will-jesip-	Y	Completed equipment inventories; including completion date	Fully compliant				As above

			do/training/							
66	**CBRN**	**Training programme**	Internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programme should include training for PPE and decontamination.	Y	Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • A range of staff roles are trained in decontamination techniques • Lead identified for training • Established system for refresher training	Partially compliant	Collaboration with ambulance trust to train MIU			As above

68	**CBRN**	**Staff training - decontamination**	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Y	Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011). Found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf • A range of staff roles are trained in decontamination technique	Partially compliant	Collaboration with ambulance trust to train MIU			As above
69	**CBRN**	**FFP3 access**	Organisations must ensure staff who may come into contact with confirmed infectious respiratory viruses have access to FFP3 mask protection (or equivalent) 24 / 7.	Y		Fully compliant				Confirmed with IPACT colleagues

Ref	Domain	Standard	Detail	Specialist Providers	Evidence - examples listed below	Self assessment RAG Red = Not compliant with core standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months. Amber = Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months. Green = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments

Deep Dive - Command and control										
Domain: Incident Coordination Centres										
1	**Incident Coordination Centres**	**Communication and IT equipment**	The organisation has equipped their ICC with suitable and resilient communications and IT equipment in line with NHS England Resilient Telecommunications Guidance.	Y		Fully compliant				
2	**Incident Coordination Centres**	**Resilience**	The organisation has the ability to establish an ICC (24/7) and maintains a state of organisational readiness at all times.	Y	Up to date training records of staff able to resource an ICC	Fully compliant				1:1 training
3	**Incident Coordination Centres**	**Equipment testing**	ICC equipment has been tested every three months as a minimum to ensure functionality, and corrective action taken where necessary.	Y	Post test reports Lessons identified EPRR programme	Fully compliant				Tested monthly
4	**Incident Coordination Centres**	**Functions**	The organisation has arrangements in place outlining how its ICC will coordinate its functions as defined in the EPRR Framework.	Y	Arrangements outline the following functions: Coordination Policy making Operations Information gathering Dispersing public information.	Fully compliant				

Domain: Command structures										
5	**Command structures**	**Resilience**	The organisation has a documented command structure which establishes strategic, tactical and operational roles and responsibilities 24 / 7.	Y	Training records of staff able to perform commander roles EPRR policy statement - command structure Exercise reports	Partially compliant				Training needs for on call managers
6	**Command structures**	**Stakeholder interaction**	The organisation has documented how its command structure interacts with the wider NHS and multi-agency response structures.	Y	EPRR policy statement and response structure	Fully compliant				
7	**Command structures**	**Decision making processes**	The organisation has in place processes to ensure defensible decision making; this could be aligned to the JESIP joint decision making model.	Y	EPRR policy statement inclusive of a decision making model Training records of those competent in the process	Fully compliant				
8	**Command structures**	**Recovery planning**	The organisation has a documented process to formally hand over responsibility from response to recovery.	Y	Recovery planning arrangements involving a coordinated approach from the affected organisation(s) and multi-agency partners	Fully compliant				

Appendix 3

Sussex Local Health Resilience Partnership
EPRR Assurance 2018/19: **Provider's summary**

Organisation:	Queen Victoria Hospitals Trust
Accountable Emergency Officer (AEO):	Jo Thomas
EPRR lead:	Nicola Reeves
Date of Sign Off by Governing Body:	Next Available Board Meeting
Compliance achieved:	Partial

	Core Standard	Example of Good Practice
Areas of Strength (1)	CS3 – EPRR Board Reports	Evidence of regular reporting to the board and incorporation of EPRR within annual reports.
Areas of Strength (2)	CS30 Incident Control centre	Evidence of ability to fall back to a secondary control centre hosted by private hospital on same site. Innovative solution.
Areas of Strength (3)	CS46 – Information Sharing	Information sharing protocol included with part 1 of the emergency plan.
	Core Standard	**Key areas for improvement**
Areas for improvement (1)	CS41 – LRF Attendance	Organisation required to engage more with the LRF going forward
Areas for improvement (2)	CS6 – Organisation has appropriate EPRR resources	It is considered that greater EPRR resources are required within the trust. Perhaps seek "buddy" arrangements with local partners
Areas for improvement (3)	CS22 – Duty to protect individuals	Further plans required to manage patients who are protected individuals (VIPS etc)

Sussex LHRP Exec Group meeting: 8th October 2018

Sussex Local Health Resilience Partnership
EPRR Assurance 2018/19: **Provider's summary; Deep dive**

Organisation:	Queen Victoria Hospitals Trust
Accountable Emergency Officer (AEO):	Jo Thomas
EPRR lead:	Nicola Reeves
Date of Sign Off by Governing Body:	Next Available Board Meeting
Compliance achieved:	Partial

'Deep dive'	Core Standard	Example of Good Practice
Areas of Strength (1)	**DD2** – Organisation is able to establish an ICC 24/7	Resilient communication guidance is not yet available and nationally each organisation must mark this as partially compliant
Areas of Strength (2)	**DD3** - equipment testing	Trust can demonstrate that that equipment is tested each month.
	Core Standard	**Key areas for improvement**
Areas for improvement (1)	**DD1** – ICC communication Equipment	• Resilient communication guidance is not yet available and nationally each organisation must mark this as partially compliant
Areas for improvement (2)	**DD5** – Organisation has a document structure establishing strategic, tactical and operational roles	• Additional training is required for on call managers.

Sussex LHRP Exec Group meeting: 8th October 2018

KSO3 – Operational Excellence

Risk Owner – Director of Operations
Date last reviewed 12 December 2018

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 and challenge with long wait patients
- Performance challenges across OMFS, plastics and eyes
- Spoke site links and pathways
- Vacancy levels in theatre staffing and theatre capacity
- Vacancy levels in sleep
- Service Manager vacancies
- Administrative vacancies including appointments team
- Variable trust wide booking and scheduling processes
- Late referrals from referring organisations

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 to developed a non RTT PTL
- RTT recovery plan in place
- System task and finish group (now monthly)
- Trajectories developed for delivery of RTT position
- Repatriation ongoing of low complexity patients for dental
- Waiting list validation complete and signed off by NHSI
- 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;
- 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 service manager posts complete
- Demand and capacity modelling complete for plastics, OMFS and eyes now complete supported by IST

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
- 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
- Managerial capacity

KSO 4 – Financial Sustainability

Risk Owner: Director of Finance & Performance
Committee: Finance & Performance
Date last reviewed: 18th December 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 8)

- Deficit £3.4m deficit/ £0.3m surplus plan
- CIP forecast delivery - (current material gap - £1.8m YTD variance on plan, yet to be identified £2.1m)
- Finance & Use of resources – 3 (planned 2)
    - Capital Service cover - 2
    - Liquidity -1
    - I&E Margin –1
    - I&E Margin Var from plan – 4
    - 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 reviewed
- Weekly activity information per Business unit, specialty and POD
- Refreshed Operating Plan submitted (Sept 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, development into service line reporting.
- Enhanced pay and establishment controls including performance against the agency cap
- Finance and procurement training to budget holders
- Establishment review and reconciliation between the ledger and ESR
- Revised forecast to be resubmitted to NHSI in January post board approval

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**3 January 2019**		**Agenda reference:**	**18-19**	
Report title:	**Finance and performance committee assurance**				
Sponsor:	John Thornton				
Author:	John Thornton				
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 *[highlight **one** only]*	Approval	Information	**Discussion**	Assurance	Review
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:					
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance route					
Previously considered by:					
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:					

Report to: Board of Directors
Meeting date: 3 January 2019
Reference no: 18-19
Report from: John Thornton, Committee Chair
Report date: 18 December 2018

Finance and performance assurance report

1. Operational performance

Due to the early date of the committee a shortened report was provided.

Information provided at the meeting showed that both our RTT 18 week percentage and our number of 52 week waiters were in line with our agreed plan and trajectory as at the end of November. The targets were achieved in aggregate and within each service line. This is encouraging although we are of course a long way from standard national targets.

For the first time we were presented with a month by month performance and plan for the number of elective theatre sessions completed against the total available. This showed a 40% reduction in cancelled sessions since September and that on average each week we were only losing 2 out of the possible 80 sessions across 8 theatres.

The other part of the utilisation assessment is to track the number of minutes used in each session against the maximum available. This will be provided to next F&P together with the number of cases handled.

Staffing levels and possible patient cancellations over the holiday period will make the next month a challenge. The committee is seeking assurance that the improvements seen won't be lost when the direct support of 'Four Eyes' and NHSI is withdrawn.

2. Workforce performance

Recruitment was strong in the last month and WTE staff in post is at an all-time high. Plastics is actually above its establishment figure. When we add Bank and Agency numbers to substantive staff and take account of overtime we are probably running close to full establishment. This is an unusual situation.

Committee was concerned that there hasn't been a reduction in agency/bank to reflect the recruitment levels. Pay for substantive staff was over budget for the month but we still have a significant cost for temporary staff.

Committee was given assurance that all appointments of new substantive or temporary staff are now challenged and signed off at senior executive level. Committee was advised that the last few weeks had seen a reduction in agency staff.

3. Financial performance

Patient activity income levels continue to be flat year on year and given that the budget included income uplifts in H2 we are now well behind the annual run rate. Despite the increasing activity levels no assurance can be given that activity income is likely to increase at the required level to meet the budget.

At the same time both pay and non pay are significantly over budget for the month. Committee recognises that some of the overspend is due to the failure to deliver the agreed cost savings within the CIPP budget. But there is also significant overspend in clinical service and supplies, and drugs. Committee was provided with information on where the cost overspends had occurred. But there was limited explanation on why the overspend has occurred and what controls will be put in place to ensure that it is brought back in line.

Finance are building a picture of the underlying run rate for the last 18 months (excluding major one offs) to show when and where cost movements have occurred. A detailed reforecast for the full year is also being put together for submission to NHSI in January. As the reforecast won't be ready for the January Board meeting and the next F&P isn't until after the submission is due, a separate board meeting/call will be arranged to agree the reforecast.

Due to the deteriorating financial performance the committee requested that there is increased focus on our cash position at future meetings. It was also agreed that the current BAF risk rating for financial sustainability will need to be reviewed at the time of the reforecast.

5. EDM Update

Additional resource has been recruited and progress has been made on clearing some of the operational challenges. A follow up clinical review has been completed which showed improvement but still a number of significant risks.

One of the major risks is that the system is only used by half of the hospital, but roll out cannot be completed until all of the processes are considered safe. Current target date for continuing the roll out is May 2019. But there isn't yet a clear plan of how some of the obstacles will be removed.

6. Estates Strategy

The possible sale of land for development has not formed part of our operational budget for this year, but it has been considered as part of our longer term plan for development of the site to improve patient experience. Given the reduced levels of money likely to be released to the hospital and the increasing size of our likely operational deficit, it is now likely that any funds generated from a land sale would be absorbed by the deficit with no scope for investment.

John Thornton
Chair

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**3 January 2019**		**Agenda reference:**	**19-19**	
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: • Performance against revised trajectories for 18/19 • Delivery of MIU 4 hour wait standard • In month challenges in regard to delivery of diagnostic standards in within month pressures in ultrasound • Delivery of 2WW and 31 day standard • Ongoing implementation of eRS (electronic referral) hard paper switch off • Inclusion of histology update within the report				
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

DECEMBER 2018

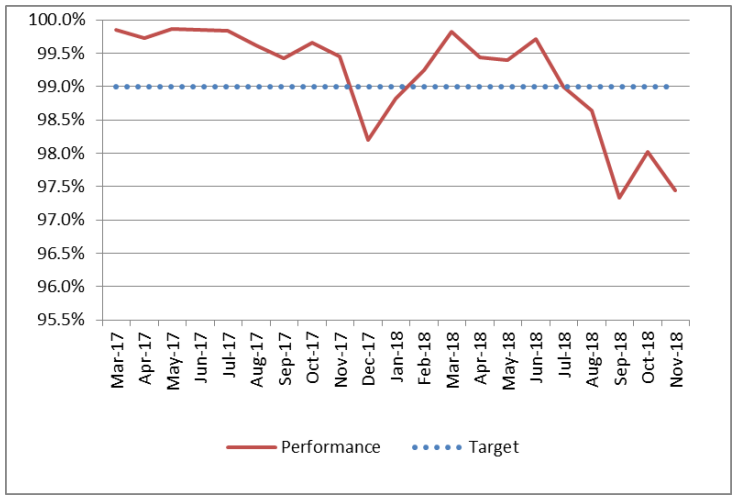
BOARD VERSION

Summary

Key items to note in the operational report are:

- Performance against revised trajectories for 18/19
- Delivery of MIU 4 hour wait standard
- In month challenges in regard to delivery of diagnostic standards in with in month pressures in ultrasound
- Delivery of 2WW and 31 day standard
- Ongoing implementation of eRS (electronic referral) hard paper switch off
- Inclusion of histology update within the report

Diagnostic Waits (DM01)



(Last reporting period – Oct18) 98.02%			(This reporting period – Nov 18) 97.44%		
Modality / test	Breaches	Perf.	Modality / test	Breaches	Perf.
CT	11	93.33%	CT	12	92.11%
ECHOCARDIOGRAPHY	0	100%	ECHOCARDIOGRAPHY	0	100%
MRI	2	98.50%	MRI	2	98.89%
NON-OBSTETRIC ULTRASOUND	0	100.00%	NON-OBSTETRIC ULTRASOUND	11	98.45%
SLEEP STUDIES	10	88.64%	SLEEP STUDIES	3	94.12%

Performance commentary	Forward look / performance risks
Diagnostic Imaging - CT: All 12 breaches due to delays with outsourced CT provider. - MRI: 2 cases, both not suitable for in house provide and delays with outsourced providers - Ultrasound – Unexpected sickness with sonography team led to a number of cancelled sessions	**Diagnostic imaging** – Onsite CT scanner went live on 10th Dec 2018 which will slowly improve the CT breach performance. Cardiac CT may remain an issue and a solution for Cardiac CT is being explored with private provider. Further breaches in outsourced CT are possible until Jan 2018. **Ultrasound** - Increasing demand coupled with sickness has caused an increase in waiting times for Ultrasound with anticipated 6 week breaches in December. Cover via bank and agency is being explored and fully utilising establishment vacancy, however significant increased capacity not available until January.
Sleep Studies – Polysomnography study breaches due to reduced capacity from technician vacancies.. Where additional capacity has become available in the month with agency cover, several patients declined an offer to bring their original appointment forward.	**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 3 breaches in December, no current breaches identified for January.

Histology

Complete - As is reporting 2 months in arrear

	TOTAL SPECIMENS RECEIVED	<7 days	<7 day % (Target 80%)	<10 days	<10 day % (Target 90%)	Total Cases Reported
SEP	1310	503	61%	77	70%	829
OCT	1635	685	57%	160	71%	1196
Target			80%		90%	

Performance commentary	Forward look / performance risks
• Lab received highest number of specimens in last 3 years in October (Average number of specimens per month is 1365) • 1 Consultant on Annual leave for 1 week in Oct which impacted performance • Large resections with bone are longer wait patients. Cases required decalcification and take >20days to report	• Currently working on a new Histopathology reporting strategy which involves the training of a senior (Band 7) Biomedical scientist to report straightforward cases as part of a conjoint Royal College of Pathologists/ Institute of Biomedical Sciences qualification. This will provide some mitigation of workforce/ caseload mismatch but is only for skin

RTT Performance against plan

Trust wide	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTT plan							74.1%	74.6%	74.6%	75.3%	76.2%	77.3%
RTT Actual	73.98%	75.92%	74.36%	74.48%	74.66%	74.04%	75.58%	**75.86%**				
52 weeks plan					136	127	125	113	100	91	68	60
52 weeks actual Oct				145	135	127	120	95				

Eyes	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTT Plan							76.8%	76.6%	76.6%	77.2%	77.9%	78.5%
RTT Actual	88.92%	88.77%	83.54%	80.99%	79.64%	78.40%	78.02%	**76.63%**				
52 weeks plan								12	12	6	0	0
52 weeks actual Oct							14	8				

OMFS	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTT Plan							64.5%	65.3%	65.3%	66.4%	67.7%	69.2%
RTT Actual	62.8%	64.1%	63.7%	63.5%	64.6%	64.0%	65.53%	**65.49%**				
52 weeks plan								56	48	45	34	30
52 weeks actual							61	46				

Plastics	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTT Plan							77.3%	77.2%	77.2%	77.3%	77.4%	77.7%
RTT Actual	76.0%	79.5%	77.8%	78.0%	77.8%	77.5%	79.36%	**79.95%**				
52 weeks plan - Breast								20	15	16	16	14
52 week plan plastics - Other								25	23	20	16	14
Total								45	38	36	32	28
52 weeks actual							45	41				

Sleep	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTT Plan							92.7%	91.6%	91.6%	90.3%	89.0%	87.8%
RTT Actual	98.1%	97.9%	95.7%	95.3%	94.5%	93.8%	91.8%	**92.42%**				
52 weeks plan							0	0	0	0	0	0
52 weeks actual							0	0				

Clinical Support	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
RTT Plan							95.9%	95.9%	95.9%	95.9%	95.9%	95.9%
RTT Actual	95.38%	97.14%	91.25%	96.27%	95.94%	94.88%	94.74%	**95.00%**				
52 weeks								0	0	0	0	0
52 weeks actual							0	0				

The trust delivered against all the agreed trajectories with the exception of clinical support however performance still remains above the national standard of 92%.

RTT18 – Incomplete pathways

Trust level performance

Weeks wait	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	change	Performance change
0-17 (<18)	10977	10862	10823	11389	11078	↓	-311
18-30	2390	2211	2477	2425	2420	↓	-5
31-40	821	896	827	809	697	↓	-112
41-51	405	445	363	325	313	↓	-12
>52	145	135	127	120	95	↓	-25
							0
Total Pathways	14738	14549	14617	15068	14603	↓	-465
Breaches	3761	3687	3794	3679	3525	↓	-154
Performance	74.48%	74.66%	74.04%	75.58%	75.86%	↑	0.28%
Clock starts		3339	3132	3870	3272	↓	-598

In month there has been an improvement in trust performance and fall in overall breaches and 52 week waits. There has been a decrease in the overall waiting list size.

Speciality performance

	SUMMARY:RTT INCOMPLETE PATHWAYS (Nov 18)									
	Speciality	<18	18-30	31-40	41-51	>52	Total	Perf This Month - Nov	Perf Last Month - Oct	Perf Change
	Plastic Surgery	3233	511	168	91	41	4044	79.95%	79.36%	↑
	Ophthalmology	1994	475	102	23	8	2602	76.63%	78.02%	↓
	Oral Surgery	3729	1298	422	199	46	5694	65.49%	65.53%	↓
	Sleep	1085	89				1174	92.42%	92.06%	↑
	Clinical Support	912	44	4			960	95.00%	94.84%	↑

RTT18 – Incomplete pathways – patients waiting 40 weeks +

Patients 40wks+ with Open Pathways

Reported Speciality	August			September			October			November		
	Total 40 wks+	With DTA	No DTA	Total 40 wks+	With DTA	No DTA	Total 40 wks+	With DTA	No DTA	Total 40 wks+	With DTA	No DTA
Oral Surgery	407	236	171	362	220	142	298	174	124	274	137	137
Plastic Surgery	143	92	51	147	107	40	119	80	39	141	90	51
Opthamology	22	20	2	36	31	5	28	27	1	36	33	3
ENT	1	0	1	1	1	0	0	0	0	0	0	0
Cardiology	2	0	2	0	0	0	0	0	0	0	0	0
Trauma & Othopaedic	0	0	0	0	0	0	0	0	0	0	0	0
Rheumatology	1	0	1	1	0	1	0	0	0	1	0	1
Other	4	0	4	1	0	1	0	0	0	0	0	0
Total	**580**	**348**	**232**	**548**	**359**	**189**	**445**	**281**	**164**	**452**	**260**	**192**

Reported Speciality	August			September			October			November		
	Total 40 wks+	With TCI date	No Date	Total 40 wks+	With TCI date	No Date	Total 40 wks+	With TCI date	No Date	Total 40 wks+	With TCI date	No Date
Oral Surgery	407	93	314	362	79	283	*298*	125	173	274	93	181
Plastic Surgery	143	56	87	147	68	79	119	51	68	141	61	80
Opthamology	22	10	12	36	19	17	28	16	12	36	23	13
ENT	1		1	1	1		0	0	0	0	0	0
Cardiology	2		2	0			0	0	0	0	0	0
Trauma & Othopaedic	0			0			0	0	0	0	0	0
Rheumatology	1		1	1		1	0	0	0	1	0	1
Other	4	1	3	1		1	0	0	0	0	0	0
Total	**580**	**160**	**420**	**548**	**167**	**381**	**445**	**192**	**253**	**452**	**177**	**275**

RTT Clock starts and stops

In Month RTT Clock Starts				
Reported Specialty	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**
Oral Surgery	1176	1072	1306	960
Plastic Surgery	1051	917	1066	971
Ophthalmology	414	530	581	546
Other	337	390	420	373
Ear, Nose & Throat (ENT)	307	181	445	337
Cardiology	39	33	37	76
Trauma & Orthopaedics	9	1	4	3
Rheumatology	6	8	11	6
Total	**3339**	**3132**	**3870**	**3272**

RTT clock starts have fallen in month whereas both admitted and non admitted pathways have seen a rise in clock starts.

