Business Meeting of the Board of Directors

Thursday 7 November 2019

Session in public
10:00am – 1.00pm

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

MEETING OF THE BOARD OF DIRECTORS: 7 November 2019

Members (voting):

Chair	-	Beryl Hobson
Senior Independent Director	-	Gary Needle
Non-Executive Directors	- - -	Paul Dillon-Robinson Kevin Gould Karen Norman
Chief Executive:	-	Steve Jenkin
Medical Director	-	Keith Altman
Director of Nursing	-	Jo Thomas
Director of Finance and Performance	-	Michelle Miles

In full attendance (non-voting):

Director of Operations	-	Abigail Jago
Director of Workforce & OD	-	Geraldine Opreshko
Director of Communications and Corporate Affairs	-	Clare Pirie
Deputy Company Secretary (minutes)	-	Hilary Saunders
Lead governor	-	Peter Shore

Annual declarations by directors 2019/20

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, Longmeadow Views Management Co Ltd	Part owner of Professional Governance Services Ltd	NA	Nil	PGS charity clients may contract with NHS organisations, (not QVH)	Nil	Nil
Paul Dillon-Robinson Non-Executive Director	Nil	Nil	Nil	• Trustee of Hurstpierpoint College • Trustee of the Association of Governing Bodies of Independent Schools • Churchwarden and Trustee of the Parish of Buxted and Hadlow Down • Non-Executive Director (interim) of the Rural Payments Agency • Non-Trustee member of the Audit Committee of Farm Africa.	Independent consultant working with Healthcare Financial Management Association (HFMA)	Nil	Nil

Kevin Gould Non-Executive Director	• Director, Sharpthorne Services Ltd. • Director CIEH Ltd	Nil	Nil	• Trustee and Deputy Chair, Chartered Institute of Environmental Health • Independent member of the Board of Governors at Staffordshire University • Independent Member of the Audit & Risk Committee at Grand Union Housing Group	Nil	Nil	Nil
Gary Needle Non-Executive Director	• Director, Gary Needle Ltd, (management consultancy) • Director, T& G Property Ltd	Nil	Nil	• Chair of Board of Trustees at East Grinstead Sports Club Ltd (registered sport and lifestyle activities charity)	Nil	Nil	Nil
Karen Norman Non-Executive Director	Nil	Nil	Nil	Nil	Nil	Nil	Nl
Steve Jenkin Chief Executive	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Keith Altman Medical Director	Director, Maxfacs Ltd	Director, Maxfacs Ltd	Nil	Nil	Nil	Nil	Spouse co-director Max-Facs Medical and Chief Pharmacist Sussex Community FT
Michelle Miles, Director of Finance	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Jo Thomas Director of Nursing	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Other members of the board (non-voting)							
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

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
Paul Dillon-Robinson 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
Karen Norman Non-Executive Director	NA	NA	NA	NA	NA	NA	NA
Keith Altman Medical Director	NA	NA	NA	NA	NA	NA	NA
Michelle Miles Director of Finance	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

NHS
Queen Victoria Hospital
NHS Foundation Trust

Business meeting of the Board of Directors
Thursday 07 November 2019
10:00 – 13:00
Education Centre, Queen Victoria Hospital RH19 3DZ

Agenda: session held in public			
Welcome			
171-19	**Welcome, apologies and declarations of interest** *Beryl Hobson, Chair*		
Standing items		**Purpose**	**Page**
172-19	**Patient story** *Jo Thomas, Director of nursing*	*assurance*	-
173-19	**Draft minutes of the meeting held in public on 04 September 2019** *Beryl Hobson, Chair*	*approval*	1
174-19	**Matters arising and actions pending** *Beryl Hobson, Chair*	*review*	9
175-19	**Chair's report** *Beryl Hobson, Chair*	*assurance*	10
176-19	**Chief executive's report** *Steve Jenkin, Chief executive*	*assurance*	13
177-19	**Freedom to speak up annual report** *Sheila Perkins, FTSU guardian*	*assurance*	21
Key strategic objectives 3 and 4: operational excellence and financial sustainability			
178-19	**Board Assurance Framework** *Abigail Jago, Director of operations and* *Michelle Miles, Director of finance*	*assurance*	24
179-19	**Financial, operational and workforce performance assurance** *Paul Dillon-Robinson, Committee chair*	*assurance*	26
180-19	**Operational performance** *Abigail Jago, Director of operations*	*assurance*	29
181-19	**Financial performance** *Michelle Miles, Director of finance*	*assurance*	70
Key strategic objective 5: organisational excellence			
182-19	**Board assurance framework** *Geraldine Opreshko, Director of workforce and OD*	*assurance*	83
183-19	**Workforce monthly report** *Geraldine Opreshko, Director of workforce and OD*	*assurance*	84

184-19	**Equality and diversity annual report** *Geraldine Opreshko, Director of workforce and OD*	*assurance*	97
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services			
185-19	**Board Assurance Framework** *Jo Thomas, Director of nursing, and* *Keith Altman, Medical director*	*assurance*	148
186-19	**Quality and governance assurance** *Karen Norman, Non-executive director*	*assurance*	151
187-19	**Corporate risk register (CRR)** *Jo Thomas, Director of nursing*	*review*	154
188-19	**Quality and safety report** *Jo Thomas, Director of nursing, and* *Keith Altman, Medical director*	*assurance*	163
189-19	**6-monthly nursing workforce review** *Jo Thomas, Director of nursing*	*assurance*	192
190-19	**Flu vaccination of healthcare workers** *Jo Thomas, Director of nursing*	*information*	205
191-19	**7-day services bi-annual update** *Keith Altman, Medical director*	*information*	214
Governance			
192-19	**Audit committee update** *Kevin Gould, Committee chair*	*assurance*	219
193-19	**Update to Constitution** *Clare Pirie, Director of communications and corporate affairs*	*approval*	221
194-19	**Annual seal report** *Clare Pirie, Director of communications and corporate affairs*	*information*	224

Any other business (by application to the Chair)			
195-19	*Beryl Hobson, Chair*	*discussion*	-
Questions from members of the public			
196-19	*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**: 09 January 2020 at 10:00	**Council of governors** **Public**: 13 January 2020 at 16:00

Document:	**Minutes (draft and unconfirmed)**	
Meeting:	**Board of Directors (session in public)** **Thursday 5 September 2019, 10:00 – 13:00, Archibald McIndoe meeting room, QVH site**	
Present:	Beryl Hobson, (BH)	Trust chair (voting)
	Kevin Gould (KG)	Non-executive director (voting)
	Steve Jenkin (SJ)	Chief executive (voting)
	Abigail Jago (AJ)	Director of operations (non-voting)
	Michelle Miles (MM)	Director of finance (voting)
	Gary Needle (GN)	Non-executive director (voting)
	Karen Norman (KN)	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)
	Sheila Perkins (SP)	Freedom to speak up guardian **[items: 132-138]**
Apologies:	None	
Public gallery:	5 members of the public including 2 governors and 3 staff	

Welcome

132-19	**Welcome apologies and declarations of interest** The Chair opened the meeting and welcomed members in the public gallery. She went on to welcome PS to his first board meeting as lead governor. There were no apologies and no new declarations of interest.

Standing items

133-19	**Patient story** The Director of nursing reported that due to the length of today's agenda it had been agreed that there would not be a patient story at today's meeting.
134-19	**Draft minutes of meeting held in public on 4 July 2019** The draft minutes of the meeting held in public on 4 July were **APPROVED** as a correct record.
135-19	**Matters arising and actions pending** The Board received and approved the current record of matters arising and actions pending.
136-19	**Chair's report** The Board noted the contents of the Chair's report, in particular that this would be the last public board meeting for both JT as non-executive director and EP as medical director. The Chair thanked JT for bringing a balance of challenge, support and good humour to the role which had been much appreciated by the executive team. She went on to commend EP for undertaking the role of the medical director noting the organisation had benefited from his pragmatic and cheerful approach. On behalf of the Board, BH thanked them both and wished them well in the future.
137-19	**Chief executive's report** SJ presented his regular update as follows: • Overall Board Assurance Framework (BAF) No changes in overall scores. • CEO report: Highlights included:

	- Outpatients' activity including 'virtual' clinics for glaucoma patients, and the programme for reducing 'did not attend' rates with the help of a two-way text system. - The latest update on Brexit, with focus on communications with staff and patients - Formation of the Sussex Health and Care Partnership, a positive step to becoming an integrated care system (ICS) by April 2020. The benefits for QVH include improving our stake in the local health economy and providing a better recognised identity. The Board was assured that Kent was represented at Programme Board which would continue to consider our longer term collaboration in this region as well. - National issues including the additional £1.8bn worth of capital investment for the NHS, and a formal review on hospital food. - SJ added his thanks to that previously conveyed in respect of the support provided by EP and JT. The Board sought clarification as follows: - There was no immediate indication that the recently announced additional capital investment would benefit QVH. - Current pension rules were impacting on the willingness of medical staff nationally to provide additional capacity. There were no timescales around the current consultation process and it was noted this was a very complex issue with no single solution. The financial impact for the Trust was currently minimal but would increase over time and significantly impact on the RTT18 position. QVH was disproportionately affected due to the size of the organisation and the services it provided. - Dashboard The revised integrated performance dashboard which now included referral trends; the Board agreed this was a helpful addition. The dashboard would continue to be reviewed on a regular basis to ensure it was highlighting the most relevant data. - Media - This year's staff awards had generated 230 nominations across all categories, an excellent ratio compared with other trusts. - Regrettably, the headline used by HSJ in covering our planned changes for paediatric inpatients had been misleading. - SJ commended the work of Kathryn Langley, the Comms manager who had just stepped down after covering maternity leave since January this year. There were no further comments and the Board **noted** the content of the update.
138-19	**Freedom to speak up (FTSU)** SP joined the meeting to provide the Board with an update on national and local developments relating to Raising Concerns and Whistleblowing. Highlights included: - Completion of training in workplace mediation, attendance on a FTSU Guardian training day and linking up with the local FTSU network and the national guardian's office. - Updated guidelines on FTSU, which have been circulated to all Trusts. - Plans for forthcoming promotion of 'speak up month' in October - Six new contacts since the last update. The Board sought clarification as follows: - There were many ways in which staff could speak out about their concerns, and SP was continuing

	to promote these.
	• No general themes had been identified in the latest series of contacts. Any trends over the last 12-months would be highlighted in the FTSU annual report due to come to the Board in November.
	BH reported that following Ginny Colwell's departure, KG had agreed to take on responsibility as NED for FTSU. There were no further comments and the Board **NOTED** the contents of the update.