In Month Clock Stops Non Admitted				
Reported Specialty	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**
Oral Surgery	726	819	859	805
Plastic Surgery	477	381	434	485
Other	194	136	169	137
Ear, Nose & Throat (ENT)	151	299	262	359
Ophthalmology	120	111	103	103
Cardiology	35	17	43	47
Trauma & Orthopaedics	5	6	5	2
Rheumatology	5	8	9	20
Total	**1713**	**1777**	**1884**	**1957**

In Month Clock Stops Admitted				
Reported Specialty	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**
Plastic Surgery	432	369	519	491
Ophthalmology	240	240	224	213
Oral Surgery	177	179	230	278
Other	107	100	111	127
Ear, Nose & Throat (ENT)	7	20	10	8
Total	**963**	**908**	**1094**	**1117**

RTT18 – Key actions

Reporting, governance and grip

- Weekly PTL is ongoing with amended process for 52 week forecast to enable increased management and grip
- System task and finish and assurance calls ongoing

Repatriation and outsourcing

- Repatriation of patients to iMOS providers continues. Waiting list to now be reviewed in line with agreed revised SOP and acceptance criteria for patients

Capacity

- Capacity and demand analysis is now complete for OMFS, plastics and eyes.
- Additional capacity ongoing for OMFS at Uckfield and plans ongoing to mobilise additional capacity at Sidcup for the treatment of patients attending the Dartford spoke site.
- Additional capacity is in place at the Independent Sector which has started in October and further lists are planned
- A part time breast locum is in place
- An associate specialist post has been funded and is being recruited to.
- The current OMFS locum post holder has resigned and a replacement starts in January

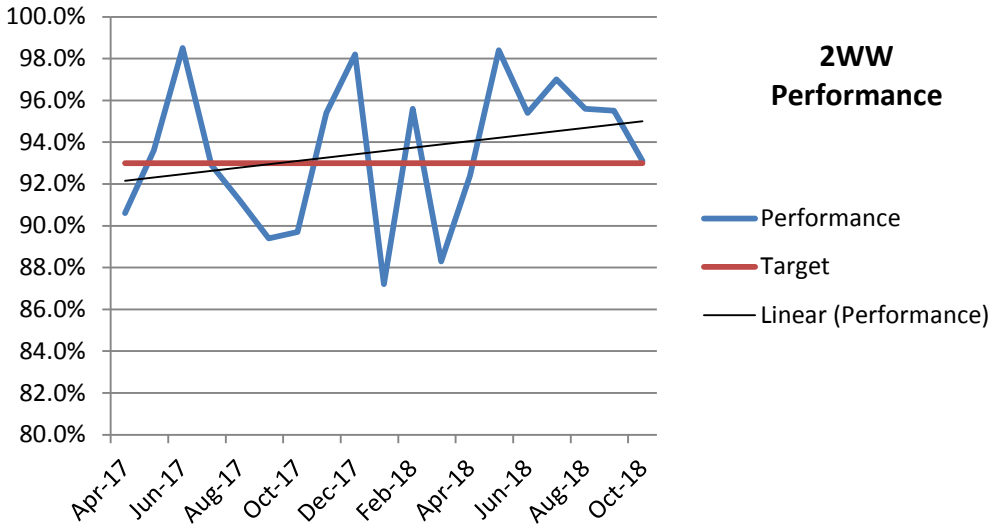
Pathways

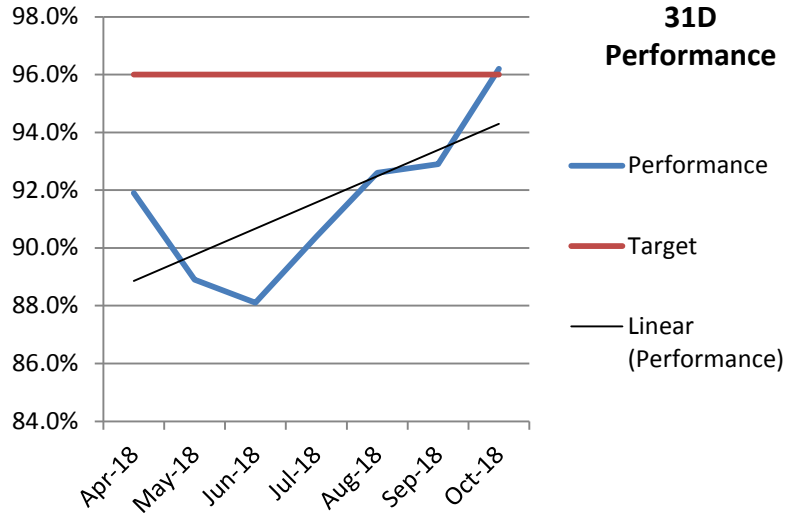
- Weekly dental task and finish group in place. Online triage went live on 19th November. Identified focus on multiple referrals and potential change for diagnostics in pathway
- Process redesign planned for January 2019

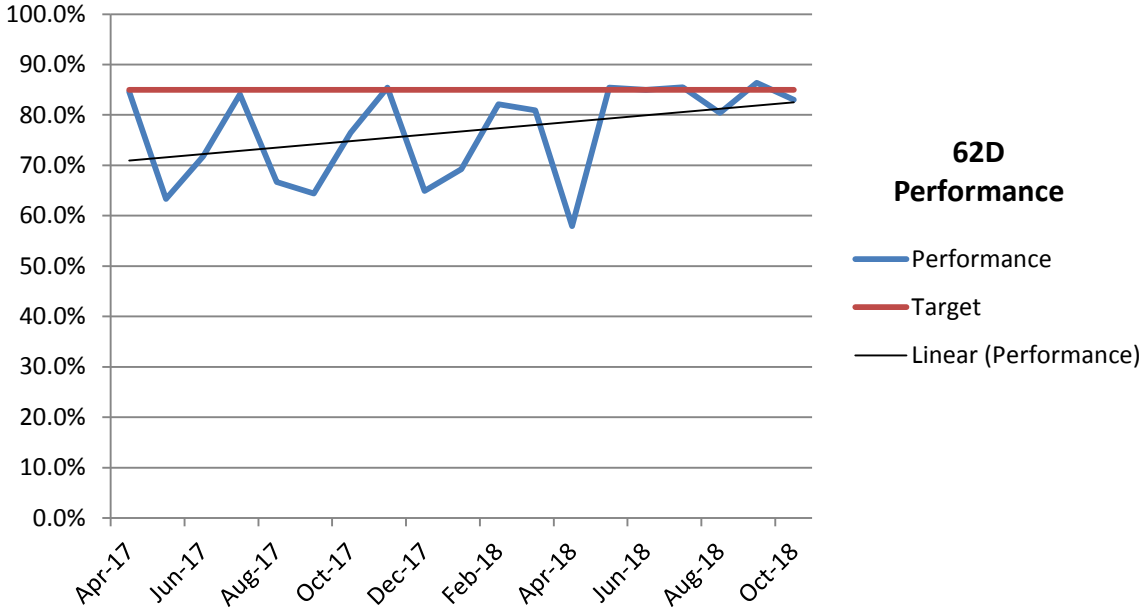
Theatre Efficiency

- Theatre utilisation programme in the trust led by Four Eyes. Trust reporting dashboard is under development

Cancer standards



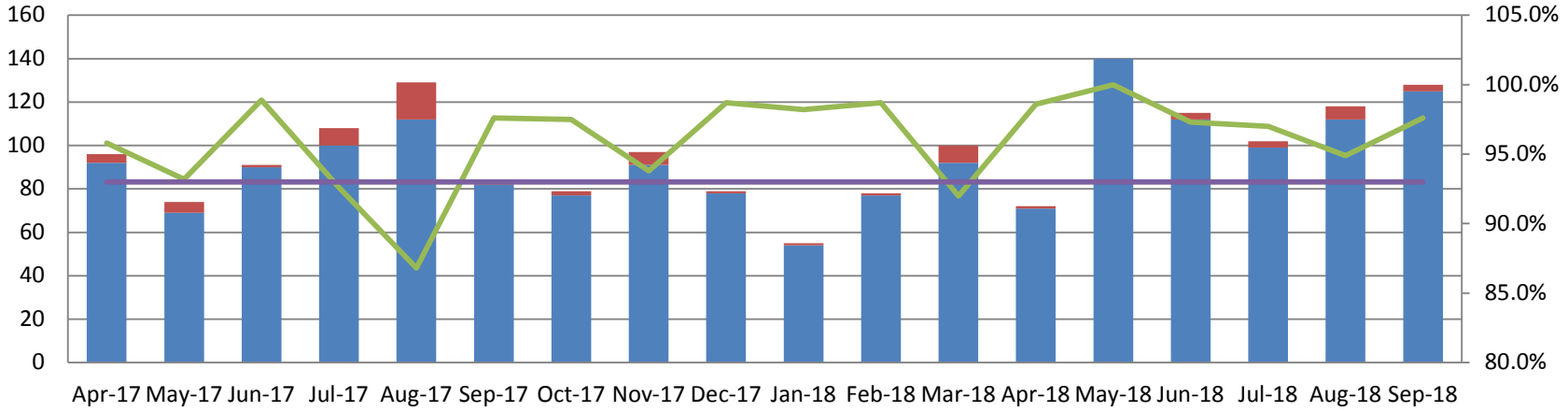




Ongoing focus on cancer standards. 2ww and 31 day met in month.

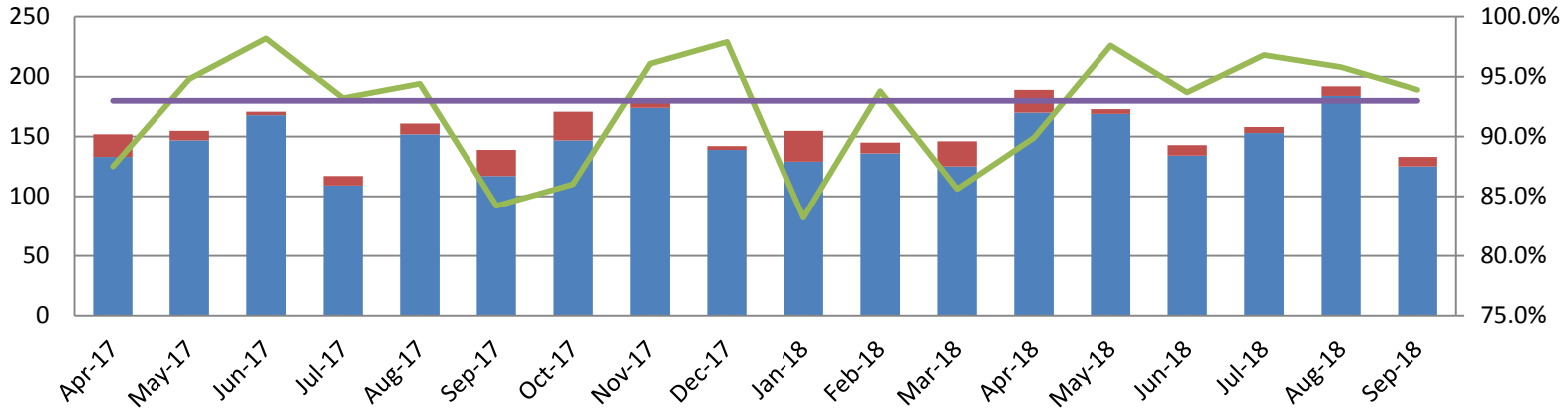
62 day standard performance was not met in month due to late referrals into the service. Work is underway with the support of the Surrey and Sussex Cancer Alliance to map the head and neck pathways for head and neck to address system pathway delays.

Skin Two Week Wait Performance



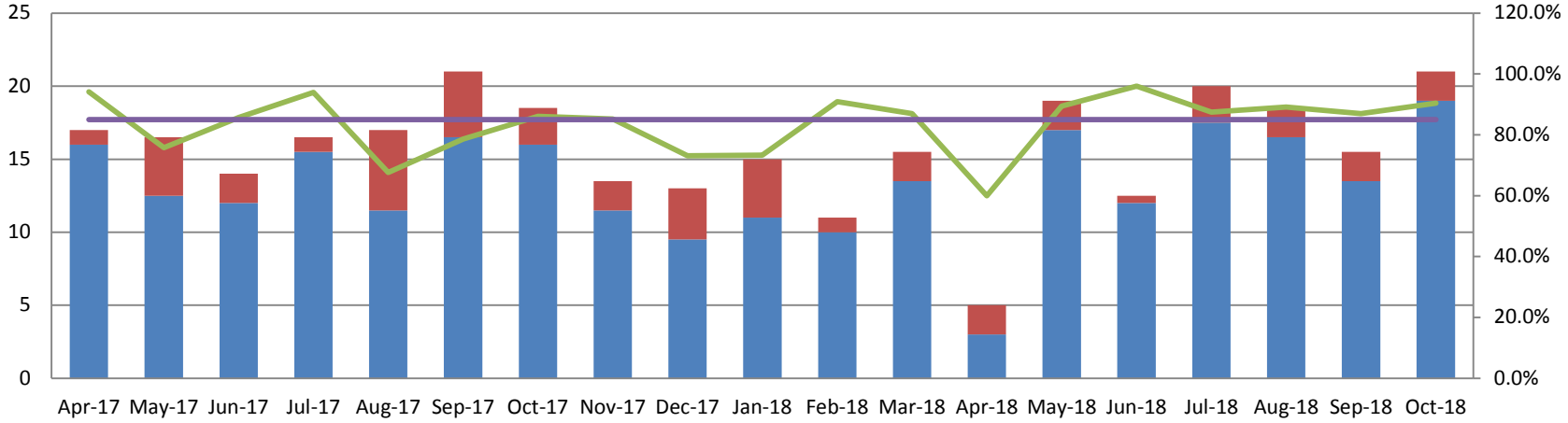
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Breaches	4	5	1	8	17	2	2	6	1	1	1	8	1	0	3	3	6	3
Total	92	69	90	100	112	82	77	91	78	54	77	92	71	140	112	99	112	125
Performance	95.8%	93.2%	98.9%	92.6%	86.8%	97.6%	97.5%	93.8%	98.7%	98.2%	98.7%	92.0%	98.6%	100.0%	97.3%	97.0%	94.9%	97.6%
National Standard	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

Head and Neck Two Week Wait Performance



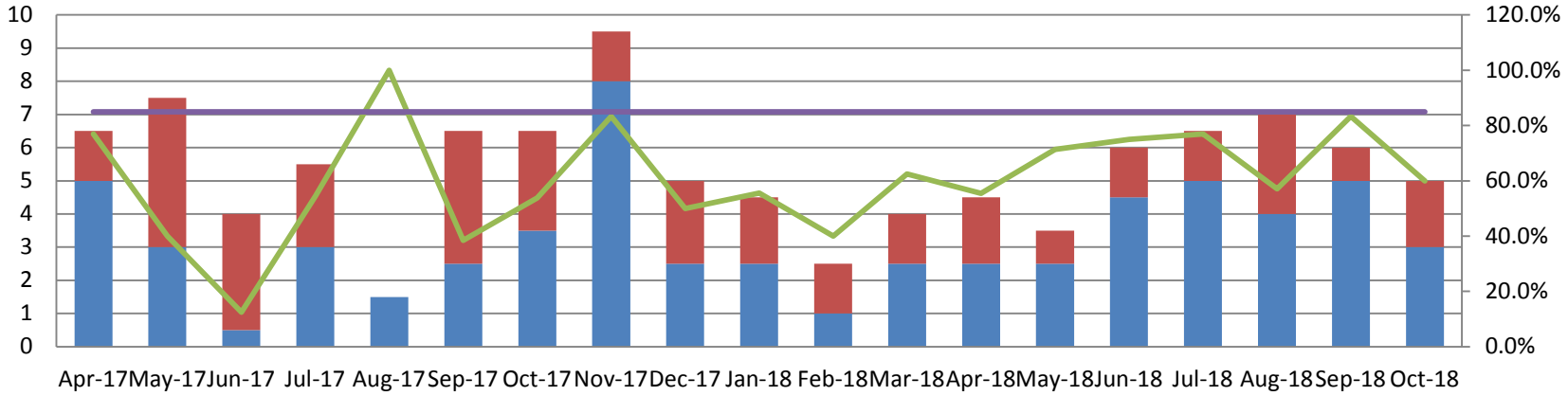
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Breaches	19	8	3	8	9	22	24	7	3	26	9	21	19	4	9	5	8	8
Total	133	147	168	109	152	117	147	174	139	129	136	125	170	169	134	153	184	125
Performance	87.5%	94.8%	98.2%	93.2%	94.4%	84.2%	86.0%	96.1%	97.8%	83.2%	93.8%	85.6%	89.9%	97.6%	93.7%	96.8%	95.8%	93.9%
National Standard	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

Skin 62 Day Referral to Treatment



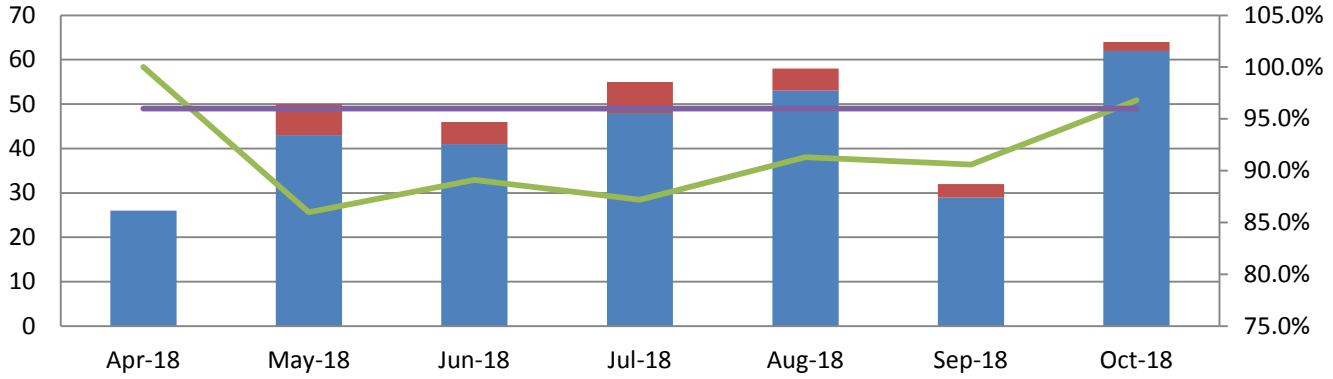
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Breached	1	4	2	1	5.5	4.5	2.5	2	3.5	4	1	2	2	2	0.5	2.5	2	2	2
Compliant	16	12.5	12	15.5	11.5	16.5	16	11.5	9.5	11	10	13.5	3	17	12	17.5	16.5	13.5	19
Performance	94.1%	75.8%	85.7%	93.9%	67.6%	78.6%	86.1%	85.2%	73.1%	73.3%	90.9%	87.0%	60.0%	89.4%	96.0%	87.5%	89.1%	87.0%	90.4%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Head and Neck 62 Day Referral to Treatment



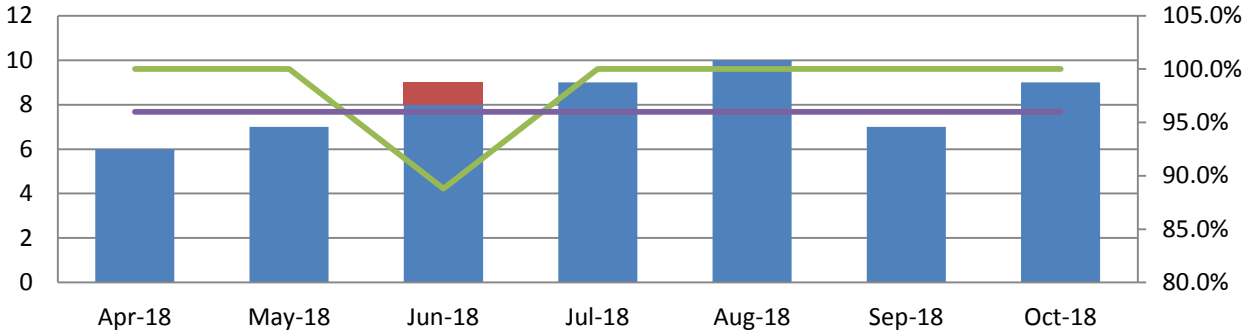
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Breached	1.5	4.5	3.5	2.5	0	4	3	1.5	2.5	2	1.5	1.5	2	1	1.5	1.5	3	1	2
Compliant	5	3	0.5	3	1.5	2.5	3.5	8	2.5	2.5	1	2.5	2.5	2.5	4.5	5	4	5	3
Performance	76.9%	40.0%	12.5%	54.5%	100.0%	38.5%	53.8%	83.3%	50.0%	55.6%	40.0%	62.5%	55.5%	71.4%	75.0%	76.9%	57.1%	83.3%	60.0%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Skin Maximum 31 day - decision to treat to first definitive treatment