<table>
<tr><td colspan="2">Key strategy objectives 3 and 4: operational excellence and financial sustainability</td></tr>
<tr><td>139-19</td><td>Board assurance framework
<u>KSO3</u>
The KSO3 BAF had been reviewed at the recent Finance and performance committee (F&PC). AJ highlighted how national pension rules were impacting on medical staff willingness to provide additional capacity. Whilst the Regulator was aware of the Trust's position, it had not suggested any changes to the 52-week trajectory.

The Board asked that controls assurance relating to spoke sites be added to the BAF. [Action: AJ]

<u>KSO4</u>
MM noted that the risk score remained at 25. The Board considered the recent changes which supported this rating.

There were no further comments and the Board noted the contents of the update.</td></tr>
<tr><td>140-19</td><td>Financial, operational and workforce performance assurance
JT advised that the Committee had agreed to add an August meeting to the regular annual schedule. His report from 27 August was noted by the Board, and he reiterated that focus should remain on finance, performance and workforce as a whole rather than finance in isolation.

The Committee had sought additional assurance in respect of the CIP plan; a detailed presentation was scheduled for the October meeting.

The Board expressed concern that under the current run rate, and without additional CIP interventions, the Trust was unlikely to achieve its planned deficit for the year. MM agreed to provide further detail under item 142-19.

There were no further comments and the Board noted the contents of the update.</td></tr>
<tr><td>141-19</td><td>Operational performance
AJ provided the Board with the latest update on current operational performance, including:
• Open pathway performance trajectory had, for the first time, fallen behind plan. There were particular challenges in Ophthalmology and a detailed service review was currently underway.
• Workforce challenges, particularly amongst anaesthetic and AHP staff, had impacted on theatre utilisation.
• 52-week performance was still significantly behind plan, largely as a result of patient choice and was being carefully monitored by the regulator. The NHSI intensive support team had revisited QVH to review and concluded that overall the Trust was managing the process well. Suggestions to improve and strengthen this included earlier intervention in patient pathway.
• 62-day cancer standard was below target due to cancellations in July.
• Theatre utilisation had been impacted as a result of lack of anaesthetic and annual leave cover. Detailed analysis had been carried out and the Trust now had a good understanding of issues to be addressed.</td></tr>
</table>

	The Board sought and received additional clarification as follows: • Whilst QVH was one of only three trusts in the region with more than ten 52-week waits, removing patient choice cases would bring us back on track. The Board briefly discussed how earlier intervention in the patient pathway would help better manage the patient choice element. However, the Board was cognisant that whilst this might improve the RTT52-week position, our focus should always be on what was in the best interests of the patient. In the meantime, attention remained on eliminating non-patient choice cases. • New consultant anaesthetists had recently been appointed. Whilst this should improve theatre utilisation, the Trust had also had to manage sickness absence, maternity leave and the impact of the pension issue,. The Board commended the additional detail contained in this month's operational performance report. There were no further comments and the Board **noted** the contents of the update.
142-19	**Financial performance** MM presented the latest financial performance update asking the Board to note in particular: • Overall, the Trust had delivered a deficit of £3.1m YTD which was £0.2m behind plan due to underactivity; however, the fall in clinical income had been partially offset by reduction in expenditure. • Expenditure on pay and non pay were both under plan, but not sufficiently to offset the shortfall in income despite good progress on CIP delivery within procurement with a successful materials management scheme. • Delays in coding of clinical activity were being addressed and were expected to be resolved within the next 6 weeks. A coding audit would be undertaken to gain additional assurance. A robust accrual was anticipated based on the high level of uncoded activity in Q1, providing confidence for MO05 figures. However, the Trust should now consider how best to resource the coding team in future. • Clinical Income is averaging £5.4m per month – the average monthly plan for the remainder of the year is £5.7m. This is a key challenge for the Trust going forward. • To date, £949k of the CIPPS target of £1.72m had been identified. MM advised that £306k had been identified within perioperative care against the unidentified CIPP figure of £775k; in the meantime, work continued to identify further schemes against the target. • At the current run rate, the forecast for the year would be a deficit of £9.4m, £2m worse than plan. Focus would remain between now and the year-end on what areas could drive activity, increase income and reduce spend. • The capital programme contains a modest reserve of £2k for contingencies. This has impacted on the proposed allocation of funding for the phone system. Calls against the contingency were increasing and being reviewed by EMT. The Board noted that, as a result of this, some planned projects would need to be re-phased. The Board discussed the update seeking additional assurance as follows: • As part of supporting the Trust in achieving its cost improvement plans for 2019/20, MM had met with representatives from NHSI and Guys and St Thomas's GSTT to consider benchmarking opportunities; this included a review of the HRG tariffs to ensure QVH was consistent with other providers. Whilst sufficiently assured of the analysis and operational grip, the Board was less confident that current interventions would be sufficient to address the additional forecast deficit of £2m. MM concurred that there was nothing to suggest a significant improvement in the current run rate. She reminded the Board of her regular discussions with NHSI on the financial position.

Should the Trust choose to reforecast, it would be at MO09, assuming the agreement of NHSI.

- There were specific areas where adverse casemix was impacting on income. There was no way of managing this as it was beyond the Trust's control.
- The Board again raised concerns that despite the increase in substantive staff, the use of bank staff was still increasing; moreover, whilst use of agency staff had fallen in the last year, rates remained stagnant and there was no early indication of an improvement. The Board was informed that this topic was scrutinised at performance review and F&PC meetings, in addition to business units. However, whilst improvement may be seen in corporate areas, it was becoming increasingly difficult to recruit medical locums, and the high cost of agency staffing would continue to impact on our financial position.

There were no further comments and the Board **noted** the contents of the update.

Key strategy objectives 1 and 2: outstanding patient experience and world-class clinical services	
143-19	**Board assurance framework** KSO1 JMT presented the BAF for KSO1, noting there were no changes to risk ratings. Updates were underlined for ease of reference. The Board asked if there was an update on specialist commissioning intentions and was advised that whilst this work was underway, it was a large piece which would not affect QVH in isolation. KSO2 EP reported there were no changes to current risk ratings, but that controls and assurances now included reference to the temporary diversion of inpatient paediatric burns patients. There were no further comments and the Board **noted** the contents of the update.
144-19	**Quality and governance assurance** KN presented a report providing assurance on matters discussed at the Quality and governance committee (Q&GC) seminar on 21 July, the extraordinary meeting to receive annual reports from Q&GC groups on 24 July and the Q&GC committee meeting held on 21 August. Good assurance was received for most areas, but the Committee's aim was to move from quantitative towards more qualitative assurance. There was also a recommendation that report cover sheets should stand alone, and include progress updates. The Board sought and received additional clarification as follows: • The Committee had considered how to move from our CQC rating of 'good' to 'outstanding' in all areas. It would be easier to benchmark with other services rather than other trusts, due to the nature of QVH. • Annual reports had been presented by individual report authors, facilitating a thorough discussion. • Compliance in practice inspections were scheduled twice a year. In response to a query, JMT described the options available to NEDs wishing to assure themselves of patient experience. • Funding for the e-Obs project had recently been approved. There were no further comments and the Board **noted** the contents of the update.
145-19	**QVH risk appetite statement 2019/20** JMT reminded the Board that this was the second year it had been asked to review and approve the risk appetite statement. This was defined as the amount of risk that an organisation is willing to accept in the pursuit of its strategic objectives.

	No changes to the overall risk appetite statement were recommended; the intention was to maintain and republish it in its current format.
	The Board considered the risk statement for 2019/20 noting as follows:
	• That themes highlighted in the appendices were all directly linked through the BAF and the corporate risk register.
	• Defined risk appetite ratings should be considered in the context of the agreed risk appetite descriptions (appendix 2), ie a *high* risk rating is: *'a willingness to consider all potential delivery options and choose while also providing an acceptable level of reward and value for money'*
	The lead governor sought and received clarification on the difference between patient safety and patient experience in this context.
	There were no further comments and the Board **approved** the risk appetite statement for 2019/20.
146-19	**Corporate risk register (CRR)**
	The Board considered the current CRR, (also reviewed recently by the Q&GC), noting that two new risks had been added with three scores reduced; two of these remained on the CRR whilst one had moved across to the local risk register.
	The Board commended the Head of risk and patient safety for the improved, streamlined version of the CRR. It went on to seek clarification as follows:
	• A bid for capital funding had been submitted in order to address the current risk relating to Histopathology.
	• Noting that the risk relating to recruitment and retention had been reduced, the Board sought and received assurance regarding management of current staff shortages within Pharmacy.
	There were no further comments and the Board **noted** the contents of the update.
147-19	**Quality and safety report**
	The Board received the latest Quality and safety report, noting that it had been streamlined to avoid duplication. Particular emphasis was given to the following:
	• The results of the 2019 GMC National Training Survey, showing significant improvements for the Trust particularly in core surgical training. There was still work to do in plastic surgery, although EP assured the Board that the majority of areas were moving in the right direction. The Board noted that these results were a credit to EP as medical director and the whole medical education team, and asked that thanks be conveyed to those concerned.
	• BSUH had now agreed to the Trust's proposal for the appointment of three new plastic surgery consultants, with job plans based predominately at the Royal Sussex County Hospital in Brighton. EP noted that with contributions from existing QVH consultants with an orthoplastic interest, this will enable a robust, sustainable on-call and lower limb trauma service for the area.
	• We were also advertising for two new joint oral and maxillofacial surgery posts, with job plans split between QVH, ESHT and BSUH, to enable a network solution to OMFS cancer and trauma surgery. The Board commended this progress which would support future partnership working once rotas were in place.
	There were no further comments and the Board **noted** the contents of the update.
148-19	**Paediatric burns update**
	EP presented an update on the temporary diversion of paediatric inpatient burns to London and South East Burns Network partners at Chelmsford and Chelsea and Westminster, reminding the board in

	particular that: • The diversion had commenced on 01 August 2019. • Whilst patient safety had been maintained, impact on the full service had yet to be assessed. • It was important to remain cognisant that this was only an interim solution, proposed by QVH, whilst commissioners developed a permanent solution for the provision of adult and children's burns services. There were no further comments and the Board **noted** the contents of the update.
149-19	**Clinical strategy priorities update** Following receipt of the Clinical Strategy in March 2019, EP presented an update against priorities. This was a summary document only with limited detail, however there had been good progress overall. The Board noted that those areas not currently progressing at the intended rate were predominantly as a result of staff shortages and limited capital resource. It was also clear that any local strategy would have interdependencies with the wider programme board. There were no further comments and the Board **noted** the contents of the update.
150-19	**Safeguarding annual report** The Board noted and **approved** the Safeguarding annual report.
151-19	**Infection prevention and control annual report** The Board noted and **approved** the Infection prevention and control annual report.
152-19	**Patient experience annual report** The Board received the patient experience annual report.
153-19	**Emergency preparedness, resilience and response and business continuity annual report** The Board received the Emergency preparedness, resilience and response and business continuity annual report.
154-19	**Research and development annual report** The Chair commended the contents of the report and thanked EP and the research and development team for its achievements and the quality of the report. There were no further comments and the Board **noted** the contents of the annual report.
154-19	**Consultant revalidation annual report** The Board **noted** the contents of the Consultant revalidation annual report.
Key strategy objective 5: organisational excellence	
156-19	**Board assurance framework** Following recommendation by EMT and F&PC, the Board **approved** a proposal to change the wording of KSO5 to read: We *seek to be the best place to work by maintaining* a ……. workforce
157-19	**Workforce monthly report** The Board noted changes in formatting of the Workforce report; data was now presented under the five goals of the Trust's workforce strategy, and aligned to F&PC reporting. Highlights were: • Goal 1: Engagement and communication. Results of the Best Place to Work report would be presented to the Board later today and through HMT for onward communication. Work on improving staff engagement following results of the last staff survey continued. • Goal 2: Attraction and retention. Staff 'in post' numbers had remained stable in recent months. The shortage of Critical care nursing staff would be removed from the risk register shortly following

successful induction of international nurses. The F&PC would continue to focus on the increases in temporary staffing. Turnover remained stable.

- Goal 3: Health and wellbeing.
- Goal 4: Learning and education: A new approach to mandatory and statutory training (MAST) had been introduced to facilitate staff remaining compliant.
- Goal 5: Talent and leadership. Closer partnership working with Sussex Health and Care Partnership, including whole system leadership and talent management initiatives.

GO also asked the Board to note that today's report included the Trust's first Workforce Disability Equality Standard (WDES). QVH had been required to publish this at the beginning of August but as the Board was not scheduled to meet until after the deadline, F&PC had reviewed on the Board's behalf. There was currently no benchmark data available for comparison, but regular updates would be included in future workforce reports.

Likewise the Workforce Race Equality Standard (WRES) report, also included in today's reports, had been reviewed by F&PC prior to publication. Results showed some improvements in key areas. GO highlighted that whilst it was seen as an improvement that no BME staff had entered a formal disciplinary process within the reference period, this remained statistically insignificant with such a small base.

The Board considered the report, commenting that overall there had been considerable improvement in the majority of areas including MAST, sickness absence rates and 2019 GMC National Training Survey results. Recruitment drives had been successful with whole time equivalent (WTE) now above establishment. This led to the Board reiterating its concerns regarding anomalies of increased substantive staff, with increased use of bank staff.

There were no further comments and the Board noted the contents of the update.

Governance	
158-19	**Nomination and remuneration committee assurance**
	The Chair reported that at its last meeting in July, the Committee had approved the appointment of Keith Altman as new medical director with effect from 01 October. Assurance had been received that 2018/19 appraisals for all members of the executive team were now complete.
Any other business	
159-19	There was none.
Questions from members of the public	
160-19	Clarification of how paediatric burn referrals were being monitored was sought by one of the staff governors. EP confirmed that the Trust would continue to review long term in addition to short term trends.

Signed: ………………………………… (Chair)

Date: ………………………………….

	Matters arising and actions pending from previous meetings of the Board of Directors								
ITEM	**MEETING Month**	**REF.**	**TOPIC**	**CATEGORY**	**AGREED ACTION**	**OWNER**	**DUE**	**UPDATE**	**STATUS**
1	Sept 2019	139-19	BAF	KSO3	Controls assurance relating to spoke sites to be added to BAF	**AJ**	**Nov-19**		**Pending**
2	July 2019	102-19	Chief Executive's report	Standing items	EMT to consider which additional statistic might be added to dashboard relating to waiting lists. Feedback to be provided to F&PC	**SJ**	**Sep-19**	Additional graphs included showing referrals and reduction in dental referrals. Will be reviewed on regular basis to ensure this is capturing what the Board needs to see	**Closed**
3	July 2019	104-19	Workforce	KSO5	Resource implications on w/f front cover to be updated following reduction in risk rating for recruitment and workforce team constraints	**GO**	**Sep-19**	Now updated	**Closed**
4	July 2019	104-19	Workforce	KSO5	Results of Clever Together iniative to be reported back through HMT and August F&PC	**GO**	**Aug-19**	On September private board agenda and going to HMT prior to being cascaded to all staff	**Closed**
5	July 2019	109-19	Quality & Safety	KSO2	Draft terms of reference of Sussex Acute Collaboration Network to be reviewed by BoD in September	**SJ**	**Sep-19**	On September private board agenda	**Closed**
6	March 2019	56-19	Quality and safety	KSO2	Clinical strategy action plan to be developed and returned to BoD for review in September.	**EP**	**Sep-19**	On September public board agenda	**Closed**

Report cover-page				
References				
Meeting title:	**Board of Directors**			
Meeting date:	07/11/2019	**Agenda reference:**		175-19
Report title:	**Chair's Report**			
Sponsor:	Beryl Hobson, Chair			
Author:	Beryl Hobson, Chair			
Appendices:	None			
Executive summary				
Purpose of report:	To update the Board of Directors on the Chair, NED and governors activities since the last board meeting.			
Summary of key issues				
Recommendation:	For the Board to **NOTE** the report.			
Action required	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications				
Board assurance framework:	None			
Corporate risk register:	None			
Regulation:	None			
Legal:	None			
Resources:	None			
Assurance route				
Previously considered by:	NA			
	Date:		Decision:	
Next steps:	NA			

Report to:	Board of Directors
Meeting date:	07 November 2019
Agenda item reference no:	175-19
Report from:	Beryl Hobson, Chair
Date of report:	17 October 2019

Chairs Report

Overview

1. Today we welcome Paul Dillon-Robinson as a non-executive director of the Trust. Paul started at the beginning of October and joined us for the board away day in October. He will be chairing the finance and performance committee. He comes with a wealth of NHS and public sector experience and his most recent executive experience was as head of internal audit at the House of Commons. He is also an experienced non-executive director and trustee.

Chair's activities

2. Since the last board meeting, I have attended a number of meetings and walk rounds including:
   a. Informal walkabouts to:
      - Medical records
      - The Evolve team
      - Trauma clinic
      - PALS/ Patient experience
      - Human resources
      - Heads of nursing
   b. More formal visits to
      - Peanut ward
      - Critical care
   c. Meetings with the clinical director of Maxfacs and the clinical lead for Sleep
   d. A presentation to the board by the Clinical Director for Plastics
   e. An evening lecture by one of our ODPs, David Spear, who talked about training for his future role as a passenger on one of the Virgin Galactic suborbital flights
   f. Chair and CEO breakfast - it was great to have a team come and say thank you for the support they had received when they were going through a difficult time
   g. Trust induction – along with the CEO and other executive directors, I attend each monthly induction for new staff. In addition to welcoming them to the Trust I talk about the trust values and the expectations we have of staff to live up to these values
   h. I was pleased to attend the presentation of an IV stand (a very high tech IV stand) in memory of Guinea Pig, Alan Morgan. It was a delight to do this as Alan was the first Guinea Pig I ever met and I have had the pleasure of getting to know his family during my time as Chair
   i. Along with the Senior Independent Director, I chair the Appointments Panels for new consultants. In September we interviewed for a Consultant Oral and Maxillofacial Surgeon with a specialist interest in Head and Neck Surgery and were delighted to appoint Zaid Sadiq to the role

3. **Sussex Health and Care Partnership (formerly known as the STP)**

   I attended the Chairs oversight group which included discussion about
      - Developing our Sussex strategy including the Clinical Model (we received a draft copy of this document at our last board meeting and I fed back that we would have expected to see more detail behind some of the plans). At the

meeting we were advised that there is more detail and one of the issues is how to present this without creating an unwieldy document.

- Primary Care Networks
- The Integrated Care System (ICS) Accelerator Programme - by January we should have an agreed roadmap outlining the journey to becoming an ICS

Whilst this group was originally set up as an 'oversight' group it has developed into an information receiving forum at which the Chairs are given the opportunity to discuss the issues raised. It is very clear that our Board is kept very well informed by our CEO and executive directors and that we engage in the relevant topics at the appropriate time.

4. **Staff Awards**

There was a great atmosphere at the Staff Awards at the Crowne Plaza hotel, Felbridge, on 10th October. Congratulations to everyone who won an award or received a certificate for educational achievement or long service. Particular congratulations to everyone on Canadian Wing, who were the winners of the Chair's Cup.

5. **Governor Activity**

The Council of Governors met on 14th October. In addition to their usual business items they received an update on the Trust's staff health and wellbeing strategy. It was a good meeting with Governors asking relevant questions of the non-executive and executive directors.

Board Assurance Framework – Risks to achievement of KSOs

KSO 1 Outstanding Patient Experience	KSO 2 World Class Clinical Services	KSO 3 Operational Excellence	KSO 4 Financial Sustainability	KSO 5 Organisational Excellence
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 be the best place to work by maintaining 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 meeting 21/10/19 alongside the corporate risk register. KSO I and KSO5 risk ratings were reduced to 12 and 16 respectively due to improving vacancy rates in nursing and operating department practitioners and sustained evidence of outstanding patient experience. KSO 1 and 2 were also reviewed at the Quality and Governance Committee, 23/10/19. KSO 3, 4 and 5 were reviewed 28/10/19 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 outstanding patient experience remains workforce , the key risk to financial sustainability is underperformance against income plan, cost improvement plan and the underlying financial deficit and the key risk to operational excellence remains RTT 18 and the 52 week breach position . Additional assurance continues to be sought internally and the evidence of this is referenced in the respective director reports to the November trust board .

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Target risk
KSO 1	15	15	15	**12**	9
KSO 2	12	12	12	12	8
KSO 3	20	20	20	20	15
KSO 4	20	25	25	25	16
KSO 5	20	20	20	**16**	15

Report cover-page				
References				
Meeting title:	**Board of Directors**			
Meeting date:	**07/11/2019**		**Agenda reference:**	**176-19**
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			
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	• New Medical Director • NHSE National Cancer Patient Experience Survey for 2018 • Sussex Health and Care Partnership – Strategic Delivery Plan – Response to the Long term Plan			
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:	21/10/19	Decision:	Review BAF
Next steps:				

CHIEF EXECUTIVE'S REPORT
NOVEMBER 2019

TRUST ISSUES
New Medical Director
Mr Keith Altman, Consultant Oral and Maxillofacial Surgeon took over as Medical Director and Responsible Officer from Dr Ed Pickles on 1 October. Keith will be supported by a shared Deputy Medical Director role with Lt Col Tania Cubision, Consultant Plastic Surgeon with responsibility for revalidation and appraisal, conduct, job planning and local CEAs and by Mr Jeremy Collyer, Consultant Oral and Maxillofacial Surgeon with responsibility for Clinical Governance, GIRFT, and 7 day Services.