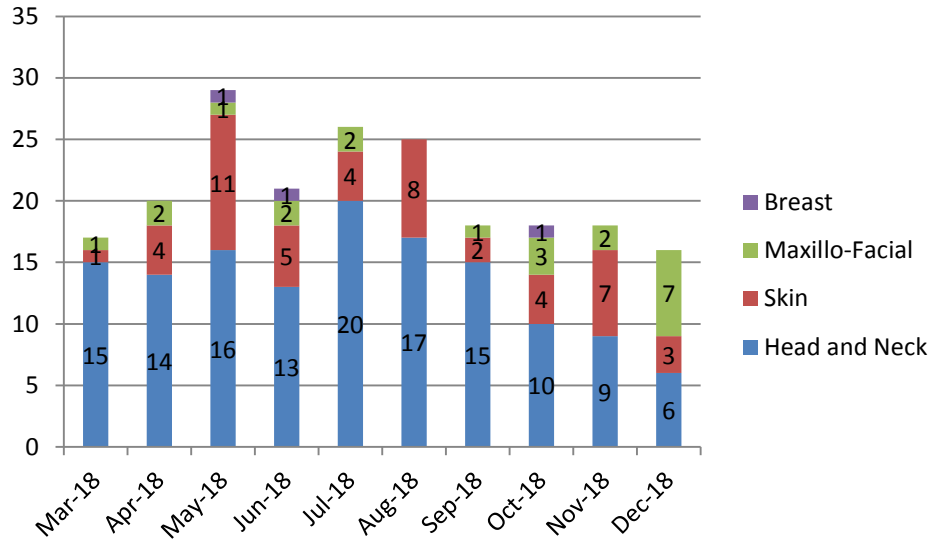
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Breached	0	7	5	7	5	3	2
Compliant	26	43	41	48	53	29	62
Performance	100.0%	86.0%	89.1%	87.2%	91.3%	90.6%	96.8%
National Standard	96%	96%	96%	96%	96%	96%	96%

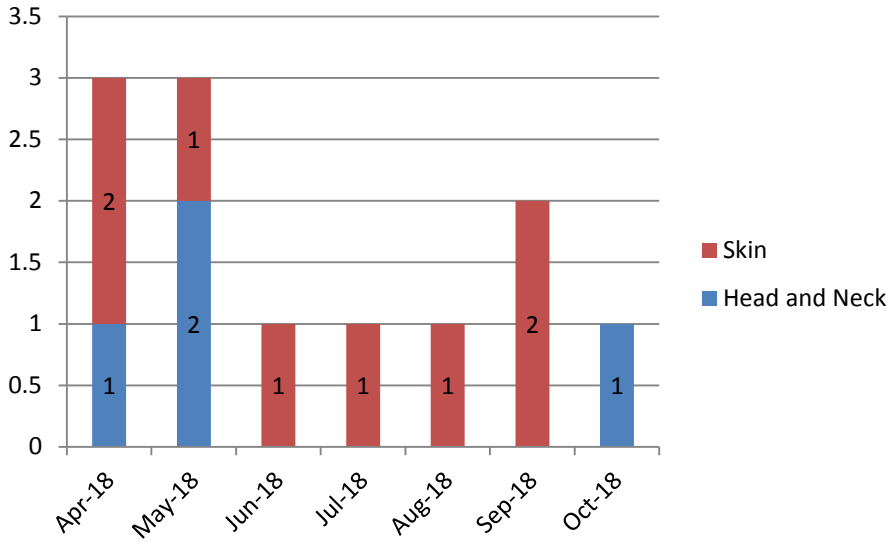
Head and Neck Maximum 31 day - decision to treat to first definitive treatment



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Breached	0	0	1	0	0	0	0
Compliant	6	7	8	9	10	7	9
Performance	100.0%	100.0%	88.8%	100.0%	100.0%	100.0%	100.0%
National Standard	96%	96%	96%	96%	96%	96%	96%

Cancer Performance 104 days and 38 days 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** • 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 & Nead – 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

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 finalised and approved internally and with CCGs for comment. This will be launched to the Business units in the coming weeks.

Breach Allocation (38 day rule)
The new breach allocation rules have been postponed until April 2019. QVH continues to shadow report and work towards meeting the new guidelines.

Surrey and Sussex Cancer Alliance
QVH is being supported by the Surrey and Sussex Cancer Alliance through project management support. QVH will host a project manager on a weekly basis to work alongside the Access and Performance Manager to help deliver improvements in the 62d performance, support implementation of timed pathways, and ultimately prepare for Diagnosis by Day 28.

Increased communication
Improved communication with referring trusts – weekly conference calls in place with Medway, Conquest and taking affect as of October a call with Brighton and Kent and Canterbury. 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.

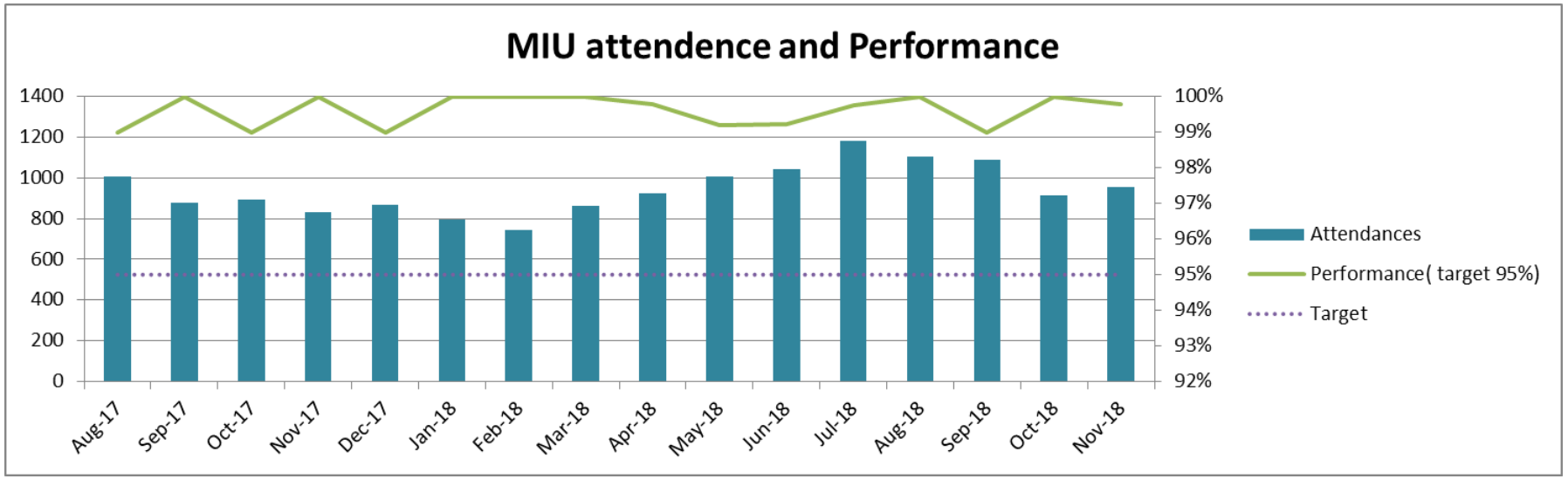
Cancer Escalation Policy
A cancer escalation policy has been written to improve the escalation process. The policy is designed to ensure a proactive management is taken for patients on a cancer pathway.

31 day Action plan
31 day action plan is being developed to support compliance

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

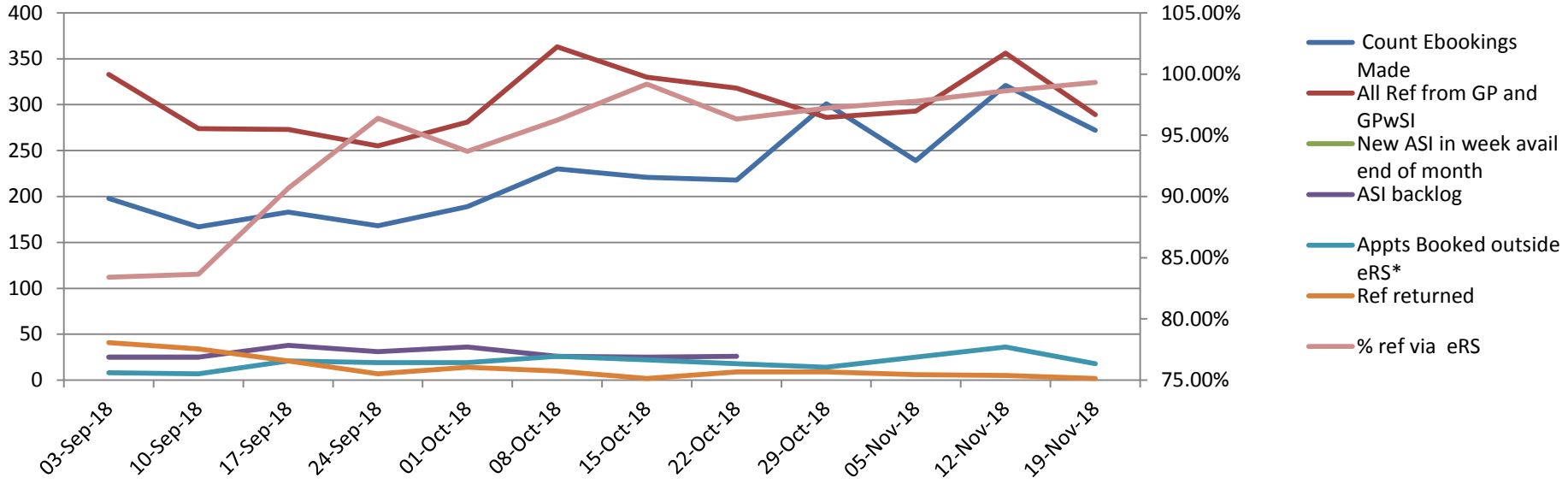


Performance commentary	Forward look / performance risks
• Drop in MIU Attendances after the summer months, however in line with previous years trends	• No specific risks identified

Outpatients – Electronic Referrals

eRS Hard Paper Switch Off

- eRS Bookings for GP referrals averaged above 98% during December
- Calls with CCGs to stand down as no significant issues reported
- Less than 10 paper referrals returned weekly
- NHSD out deep-dive analysis of reports has been rescheduled for January



	2nd July (Soft PSO)	w/c 19th Nov
% ref via eRS	31%	99%
Count Ebookings Made last week	124	272
ASI backlog	82	18

DeRS system

- E- vetting launched on Monday 19th November for dental referrals. This has included working with commissioner to agree a new clinical Standard Operating Procedure (SOP), revised admin SOP and communications to primary care providers.
To date around 13% of referrals have been deemed as suitable for primary care treatment.
- Weekly task and finish group for DERS is also in place to review pathways

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**03 January 2019**		**Agenda reference:**	**20-19**	
Report title:	**Finance Report M8 November 2018**				
Sponsor:	Michelle Miles, Director of Finance & Performance				
Author:	Jason McIntyre, Deputy Director of Finance				
Appendices:	Finance Report M8				
Executive summary					
Purpose of report:	To provide the Board with an overview of the Trust's financial position.				
Summary of key issues	The Trust delivered a deficit of £812k in month; £1,842k below plan. The YTD deficit has increased to £3,420k; an adverse variance of £3,108k. The underlying poor financial performance has continued in month and the actions to date have not improved the run rate. The risk to full year plan delivery previously highlighted in relation to capacity, savings gap, and temporary staffing have fully materialised and are unable to be mitigated over the remainder of the financial year. The Trust will reforecast as per NHSI timetable. The use of resources rating is 3.				
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.				
Legal:					
Resources:	Nil above current resources				
Assurance route					
Previously considered by:	Finance & Performance Committee				
	Date:	17 December 2018	Decision:	N/A	
Previously considered by:	Executive Management Team & Hospital Management Team				
	Date:	17 December 2018	Decision:	N/A	
Next steps:	N/A				

Queen Victoria Hospital
NHS Foundation Trust

Finance Report
November 2018

Executive Director: Michelle Miles

Contents

Queen Victoria Hospital
NHS Foundation Trust

Summary Position – YTD M8 2018/19

Queen Victoria Hospital NHS
NHS Foundation Trust

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	6,328	5,318	(1,010)	44,193	42,577	(1,616)
	Other Income	8,816	409	641	232	3,360	4,063	702
Total Income		**75,902**	**6,738**	**5,960**	**(778)**	**47,553**	**46,639**	**(913)**
Pay	Substantive	(45,468)	(3,666)	(3,756)	(90)	(30,985)	(28,602)	2,383
	Bank	(483)	(40)	(217)	(176)	(322)	(1,585)	(1,263)
	Agency	(273)	(23)	(252)	(229)	(182)	(2,209)	(2,028)
Total Pay		**(46,223)**	**(3,728)**	**(4,224)**	**(495)**	**(31,488)**	**(32,396)**	**(907)**
Non Pay	Clinical Services & Supplies	(12,870)	(1,071)	(1,251)	(181)	(7,835)	(8,387)	(552)
	Drugs	(1,553)	(129)	(163)	(33)	(1,035)	(1,076)	(40)
	Consultancy	(79)	(7)	(16)	(9)	(53)	(122)	(69)
	Other non pay	(5,562)	(400)	(759)	(359)	(3,963)	(4,884)	(921)
Total Non Pay		**(20,064)**	**(1,607)**	**(2,188)**	**(582)**	**(12,886)**	**(14,469)**	**(1,582)**
Financing		(4,714)	(393)	(374)	19	(3,143)	(2,928)	215
Total Expenditure		**(71,002)**	**(5,728)**	**(6,786)**	**(1,058)**	**(47,518)**	**(49,792)**	**(2,274)**
Surplus / (Deficit)		**4,900**	**1,010**	**(826)**	**(1,836)**	**35**	**(3,152)**	**(3,187)**
Adjust for Donated Income		500	-	3	3	500	420	(80)
Adjust for Donated Depn.		(226)	(20)	(17)	3	(152)	(152)	1
Adjust for Land Sale		4,000	-	-	-	-	-	-
NHSI Control Total Excluding STF and sale of land		**626**	**1,030**	**(812)**	**(1,842)**	**(313)**	**(3,420)**	**(3,108)**

YTD Performance

- The Trust is £3,108k adverse to plan YTD. Income is below plan by £913k YTD and expenditure is overspent by £2,489k partially offset by £136k of technical adjustments.
- Income has under recovered by £913k YTD, which is due to patient activity income under recovery of £1,616k partially offset by other income over recovery of £702k.
  - Patient activity income: Day case is under plan by £414k, non elective by £920k and outpatients by £539k. This is partially offset over performing against plan by Elective £430k, MIU £57k and Critical Care £220k.
  - The main areas of under performance are Plastics (adverse £2,214k mainly driven by non elective and outpatients first ,F/up and procedures) and Oral services £570k. Sleep services are over performing YTD £74k, Eyes services is favourable YTD by £8, Operational Nursing (Critical care) by £31k and Clinical Support by £167k.
  - Other income has over performed largely due to Agenda for Change (AFC) award funding of £408k and additional income from CCG's for RTT.
- The YTD pay position is £907k adverse YTD. This includes the AFC award pay pressure of c£453k (partially offset by income of £357k) and £863k due to unidentified savings and slippage on schemes. 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 £1,582k YTD £552k within clinical supplies partially offset by pass-through income within patient activity £155k (Sleep). Within other non pay £803k mainly due to unidentified CIP £922k and £205k cost in relation to theatres productivity initiative. This has been partially offset by depreciation charges underspends within financing due to delay in the capital programme of £215k.

Summary - Plan Performance

- The Trust delivered a deficit of £812k in month; £1,842k below plan. The YTD deficit has increased to £3,420k; an adverse variance of £3,108k.
- The underlying poor financial performance has continued in month. The actions to date have not improved the run rate. Run rate on expenditure is increasing from prior months, with Income reducing over the past few months compared to earlier quarters.
- The risk to full year plan delivery previously highlighted in relation to capacity, savings gap, temporary staffing have fully materialised and are unable to be mitigated over the remainder of the financial year. The land sale which was offsetting the main financial risk this year is expected to be delayed until 2019/20.

In Month Performance

- The Trust is £1,842k adverse to plan in month. Income is below plan by £778k and expenditure is overspent by £1,077k partially offset by £19k of technical adjustments.
- Patient activity income: The Trust generated a similar level of patient treatment income as the previous month.
- Day case spell activity is under plan by £314k, Non elective activity by £266k. In addition Critical care bed days income is £26k less and Outpatient attendances by £348k less than plan. The main areas of under performance are Plastics £366k below plan, Oral services by £352k, Eyes by £141k. Sleep services £85k.
- Other Income is above plan by £232k, due primarily to additional income for AFC £51k which is offsetting pay expenditure pressures, Eye bank income of c£50k which is backdated and non recurrent at this level, increase in billing within radiology to charge other providers c£70k, again is backdated and non recurrent to this level, and additional income from CCG's to support RTT of c£20k.
- Pay is £495k adverse in month. This is mainly due to unidentified savings of £190k, and over spends within medical staffing of £131k (Oral and Plastics services) due to additional sessions and staffing to support RTT as well as additional costs for the banding of junior doctors within Plastics. Overspend within Theatres of c112k partially due to agency premium and weekend working for RTT activity. An increase in spend from the new pay awards for AFC of c£60k which has been partially offset by additional income. The Trust has incurred £252k of agency expenditure in month; £116k above ceiling.
- Non Pay is £582k adverse in month. Clinical supplies within operational services is over spent by £603k mainly within theatres £116k, Eyes c£30k (Partially offset eye bank income), Oral due to SLAs with East Sussex Hospital Trust £120k which relates to prior year and current year SLA dispute with East Sussex Hospital, in the position is the worst case with negotiations still ongoing. Additional clinics at Uckfield and Dartford £40k. £34k for excluded devices for Sleep. An adjustment has been made due to the increase in purchases over this current month of £260k which is due to changes to the ordering system and also the build up to Christmas. Costs in relation to Four Eyes within other non pay line at £166k and Unidentified CIP is the key driver within non pay at £298k 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	Actual M7	Actual 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	5,121	5,318	5,040	6,166	5,635	6,051	6,328	5,318
Other Income	429	496	898	361	337	523	453	447	823	476	641	362	365	364	4,365	409	641
Total Income	**5,818**	**5,307**	**5,949**	**5,367**	**5,666**	**6,143**	**6,030**	**5,938**	**5,938**	**5,598**	**5,960**	**5,403**	**6,531**	**6,000**	**10,416**	**6,738**	**5,960**
Substantive	(3,468)	(3,415)	(3,497)	(3,553)	(3,654)	(3,536)	(3,660)	(3,685)	(3,188)	(3,570)	(3,756)	(3,621)	(3,621)	(3,621)	(3,621)	(3,666)	(3,756)
Bank	(122)	(132)	(139)	(326)	(140)	(148)	(221)	(155)	(206)	(171)	(217)	(40)	(40)	(40)	(40)	(40)	(217)
Agency	(205)	(251)	(289)	(276)	(295)	(305)	(259)	(294)	(234)	(294)	(252)	(23)	(23)	(23)	(23)	(23)	(252)
Total Pay	**(3,794)**	**(3,798)**	**(3,925)**	**(4,155)**	**(4,090)**	**(3,989)**	**(4,140)**	**(4,134)**	**(3,628)**	**(4,035)**	**(4,224)**	**(3,684)**	**(3,684)**	**(3,684)**	**(3,684)**	**(3,728)**	**(4,224)**
Clinical Services & Supplies	(1,054)	(1,025)	(301)	(1,076)	(944)	(1,193)	(1,038)	(1,031)	(752)	(1,103)	(1,251)	(1,240)	(1,231)	(1,231)	(703)	(1,071)	(1,251)
Drugs	(118)	(105)	(126)	(116)	(137)	(143)	(150)	(128)	(103)	(135)	(163)	(129)	(129)	(129)	(69)	(129)	(163)
Consultancy	(17)	-	(83)	(8)	(37)	(22)	(28)	(8)	-	(3)	(16)	(7)	(7)	(7)	(7)	(7)	(16)
Other non pay	(562)	(595)	(484)	(607)	(592)	(605)	(650)	(724)	(330)	(618)	(759)	(400)	(400)	(400)	(361)	(400)	(759)
Total Non Pay	**(1,750)**	**(1,726)**	**(993)**	**(1,807)**	**(1,709)**	**(1,963)**	**(1,866)**	**(1,891)**	**(1,185)**	**(1,859)**	**(2,188)**	**(1,776)**	**(1,767)**	**(1,767)**	**(1,139)**	**(1,607)**	**(2,188)**
Financing	(345)	(345)	(421)	(373)	(374)	(381)	(343)	(345)	(358)	(380)	(374)	(393)	(393)	(393)	(393)	(393)	(374)
Total Expenditure	**(5,890)**	**(5,869)**	**(5,340)**	**(6,336)**	**(6,172)**	**(6,334)**	**(6,349)**	**(6,371)**	**(5,170)**	**(6,274)**	**(6,786)**	**(5,852)**	**(5,843)**	**(5,843)**	**(5,216)**	**(5,728)**	**(6,786)**
Surplus / (Deficit)	**(72)**	**(561)**	**609**	**(969)**	**(506)**	**(191)**	**(318)**	**(433)**	**768**	**(676)**	**(826)**	**(449)**	**688**	**156**	**5,200**	**1,010**	**(826)**
Donated Income				-	-	-	-	-	414	3	3	(20)	-	-	-	-	3
Donated Depreciation	(19)	(19)	124	(20)	(20)	(22)	(17)	(20)	(20)	(17)	(17)	(20)	(20)	(20)	(20)	(20)	(17)
Land Sale															4,000		
NHSI Contol Total Excluding STF	**(52)**	**(542)**	**485**	**(950)**	**(486)**	**(169)**	**(301)**	**(413)**	**373**	**(662)**	**(812)**	**(409)**	**708**	**177**	**1,221**	**1,030**	**(812)**

Summary

- The plan for months 9 to 12 is from the updated operational plan that was submitted to NHSI in September 2018.
- In M8 the income run rate has increased from previous month, which is mainly in Patient Activity Income within Plastics £153k and Critical Care £40k. Income is in line with the average income for the year, however income needs to increase by c£571k to achieve plan in month 10 (month 9 is lower due to the Christmas period), with Patient activity Income needing to increase by c£850k.
- Pay has increased in month, this is mainly within the Medical staffing due to additional consultants within plastics to assist with RTT and additional sessions currently being run. Increase in operational management with the new staff starting in October/November. Pay has to reduce by c£540k to hit plan for month 9.
- Non pay has increased mainly due to increase in Clinical Services & Supplies relating to East Sussex Hospital for Oral Services SLA which is an ongoing dispute with this month releasing the full effect of the dispute which is £14k recurrently a month. 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 – M8 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	954	41	66	69	3	7,424	8,211	787	535	591	57
Elective (Daycase)	Spells	1,356	1,084	(272)	1,464	1,150	(314)	8,515	7,947	(568)	9,297	8,634	(662)
Elective	Spells	420	359	(61)	951	952	1	2,578	2,533	(45)	5,971	6,401	430
Non Elective	Spells	481	379	(102)	1,137	872	(266)	3,908	3,522	(386)	9,250	8,331	(920)
XS bed days	Days	60	61	1	17	17	0	451	543	92	125	145	20
Critical Care	Days	75	57	(18)	77	52	(26)	610	731	121	630	850	220
Outpatients - First Attendance	Attendances	4,383	3,748	(635)	612	495	(117)	30,758	30,917	159	4,269	4,139	(131)
Outpatients - Follow up	Attendances	12,591	10,696	(1,895)	916	781	(135)	89,023	82,491	(6,532)	6,439	6,122	(317)
Outpatient - procedures	Attendances	3,073	2,331	(742)	405	310	(96)	20,842	20,094	(748)	2,752	2,661	(91)
Other	Other	4,199	3,404	(795)	645	614	(31)	30,599	31,670	1,070	4,642	4,822	180
Prior Period Adjustments and WIP					37	8	(29)				282	(119)	(401)
					6,328	**5,318**	**(1,010)**				**44,193**	**42,577**	**(1,615)**

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	51	(29)	647	849	202
Clinical Support	604	593	(12)	4,566	4,733	167
Eyes	737	595	(141)	4,571	4,579	8
Oral	1,504	1,151	(352)	9,725	9,154	(570)
Plastics	2,842	2,476	(366)	21,090	19,964	(1,126)
Sleep	520	435	(85)	3,275	3,350	74
Other incuding WIP/ coding	42	18	(24)	319	(51)	(370)
Grand Total	**6,328**	**5,318**	**(1,010)**	**44,193**	**42,577**	**(1,615)**

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 41 and £3k above plan. YTD activity is 787 attendances and £57k above plan.

Daycase activity in month is 272 spells and £314k below plan with under-performance in plastics (hands & breast) £114k, Maxillofacial £78k, Corneo Plastics £96K and Sleep £25k. YTD activity is 568 spells and £662k under plan within Maxillofacial £284k, Plastics £200k and Corneo Plastics £177k. This has been the highest level of daycases for the year so far and 29 more spells than October and 24 more spells than month 8 in 17/18, however YTD has seen 373 less spells than last year which is mainly in Eyes of 335 spells.

Elective activity in the month is 61 spells below plan and on plan financially due to a higher case mix than planned. The activity is under performing in Sleep studies 35 spells & £22k bellow plan and Oral 32 spells & 55k, with Plastics over performing by 11 spells & £95k. The YTD activity is 45 spells below plan and £430k above plan largely within Plastics £260k, Oral £92k, Eyes (corneoplastics) £108k and an underperformance in Sleep £32k.

Non-elective activity has under performed by 102 spells and under performed by £266k in month which is mainly within Plastics, 101 spells and £266k. The YTD position reports an under-performance of 386 spells and £920k underperformance due to under performance within plastics services lines £1,036k partially offset by overperformance within eyes (corneoplastics) £128k.

Critical care days have under -performed by 18 days in month and under performed by £26k. The YTD position is above plan by 121 days and £220k YTD.

Outpatient attendances (FA/FUs) are 2530 attendances and £253k below plan in month and 6,371 attendances and £448k below plan YTD. Outpatient procedures are £96k below plan in month and £91k below plan YTD. Oral services are the main area of underperformance in month £186k, Plastic services £80k, Corneo Plastics £41k and Clinical support £17k and Sleep services £26k all below plan. YTD Oral is the main area of underperformance £250k and Plastics £249k and Clinical support £14k which is the ENT service. 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 has under performed in month by £31k mainly due to Head & Neck additional payments from specialist commissioning which is not contracted for in 18/19 £21k under performance, excluded devices within Sleep services under performance £12k. YTD over performance of £180k due to Radiology direct access and unbundled outpatients diagnostics, £212k and sleep devices £102k, being offset by Head & Neck specialist commissioning top up of £128k.

Financial Position by Business Unit – M8 2018/19

Queen Victoria Hospital NHS
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	(245)	(1,092)	(7)	(164)	(182)	(624)	(46)	(200)	24,877	2,216	1,736	(479)	67%	16,030	13,950	(2,080)	71%
1.2 Oral	(398)	(505)	40	43	(57)	(256)	(224)	(479)	8,157	962	323	(640)	28%	5,375	4,178	(1,197)	45%
1.3 Eyes	(134)	23	(30)	7	5	(142)	(30)	(85)	4,488	529	341	(188)	58%	2,892	2,696	(197)	57%
1.4 Sleep	(81)	(35)	(0)	1	(7)	25	(37)	(179)	2,352	307	181	(126)	41%	1,596	1,407	(189)	43%
1.5 Clinical Support	27	334	32	(64)	49	284	(115)	(31)	(2,174)	(128)	(136)	(8)		(1,403)	(879)	524	
1.6 Perioperative Care	-	0	12	19	(113)	(544)	(116)	(179)	(11,703)	(941)	(1,158)	(217)		(7,939)	(8,643)	(704)	
1.7 Operational Nursing	5	216	(3)	(16)	(48)	(431)	(36)	(124)	(6,091)	(499)	(581)	(82)		(4,071)	(4,425)	(355)	
Operations Total	**(827)**	**(1,058)**	**44**	**(174)**	**(355)**	**(1,688)**	**(603)**	**(1,277)**	**19,907**	**2,447**	**705**	**(1,741)**		**12,481**	**8,284**	**(4,197)**	
Nursing & Clinical Infrastructure																	
2.1 Clinical Infrastructure	(33)	(5)	36	36	10	(66)	5	4	(1,134)	(94)	(76)	18		(759)	(790)	(31)	
2.5 Director Of Nursing	-	-	31	5	(22)	(172)	(14)	(69)	(2,800)	(231)	(237)	(6)		(1,876)	(2,112)	(236)	
Nursing & Clinical Infrastructure	**(33)**	**(5)**	**67**	**41**	**(12)**	**(238)**	**(10)**	**(65)**	**(3,935)**	**(325)**	**(313)**	**12**		**(2,635)**	**(2,902)**	**(267)**	
Corporate Departments																	
3.1 Non Clinical Infrastructure	(3)	(22)	15	37	(9)	(44)	(79)	(251)	(4,352)	(357)	(433)	(76)		(2,920)	(3,200)	(280)	
3.2 Commerce & Finance	-	-	(1)	15	(18)	(76)	(111)	(194)	(2,881)	(242)	(373)	(131)		(1,911)	(2,165)	(254)	
3.4 Finance Other	(147)	(530)	87	657	(65)	1,061	269	536	(1,048)	(284)	(140)	144		(3,104)	(1,380)	1,724	
4.1 Human Resources	-	-	18	105	(4)	6	(11)	(56)	(964)	(79)	(77)	2		(649)	(594)	54	
5.4 Corporate	-	-	3	21	(32)	72	(17)	(60)	(1,826)	(150)	(196)	(47)		(1,227)	(1,194)	33	
Corporate Total	**(150)**	**(552)**	**121**	**835**	**(128)**	**1,019**	**51**	**(25)**	**(11,071)**	**(1,112)**	**(1,218)**	**(107)**		**(9,811)**	**(8,534)**	**1,277**	
Surplus / (Deficit)	**(1,010)**	**(1,616)**	**232**	**702**	**(495)**	**(907)**	**(562)**	**(1,367)**	**4,900**	**1,010**	**(826)**	**(1,836)**		**35**	**(3,152)**	**(3,187)**	

Summary

Patient Activity Income: The main areas of under performance in month are, Oral across all PoDs but mainly Outpatients, Plastics (Non Elective and Outpatients), Eyes Daycases, Critical care and clinical support (Outpatients), Sleep service (all PoDs mainly Elective & Daycases). YTD underperformance of £1,616k is mainly within Plastics (mainly Non Elective & outpatients), Oral services (Daycases, Outpatients & H&N Top up) and Finance other (Penalties, CQUIN & Challenges). This is being offset by Operational Nursing (critical care bed days which have been much higher in prior periods), clinical support (MIU/ direct access activities), Eyes (emergency and PBR exclusion activities).

Other income: In month is above plan by £232k, above plan YTD £702k. Plastics in month is mainly due to a reduction in PGME income and Clinical Excellence awards. Oral in month is due to additional funding for RTT for workforce support. Eyes is mainly due to deferral of income that was not completed in previous months for the income for the eye bank. Additional AFC funding of £408k 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 over spent by £495k in month; over spent by £907k YTD. The main drivers of overspend are within plastics, Operational nursing and perioperative care. Plastic service is above plan by £182k in month mainly due to additional medical costs, which is being partially funded by the CCG's and also an increase in Banding for the Junior Dr's and Unidentified CIP. YTD is adverse by £624k which is mainly due to medical pay due to agency usage at the beginning of the year, additional medical payments and the allocation of unidentified CIPs. Perioperative is above by £113k in month and above plan £544k 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 £1.3m YTD. Agenda for change back pay has seen an increase of £356k, which is offset within income, however the incremental drift due to the higher increases is a cost pressure to the Trust, further work will be undertaken to understand this.

Non Pay: In month is over spent by £562k; over spent YTD £1,367k. There was unidentified saving of £298k in month and £922k 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 the contract with East Sussex Hospitals. Depreciation costs within Finance other are less than anticipated in month £19k and YTD £215k which is not expected to continue over the remainder of the year.

Cost Improvement Plan (CIP) – M8 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 8	Change (+ve means identification of further CIPPs compared to reported at Month 8)	Sum of NHSI Planned Savings YTD £ by BU	Sum of YTD Actual Savings Total £	Sum of YTD Over / (Under) Achievement £	Sum of NHSI Planned Savings TOTAL £ by BU	Sum of Forecast Savings Total £	Shortfall £
1.1 Plastics	Paul Gable	(461,621)	(118,436)	(343,185)	(79,936)	38,500	(241,899)	(43,668)	(198,232)	(461,621)	(88,000)	(373,621)
1.2 Oral	Georgina Baidya	(365,162)	(10,000)	(355,162)	(10,000)	0	(181,694)	(11,960)	(169,734)	(365,162)	(20,151)	(345,011)
1.3 Eyes	Georgina Baidya	(170,687)	(76,832)	(93,855)	(76,832)	0	(84,116)	(66,894)	(17,222)	(170,687)	(82,218)	(88,469)
1.4 Sleep	Sue Aston	(48,272)	(75,230)	26,958	(75,230)	0	(38,739)	(78,411)	39,671	(42,267)	(83,196)	40,929
1.5 Clinical Support Services	Paul Gable	(429,084)	(287,680)	(141,404)	(285,452)	2,228	(237,663)	(147,211)	(90,452)	(429,084)	(283,313)	(145,771)
1.6 Perioperative Care	Sue Aston	(646,490)	(82,235)	(564,255)	(82,235)	0	(348,909)	(47,626)	(301,283)	(646,490)	(41,126)	(605,364)
1.7 Operational Nursing	Nicky Reeves	(182,391)	(1,500)	(180,891)	(1,500)	0	(90,753)	(3,067)	(87,686)	(182,391)	(5,003)	(177,388)
2.1 Performance & Access	Phil Kennedy	(50,977)	(23,752)	(27,225)	(23,752)	0	(26,861)	0	(26,861)	(50,977)	(22,752)	(28,225)
2.5 Director of Nursing	Nicky Reeves	(172,735)	(96,003)	(76,733)	(96,403)	(400)	(103,907)	(54,002)	(49,905)	(178,740)	(95,002)	(83,738)
3.1 Non Clinical Infrastructure	Steve Davies	(240,528)	(174,113)	(66,415)	(174,113)	0	(115,387)	(90,500)	(24,887)	(240,528)	(148,600)	(91,928)
3.2 Commerce & Finance	Jason McIntyre	(136,847)	(207,320)	70,473	(207,320)	0	(119,125)	(36,833)	(82,293)	(135,847)	(53,626)	(82,221)
4.1 Human Resources	Dave Hurrell	(55,100)	0	(55,100)	0	0	(36,472)	(447)	(36,025)	(55,100)	(447)	(54,653)
5.4 Corporate	Clare Pirie	(89,106)	0	(89,106)	0	0	(51,658)	(12,375)	(48,564)	(89,106)	0	(89,106)
Targets in Op Plan				0		0	0	0	0	0	0	0
Grand Total		**(3,049,000)**	**(1,153,101)**	**(1,895,899)**	**(1,112,772)**	**40,328**	**(1,677,185)**	**(592,993)**	**(1,093,473)**	**(3,048,000)**	**(923,434)**	**(2,124,566)**

Summary

- At M8 the Trust YTD delivered £593k against plan; an under delivery of £1,093k.
- There is still a significant gap of £2.1m to address with no formalised plans in place.
- 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.
- The Trust has made limited progress on the identification and realisation of the savings since the beginning of the year.

Balance Sheet – M08 2018/19

Queen Victoria Hospital NHS
NHS Foundation Trust

Balance Sheet as at the end of November 2018	2017/18 Outturn £000s	Current Month £000s	Previous Month £000s
Non-Current Assets			
Fixed Assets	47,588	47,243	47,312
Other Receivables	-	-	-
Sub Total Non-Current Assets	47,588	47,243	47,312
Current Assets			
Inventories	1,178	1,183	1,189
Trade and Other Receivables	8,217	16,556	11,417
Cash and Cash Equivalents	8,914	6,313	6,451
Current Liabilities	(8,933)	(14,608)	(8,856)
Sub Total Net Current Assets	9,376	9,444	10,201
Total Assets less Current Liabilities	56,965	56,687	57,513
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**	**50,628**	**51,454**
Tax Payers' Equity			
Public Dividend Capital	12,237	12,237	12,237
Retained Earnings	26,100	26,211	27,037
Revaluation Reserve	12,180	12,180	12,180
Total Tax Payers' Equity	**50,517**	**50,628**	**51,454**

NB Analysis is subject to rounding differences

Summary

- The capital asset value has decreased in month by £69k due to lower capital spend this period.
- Net current assets have decreased in month by £0.8m:
- Inventories are being monitored on a regular basis.
- Trade and other receivables have increased by £5m due to the early invoicing of December block contracts (in preparation for the finance system implementation)
- Cash has remained stable this period.
- Current liabilities have increased by £6m, primarily as the timing offset to the early invoicing of receivables.
- 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. Current deficit positon will erode the current cash balance and require additional cash Q1 2019/20.