Shortlisted for an award
Emma Worrell, principal maxillofacial prosthetist, has been shortlisted for an Our Health Heroes award as clinical support worker of the year!

The judges were very interested in the national research being led from QVH. The team here treat about 200 patients a year who have an ocular prosthesis, and have feedback from 1,185 people across the country who wear an artificial eye. The study is now in the data analysis phase and the results will be published and used to develop best practice, update patient information sheets and improve cleaning protocols. Last year it was featured on Radio 4's Inside Health programme – presenter Mark Porter is pictured right with Emma.

Emma told the award team "Our work on prosthetic eyes is very much a team effort; I am lucky enough to work with an expert and enthusiastic team of prosthetists. Queen Victoria Hospital does amazing work rebuilding people's lives and I am proud to play my part in that."

Cancer scores
NHSE National Cancer Patient Experience Survey for 2018 was published during September 2019 and once again QVH rated highly the service they receive at the trust. Overall the results showed the average patient rating for their care was 8.9 out of 10.

Integrated Performance Dashboard Summary
Our Integrated Performance Dashboard summary (Appendix 1) highlights 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.

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

The entire BAF was reviewed at the executive management meeting on 21 October 2019 alongside the corporate risk register. KSOI and KSO5 risk ratings were reduced to 12 and 16 respectively due to improving vacancy rates in nursing and operating department practitioners and sustained evidence of outstanding patient experience. KSO1 and 2 were also reviewed at the Quality and Governance Committee on 23 October 2019.

KSO 3, 4 and 5 were reviewed 28 October 2019 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 outstanding patient experience remains workforce, the key risk to financial sustainability is underperformance against income plan, cost improvement plan and the underlying financial deficit and the key risk to operational excellence remains RTT 18 and the 52 week breach position.

Additional assurance continues to be sought internally and the evidence of this is referenced in the respective director reports to the November trust board.

Media
Appendix 2 shows a summary of QVH media activity during September 2019.

SECTOR ISSUES

Sussex Health and Care Partnership – Strategic Delivery Plan – Response to the Long term Plan
The Sussex Health and Care Partnership is a new footprint which serves a large and varied population of 1.7 million people and is responsible for £4bn of health and care spending, delivered through over thirty thousand staff. It is a complex system with multiple providers, commissioners and partners. We are currently on the journey to transition from the previous Sussex and East Surrey Sustainability and Transformation Partnership towards our new Sussex Health and Care Partnership.

In response to the NHS Long Term Plan, each health and care economy has been asked to put together a plan to meet the current and future needs of its population. The aim of the Sussex Health and Care Plan is to improve lives, extend lives and save lives by focusing on keeping people healthier for longer and giving our local populations the right care, in the right place at the right time.

The plan includes commitments to change how the Sussex health and care organisations work together, transform patient pathways, address the financial deficit, address workforce gap and deliver the significant number of initiatives included within the Long Term Plan.

The plan has been developed across our health and care partners over the last nine months with the involvement and input of partners, clinicians, specialists, health and care professionals, staff, and the local public. It is a continuation of the work that has already taken place over the last few years to improve and join-up health and care services.

Sussex Health and Care Plan is now available for public comment for two weeks, ahead of the final submission on 15 November. It can be found here:

https://www.seshealthandcare.org.uk/about-us/sussex-health-and-care-plan/

NATIONAL ISSUES

Freedom to Speak Up Guardian
Two documents have been published since the Board last met: the results of the 2018 survey of guardians, and a report on a new freedom to speak up (FTSU) index, which monitors 'speaking up culture' in the NHS.

The survey of guardians showed that 84% of respondents felt that Freedom to Speak Up culture in their organisation had improved, and that 83% felt that Freedom to Speak Up culture in the NHS had improved, over the last 12 months. The National Guardian's Office also made a number of recommendations; the QVH FTSU Guardian and the chief executive will review these together and ensure our arrangements are in line with the recommendations.

The National Guardian's Office (NGO) report on the new freedom to speak up (FTSU) index, is based on four questions from the annual NHS staff survey.
- % of staff responded "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff responded "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)

- % of staff responded "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff responded "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

The purpose of the index is to enable trusts to see how their FTSU culture compares with others and promote the sharing of good practice.
QVH scores well achieving 80%; the national mean is 78% and the range is 87-68%.

The report includes case studies from the best performing trusts and those that have made the most significant improvement, detailing the changes that trusts have made to engage with their workforce and develop a positive speaking up culture and the impact that this has made. The QVH FTSU Guardian and the chief executive will review these together.

Care Quality Commission published State

The Care Quality Commission (CQC) has published its State of health care and adult social care in England 2018/19. The report is CQC's annual assessment of health and social care in England and looks at trends in quality, shares examples of good and outstanding care, and highlights where care needs to improve. Key points from the report are detailed below:

- CQC has found that the overall quality of care that people receive in England has improved very slightly from last year. When people are receiving care, it is mostly of good quality. However, even where care services are of good quality, CQC has found many people can struggle to get access to the care they need and want, impacting on their experience of care.
- Access and staffing are presenting challenges across all care settings, with geographic disparities in provision presenting particular barriers in some parts of the country.
- The report highlights pressures in A&E and across the system. It states figures for emergency attendances and admissions are continuing to rise year-on-year, and patients struggling to access non-urgent services in their local community can have a direct impact on secondary care services.
- This year's report focuses particularly on inpatient mental health and learning disability services as this is an area CQC is seeing some decline in quality. While the overall quality picture for the mental health sector remains stable, and CQC has seen good and outstanding care, CQC states this masks deterioration in some specialist inpatient services.
- CQC has also seen too many people using mental health and learning disability services being looked after by staff who lack the right skills, training, experience or support from clinical staff. CQC states the lack of appropriately skilled staff it has observed in services reflects a national shortage of nurses in these areas of practice.
- In adult social care, CQC states issues around workforce and funding continue to contribute to the fragility of the sector. 2018/19 saw providers continuing to exit the market and CQC has highlighted the sustainability of the domiciliary care market is a particular concern.
- The report calls for actions in the following areas: more and better services in the community; innovation in technology, workforce and models of care; system-wide action on workforce planning; and long-term sustainable funding for adult social care.

Steve Jenkin
Chief Executive

NHS
Queen Victoria Hospital
NHS Foundation Trust

KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services

Indicator	Value	Trend
C-Diff	0	→
MRSA	0	→
E-coli	0	→
Gram-negative BSI	0	→
Serious Incidents	1	↓
Never Events	0	→
No of QVH deaths	0	→
No of off-site deaths	0	↑
(within 30 days)		
Contacts	18394	→
Complaints	2	↑
Closed <30 days	6	↑

FFT

Indicator	Value	Trend
In-patient	98%	↑
Day surgery	97%	↑
MIU	93%	→
Trauma	98%	→
O/Ps	95%	→

KSO 3 Operational Excellence

Indicator	Value	Trend
MIU <4hrs	99.26%	→
RTT 18 weeks	81.62%	↑
Cancer 2ww	93.10%	→
Cancer 62 day	91.20%	↑
Diagnsotics <6weeks	99.11%	→
52ww	25	↑
(patient choice)	22	→
Outpatients utilisation	90.00%	→

KSO4 Financial Sustainability

Indicator	Value	Trend
Financial plan YTD	(£4,153K)	↓
Variance to plan YTD	£61k	↑
Patient activity income variance YTD	(£213k)	↑
CIP delivery YTD	£549k	↑
Agency spend % of pay bill in month	3.21%	↑

KSO5 Organisational Excellence

Indicator	Value	Trend
Vacancy rate	11.67%	→
Turnover rate	14.94%	↑
Sickness rate	1.83%	↑
Appraisal rate	89.01%	↑
MAST	92.51%	↑
Q2 Staff FFT (work at QVH)	71.73%	→
Q2 Staff FFT (care at QVH)	97.35%	→

Activity - M6

Activity - M6	Plan	Actual	2018/19
MIU attendances	1,074	1,220	1,093
Elective (day case)	1,135	1,050	873
Elective	342	309	276
Non-elective	439	424	422
Critical care	116	102	79
O/P first attendance	3,958	3,637	3,764
O/P follow up	10,366	9,951	9,272
O/P procedures	2,507	2,090	1,838
Other	4,027	3,981	2,948

Key	Improved Performance	Deteriorating Performance	Remains the same
	↑	↓	→

Current summary: sustained improvements in workforce, however, financial challenges around income and CIP. Significant numbers of patient choice impacting upon 52ww position although RTT position is improving in line with trajectory agreed with commissioners.

QVH media update –September 2019

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

Patient treated following explosion in Cambodia

QVH has been mentioned by a variety of different media outlets in relation to a patient.

Zoe Eleftheriou and her family have been speaking about the petrol station explosion in Cambodia she was caught in which resulted in her sustaining significant burns. They explain how once repatriated to the UK she has been receiving treatment from our burns team.

Mentions included Kent Online (pictured), and the BBC News website.

Rochester teacher Zoe Eleftheriou flying home after suffering burns in petrol station explosion in Cambodia

KENT TRAVEL NEWS   SIGN ME UP FOR NEWS ALERTS

By Nicola Jordan njordan@thekmgroup.co.uk

Published: 06:00, 05 September 2019

A teacher who suffered severe burns when a petrol station exploded is due to arrive back in the UK today - two months earlier than originally expected.

Zoe Eleftheriou, from Rochester, is flying home from Thailand with a medical team from a Bangkok hospital where she has been in intensive care since the horrific blast three weeks ago.

It was also featured on BBC South East Today tea time and evening news where they interviewed Zoe and her family at home and also showed the reporter filming a live link outside of the hospital.

Girl burnt after glue spills on leggings

Following on from coverage last month mentioning a girl who was burnt after glue spilled on her leggings, we were again mentioned in a piece in the Daily Mail about Primark investigating the claims. The child was treated by our burns team

Primark is investigating a claim its false nail glue left a girl, 11, 'scarred for life' after it burned through her leggings leaving her clothes stuck to her skin

Historic patient case resurfaces in new story

Boy, 14, needs a tooth removed from his SKULL after he was bitten during a football match when he collided with another player - but it took doctors 12 DAYS to spot it was there

The Daily Mail ran a story about a boy in Portugal who needed a tooth removed from his skull after being bitten during a football match. Whilst we were not involved in this case, a teenager we treated in 2015 who suffered severe damage to his hand after an entire tooth was found inside was cited in the story. The story was also picked up by other websites.