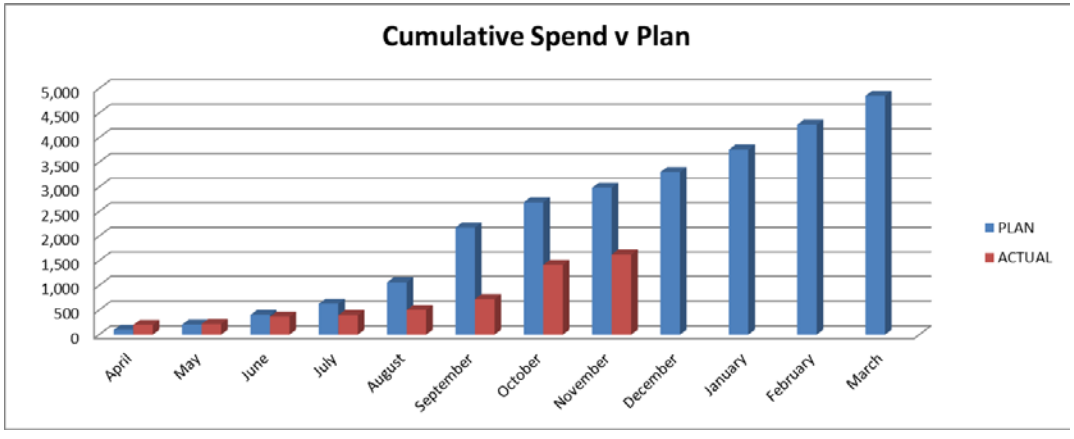
Actions

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

Capital – M8 2018/19

Queen Victoria Hospital NHS
NHS Foundation Trust

Month 8 - November 2018	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Full Year Forecast £000s	Full Year Variance £000s
Estates projects						
Backlog maintenance - Energy Management	216	216	-	216	216	-
Backlog maintenance - Health & Safety	100	105	-	105	100	-
Backlog maintenance - Fire Safety	145	145	3	142	152	(7)
Backlog maintenance - Internal Accommodation	210	234	2	232	244	(34)
Backlog maintenance - External Works	180	180	-	180	78	102
STF funding allocated to capital	1,000	50	39	11	1,042	(42)
Other projects	413	301	404	(103)	608	(195)
Estates projects	**2,264**	**1,231**	**448**	**783**	**2,440**	**(176)**
Medical Equipment	**1,033**	**866**	**657**	**209**	**1,047**	**(14)**
Information Management & Technology (IM&T)						
Ordercomms	120	120	149	(29)	161	(41)
Infrastructure strategy - wireless extension	60	60	-	60	310	(250)
Infrastructure strategy - hardware	170	56	-	56	16	154
Infrastructure strategy - end user reconfiguration	150	50	-	50	50	101
Infrastructure strategy - desktop/mobile	100	33	5	29	100	-
Health & Social Care Network	150	150	21	129	78	72
E-Observations	108	41	24	17	72	36
EDM	108	57	127	(70)	207	(99)
Other projects	474	320	195	125	613	(139)
Information Management & Technology (IM&T)	**1,440**	**888**	**521**	**367**	**1,607**	**(167)**
Contingency	**113**	**-**	**-**	**-**	**(245)**	358
Total	**4,850**	**2,984**	**1,626**	**1,358**	**4,850**	**-**



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. A successful bid for £355k (exact figure to be confirmed) has been made to the Sussex & East Surrey STP for additional funding for the electronic observations project; this will be included in this report when it is finally confirmed.
- 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 funding will be used to improve the estate, mainly in the Burns/Critical Care area but also to provide enhanced facilities for staff. Planning and works are in hand.
- 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 backlog maintenance programme. Two capital project managers are now in post and the Estates programme is gaining momentum.
- The CT scanner is now in service.
- The IT programme is largely based on the IM&T Strategy and work will gather pace in the second half of the year. The implementation of Ordercomms, the electronic ordering of diagnostic tests and images, will be completed in January. The EDM project continues.
- YTD expenditure is 45% below plan. Full year expenditure is forecast to be in line with plan, assuming slippage of £245k across the programme. Progress will be monitored by the Capital Planning Group.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**03 January 2019**		**Agenda reference:**	**21-19**	
Report title:	**Establishing and implementing 29 Pathology Networks across England**				
Sponsor:	Michelle Miles, Director of Finance & Performance				
Author:	Michelle Miles, Director of Finance & Performance				
Appendices:	Specialist Trust pathology invite to Network October 2017 Network consolidation methodology				
Executive summary					
Purpose of report:	To agree with the composition of the network pathology 7 and for QVH to become a member.				
Summary of key issues	In October 2017 QVH were asked to join a pathology network in October 2017. QVH currently use frontier which was a joint venture set up by BUSH and SASH. QVH currently contracts with frontier for all pathology services apart from histopathology which is in house. We have now have an opportunity to become a member in the new STP wide pathology network. The network consists of all local Acute Trusts with the exception of East Sussex Healthcare, however conversations are ongoing with this provider for potential future inclusion. The total cost for the patch named south 7 is £37.9m, with the projected costs amounting to £34.6m, the savings will be c£3.7m. At present Western Sussex Hospitals NHS Foundation Trust has been excluded from these numbers due to validation issues with the 2016/17 pathology data. Formal written response returned to NHS Improvement, by January 31st 2018, confirming that your trust Chief Executive, Medical Director and Chair agree with the composition of the proposed pathology network. Due to delays in the project this deadline has been extended for QVH to the 31st of January 2019.				
Recommendation:	The Board is asked to **approve** 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:					
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance route					
Previously considered by:					
	Date:		Decision:	N/A	
Previously considered by:	Executive Management Team & Hospital Management Team				
	Date:		Decision:	N/A	
Next steps:	N/A				

ESTABLISHING AND IMPLEMENTING 29 PATHOLOGY NETWORKS ACROSS ENGLAND

Dear Colleagues,

Since the end of last year, we have been working with teams across England to collect and validate pathology data from acute provider Trusts. This work builds on the Lord Carter pathology service reviews from 2006 and 2008 and the findings from that into hospital operational productivity in 2016. This has enabled the NHS to construct its most comprehensive picture of pathology services across the country, through which it is able to compare its overall, regional and local performance year-on-year. This reveals continued unwarranted variations across England in how rapidly and efficiently services are delivered to patients and how productively laboratories are run; and therefore how much they cost. These findings reinforce those highlighted in Lord Carter's previous reports, and we now must take urgent action to implement his recommendations to consolidate laboratory services to provide , higher quality and more efficient diagnostic support that will improve patient care.

Using the national data we have identified 29 networks – each to be run as a Hub and Spoke model –preserving essential laboratory services relevant to each hospital on site, whilst centralising the performance of more complex tests which are required less frequently and less urgently. The most complex and advanced investigations utilising, for example genetic and molecular techniques, may need to be restricted to fewer sites, necessitating 'cross network arrangements'. Such a structure will support a high quality service to patients and facilitate the introduction of a new generation of investigations; enhance the career opportunities for clinical scientific and technical staff working within the service; and be more efficient, delivering recurrent annual savings to the NHS of at least £200m.

The 29 networks have been shared with our Pathology Optimisation Delivery Board, which is chaired by Professor Adrian Newland, vice-chaired by the President of the Royal College of Pathologists', Professor Jo Martin and attended by representatives of the professional organisations of the Pathology Alliance. The Board is satisfied with the configuration of the proposed networks and will oversee the transition to ensure a smooth implementation of the program over the next three years.

We have now mapped you as a Specialist Trust within one of the proposed networks involving the non-specialist acute trusts which are already working toward implementation. This modelling has been performed using contemporary (2016-17) data known patient flows, catchment areas and geography. However, we are aware that further efficiencies may be obtained by involving specialist trusts, such as yours, for the benefits to reach patients across a wider network. We now formally invite you to consider how incorporating your laboratory services, particularly considering any specialist laboratory service you provide might complement and extend this exercise.

The next steps are for your Trust to review the proposed network and to work with your locally identified partners, as they begin the work to form their agreed network. Formal written response returned to NHS Improvement, by January 31st 2018, confirming that your trust Chief Executive, Medical Director and Chair agree with the composition of the proposed pathology network. We will be holding a number of CEO workshops for each and we encourage your attendance.

About the proposed networks

We have attached a data pack about the proposed networks which explains how the Hub and Spoke model can best serve patients whilst ensuring that any services critical to your health population remain in place.

If you disagree with your proposed network and would like to be considered as part of a different network, please contact NHS Improvement urgently, setting out your evidence-base for this alternative. We will help work towards your proposed network as long as there is a strong rationale that services to patients will thereby be improved including improved quality and enhanced value as compared with the suggested configuration. We will also seek confirmation that the model would pass inspection/certification by relevant national bodies.

If you have any questions regarding your proposed network and the data, please contact the team on nhsi.pathservices@nhs.net or call 0203 747 0604.

Our support offer to your network

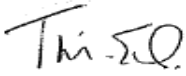
We recognise that a programme of this scale delivered at pace requires guidance and support, and we aim to ensure you are guided through every phase. There will be a series of activities over the coming three months to ensure your network is learning from our pathfinders as well as being supported with the latest evidence and a template toolkit - so you do not have to start this process with a blank page. We also recognise that the availability of resources, both capital, and to provide change management capacity, are potentially important enablers for the implementation of Pathology networks. Trusts should prioritise resources already available to them to support delivery of Pathology network formation and service consolidation as an investment in recurrent benefits for patients and the NHS's finances. NHS Improvement will ensure that "Carter compliant" business cases are prioritised for approval where NHS Improvement sign-off is necessary.

In order to continuously support you throughout the implementation phase, we have recruited a Regional Diagnostic Implementation Lead with subject-matter expertise in Pathology network formation and service consolidation.

We also recognise there are risks in delivering this programme, but will work with all our networks and pathfinders to regularly review risks and support them to find solutions, which we will share. We will also support and encourage all networks to be open and transparent with their workforce and the patients they serve about what the new Hub and Spoke model will mean to them. Finally, we will be working closely with partners at NHSE to facilitate engagement with Commissioners and thereby ensuring a 'joined up' approach throughout this vital exercise.

We are grateful for your ongoing commitment in making the 29 pathology networks a reality for the NHS and its patients.

Dr Jeremy Marlow
Executive Director of Operational Productivity



Professor Tim Evans
National Director of Clinical Productivity

Cc: Professor Adrian Newland, Chair, National Pathology Optimisation Delivery Board
Andy Howlett, Clinical Productivity Operations Director, NHSI
David Wells, Head of Pathology Consolidation, NHSI
James Cook, NHSI Regional Executive Managing Director (Midlands)

Rhona Collins, NHSI Regional Executive Managing Director (North)
Hugh Marshall, NHSI Regional Executive Managing Director (South)
Dawn Chamberlain, NHSI Regional Executive Managing Director (London)

NHSI NETWORK CONSOLIDATION MODEL

METHOD STATEMENT FOR PATHOLOGY NETWORKS IDENTIFICATION AND SAVINGS CALCULATION

All analysis and modelling for your proposed network was based on the 15/16 & 16/17 data submitted by your trust. Feedback was received from 133 of 136 of the non-specialist acute trusts and 15 of the 18 specialist acute trusts which included submissions from pathology networks that already deliver services for a number of trusts and trusts that outsource their pathology to NHS, private or public/private joint venture partners.

1. Network Identification

Identifying target pathology networks was the result of a number of analysis, modelling and review processes. Below is a summary of the key steps that led to your current network configuration.

Step 1: Future Hub Shortlist

Analysis of 15/16 data showed that 25 providers (out of the 112 trusts that submitted data) currently account for half the volume and cost of pathology provided by the NHS. Please refer to figure 1 below. These top 25 providers were set as likely hubs for modelling future consolidation options and value.

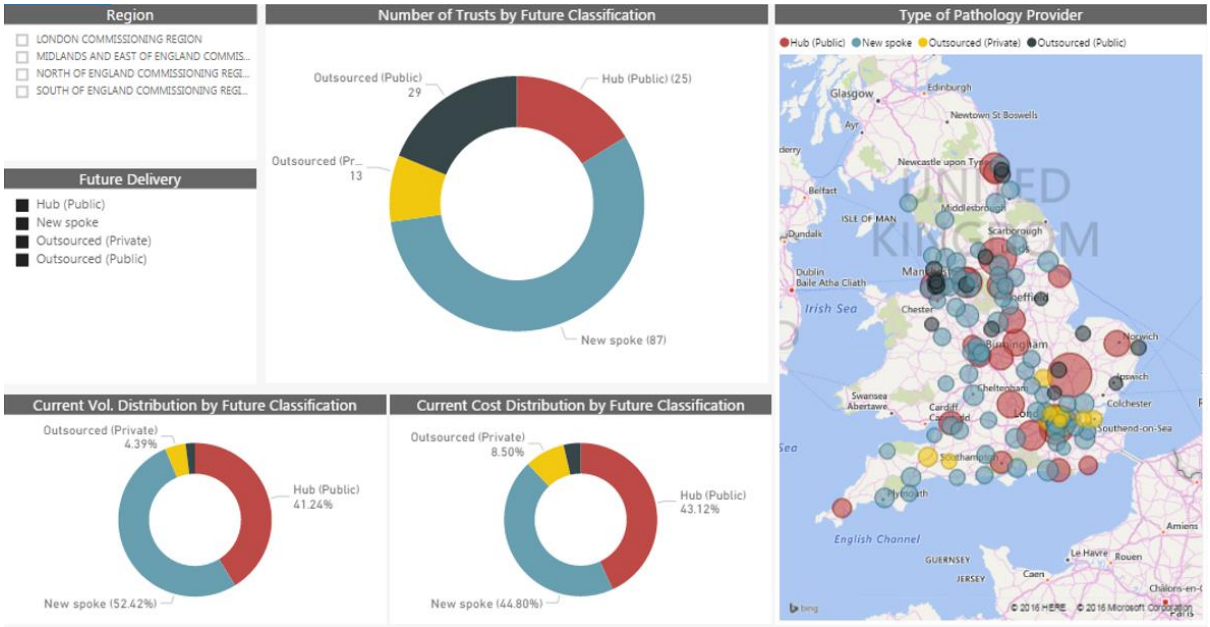


Figure 1: Workload and cost distribution analysis

All other provider trusts were classed as future spokes for analysis and modelling purposes.

Step 2: STP & Population Alignment

Once the potential hub sites were identified, alignment between these sites and STP boundaries were analysed. This identified areas where services were already provided by a single supplier across multiple STPs, isolated STPs that did not include a possible hub site from the analysis as well as regions where STPs were being provided services by a single provider that could potentially work within a larger regional network. We also considered trust location and driving distances to

identify areas where smaller services should operate as a hub to ensure that all routine services could be delivered regionally.

The outcome of this analysis was an initial identification of 29 possible pathology networks that were analysed based on population size. The aim was to create networks that would deliver services to populations of between 1.5 million and 2.5 million. Exceptions to this were areas such as Greater Manchester that went beyond this but were already collaborating or isolated areas where there were no obvious partnership options, such as Norfolk.

Step 3: Network Refinement

Once the initial network options were defined, each network was reviewed with the project's clinical advisory team to identify those natural clusters of trusts where STP boundaries did not align with existing clinical networks and patient flows. Existing pathology relationships and networks were also considered. Finally, the list of networks was shared with all the regional NHSI DIDs who were asked to highlight any areas where proposed networks did not align with changes in trust relationships, for example, merging trusts or trusts with a shared executive team.

The resulting target network model is the 29 networks that will be presented to trust CEOs.

Step 4: Model Hub Selection

As a rule, each network was modelled with a single hub and multiple spokes. The hub was selected as the provider with the highest reported volume. However, where there was a query about the volume data submitted by any one trust, the number of FTEs and trust pathology budget were used as additional indicators to identify the largest pathology operation within the network. Further adjustments to the volume rule include existing networks, partnerships and projects where a hub, or even multiple hubs, have already been identified.

Other Consideration

It is accepted that there are several alternative configurations that can also deliver the target savings and service improvements associated with pathology consolidation. There are also associations such as the already well-established cancer networks and the genetics networks that influence the forming of pathology networks. It is proposed that, as part of the network review, these alternatives be considered.

2. Savings Calculation

2.1. Cost of current operations: All staff costs except those associated with consultants and consultant clinical scientists plus the costs of consumables, reagents and equipment & maintenance.

2.2. Cost of Hub Future: The cost of current operations with a factor included for expected staffing efficiency gains. These expected staffing efficiency gains are calculated through benchmarking of similar laboratories.

2.3. Cost of referrals to hub: This is the sum of all costs for work that is currently being done onsite that will be transferred to the hub. This is achieved by adding up the costs involved in processing cellular sciences/anatomical pathology and microbiology combined with an added efficiency factor (13% for anatomical pathology and 28% for microbiology) for economies of scale at the hub. The cost of non-urgent blood sciences that will be transferred to the hub is

then calculated by estimating the percentage of blood sciences work that will remain onsite (60%). These blood sciences costs also have an efficiency factor applied to reflect economies of scale benefits (32%).

The non-pay costs for this metric refer to consumables, reagents, equipment & maintenance. The pay costs refer to operational staff and the cost of management and band 8 staff are not transferred across to the hub.

For specialist trusts, this same equation was edited slightly depending on the type of specialism. Specialist trusts were categorised as; paediatric, women's, orthopaedic, cancer, heart and chest or other. For all specialisms the model assumes that all microbiology and histopathology will be transferred to the hub. For blood sciences, the model assumes that for paediatric, women's and heart & chest laboratories 80% of work stays onsite, for cancer laboratories 60% stays onsite and for orthopaedic 100% stays onsite.

2.4. Cost of spoke labs: The staff costs are calculated by ascertaining the existing cost per test for blood sciences and then applying that to the new volume that will be kept onsite calculated earlier. A minimum value of £1042870 is placed on this calculation as a spoke lab will carry costs associated with shift work and have minimum staff cost despite volume.

The staff costs are then added to the spoke's future non-pay costs which are calculated by totalling the consumable, reagent and equipment and maintenance costs associated with blood sciences and adjusting for the factor that will remain onsite.

2.5. Cost of consolidated service: This is calculated by adding the future cost of the hub as calculated above to the cost of each spoke lab also as calculated above. The cost of the calculated work that is transferring from the spoke to the hub, also calculated above, is then added to the total. This figure is the predicted cost of the new network.

2.6. Consolidated savings: Savings are calculated by subtracting the new cost of the network as a consolidated service from the original cost of current operations.

KSO5 – Organisational Excellence

Risk Owner: Director of Workforce & OD
Date: 12th December 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

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

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

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
- The Trust commissioned an external Well Led review and regularly updates the resulting action plan
- Chosen as a pilot site for the Best Place to Work initiative

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:	**Trust Board**				
Meeting date:	**Thursday 3rd January 2019**		**Agenda reference:**	**24-19**	
Report title:	**Workforce Report – December report, November Data**				
Sponsor:	Geraldine Opreshko, Director of Workforce and OD				
Author:	David Hurrell, Deputy Director of Workforce				
Appendices:					
Executive summary					
Purpose of report:	The Workforce and OD report for December 2018 (November 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 and pay costs				
Recommendation:	The Board is asked to note the report				
Action required *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	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:	Finance and Performance Committee				
	Date:	17/12/18	Decision :	Noted	
Next steps:					

Queen Victoria Hospital NHS
NHS Foundation Trust

Workforce & Organisational Development

Workforce Report – December 2018

Reporting Period - November 2018

1.1 Current Month Picture

KPI	Narrative
Vacancies Section 2	High volumes of recruitment continues, with 'Staff in Post' numbers increasing a further 8wte to finish at an in month position of 868.62wte. This is the highest staff in post position on record (starting 2012). Vacancy levels decreased by a further 0.8%, with reductions in vacancies in all areas with the sole exceptions of Oral and Clinical Support Services which are within accepted tolerances (<8%). Trust-wide new starters in month were 15.92wte: 3.23wte qualified nurses were appointed; 3.47wte healthcare assistants, 2wte additional clinical services; 6.23wte in administration & clerical; and 1wte estates & ancillary.
Turnover Section 3	The monthly turnover position of 0.75% is below the normal range, compensating for the unusually high September 2018 position and reducing the annualised rolling turnover position to 19.52% but still above desired trajectory levels. The only area where monthly turnover increased in month was Perioperative Services, rising from 1.38% to 2.04% due to 3 (headcount) leavers. There was a total of 6.83wte leavers in month, including 1.43wte qualified nurses/ODPs (Operational Nursing and Perioperative Services) and 1 healthcare assistant (Perioperative Services).
Temporary Staffing Section 4	Total temporary staffing usage across the Trust increased further to 109.76wte. Increases were seen in bank, up from 61.13wte usage last month to 65.64wte in month. Agency usage reduced from 47.07wte to 44.12wte. The reduction in agency is linked to a change in the 'qualified nursing' staff group, with nearly 3wte usage shifting from agency to bank. The increase in total usage was driven by increases in non-clinical requests, up 2.3wte from last month. In month reducations in temporary staffing usage where seen in Perioperative Services (-1.03wte), Corporate Services (-0.63wte) and Eyes (-0.9wte), with increases seen in all other areas.
Sickness Section 5	Confirmed October sickness levels show an in month absence rate of 3.02%, a return to average sickness levels in this financial year compared to last month's low position of 2.41% and in line with expected trajectory. This was predominantly driven by an increase in short-term sickness cases, increasing from 1.04% to 1.5%, due to cited reasons of cough/colds and flu (up from 21 cases to 57 cases). The highest total levels remain in Clinical Infrastructure (6.16%) and Perioperative Services (5.73%), with the biggest overall increase seen in Operational Nursing (from 2.06% to 4.32%).
Appraisals Section 6	Appraisal compliance figure improved from 81.18% to 83.76%, with increases in all but two areas, including a significant improvement in Sleep (+14.29% to an in month position of 100%) and further improvements seen in Clinical Infrastructure (+13.94% to 85.37% in month). Reductions were seen in Plastics (-0.55% to 73.26% in month) and Operational Nursing (-1.7% to 91.28% in month). Compliance rate in Eyes, Oral and Plastic Services remain red rated with compliance in the 70-79% range.
MAST Section 6	Mandatory and Statutory Training compliance figures have returned to the normal 88-91% range, increasing from last month from 87.75% to 88.31%. Improvements were seen in all but two areas, with significant improvement across Corporate Services (+9.67%) to an in month position of 93.53%. Small reductions in compliance were seen in Sleep (-0.74% to 90.2% in month) and Operational Nursing (-0.12% to 93.09% in month). Plastics Services remain red rated with compliance currently at 79.04%. All topic areas are above 80% compliance, with Moving & Handling (level 2) at the lowest rate of 80.16% Safeguarding Adults (level 1) highest at 95.2%.