Tributes to former hospital nurse

QVH was named in the obituaries of Hazel Turbervill, a nurse once called the 'hardest-working woman in the UK' and 'one of life's angels'. She began her nursing career at our hospital where she was one of our pre-student nurses from 1959 to 1961. A piece about her was included in the Eastern Daily Press, East Anglian Daily Times and Lowestoft Journal.

Devoted nurse remembered after two decades in town's hospital

PUBLISHED: 15:42 06 September 2019 | UPDATED: 16:02 06 September 2019 | Reece Hanson

QVH prosthetist shortlisted for national award

The FEnews.co.uk website featured an article on the Our Health Heroes awards and mentions QVH maxillofacial prosthetist Emma Worrell who has been shortlisted for the accolade clinical support worker of the year.

Fighting Parkinson's with sensor technology

Emteq's emotion-detecting spectacles can act as mental and physical therapy

Sensor technology's many applications

Earlier this year Charles Nduka, one of our consultant plastic surgeons, was interviewed for **Wired** magazine about the emotion-detecting spectacles he is working on.

The piece explains how idea initiated from his work treating patients with facial palsy at our hospital but applications for other conditions including Parkinson's are being investigated.

Press releases

We issued two press releases at the end of September which you can read via these links:

- Keith Altman appointed as new Medical Director

- Hospital prosthetist shortlisted for national award

For more information…

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

If you use social media, please follow us on Facebook and Twitter

Report cover-page				
References				
Meeting title:	**Board of Directors**			
Meeting date:	**07 November 2019**		**Agenda reference:**	**177-19**
Report title:	**Freedom to speak up annual report**			
Sponsor:	Sheila Perkins, FTSU Guardian			
Author:	Sheila Perkins, FTSU Guardian			
Appendices:				
Executive summary				
Purpose of report:	The purpose of this report is to provide the Board members with an annual update on the FSUG role and the activity so far.			
Summary of key issues				
Recommendation:	The Board is asked to **NOTE** the contents of the report			
Action required *[highlight **one** only]*	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:				
Corporate risk register:				
Regulation:				
Legal:				
Resources:				
Assurance route				
Previously considered by:	NA			
	Date:		Decision:	
Previously considered by:				
	Date:		Decision:	
Next steps:				

NHS
Queen Victoria Hospital
NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	07 November 2019
Reference number:	177-19
Report from:	Sheila Perkins, FTSU guardian
Author:	Sheila Perkins, FTSU guardian
Appendices:	None
Report date:	25 October 2019

Freedom to speak up

1. I continue to introduce the Freedom to Speak Up role at the staff induction every month to ensure that 'Speaking Up' becomes embedded in the culture of the hospital. The presentation has recently been updated and I have been able to share appropriate Speak Up case studies from other NHS Trusts.

2. During the induction presentation I publicize the availability of the different mechanisms whereby staff can speak out about their concerns.

3. I continue to offer support to staff who have voiced concerns, whichever route they have chosen to raise those concerns.

4. I offer ad hoc contact to members of staff who have raised concerns to ensure that they feel supported.

5. I have completed the recent National Guardian's Office survey – the results will be published at the end of the year.

6. I plan to offer a questionnaire to staff who have spoken up to explore their experience of the process and to obtain feedback ; I am going to attend a regional training event to see how other hospitals have effectively managed to collect and collate this data.

7. Since the last board meeting one member of staff has raised a concern that has been addressed:

Concerns Raised Since last Board Meeting	Speak ups
Building / Equipment safety	1

8. During this year, so far, I have been approached by seven members of staff

Month	Speak ups
January 2019 – March 2019	3
April 2019 – June 2109	1
July 2019 – Sept 2019	2
October 2019 -	1

9. Although the number of staff accessing The Freedom to Speak Up Guardian service is lower than the year before, the most frequently raised concern is still that of unacceptable behaviour / bullying from a manager or team leader:

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

10. The demographic of staff accessing the Freedom to Speak Up Guardian is comparable to last year:

Nursing	1
Administrative Staff	3
Other	3

Sheila Perkins, FTSU Guardian

Strategic Objective	Risk Appetite	Initial Risk / Current / Target
Strategic Objective We provide streamlined services that ensure our patients are offered choice and are treated in a timely manner.	**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

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.

Rationale for current score

- Waiting list size and challenge with long wait patients [CRR 1125]
- Performance challenges across OMFS, plastics and eyes
- Spoke site links and pathways
- Vacancy levels in theatre staffing and theatre capacity – <u>mitigated yet remain a challenge in some areas [CRR 1077]</u>
- Vacancy levels in sleep [CRR 1116]
- Specialist nature / complexity of some activity
- Administrative vacancies
- Variable trust wide processes including booking and scheduling
- Late referrals from referring organisations
- Vacancies in non consultant level medical staff in corneo plastics and associated recruitment challenges
- Initial recruitment to breast locum not successful
- Ongoing medical vacancies in corneo [CRR 1143]
- Sentinel Lymph Node demand [CRR 1122]
- Anaesthetic cover over summer period
- Pension rules impacting medical staff willing to provide additional capacity
- Orthodontic workforce vacancies

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
- Revised access and cancer policies
- RTT recovery plan in place
- Trajectories developed for delivery of RTT position for 18/19 and 19/20
- Development of revised operational processes underway to enhance assurance and grip
- 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
- Theatre improvement programme ingoing and work to date has established revised planning arrangements
- Mobilisation of outpatient improvement programme
- Corneo plastic service review underway
- OMFS capacity and demand analysis underway
- <u>Recent recruitment of corneo follows has improved position but some gaps remain</u>

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 and cancer patients from neighbouring trusts
- High vacancy rate in theatre nursing/OPD
- Capacity challenges for both admitted and non admitted pathways
- Informatics capacity
- Impact of patient choice that is a risk to delivery of plan to eliminate RTT waits > 52 weeks
- <u>Orthodontic capacity</u>
- Breast capacity

KSO 4 – Financial Sustainability

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.

Rationale for current score (at Month 6)

- Month 6 position YTD £61k above plan due to expenditure underspends offsetting income shortfall
- Current forecast deficit of c£8.1m ; £0.65m adverse var to plan of £7.4m (**CRR877**)
- CIP performance £549k/£382k for YTD Month 6 ; Current annual 2019/20 gap of £0.5m
- Finance & Use of Resources – 3 (planned 4)
- High risk factor –availability of staffing - Medical, Nursing and non clinical posts and impact on capacity/ clinical activity
- Commissioner challenge and scrutiny
- Potential changes to commissioning agendas
- Contracting alignment agreement
- Significant risk income plan delivery
- Agency staffing pressure continuing
- 2019/20 Operation plan submission (May) –£7.4m deficit – with Board agreement
- Backlog in coding is causing reporting issues for financial and audit. An external company has been instructed to assist with additional onsite resources and agency staff employed. Further work is needed to ensure that the team is equipped to deliver the coding in a timely basis moving forward.

Initial Risk

3 (C) x 5(L) = 15, moderate

Current Risk Rating 5 (C) x 5(L)= 25, catastrophic

Target Risk Rating 4(C) x 3(L) = 12, moderate

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
- Lack of outside resource for CIP Delivery – NHSI
- NHSI/E control total expectation of annual breakeven within the LTFM trajectory (2020/21-2024/25)

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
- Development of accelerated Integrated Care System

Controls / Assurances

- Performance Management regime in place and performance reports to the board.
- Contract monitoring process
- Finance & Performance Committee in place, forecasting from month 5 onwards
- Audit Committee with a strengthened Internal Audit Plan
- Budget Setting and Business Planning Processes (including capital) all approved for clinical areas
- CIP Governance processes strengthened
- Income / Activity capture and coding processes embedded and regularly audited – backlog at present which is being activity managed and monitored on a daily basis.
- Weekly activity information per Business unit, specialty and POD
- NHSI options appraisal & NHSI review of the Operating plan for 19/20 – draft transformation plan for board developed
- Additional Finance staff restructure approved, recruitment underway

Gaps in controls / assurances

- Structure, systems and process redesign and enhanced cost control
- Model Hospital Review and implementation
- Enhanced pay and establishment controls including performance against the agency cap
- Finance Training being delivered and well attended.
- Ledger ESR reconciliation - Completed through budget setting and being reconciled
- Identification and Development of transformation schemes to support long term sustainability
- Quality improvement (QI) programme to support enable efficiency agenda

References				
Meeting title:	**Board of Directors**			
Meeting date:	**7 November 2019**	**Agenda reference:**		**179-19**
Report title:	**Financial, operational and workforce performance assurance**			
Sponsor:	Paul Dillon-Robinson, committee chair			
Author:	Paul Dillon-Robinson, committee chair			
Appendices:	NA			

Executive summary				
Purpose of report:	Board Assurance			
Summary of key issues				
Recommendation:	For noting			
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:	
Corporate risk register:	
Regulation:	
Legal:	
Resources:	

Assurance route				
Previously considered by:	NA			
	Date:		Decision:	
Next steps:	NA			

Report to: Board of Directors
Meeting date: 7 November 2019
Reference no: 179-19
Report from: Paul Dillon-Robinson, Committee Chair
Report date: 29 October 2019

Financial, operational and workforce performance assurance

1. Financial performance

The committee's focus this month was on finances, the detail of which is covered in the finance paper.

The risks to achievement of the year end forecast are fully recognised and the committee was keen for a focus on delivering the "best case" and identifying opportunities as well as threats to achievement.

The Trust is expecting to find cost improvement plans in this year of around £1m, against its target is £1.7m (which includes a "stretch" figure of £600k). The former figure allows for an assessment of ability to deliver and benefits from a number of procurement savings made by the Trust. It was noted that national savings, in part funded through a top-slicing of our income, are slow to emerge. There is a comprehensive list of areas to review, but clearly only so much management capacity to investigate and it was disappointing that support from the centre has not been more forthcoming. Work will continue to find efficiencies both for this year and into the future.

The committee also noted the potential for a different approach to commissioning / contracting services, moving away from a basic PBR system, but that this held risks as well as opportunities.

The committee looked at reports on the finances of both Spoke Sites and Service areas, noting the further work needed to review the financial contribution these areas make and their future sustainability, recognising that finance is only one of the considerations.

The assumptions behind the Trust's submission to the STP's Long Term Plan were noted and there was concern that, despite our own forecasts of deficits of around £7m for the next five years, the STP is working on an assumption of break-even for the Trust and no access to Financial Recovery Funds. The committee was keen to support the Chief Executive in his dealings with the STP to encourage them to recognise the underlying position of the Trust and provide realistic support to a sustainable break-even position in 2023/24.

2. Workforce performance

Improving trends in workforce indicators were noted, but this is within the context of the known national staff shortages for the NHS and the inherent risk that remains.

Staff turnover, on a rolling annual percentage, continues to fall, as does the number of Agency staff (with the preference of Bank staff covering vacancies). A revised trajectory on Agency usage to the year-end illustrated this achievement.

The impact of the potential personal tax charges on medical and dental staff, and the disincentive that this might have on delivering additional clinical services, was discussed. It was noted that central guidance was not due until April 2020 and the Trust could only provide information. This area clearly needs to be monitored closely.

A lowering in the BAF current risk assessment was noted, as indicative of the improvement noted, although the actual scoring (of consequence and likelihood) was in need of review.

3. **Operational performance**
The RTT 52 week performance is behind plan, but making progress in the right direction, with the majority of breaches through patient choice. The 2 week wait and 62 day performance both achieved their target in August, although the 31 day was behind. The committee noted the dependence on workforce for the delivery, and the challenges that this posed.

A number of reviews are underway to look at how further improvements can be made, particularly in outpatients (e.g. clinic utilisation) and theatres, where the committee looked at the reasons for "on the day" cancellations and was assured by the work of the task and finish group.

4. **Other**
The committee took assurance on progress with the IM&T strategy, noting the Red assessment on the EDM project and the importance of the roll-out to Plastics in this month, as well as the importance of the Windows 10 project. It also received assurance on Estates and Facilities, and the progress being made under the new management team.

Report cover-page			
References			
Meeting title:	**Board of Directors**		
Meeting date:	**07/11/2019**	**Agenda reference:**	**180-19**
Report title:	**Operational Performance**		
Sponsor:	Abigail Jago, Director of Operations		
Author:	Operations Team		
Appendices:	None		
Executive summary			
Purpose of report:	To provide the Board with an update regarding operational performance		
Summary of key issues	Key items to note in the operational report are: • Delivery of diagnostic waiting time standards (DM01) • Open pathway performance trajectory behind plan at trust level however continued fall in >18 week breaches • 52 week performance behind plan with an ongoing impact of patients deferring treatment • Delivery of 2ww cancer standard • Delivery of 62 day performance • 31 day standard not met • Delivery of MIU 4 hour standard • Ongoing delivery of theatre improvement programme • Ongoing delivery of outpatient improvement programme		
Recommendation:	The Board is asked to NOTE the contents of this update.		

Action required				**Assurance**	
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	**KSO3:**	KSO4:	KSO5:
	Outstanding patient experience	*World-class clinical services*	***Operational excellence***	*Financial sustainability*	*Organisational excellence*

Implications	
Board assurance framework:	**Controls / Assurance:** • Weekly RTT and cancer PTL meetings • Revised PTL in place & ongoing work to developed a non RTT PTL • Revised access and cancer policies • RTT recovery plan in place • Trajectories developed for delivery of RTT position for 18/19 and 19/20 • Development of revised operational processes underway to enhance assurance and grip • 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 • Theatre improvement programme ingoing and work to date has established revised planning arrangements • Outpatient improvement programme • Corneo plastic service review underway • OMFS capacity and demand analysis underway • Recent recruitment of corneo follows has improved position but some gaps remain

Corporate risk register:	Risks:
	• 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 and cancer patients from neighbouring trusts
	• High vacancy rate in theatre nursing/OPD
	• Capacity challenges for both admitted and non admitted pathways
	• Informatics capacity
	• Impact of patient choice that is a risk to delivery of plan to eliminate RTT waits > 52 weeks
	• Orthodontic capacity
	• Breast capacity
	Related CRR risks – 1143, 1125, 1122, 1116, 1077
Regulation:	CQC – operational performance covers all 5 domains and in particular:- • Are they effective? • Are they responsive to people's needs? • Are they well-led?
Legal:	The NHS Constitution, states that patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, (i.e. patients should wait no longer than 18 weeks from GP referral to treatment) or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'.
Resources:	Nil above current resources

Assurance route				
Previously considered by:	Finance and performance committee			
	Date:	29.10.19	Decision	Noted
Next steps:	NA			

Operational Performance Report

Abigail Jago, Director of Operations

October 2019

Finance & Performance Committee

www.qvh.nhs.uk

Summary

Key items to note in the operational report are:

- Delivery of diagnostic waiting time standards (DM01)
- Open pathway performance trajectory behind plan at trust level however continued fall in >18 week breaches
- 52 week performance behind plan with an ongoing impact of patients deferring treatment
- Delivery of 2ww cancer standard
- Delivery of 62 day performance
- 31 day standard not met
- Delivery of MIU 4 hour standard
- Ongoing delivery of theatre improvement programme
- Ongoing delivery of outpatient improvement programme

Key items for discussion:

- RTT position
- Workforce challenges
- Planning for 26 weeks
- OTD cancellation deep dive

Performance summary – 1920 YTD

KPI	TARGET / METRIC	TARGET SOURCE	APRIL	MAY	JUNE	JULY	AUGUST	SEPT
DMO1 Diagnostic waits	99% < 6 weeks	National	99.8%	99.46%	99.05%	99.86%	98.9%	99.11%
Histology Turnaround Time	90% < 10 days	Local	89%	95%	86%	70%	82%	-
Imaging reporting	% < 7 days		87.47%	95.47%	96.66%	97.41%	98.42%	97.98%
RTT – % patients <18 weeks	Agreed trajectory	National with commissioner agreed trajectory	79.51%	81.11%	80.90%	80.63%	81.3%	81.62%
RTT52	Agreed trajectory	National with commissioner agreed trajectory	47	42	39	37	29	25
Total waiting list size	Reduction in waiting list size	National (expectation)	12204	11723	11309	10902	10966	10516
Minor injuries unit - % patients treated/ discharged in 4 hours	95%	National	99.6%	99.91%	99.80%	99.6%	100%	99.26%
Cancer 2WW	93%	National	86.2%	97.8%	94%	94.9%	93.1%	-
Cancer 62 day	85%	National	89.3%	85%	81.5%	85.2%	91.2%	-
Cancer 31 day	96%	National	94.8%	93.7%	96.1%	95.8%	95.9%	-
Theatre utilisation	% total lists > 80%	Local – updated as per below	70%	84%	88%	83%	-	-
Theatre utilisation	% total lists >85%	Updated target					79%	78%
Theatre on the day cancellations	<8% quarter 2	Local	8.54%	6.36%	5.45%	7.98%	7.81%	7.06%
Outpatient utilisation (booked)	2% improvement from baseline of 89%	Local – updated target	-	-	92.4%	91.5%	92.2%	90%
Outpatient utilisation (attended)	2% improvement from baseline of 81%	Local – updated target	-	-	82.6%	82.1%	83.7%	80%

Diagnostic Waits (DM01)
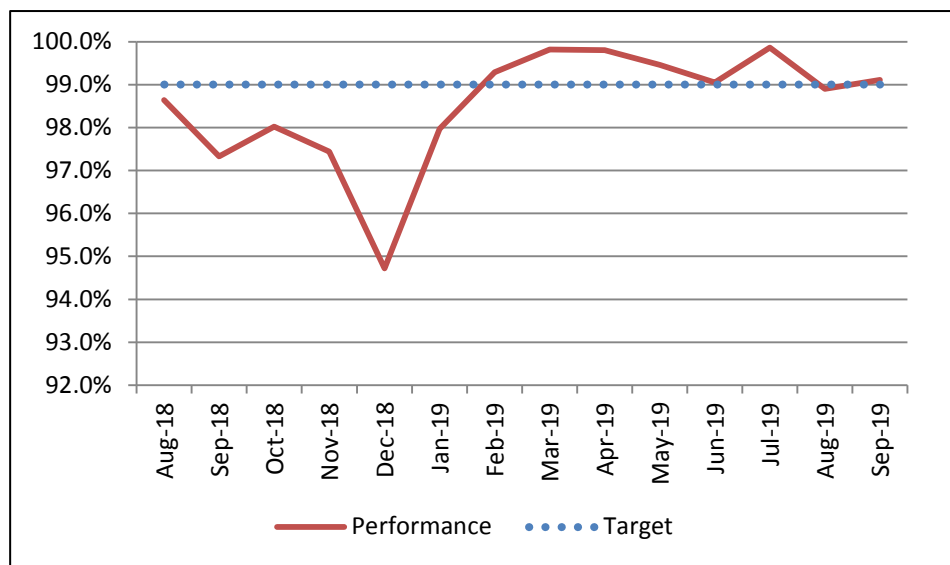
(Last reporting period – Aug19)			(This reporting period – Sep19)		
Modality / test	Breaches	Perf.	Modality / test	Breaches	Perf.
CT	0	100%	CT	0	100%
ECHOCARDIO GRAPHY	0	100%	ECHOCARDIO GRAPHY	0	100%
MRI	1	99%	MRI	2	98%
NON-OBSTETRIC ULTRASOUND	1	99.57%	NON-OBSTETRIC ULTRASOUND	1	99.67%
SLEEP STUDIES	4	94.03%	SLEEP STUDIES	3	99.11%

PERFORMANCE COMMENTARY

Diagnostic Imaging
- MRI/US breaches due to outsourced breast/paediatric work
- Ultrasound has stabilised with the use of agency and waiting list initiatives
- Substantive 0.7 ultrasound vacancy filled with start date of the 1st Nov. Agency Sonographer will cease appointment 31st Oct.

Sleep Studies
Power failure disrupted studies resulting in 4 patients studies being terminated and to be rebooked impacting on the breach figures. Two of these patients involve complex studies.   A clinic is held only once a week for this cohort of patients following a week study at home, in-patient night and day study.