KPI Summary

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2018-19			Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Compared to Previous Month
Establishment WTE *Note 1				955.65	955.65	955.65	955.65	955.65	955.65	955.65	955.65	955.65	990.87	990.87	990.87	**990.87**	◄►
Staff In Post WTE				856.13	845.60	841.32	838.58	845.26	831.41	827.24	829.77	835.19	848.43	845.94	860.66	**868.62**	▲
Vacancies WTE				99.52	110.05	114.33	117.07	110.39	124.24	128.41	125.88	120.46	142.44	144.93	130.21	**122.25**	▼
Vacancies %	>12%	8%<>12%	<8%	10.41%	11.52%	11.96%	12.25%	11.55%	13.00%	13.44%	13.17%	12.61%	14.38%	14.63%	13.14%	**12.34%**	▼
Agency WTE				30.96	26.95	33.76	38.28	42.51	45.58	50.61	42.85	46.85	46.11	45.33	47.07	**44.12**	▼
Bank WTE *Note 2				47.11	40.40	58.13	58.16	65.26	52.24	59.82	64.34	63.37	59.28	58.49	61.13	**65.64**	▲
Trust rolling Annual Turnover % (Excluding Trainee Doctors)	>=12%	10%<>12%	<10%	18.41%	18.67%	18.87%	19.30%	19.57%	20.38%	20.43%	19.20%	18.17%	18.42%	19.88%	20.29%	**19.52%**	▼
Monthly Turnover				1.56%	1.80%	1.75%	1.47%	1.91%	2.24%	1.00%	0.68%	1.10%	1.58%	2.94%	1.56%	**0.75%**	▼
Stability %	<70%	70%<>85%	>=85%	98.61%	98.90%	98.68%	97.17%	98.78%	98.18%	99.18%	99.28%	98.66%	98.48%	97.80%	98.86%	**99.56%**	▲
Sickness Absence %	>=4%	4%<>3%	<3%	3.46%	2.66%	3.59%	3.73%	3.73%	2.74%	3.04%	3.52%	3.29%	3.23%	2.42%	*3.02%*	*tbc*	▲
% staff appraisal compliant (Permanent & Fixed Term staff)	<80%	80%<>95%	>=95%	81.38%	81.00%	81.22%	78.58%	81.89%	81.64%	82.20%	80.40%	79.55%	78.71%	76.89%	81.18%	**83.76%**	▲
Statutory & Mandatory Training (Permanent & Fixed Term staff) *Note 3	<80%	80%<>95%	>=95%	88.81%	88.48%	89.97%	90.72%	89.59%	90.12%	89.07%	89.56%	89.70%	88.54%	87.70%	87.75%	**88.31%**	▲

Friends & Family Test - Treatment Quarterly staff survery to indicate likelihood of recommending QVH to friends & family to receive care or treatment	**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
Friends & Family Test - Work Quarterly staff survery to indicate likelihood of recommending QVH to friends & family as a place of work	**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

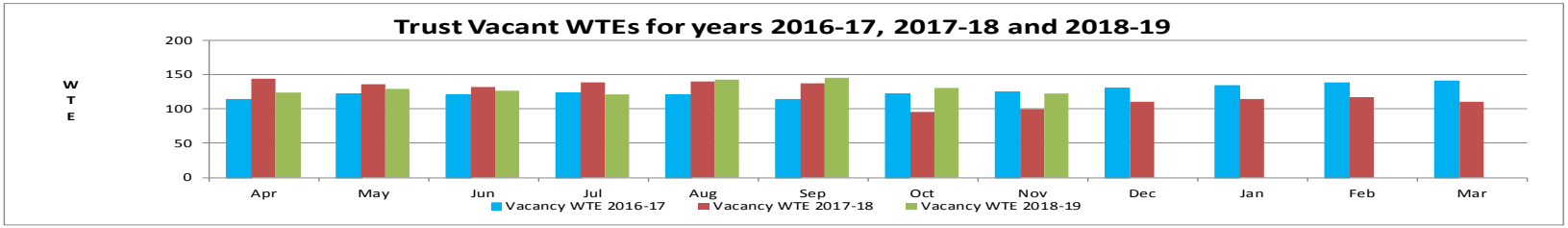
*Note 1 - 2018/19 Establishment updated in Aug 18. Establishment updated in August 2017 with nursing update in October 2017
*Note 2 - Bank WTE does not include extra hours worked by medical staff within establishment or overtime worked by all staff groups.
*Note 3 - New RAG ratings for 2017/18 for Appraisals and for Statutory & Mandatory Training plus 2 new Board Reportable competences introduced - Fire Safety and Safeguarding Adults Level 2.

2. Vacancies and Recruitment

VACANCY PERCENTAGES	Sep-18	Oct-18	Nov-18	Compared to Previous Month
Corporate	15.64%	13.68%	11.52%	▼
Eyes	10.76%	2.62%	0.24%	▼
Sleep	26.86%	25.05%	23.19%	▼
Plastics	3.11%	-3.13%	-4.58%	▼
Oral	12.03%	3.27%	4.77%	▲
Periop	22.93%	19.08%	18.93%	▼
Clinical Support	6.24%	5.66%	6.96%	▲
Clinical Infrastructure	21.73%	17.31%	14.93%	▼
Director of Nursing	10.77%	10.74%	8.91%	▼
Operational Nursing	17.98%	22.08%	20.80%	▼
QVH Trust Total	15.40%	13.14%	12.34%	▼

NON-MEDICAL RECRUITMENT(WTE)	Posts advertised this month	Recruits in Pipeline
Corporate	1.40	4.00
Eyes	1.00	1.00
Sleep	4.00	3.15
Plastics	0.00	0.00
Oral	0.00	2.95
Periop	34.02	3.00
Clinical Support	2.50	5.50
Clinical Infrastructure	1.00	3.00
Director of Nursing	0.60	3.60
Operational Nursing	18.35	11.57
QVH Trust Total	62.87	37.77
of which Qual Nurses / Theatre Practs (external)	51.97	*13.33*
of which HCA's & Student/Asst Practs (external)	1.00	*4.84*

MEDICAL RECRUITMENT (WTE)	Posts advertised this month	Recruits in Pipeline
Clinical Support	0.00	3.00
of which are Deanery Trainees, Trust Registrars or Fellows	*0.00*	*3.00*
of which are SAS doctors	*0.00*	*0.00*
of which are Consultants (including locums)	*0.00*	*0.00*
Plastics	0.00	5.00
of which are Deanery Trainees, Trust Registrars or Fellows	*0.00*	*3.00*
of which are SAS doctors	*0.00*	*2.00*
of which are Consultants (including locums)	*0.00*	*0.00*
Eyes	4.00	5.00
of which are Deanery Trainees, Trust Registrars or Fellows	*0.00*	*0.00*
of which are SAS doctors	*4.00*	*5.00*
of which are Consultants (including locums)	*0.00*	*0.00*
Sleep	1.00	0.00
Oral	0.00	2.00
of which are Deanery Trainees, Trust Registrars or Fellows	*0.00*	*0.00*
of which are SAS doctors	*0.00*	*1.00*
of which are Consultants (including locums)	*0.00*	*1.00*
Periop	1.00	2.00
of which are Deanery Trainees, Trust Registrars or Fellows	*1.00*	*2.00*
of which are SAS doctors	*0.00*	*0.00*
of which are Consultants (including locums)	*0.00*	*0.00*
QVH Trust Total	6.00	17.00
of which are Deanery Trainees, Trust Registrars or Fellows	*1.00*	*8.00*
of which are SAS doctors	*4.00*	*8.00*
of which are Consultants (including locums)	*1.00*	*1.00*



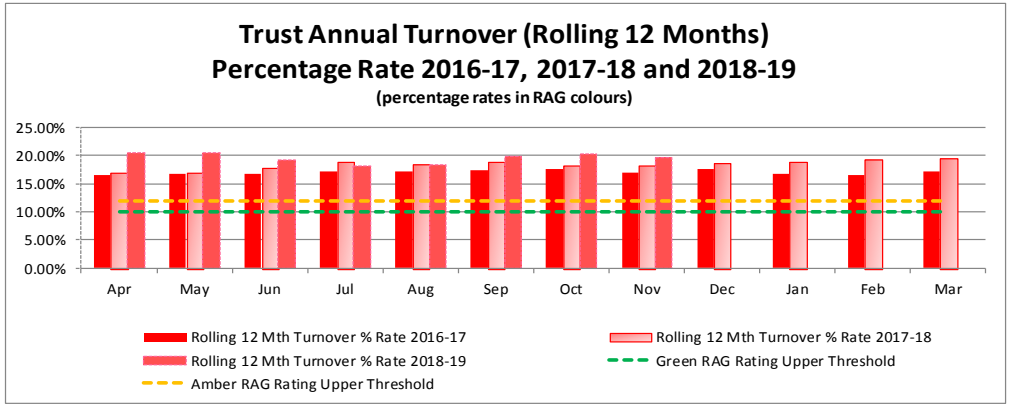
International Recruitment	Offered and Accepted (WTE)	Expected to start in the next month	Started
Critical Care Nurse	11	0	0
RGN	7	0	0
Theatre Practitioners	20	0	0
Total	40	0	0

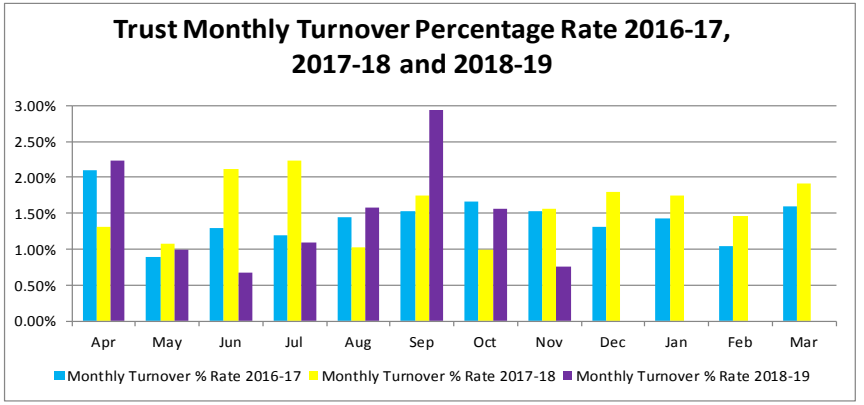
***Please note 50% of offered are expected to be unsuccessful during the international recruitment process or withdraw.**

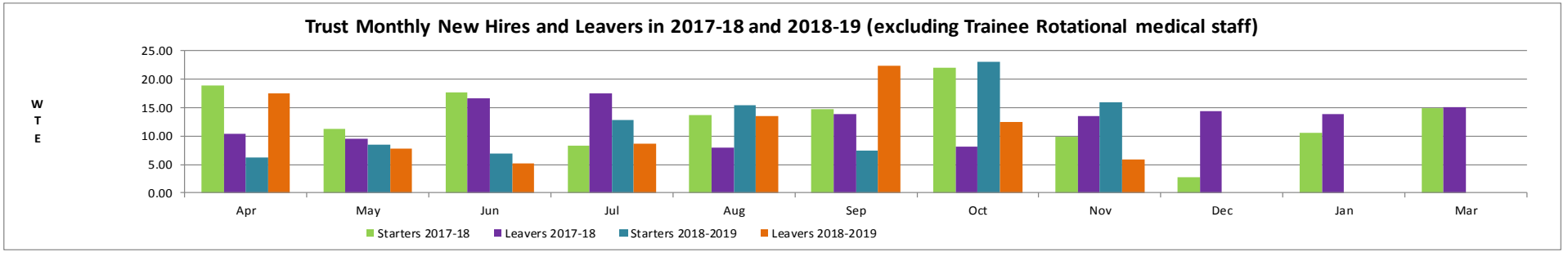
3. Turnover, New Hires and Leavers

ANNUAL TURNOVER ROLLING 12 MTHS excl. Trainee Doctors	Sep-18	Oct-18	Nov-18	Compared to Previous Month
Corporate %	17.64%	19.61%	19.65%	▲
Eyes %	24.64%	29.71%	25.95%	▼
Sleep %	26.54%	26.72%	23.79%	▼
Plastics %	16.29%	15.17%	13.07%	▼
Oral %	28.82%	30.15%	29.10%	▼
Peri Op %	23.28%	20.18%	18.91%	▼
Clinical Support %	13.21%	15.50%	15.38%	▼
Clinical Infrastructure %	30.38%	30.53%	28.39%	▼
Director of Nursing %	11.10%	11.10%	7.41%	▼
Operational Nursing %	18.46%	20.69%	21.36%	▲
QVH Trust Total %	19.88%	20.29%	19.52%	▼

MONTHLY TURNOVER excl. Trainee Doctors	Sep-18	Oct-18	Nov-18	Compared to Previous Month
Corporate %	2.72%	1.99%	0.65%	▼
Eyes %	3.18%	0.00%	0.00%	◄►
Sleep %	4.79%	0.00%	0.00%	◄►
Plastics %	2.04%	1.03%	0.00%	▼
Oral %	6.40%	0.00%	0.00%	◄►
Peri Op %	2.93%	1.38%	2.04%	▲
Clinical Support %	2.42%	3.05%	0.81%	▼
Clinical Infrastructure %	4.60%	2.90%	1.13%	▼
Director of Nursing %	1.96%	0.00%	0.00%	◄►
Operational Nursing %	0.92%	1.30%	0.36%	▼
QVH Trust Total %	2.94%	1.56%	0.75%	▼







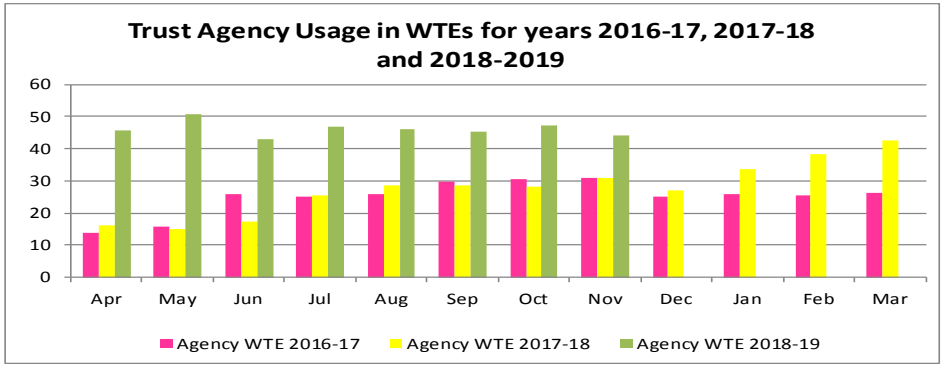
4. Temporary Workforce

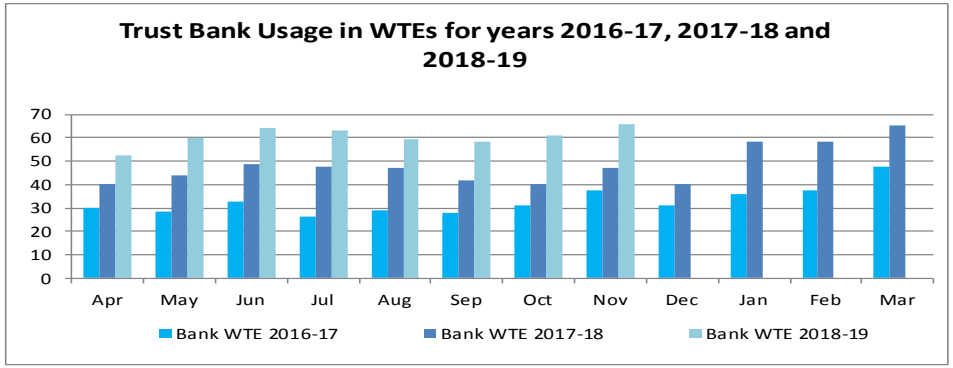
Agency				
BUSINESS UNIT (WTE)	Sep-18	Oct-18	Nov-18	Compared to Previous Month
Corporate	2.76	4.37	5.02	▲
Eyes	0.00	0.00	0.00	◄►
Sleep	0.12	0.55	0.79	▲
Plastics	3.50	1.06	0.00	▼
Oral	0.00	0.00	0.00	◄►
Periop	24.03	19.33	18.36	▼
Clinical Support	3.59	3.88	3.28	▼
Clinical Infrastructure	0.00	0.00	0.00	◄►
Director of Nursing	0.00	0.00	0.00	◄►
Operational Nursing	11.32	17.88	16.68	▼
QVH Trust Total	45.33	47.07	44.12	▼

Bank				
BUSINESS UNIT (WTE)	Sep-18	Oct-18	Nov-18	Compared to Previous Month
Corporate	8.93	8.60	7.32	▼
Eyes	4.27	2.93	2.03	▼
Sleep	3.47	3.55	3.67	▲
Plastics	3.79	2.55	3.93	▲
Oral	3.47	1.66	1.83	▲
Periop	14.44	14.15	14.09	▼
Clinical Support	5.21	5.06	7.26	▲
Clinical Infrastructure	6.07	5.64	6.86	▲
Director of Nursing	1.38	1.42	1.59	▲
Operational Nursing	7.46	15.59	17.07	▲
QVH Trust Total	58.49	61.13	65.64	▲

Agency				
STAFF GROUP (WTE)	Sep-18	Oct-18	Nov-18	Compared to Previous Month
Qualified Nursing	36.06	35.35	32.92	▼
HCAs	2.19	2.19	2.40	▲
Medical and Dental	1.38	1.06	0.00	▼
Other AHP's & ST&T	2.94	4.11	3.78	▼
Non-Clinical	2.76	4.37	5.02	▲
QVH Trust Total	45.33	47.07	44.12	▼

Bank				
STAFF GROUP (WTE)	Sep-18	Oct-18	Nov-18	Compared to Previous Month
Qualified Nursing	17.63	20.74	23.92	▲
HCAs	7.76	7.95	7.29	▼
Medical and Dental	0.21	0.15	0.31	▲
Other AHP's & ST&T	1.89	1.85	2.04	▲
Non-Clinical	31.01	30.44	32.09	▲
QVH Trust Total	58.49	61.13	65.64	▲



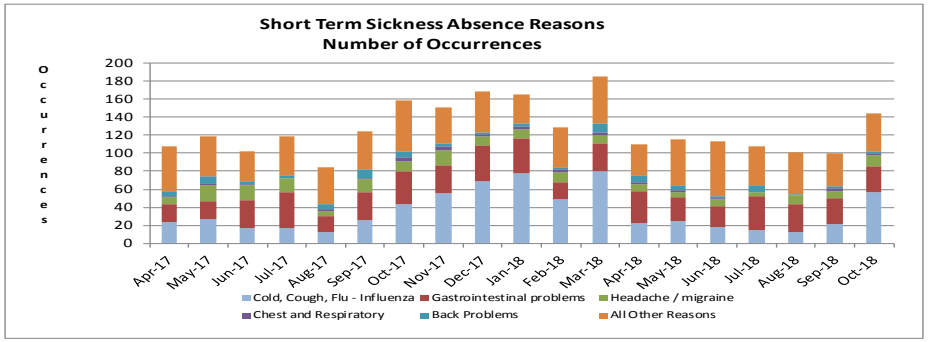


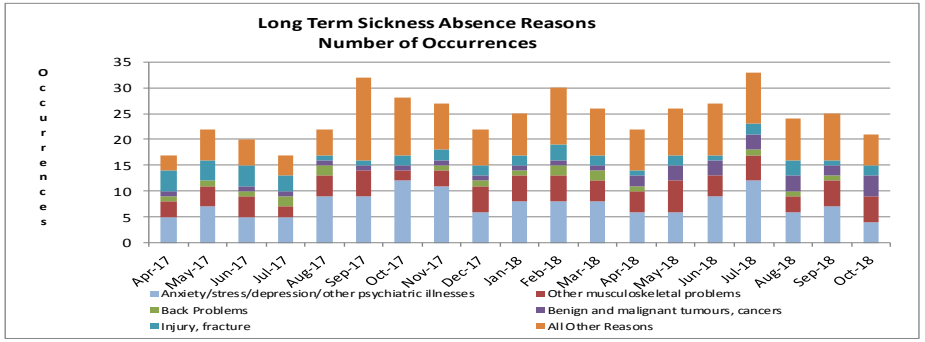
5. Sickness Absence

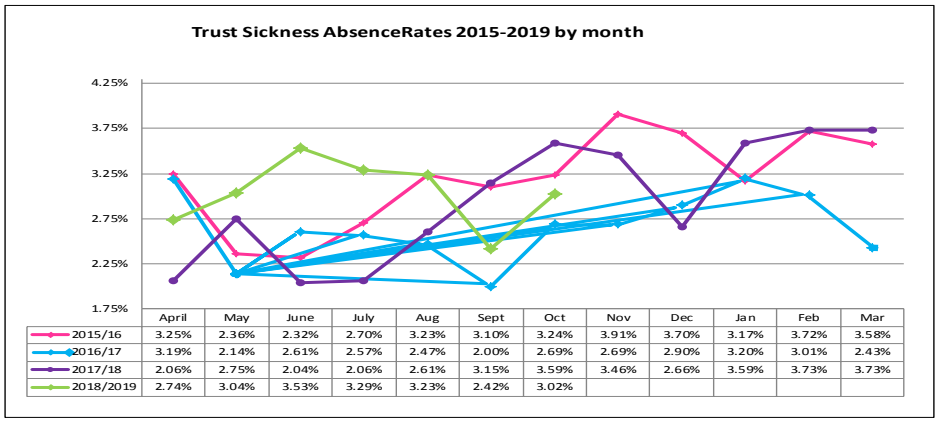
SHORT TERM SICKNESS	Aug-18	Sep-18	Oct-18	Compared to Previous Month
Corporate	1.27%	1.35%	1.88%	▲
Clinical Support	0.48%	0.96%	0.93%	▼
Plastics	0.85%	0.50%	1.27%	▲
Eyes	1.64%	0.08%	0.90%	▲
Sleep	0.85%	4.58%	0.81%	▼
Oral	0.27%	0.32%	0.18%	▼
Periop	2.11%	1.03%	2.79%	▲
Clinical Infrastructure	3.52%	1.06%	0.65%	▼
Director of Nursing	0.38%	0.00%	0.27%	▲
Operational Nursing	1.85%	1.27%	1.65%	▲
QVH Trust Total	1.30%	1.04%	1.50%	▲

LONG TERM SICKNESS	Aug-18	Sep-18	Oct-18	Compared to Previous Month
Corporate	0.67%	1.62%	0.00%	▼
Clinical Support	2.00%	0.95%	1.16%	▲
Plastics	1.44%	0.00%	0.00%	◄►
Eyes	2.47%	2.08%	2.76%	▲
Sleep	1.69%	0.00%	1.30%	▲
Oral	0.00%	0.00%	0.00%	◄►
Periop	3.56%	3.85%	2.94%	▼
Clinical Infrastructure	2.83%	3.08%	5.51%	▲
Director of Nursing	8.15%	3.50%	0.00%	▼
Operational Nursing	0.08%	0.79%	2.67%	▲
QVH Trust Total	1.94%	1.37%	1.52%	▲

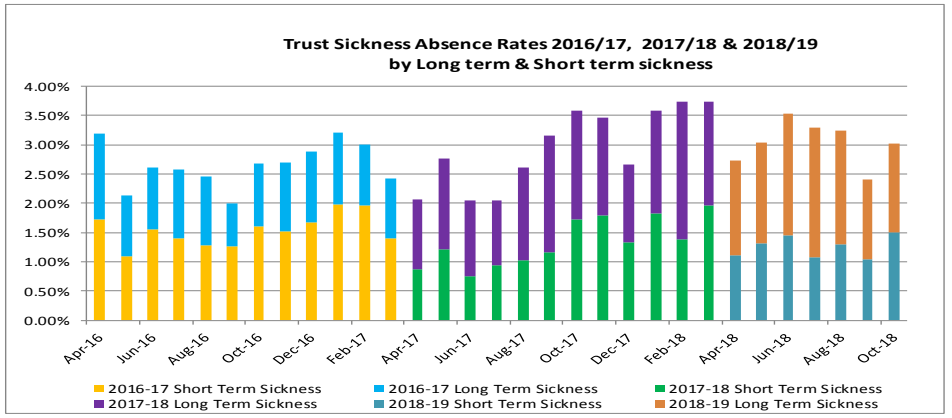
ALL SICKNESS (with RAG)	Aug-18	Sep-18	Oct-18	Compared to Previous Month
QVH Trust Total	3.23%	2.42%	3.02%	▲





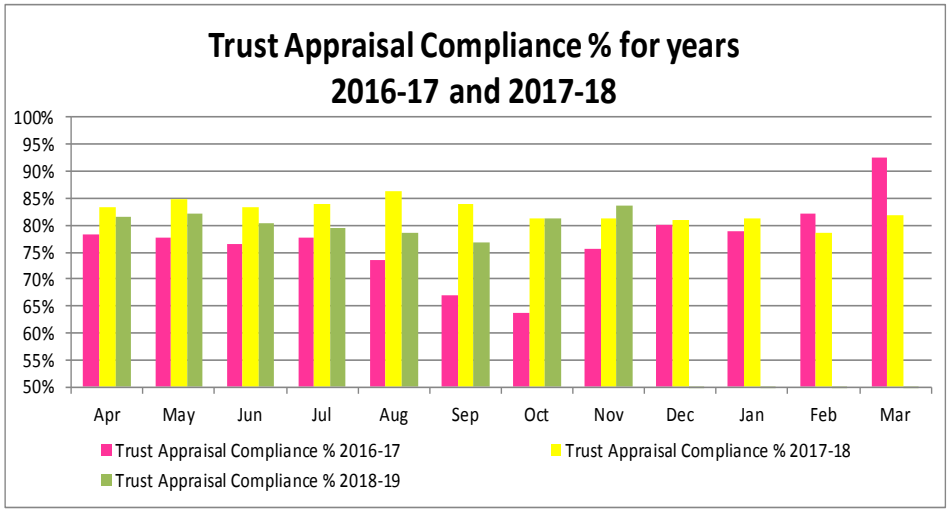


	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	3.25%	2.36%	2.32%	2.70%	3.23%	3.10%	3.24%	3.91%	3.70%	3.17%	3.72%	3.58%
2016/17	3.19%	2.14%	2.61%	2.57%	2.47%	2.00%	2.69%	2.69%	2.90%	3.20%	3.01%	2.43%
2017/18	2.06%	2.75%	2.04%	2.06%	2.61%	3.15%	3.59%	3.46%	2.66%	3.59%	3.73%	3.73%
2018/2019	2.74%	3.04%	3.53%	3.29%	3.23%	2.42%	3.02%					

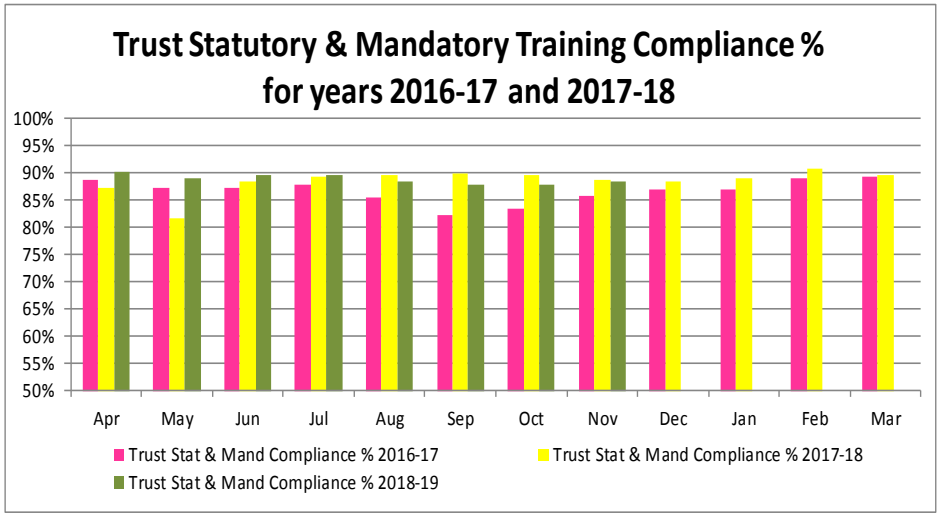


6. Training, Education and Development

APPRAISALS	Sep-18	Oct-18	Nov-18	Compared to Previous Month
Corporate	77.36%	77.02%	81.44%	▲
Eyes	73.08%	73.53%	77.78%	▲
Sleep	70.37%	85.71%	100.00%	▲
Plastics	68.47%	73.81%	73.26%	▼
Oral	75.58%	68.49%	70.13%	▲
Peri Op	70.74%	77.51%	80.84%	▲
Clinical Support	87.26%	87.01%	89.24%	▲
Performance and Access	57.50%	71.43%	85.37%	▲
Director of Nursing	85.71%	94.29%	94.29%	◄►
Operational Nursing	92.86%	92.98%	91.28%	▼
QVH Trust Total	76.89%	81.18%	83.76%	▲



MANDATORY AND STATUTORY TRAINING	Sep-18	Oct-18	Nov-18	Compared to Previous Month
Corporate	93.92%	83.86%	93.53%	▲
Eyes	87.44%	88.28%	88.60%	▲
Sleep	92.28%	90.94%	90.20%	▼
Plastics	81.65%	77.51%	79.04%	▲
Oral	82.52%	81.00%	84.56%	▲
Peri Op	82.71%	81.45%	81.98%	▲
Clinical Support	92.58%	91.40%	91.81%	▲
Performance and Access	89.81%	88.17%	89.71%	▲
Director of Nursing	90.38%	90.81%	90.81%	◄►
Operational Nursing	92.33%	93.21%	93.09%	▼
QVH Trust Total	87.70%	87.75%	88.31%	▲



7. Medical and Dental Workforce

Medical Workforce

- **February Rotation:** recruitment and pre-employment checks are underway for February 2019 intake with the majority of HEE training posts filled by HEE.
- **Locum agencies**: 1 agency locum consultant in Plastic Surgery this month.
- **Associate Specialist Grade**: this was a well-recognised grade until 10 years ago when the grade was closed, now relaunched to provide an improved career pathway for SAS doctors. The first advertisement will be for an associate specialist in Oral Surgery
- **Job Planning:** Round One concluded with 86% of consultants and 70% of SAS doctors completing the process. Future job planning rounds will be limited to a three month period from January-March with the next round wil commence in January 2019.
- **Medic On Line / Medic on Duty** – project is progressing as planned with all specialties on the system, there are implementation issues with the interpretion of leave that is being addressed as the project rolls out.
- **Medical appraisal rates:**

Org L4	Assignment Count	Required	Achieved	Compliance %
276 Clinical Support (Div)	10	10	10	100.00%
276 Eye (Div)	12	12	9	75.00%
276 Oral (Div)	45	45	38	84.44%
276 Perioperative Care (Div)	33	33	31	93.94%
276 Plastics (Div)	62	62	56	90.32%
276 Sleep (Div)	3	3	3	100.00%
Trust Total	165	165	147	89.09%

Medical Education

Monthly update

- An extremely well received skin lesion excision and flap course for QVH core trainees and external delegates took place on 30 October, including foundation doctors and medical students. We hope to re-run the course next year.
- The action plan from the School of Surgery visit to the Plastic Surgery department has been returned to HEE KSS following the LAB meeting on 29 November.
- Work has begun in the Education Centre to improve the rest facilities for junior doctors and other staff working at night.

Upcoming developments

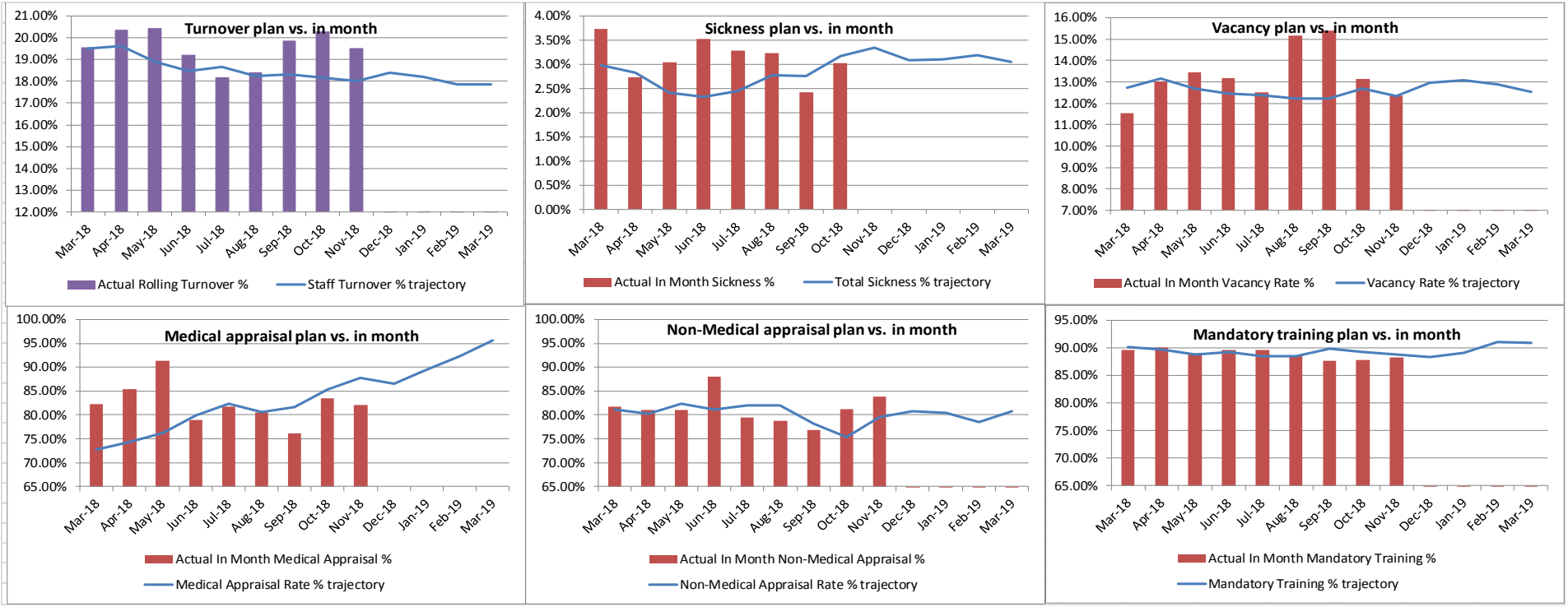
- Two new radiology registrars will start in December.
- The Junior Doctors Forum will take place on 10 December, the first meeting to be chaired by the new GOSW, Dr Joy Curran.
- The work to look at new roles and ways of working in conjunction with HEE will begin in Burns with a workshop on 17 December. An initial workshop with Sleep was held on 9 November, with positive results.

Statutory and mandatory training compliance

- Following a push, permanent/fixed term medical and dental employees are currently showing 83% compliant, which is an improvement on the previous month. Medical and dental bank workers are showing as 54.4% compliant, which is an improvement on the previous month. Action plans are underway to continue to improve these figures.

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%	20.29%	19.52%				
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%	2.42%	3.02%					
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%	13.14%	12.34%				
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%	81.18%	83.76%				
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%	80.52%	76.16%	83.54%	82.17%				
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%	87.75%	88.31%				



9. Organisational Development

- Plans are being formulated in relation to the continuation of Leading the Way into a this year
- NHS Public Sector Target Report for Apprenticeship starts has been released for the 2017/2018 financial year. The target for the NHS is 2.3% of all staff to start an apprenticeship in any given year. The NHS as a whole has achieved 1.2%, QVH has achieved 2.2% which is the highest within the KSS region.
- In order to improve MAST training compliance, the OD & L team are putting on extra training over the Christmas/New Year period when departments are quieter.
- The draft People and OD Strategy has been reviewed at board and is expected to be ratified early in the new year.
- A new Corporate Induction Programme will be in place for Febuary 2019 to include Information Governance and Equality & Diversity Training.
- The 2018 Staff Survey closed on the 30th November and the analysis will released in due course. We have a provisional response rate of around 50%.
- There is considerable work underway at an STP system level in support of leadership and talent management.

Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**Thursday 3rd January 2019**		**Agenda reference:**	**25-19**	
Report title:	**People and Organisational Development Strategy 2019**				
Sponsor:	Geraldine Opreshko, Director of Workforce and OD				
Author:	Geraldine Opreshko, Director of Workforce & OD				
Appendices:	People and Organisational Development Strategy 2019				
Executive summary					
Purpose of report:	The People and Organisational Development (OD) Strategy 2019 for QVH brings together all of the people and OD priorities and goals for the Trust, in one document. It is very much a vision, a statement of intent and builds on the Attraction and Retention plan 2017 which has become largely business as usual.				
Summary of key issues	The strategy is focussed around five key goals: 1. Engagement and Communication 2. Attraction and Retention 3. Health and Well-being 4. Learning and Education 5. Talent and Leadership As explored at the Board Seminar, December 2018, feedback and assurance against these goals will be provided to the Board through the Finance and Performance Committee on a quarterly basis as part of the workforce and OD report. Sources of assurance across all goals will include: NHS staff survey; staff friends and family test; stay and exit interviews; a more detailed health and well-being report; benchmarking where available; appraisal data (quality); system wide initiatives; Best Place to Work pilot. The first quarterly report will be scheduled for May. This takes account of the Board schedule, the CQC Well Led inspection and the timing of the NHS Staff Survey results which are normally embargoed publically until early March.				
Recommendation:	The Board is asked to agree the strategy				
Action required *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	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 and organisational development challenges				
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:	Board Seminar			
	Date:	06/12/18	Decision	For discussion
Next steps:				

Queen Victoria Hospital
NHS Foundation Trust

People and Organisational Development Strategy

2019

v1 18.12.2018

Ensuring our Trust is a great place to work, and a great place to receive care

Queen Victoria Hospital NHS Foundation Trust (QVH or the Trust) is a specialist NHS hospital providing life changing plastics, maxillofacial, reconstructive surgery, burns care, corneo and rehabilitation services for people across the South of England. In addition we treat common conditions of the hands, eyes, skins and teeth, have a sleep disorder centre and a Minor Injuries Unit on site.

The Trust is a centre of excellence, with a reputation for pioneering advanced techniques and treatments. Everything we do is informed by our passion for providing the highest quality care, the best clinical outcomes and a safe and positive patient experience.

Our exceptional service delivery depends on our workforce and ensuring that we have the right people with the right skills in the right place at the right time.

OUR OPERATING CONTEXT

This document describes our People and Organisational Development (OD) Strategy 2019. It takes account of the range of organisational development and workforce activities ongoing in the Trust and provides a framework for their continued development. It sits alongside and supports the implementation of other associated strategies in the Trust including the Quality Report, Quality and Safety Strategy, and our Attraction and Retention Plan.

Our workforce is vital in delivering efficient, safe and high-quality services to our patients and we recognise that the knowledge, expertise, hard work and professionalism of our staff is at the heart of the services we provide. Therefore, developing and enabling our workforce must be at the forefront of our thinking and everything we do.

We need to:

Continue to tackle the supply and shortage issues in some professions, particularly registered nursing in theatres and critical care, by careful planning and joined up recruitment and reviewing patient pathways to inform different ways of working.

Work innovatively across the sustainability and transformation partnership (STP) system, and collaborate wherever possible and sensible.

Continue to invest, at all levels in clinical and non-clinical professional and personal development and education.

Focus on retaining our existing staff firstly within our Trust and more broadly across our wider system.

Ensure staff are well led, well managed and motivated by meaningful and enriching work.

Look after our staff health and well-being.

Support leadership to deliver this organisational development strategy including the behavioural and culture change necessary for QVH to flourish in the challenging NHS environment.

Make QVH an attractive and inclusive place to work for people from all backgrounds.

Ensure QVH is an employer of choice.

Ensure workforce transformation aligns with recognised best practice wherever possible.

Our workforce and organisational development strategy underpins the delivery of the Trust's 5 key strategic objectives:

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 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 innovation	We provide streamlined services that ensure our patients are offered choice and are treated in a timely manner	We maximise 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

We believe that an inclusive workplace, where staff, patients, volunteers and community stakeholders are treated with dignity and respect, is everyone's responsibility. This 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 person 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 our diversity and offer contributions to the benefit of other staff and ultimately our patients within the communities we serve, where they can.

Our people are our most important asset, and through 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.

This document takes account of the known and anticipated changes and opportunities over the next three years. It also builds on the Attraction and Retention plan (summer 2017) that has been largely delivered and is now part of business as usual.

The Trust is monitoring any possible impact of Brexit in terms of our workforce.

NATIONAL:

The health and care system will continue to face significant challenges in the coming years. Local and national commissioning arrangements are constantly reviewed, demand for services increases and the lack of focus on strategic workforce planning nationally means there are likely to be significant workforce gaps for some time. The impact on QVH of the sustainability and transformation partnership (STP) across East Surrey and Sussex is still unclear.

The five year forward view was the national response to the challenges across the NHS over the five years it covered and beyond. The secretary of state has said he will publish a 10 year plan in late 2018 and the first NHS Workforce Strategy is also due for publication. This document will be updated as appropriate.

In the meantime the five year forward view recognised that to achieve real change it is essential to have 'the Right Workforce, in the Right Place with the Right Skills'. It made clear that action is required in all health and care economies to:

- develop employment models which enable cross boundary and cross sector working
- recruit and retain staff in the right numbers and in the right place
- ensure investment in training and skills development of existing staff
- plan supply and demand of job roles, including new roles/ways of working.

QVH People and Organisational Development Strategy

Our strategy has been developed in line with organisational design and future workforce requirements. It sets out our vision, ambitions and plans for the development of Queen Victoria Hospital NHS Foundation Trust, through our workforce, and is based around five key workforce and OD goals:

Organisational Design		Our Future Workforce		
GOAL 1 Engagement and Communication	**GOAL 2** Attraction and Retention	**GOAL 3** Health and Well-being	**GOAL 4** Learning and Education	**GOAL 5** Talent and Leadership

Our goals can only be achieved through delivery of KSO 5 – an engaged, and motivated workforce working together to deliver safe and compassionate care to our patients.