FORWARD LOOK / PERFORMANCE RISKS

Diagnostic imaging
- 2 radiographer / ultrasound vacancies

Sleep Studies
Current position 3 anticipated breaches for October and potentially 2 for November.   1 of the November patients is patient choice to wait. Technician staff sickness may negatively impact the DM01 position in November

Diagnostic Imaging – Reporting turnaround times

NHS
Queen Victoria Hospital
NHS Foundation Trust
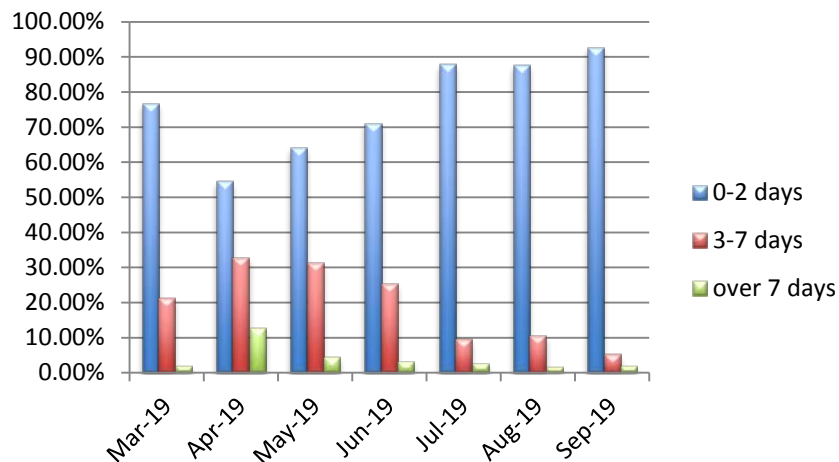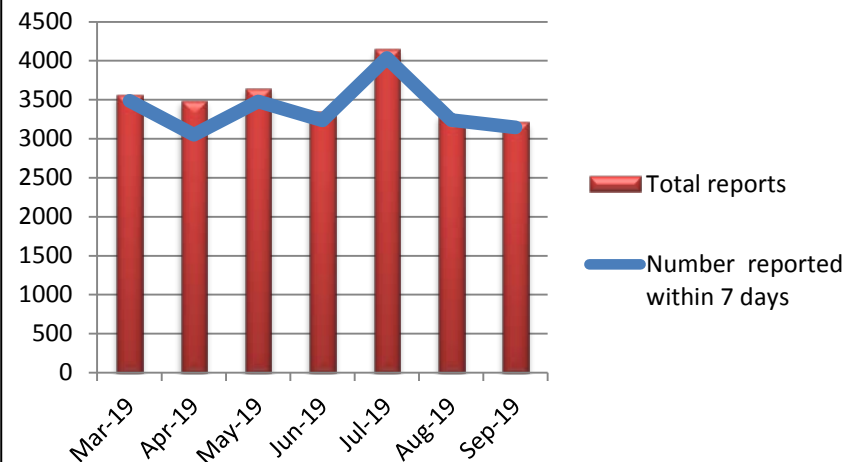
PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
• Ongoing delivery of target turnaround times. (92.71% of reporting completed within 2 days)	• Risk re turnaround times over the coming months due to 2 radiologist vacancies • Head and neck consultant post appointed and due to start in Jan 2020 and remaining vacancy out to advert • Service mitigation in place with outsourced CBCT and bank Consultant Sonographer to support ultrasound. • Further outsourcing being scoped

Histology Turnaround Time (TAT)

Month	TOTAL SPECIMENS RECEIVED	Total Cases Reported
Sep-18	1310	829
Oct-18	1635	1196
Nov-18	1518	1144
Dec-18	1433	1149
Jan-19	1519	954
Feb-19	1413	1004
Mar-19	1413	1004
Apr-19	1317	870
May-19	1383	1024
Jun-19	1422	998
Jul-19	1526	1171
Aug-19	1362	862

Histology Performance — line chart showing <7 day %, TARGET <7 day %, <10 day %, TARGET <10 day %
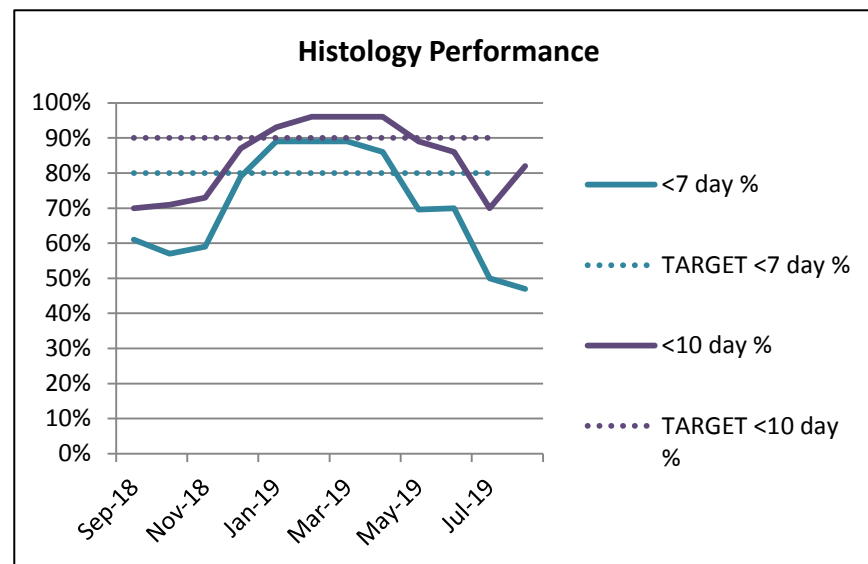
PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
• Reduction in performance due to annual leave , sickness and vacant consultant pathologist post. • High specimen numbers in July also contributed to delays in August reporting • Inability to secure a locum prior to October further contributed to reduced performance.	• Consultant histopathologist vacancies have been short-listed awaiting interview. • Locum consultant histopathologist has been in place since 9th Oct and is tackling backlog and recovery is expected in November

RTT Performance against plan – 2019/20

	Quarter 4 18/19			Quarter 1 19/20			Quarter 2 19/20			Quarter 3 19/20			Quarter 4 19/20		
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	75.3%	76.2%	77.3%	78.3%	79.2%	80.0%	81.3%	81.3%	82.3%	83.8%	85.3%	85.3%	87.7%	90.3%	92%
RTT Actual	75.87%	76.61%	78.47%	79.51%	81.11%	80.90%	80.63%	81.3%	81.62%						
52 week plan	91	68	60	50	40	30	20	10	0	0	0	0	0	0	0
52 week actual (total)	81	68	62	47	42	39	37	29	25						
52 week patient deferred					17	20	15	17	22						

Ophthalmology	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	77.2%	77.9%	78.5%	78.0%	77.4%	76.8%	76.9%	76.9%	79.0%	81.0%	83.4%	85.4%	86.3%	89.4%	92%
RTT Actual	76.31%	76.68%	76.15%	75.68	74.67%	74.16%	73.96%	74.61%	74.87%						
52 weeks plan	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0
52 weeks actual (total)	5	2	0	2	7	10	4	0	3						
52 week patient deferred					3	5	3	0	2						

OMFS	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	66.4%	67.7%	69.2%	71.4%	73.6%	75.9%	75.9%	75.9%	78.9%	82.2%	85.8%	85.8%	90.1%	90.1%	92%
RTT Actual	66.27%	68.03%	72.46%	74.71	78.09%	77.95%	76.15%	75.94%	77.34%						
52 weeks plan	45	34	30	25	20	15	10	5	0	0	0	0	0	0	0
52 weeks actual	42	32	32	25	18	8	10	11	4						
52 week patient deferred					2	4	2	5	3						

Plastics	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	77.3%	77.4%	77.7%	77.7%	77.7%	77.8%	78.8%	79.9%	81.0%	82.7%	84.5%	84.5%	87.8%	87.8%	92%
RTT Actual	79.16%	80.0%	80.05%	80.32%	81.99%	81.16%	81.78%	82.82%	81.78%						
52 week plan	36	32	28	25	20	15	10	5	0	0	0	0	0	0	0
52 weeks actual	34	34	30	20	17	21	23	18	18						
52 week patient deferred					11	11	10	12	17						

Sleep	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	90.3%	89.0%	87.8%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%
RTT Actual	92.44%	90.65%	93.09%	94.90%	96.26%	95.28%	94.48%	93.23%	92.30%						
52 weeks plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
52 weeks actual	0	0	0	0	080	0	0	0	0						

Clinical Support	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	95.9%	95.9%	95.9%	95.9%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
RTT Actual	96.41%	95.27%	96.74%	96.9%	96.26%	96.03%	97.46%	97.3%	96.52%						
52 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
52 weeks actual	0	0	0	0	0	0	0	0	0						

7

RTT18 – Incomplete pathways
Trust level performance

Weeks wait	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Change
0-17 (<18)	10977	10862	10823	11389	11078	10401	10056	9621	9895	9704	9508	9149	8790	8915	8583	↓
18-30	2390	2211	2477	2425	2420	2412	2175	1983	1891	1767	1486	1481	1530	1479	1366	↓
31-40	821	896	827	809	697	734	694	695	598	537	511	475	396	385	409	↑
41-51	405	445	363	325	313	325	248	191	164	149	176	165	149	158	133	↓
>52	145	135	127	120	95	92	81	68	62	47	42	39	37	29	25	↓
Total Pathways	14738	14549	14617	15068	14603	13964	13254	12558	12610	12204	11723	11309	10902	10966	10516	↑
Breaches	3761	3687	3794	3679	3525	3563	3198	2937	2715	2500	2215	2160	2112	2051	1933	↓
Performance	74.48%	74.66%	74.04%	75.58%	75.86%	74.48%	75.87%	76.61%	78.47%	79.51%	81.11%	80.9%	80.63%	81.3%	81.62%	↑
Clock starts		3339	3132	3870	3272	2493	3395	2849	3349	2929	3291	2993	3240	2923	2947	↑

Patients waiting > 30 weeks
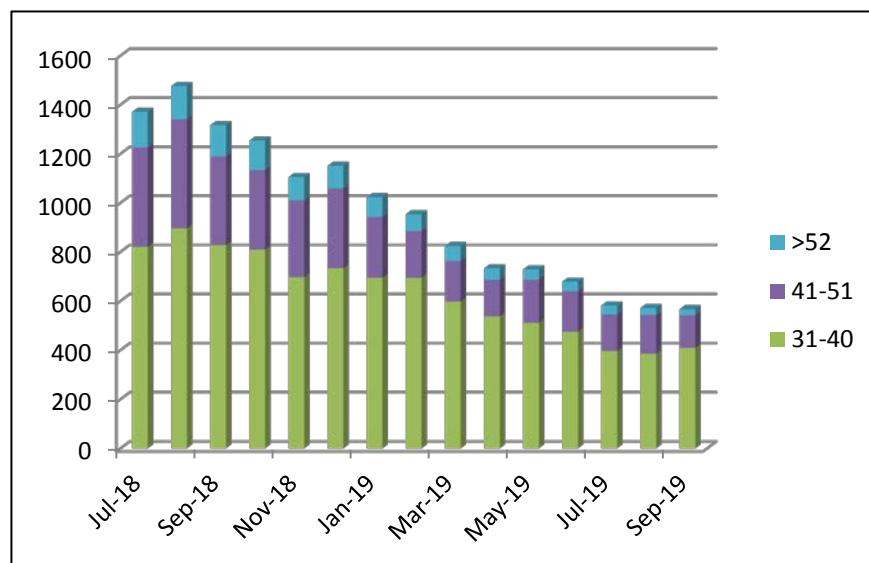
Total breaches continued to fall in month at trust level and across all services except orthodontics.