Organisational Design

QVH has been on a transformational journey particularly in the last three years due to significant changes in the senior leadership team, changes in our operating environment and quite a complex surgical hub and spoke model of care. The structure of business units and teams must support the delivery model going forward particularly as more digital solutions are introduced which are changing traditional ways of working.

This will also impact on the way support services are provided ensuring that structures and processes align to support our internal customers.

Overall we will need to ensure that we have appropriate skill mixes in teams to support delivery. To enable this we need full establishment control, appropriate skill mix across teams and clarity around roles and responsibilities in the structure.

Our People and Organisational Development goals are key in supporting and enabling the organisation to respond to these challenges.

Our Future Workforce

We need to build the skills of our managers in workforce planning particularly because of the very specialist skill mix required in some areas. We need a workforce that is fit for purpose, able to adapt to changing demographics, new roles and ways of working. A workforce that supports our clinical model, not the other way round. Workforce planning will be more fully integrated into service and financial planning at all levels of the Trust.

We also need to increase efficiency and productivity of the workforce by:

- ensuring temporary staffing spend is in line with national directions and service demands
- ensuring bank workers terms are competitive and attractive
- maximising change and improvement opportunities through natural turnover, yet ensure the Trust doesn't stay static
- supporting attendance levels by maintaining a focus on health and well-being
- reviewing shift patterns and respond to the needs of an ageing workforce
- embedding e-solutions that are seen as enablers and provide transparency of reporting across the Trust, realising the benefits of electronic rostering and job planning across the whole organisation

Our 5 goals are the foundation of our People and Organisational Development strategy.

GOAL 1

ENGAGEMENT AND COMMUNICATION

'A workplace approach designed to ensure that employees are committed to their organisation's goals and values, motivated to contribute to organisational success and able at the same time to enhance their own sense of well-being.'

Professor David Guest

Whilst every part of our People and Organisational Development strategy is important, improving staff engagement – engendering a sense of belonging, commitment and enthusiasm for our work and aligning the organisations values is the most powerful sustainable transformation we could ask for.

It is no surprise that research from the Kings Fund has found that there is a positive and strong correlation between staff satisfaction and patient satisfaction. An engaged workforce is likely to give greater discretionary effort, performing up to 30% above the average.

We want our workforce to be proud to work at our Trust and without hesitation recommend it as a place to work. We will work as one Trust irrespective of roles and responsibilities. We want our staff to be positively engaged in shaping the services they provide and the culture of their environment.

Staff engagement is pivotal in helping the Trust meet its current challenges and those that it will face in the future. By involving our staff in decisions and communicating clearly with them we help maintain and improve staff morale, especially during periods of uncertainty and change.

We recognise from the extensive work we have already undertaken that there is no silver bullet to improving staff engagement so it is important that all work involving our staff is interlinked. We know from an overwhelming body of evidence that engaged staff deliver better care and this is the theme that underlies KSO5.

In the last three years the Trust has seen a decline in the workforce recommending the Trust as a place to work as the workforce and activity pressures of the wider NHS have had an impact. There is a need for a culture review to gain a deeper understanding of this. So throughout 2019 the Trust will be a pilot site for the 'Best Place to work' initiative supported by Health Education England (Kent, Surrey, Sussex) [KSS] and Clever Together.

The key findings of the first stage of this innovative crowd sourcing research is to refocus 'retention' as a symptom of wider challenges in the system rather than the problem in itself. Irrespective of geographical location, type of provider or profession within health and social care across KSS the most important aspects of work are to be well led, well managed, have meaningful work in a suitable environment.

This will be a significant piece of organisational development work for the Trust over an initial 12 month period and is intended to engage the whole workforce.

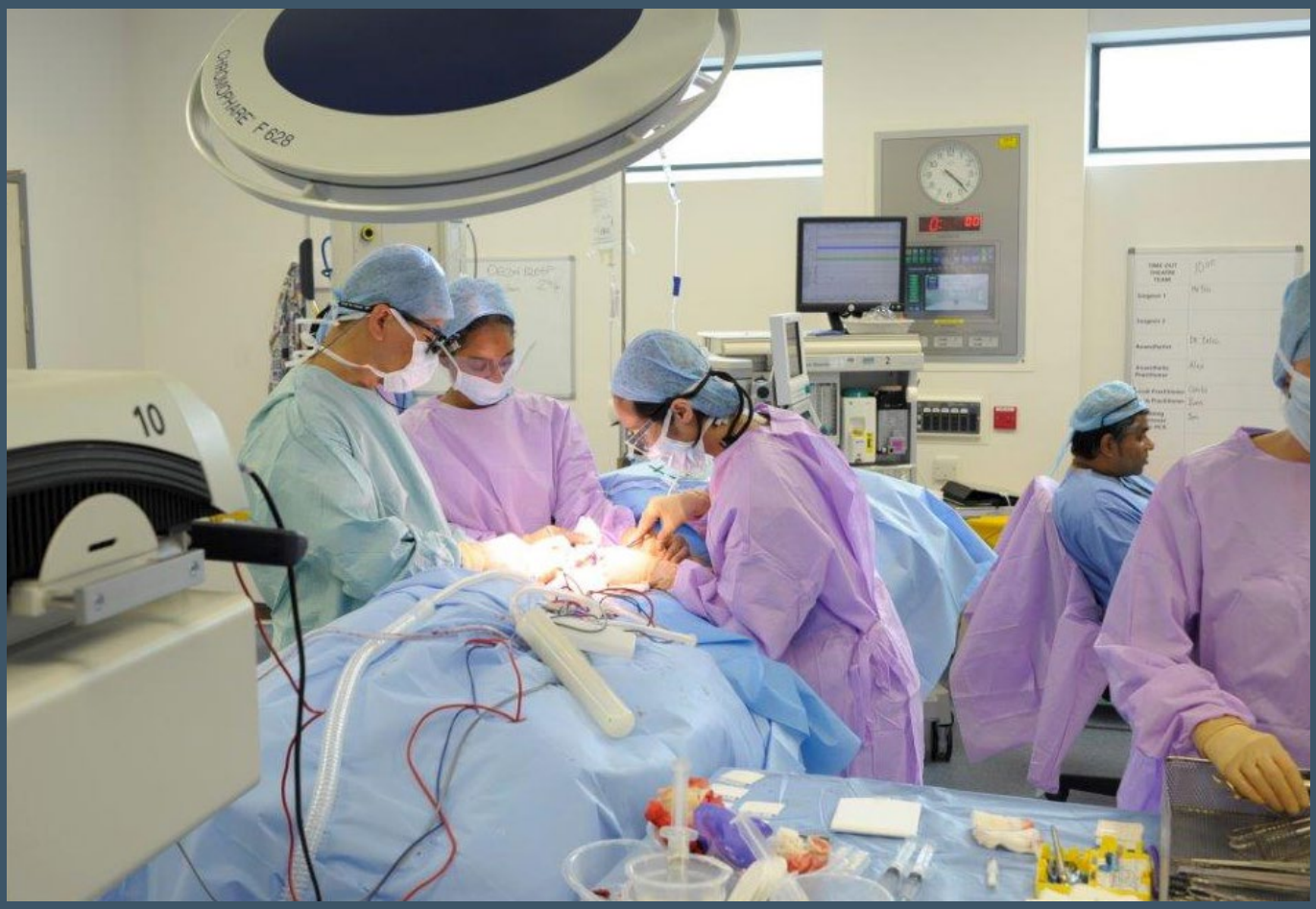
Culture can be changed in an organisation but it is not easy or quick. Changing culture is a collective outcome of many factors and the impact of these changes is very difficult to predict. It will need to be continually assessed and measured against the impact of changes as they are made.

Goal 1: Engagement and Communication

We want our workforce to:

- **feel proud to work for Queen Victoria Hospital as an employer of choice**
- **be engaged in shaping the services we provide**
- **be proactive in cascading information from Team Brief, up as well as down**
- **promote and embed an open and transparent culture where we listen and act on staff suggestions and concerns.**

GOAL 2
ATTRACTION AND RETENTION



We value and are very proud of the commitment and contribution of every member of staff at QVH. We equally want our staff to be proud to work for the Trust and to see us as an employer of choice.

Key to the success of the Trust and achievement of our strategy is attracting the best people to join QVH whilst at the same time retaining and developing the great talent and knowledge that we have across the whole organisation.

Addressing each of our People and Organisational Development goals in a positive and proactive way will support improved retention rates across teams.

Turnover of registered nursing staff in key areas (theatres, critical care unit, in-patient wards) has increased and remains high. We were invited to be part of the NHS Retention Improvement Programme in Summer 2017 which gave us access to case studies from trusts across the country for helpful consideration about what could be applied and adapted to our local context. We have been delivering the actions from our Attraction and Retention plan for some time now with small gains over time.

We understand the reality of an ageing workforce exacerbated by our geographical location and demographics – poor public transport links, high cost of living area but no high cost area supplement for staff as part of NHS terms and conditions.

With an estimated 10% of all vacancies unfilled in the NHS and over 42,000 nursing vacancies, this has made recruitment and retention of key clinical roles one of the biggest risks that the Trust faces.

Whilst we have had some small local success supported by sustained marketing campaigns additional action was needed. The Trust has partnered with another NHS provider and successfully ventured overseas to recruit nurses for high risk areas but the impact will be medium to long term.

We have used extensive positive PR to support both attraction and retention with features in printed media, extensive social media coverage as well as TV news items, advertising banners and bus advertising across the region.

Goal 2: Attraction and retention

We will:

- **regularly benchmark, review and promote what we can offer as an employer to ensure we are competitive in local markets**
- **use innovative and diverse methods to publicise the Trust and attract new talent**
- **ensure our recruitment and on-boarding process is as efficient as possible**
- **analyse workforce data from stay/exit interviews and staff surveys to respond to arising themes**
- **support business units with proactive plans to address staff shortages and improve their experience of working at QVH**
- **support workforce mobility across the STP.**

GOAL 3
HEALTH AND WELL-BEING

Looking after the health and well-being of our workforce is key to the delivery of this strategy and not only pays dividends for the individuals but also for the wider organisation and ultimately patients.

As the cost to the NHS of staff absence due to ill health is estimated annually to be in the region of £2.4bn this is clearly an important focus for any NHS organisation. The health and well-being of the workforce is also inter-dependant on the other key priorities of this strategy – being well led and managed, working environment, feeling engaged and motivated.

NHS Employers have launched an NHS Health and Well-being Framework and have identified eight elements that underpin effective health and well-being. They suggest that these elements should not be seen in isolation but all need to be in place to underpin our approach. There are four key behaviours that need to be in place to ensure the other elements, or actions, will be effective.

The biggest impact is seen when the following eight are in place:

Key behaviours	Actions
Leadership and management	Engagement
Organisation-wide plan	Healthy working environment
Know your data	Health interventions
Communication	Evaluate and act

The Trust has an occupational health service, employee assistance programme, fast track self-referral access to physio support and a rolling monthly programme of well-being events and initiatives. The appraisal process includes a section on well-being with a focus on prevention to ensure that managers have a conversation with their team members to see if any further support is required.

We will continue with our focus on stress, mental health, musculoskeletal issues as well as the impact of our ageing workforce and how we can support staff in the workplace for longer. We will continue our commitment to leadership development, which includes building personal and team resilience, to support managers in discharging their responsibilities and duty of care to staff. We will also continue to invest in our physical environment, equipment and technology to enable staff to undertake their roles safely.

Goal 3: Health and well-being

We will:

- **ensure we promote and provide access to the support and services available in the workplace**
- **support managers to ensure they understand and act on their duty of care to staff**
- **support staff to take responsibility for their own health**
- **encourage a flexible working culture that meets both the needs of the individual and the Trust to enable a healthy work life balance**
- **work collaboratively with others to identify, share and implement good practice**
- **continue to promote wide access to the services available as well as the calendar of well-being events.**

GOAL 4

LEARNING AND EDUCATION

'Train people well enough so they can leave, treat them well enough so they don't want to'

Richard Branson (2014)

To deliver and continually improve the quality of our services we need to ensure that our workforce is skilled and has access to learning and education to continually develop their skills and knowledge and learn from others.

With an emphasis on national skills shortages we have increased the focus on the need to grow our own. We have utilised the apprenticeship levy to support assistant practitioners, have worked collaboratively with partner organisations across the STP to develop the nurse associate role and will move on to opportunities to develop operating department practitioners and key roles in therapy and diagnostic staff.

We have undertaken work with workforce transformation leads in Health Education England to review some of our more traditional roles and pathways. We believe that some changes will aid job satisfaction in many areas of the clinical workforce and may lead to the introduction of new roles (e.g. surgical care practitioners, advanced clinical practitioners) in some areas. This supports a focus on multi-professional workforce development.

This will also help us develop a more flexible and adaptable workforce closely aligned to patient pathways which will require cultural change.

We have invested in practice education for our nursing workforce, supporting our educators as a team, to ensure our students and newly qualified registered workforce get a high quality learning experience and encouraging the unregistered workforce to develop and progress utilising apprenticeships.

Work will continue to quality assure the training and education provided for medical and dental staff. The Trust Simulation Lead will develop the breadth of multi-professional simulation training at the Trust.

We will continue to invest in the Leading the Way, an in-house management and leadership programme that has been easily accessible for clinical and non-clinical staff across a range of grades. It comprises both workshop based learning as well as recognised accredited qualification programmes through the apprentice levy.

Goal 4: Learning and education

We will:

- **create a culture of learning and continuous feedback in the workplace**
- **utilise the apprenticeship levy to support growing our own talent particularly in key workforce shortage areas**
- **work in partnership with others across our health and social care system to maximise return on education investment**
- **establish clear career pathways to support the progression and development of staff**
- **encourage staff to take ownership of their professional and personal development supported by flexible learning and educational pathways**
- **ensure all staff have a meaningful appraisal and set of objectives aligned to the Trust's strategic direction.**

GOAL 5
TALENT AND LEADERSHIP

Inspiring leadership is the most critical driver for a successful culture. Our leaders teach our organisation through what they express, model and reinforce with their daily behaviours. Our leaders are at all levels in the organisation and we will continue to invest in them all.

In its broadest sense talent management includes every part of the employee lifecycle. At the start of the cycle our employment brand and reputation has a significant impact upon our ability to attract the right people. At the end of the cycle, when a person leaves, where they go and what they do and say about us will impact on our brand.

There is a wide body of evidence that connects good leadership (clinical and non-clinical) and management to better care and patient outcomes, safety and care. Having great leaders is fundamental to delivering our strategy and to retaining great staff.

We need to ensure managers proactively develop and recognise talent, nurturing staff to meet their full potential.

We need to ensure that all staff are able to fully use their skills and abilities and identify those with high potential and aspirations to progress. It is important to note however, that progression needn't mean promotion as for many this is also about developing breadth of knowledge and skills with experience in different areas.

The small size of QVH can be a challenge when it comes to developing talent as we raise skills and expectations for individuals yet there is no role for them to progress to. It is therefore particularly important for the Trust to collaborate on a system wide level to retain talent within our region.

We will use the national framework for action, Developing People: Improving Care (Dec 2016) to support work in this area. This framework sets out 5 specific areas, notably:

- **leaders equipped to develop high quality local health and care systems**
- **compassionate, inclusive and effective leaders at all levels**
- **knowledge of improvement method's and how to use them at all levels**
- **support systems for learning at local, regional and national levels**
- **enabling supportive and aligned regulation and oversight.**

Talent management is a key enabler to supporting these conditions.

We will build on the success of the in-house 'Leading the Way' leadership and management programme to start identify potential in key people.

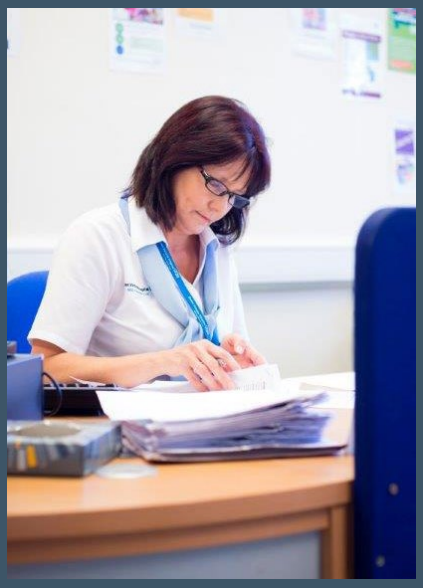
Current observations suggest that QVH still has significant elements of transactional leadership being exhibited. Staff want more feedback and involvement in decisions that impact on them at work evidenced in the staff survey.

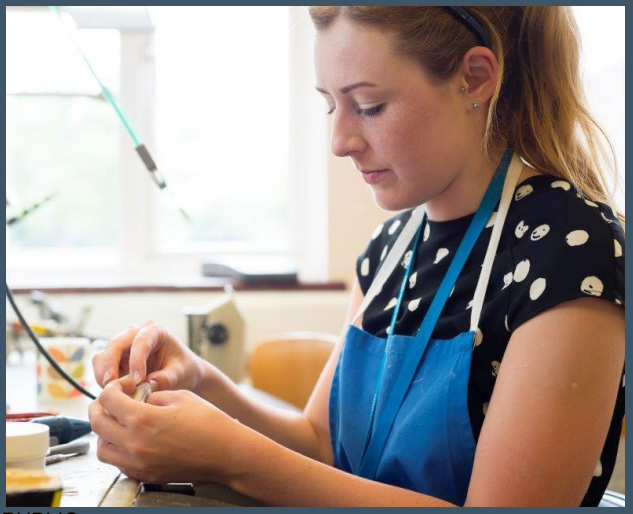
Key to this work will also be succession planning. QVH has a significant number of individual personnel in key roles which could leave the organisation vulnerable, so there is a need to develop more capacity and resilience across the organisation.

Goal 5: Talent and leadership development

We will:

- **work collaboratively across the STP system to keep talent in our health and care system**
- **develop a framework for identifying talent across the Trust**
- **encourage the development of transferable skills and qualifications for staff to be able to respond to changes in demand and services**
- **support staff to be the best they possibly can be in their current roles**
- **have a long-term approach to management and leadership development.**





HOW WILL WE MEET OUR GOALS?

This strategy has set out our goals for people and organisational development at Queen Victoria Hospital. Whilst executive directors have overall accountability for the implementation of the strategy, day to day responsibility sits with everyone in a management and leadership role and will be reflected in high level objectives for every business area. To ensure our Trust is a great place to work and a great place to receive care, everyone has a role to play by working collaboratively.

Overall leadership will come from the Director of Workforce and Organisational Development, and progress against these goals will be reported through the governance structure via workforce reports to Board and key committees.

a great place to work
a great place to receive care

Queen Victoria Hospital NHS Foundation Trust
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RH19 3DZ

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**3 January 2019**		**Agenda reference:**	**26-19**	
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 12 December 2018				
Summary of key issues	The Committee received assurance on KSO5 and the Effectiveness of Whistleblowing arrangements. It also reviewed the External Audit Plan for the 2018/19 audit and received an update from Internal Audit.				
Recommendation:	The Board is asked to **NOTE** the contents of this report.				
Action required *[highlight **one** only]*				**Assurance**	
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	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:	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:	3 January 2019
Reference number:	26-19
Report from:	Kevin Gould, Chair
Author:	Kevin Gould, Chair
Appendices:	N/A
Report date:	12 December 2018

Audit Committee

Meeting held on 12 December 2018

1. The Committee received an assurance update on KSO5 from the Director of Workforce and OD. The Committee noted the work being done to address the key risks around recruitment and retention. It was assured that appropriate steps were being taken, although less assured that this would fully resolve the issues given the wider national context.

2. The Committee received and reviewed a report on the effectiveness of Whistleblowing arrangements and was assured that appropriate arrangements are in operation.

3. The Committee reviewed the results of its annual self-assessment. No significant issues were identified.

4. A report on Declarations of Interest was presented which shows the Trust is one of only 5% of acute trusts fully compliant with recent legislation. However, some concern was noted about compliance rates and a further update will be received at the next meeting.

5. KPMG provided its update and its plan for the 2018/19 audit. In addition to risks covered in previous years, KPMG has identified two new significant risks – expenditure recognition (a direction from the National Audit Office) and the General Ledger migration. Given the deterioration in the Trust's financial position, they will also focus on Going Concern and have indicated increased risk over the Sustainable resource deployment element of the Value for Money criteria. It was noted that significant effort will be required from Finance to ensure compliance with new accounting standards.

6. Mazars advised that two internal audit reports for the year 2018/19 have been issued since the last meeting, both rated Satisfactory with no high priority findings. The Committee expressed some concern about the amount of work still to be completed given only 43% of the work has been executed and 11 reports remain to be completed.

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

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