Patients waiting between 31 and 40 weeks rose in month primarily due to increases within orthodontics.

Total patients over 30 weeks fell from 572 to 567

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RTT18 – Incomplete pathways
Specialty Breakdown

PLASTICS

Open Pathways	201809	201810	201811	201812	201901	201902	201903	201904	201905	201906	201907	201908	201909
0-17 weeks	3215	3253	3233	3033	2945	2908	3033	2894	2900	2821	2836	2979	2805
18-30 weeks	604	531	511	520	523	483	517	476	401	420	429	443	430
31-40 weeks	197	196	168	153	138	149	158	154	154	143	116	117	126
41-51 weeks	83	74	91	91	81	61	51	59	65	71	64	67	51
52+ weeks	51	45	41	39	34	34	30	20	17	21	23	18	18
Total Open Pathways	**4150**	**4099**	**4044**	**3836**	**3721**	**3635**	**3789**	**3603**	**3537**	**3476**	**3468**	**3624**	**3430**
Total 18 week breaches	935	846	811	803	776	727	756	709	637	655	632	645	625
Clock starts in month	**917**	**1066**	**971**	**810**	**1038**	**925**	**1015**	**919**	**1072**	**963**	**1093**	**966**	**943**
Admitted Clock Stops	369	519	491	445	565	503	359	459	499	529	494	474	424
Non admitted Clock Stops	381	434	485	354	461	356	368	430	451	365	425	362	388
Total Stops in month	**750**	**953**	**976**	**799**	**1026**	**859**	**727**	**889**	**950**	**894**	**919**	**836**	**812**

Corneo

Open Pathways	201809	201810	201811	201812	201901	201902	201903	201904	201905	201906	201907	201908	201909
0-17 weeks	2014	2038	1994	1920	1884	1838	1928	1985	1928	1906	1892	1942	1877
18-30 weeks	442	450	475	438	405	369	444	477	483	501	493	470	431
31-40 weeks	82	96	102	134	142	154	120	128	133	136	142	152	151
41-51 weeks	19	14	23	26	33	34	40	31	31	17	27	39	45
52+ weeks	12	14	8	8	5	2		2	7	10	4		3
Total Open Pathways	**2569**	**2612**	**2602**	**2526**	**2469**	**2397**	**2532**	**2623**	**2582**	**2570**	**2558**	**2603**	**2507**
Total 18 week breaches	555	574	608	606	585	559	604	638	654	664	666	661	630
Clock starts in month	**530**	**581**	**546**	**408**	**567**	**457**	**523**	**535**	**492**	**467**	**575**	**494**	**508**
Admitted Clock Stops	240	224	213	221	298	301	213	153	199	216	265	260	278
Non admitted Clock Stops	111	103	103	91	175	113	103	130	176	155	211	150	216
Total Stops in month	**351**	**327**	**316**	**312**	**473**	**414**	**316**	**283**	**375**	**371**	**476**	**410**	**494**

RTT18 – Incomplete pathways
Specialty Breakdown

NHS Queen Victoria Hospital — NHS Foundation Trust

OMFS Exc OD												
Open Pathways	**201809**	**201810**	**201811**	**201812**	**201901**	**201902**	**201903**	**201904**	**201905**	**201906**	**201907**	**201908**	**201909**
0-17 weeks	3529	3645	3439	3159	2985	2749	2870	2741	2670	2345	2042	1739	1601
18-30 weeks	1268	1245	1219	1225	1042	903	728	632	446	377	409	370	304
31-40 weeks	514	485	400	403	360	335	267	204	170	139	89	76	72
41-51 weeks	249	227	190	198	125	86	61	52	71	62	42	32	21
52+ weeks	64	60	46	43	41	30	31	23	17	8	9	7	3
Total Open Pathways	**5624**	**5662**	**5294**	**5028**	**4553**	**4103**	**3957**	**3652**	**3374**	**2931**	**2591**	**2224**	**2001**
Total 18 week breaches	2095	2017	1855	1869	1568	1354	1087	911	704	586	549	485	400
Clock starts in month	**956**	**1204**	**881**	**631**	**830**	**716**	**1017**	**834**	**918**	**724**	**657**	**552**	**562**
Admitted Clock Stops	179	228	274	178	296	275	298	234	217	218	208	162	178
Non admitted Clock Stops	767	764	681	559	848	745	757	757	775	709	649	593	486
Total Stops in month	**946**	**992**	**955**	**737**	**1144**	**1020**	**1055**	**991**	**992**	**927**	**857**	**755**	**664**

Orthodontics												
Open Pathways	**201809**	**201810**	**201811**	**201812**	**201901**	**201902**	**201903**	**201904**	**201905**	**201906**	**201907**	**201908**	**201909**
0-17 weeks	378	384	290	277	394	467	421	444	405	374	340	366	413
18-30 weeks	67	65	79	98	106	104	112	114	106	119	137	126	124
31-40 weeks	27	26	22	37	36	41	39	46	45	49	43	36	50
41-51 weeks	9	10	9	9	9	10	12	5	7	15	16	16	15
52+ weeks		1		2	1	2	1	2	1		1	4	1
Total Open Pathways	**481**	**486**	**400**	**423**	**546**	**624**	**585**	**611**	**564**	**557**	**537**	**548**	**603**
Total 18 week breaches	103	102	110	146	152	157	164	167	159	183	197	182	190
Clock starts in month	**116**	**102**	**79**	**50**	**172**	**175**	**110**	**121**	**113**	**98**	**94**	**100**	**118**
Admitted Clock Stops		2	4	3	7	12	11	2	8	9	5	9	6
Non admitted Clock Stops	52	95	124	46	90	87	101	93	128	91	91	77	76
Total Stops in month	**52**	**97**	**128**	**49**	**97**	**112**	**95**	**136**	**100**	**96**	**86**	**82**

RTT – Incomplete pathways – patients waiting with a confirmed To Come In (TCI) date for surgery

AS REPORTED FOR SEPTEMBER 2019	% PATIENTS WAITING WITH A CONFIRMED DATE OF SURGERY (TCI)	WEEKS WAIT			GRAND TOTAL OPEN PATHWAYS
		UNDER 18W	18 -25 WEEKS	26 WEEKS AND OVER	
OMFS	Total open pathways	2014	303	287	2604
	With TCI	78	28	43	**149**
	No TCI	1936	275	244	2455
	% with TCI	*3.87%*	*9.24%*	*14.98%*	*5.72%*
Plastic Surgery	Total open pathways	2805	316	309	3430
	With TCI	404	92	148	**644**
	No TCI	2401	224	161	2786
	% with TCI	*14.40%*	*29.11%*	*47.90%*	*18.78%*
Corneo Plastics	Total open pathways	1877	324	306	2507
	With TCI	76	44	84	**204**
	No TCI	1801	280	222	2303
	% with TCI	*4.05%*	*13.58%*	*27.45%*	*8.14%*
All	Total open pathways	6696	943	902	8541
	With TCI	558	164	275	997
	No TCI	6138	779	627	7544
	% with TCI	*8.33%*	*17.39%*	*30.49%*	*11.67%*

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RTT – Incomplete pathways – patients waiting with a Decision to Admit (DTA)

AS REPORTED FOR SEPTEMBER 2019	% PATIENTS WAITING WITH A DECISION TO ADMIT	WEEKS WAIT			GRAND TOTAL OPEN PATHWAYS
		UNDER 18W	18 -25 WEEKS	26 WEEKS AND OVER	
Oral Surgery	Total open pathways	2014	303	287	2604
	With DTA	168	51	72	291
	No DTA	1846	252	215	2313
	% with DTA	*8.34%*	*16.83%*	*25.09%*	*11.18%*
Plastic Surgery	Total open pathways	2805	316	309	3430
	With DTA	762	179	225	1166
	No DTA	2043	137	84	2264
	% with DTA	*27.17%*	*56.65%*	*72.82%*	*33.99%*
Corneo Plastics	Total open pathways	1877	324	306	2507
	With DTA	622	230	282	1134
	No DTA	1255	94	24	1373
	% with DTA	*33.14%*	*70.99%*	*92.16%*	*45.23%*
All	Total open pathways	6696	943	902	8541
	With DTA	1552	460	579	2591
	No DTA	5144	483	323	5950
	% with DTA	*23.18%*	*48.78%*	*64.19%*	*30.34%*

RTT Clock starts and stops by month

In Month RTT Clock Starts

Reported Specialty	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Oral Surgery	1176	1072	1306	960	681	1002	891	1127	955	1031	822	751	652	680
Plastic Surgery	1051	917	1066	971	810	1038	925	1015	919	1072	963	1093	966	943
Ophthalmology	414	530	581	546	408	567	457	523	535	492	467	575	494	508
Other	337	390	420	373	276	473	373	470	356	457	532	626	632	634
Ear, Nose & Throat (ENT)	307	181	445	337	267	275	190	183	144	213	185	164	165	156
Cardiology	39	33	37	76	42	28	7	19	9	20	11	23	11	23
Trauma & Orthopaedics	9	1	4	3	5	3	5	6	4	3	7	3	2	1
Rheumatology	6	8	11	6	7	9	1	6	7	3	6	5	1	2
Total	**3339**	**3132**	**3870**	**3272**	**2496**	**3395**	**2849**	**3349**	**2929**	**3291**	**2993**	**3240**	**2923**	**2947**

In Month Clock Stops Admitted

Reported Specialty	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Plastic Surgery	432	369	519	491	445	565	503	359	459	499	529	494	474	424
Ophthalmology	240	240	224	213	221	298	301	213	153	199	216	265	260	278
Oral Surgery	177	179	230	278	181	304	287	309	236	225	227	213	171	184
Other	107	100	111	127	103	127	123	150	163	127	122	160	139	142
Ear, Nose & Throat (ENT)	7	20	10	8	11	10	11	5	6	5	5	11	5	16
Total	**963**	**908**	**1094**	**1117**	**961**	**1304**	**1225**	**1036**	**1017**	**1055**	**1099**	**1143**	**1049**	**1044**

In Month Clock Stops Non Admitted

Reported Specialty	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Oral Surgery	726	819	859	805	605	938	832	858	850	903	800	740	670	562
Plastic Surgery	477	381	434	485	354	461	356	368	430	451	365	425	362	388
Other	194	136	169	137	165	274	171	255	182	257	264	284	237	334
Ear, Nose & Throat (ENT)	151	299	262	359	291	365	277	271	59	213	171	267	182	182
Ophthalmology	120	111	103	103	91	175	113	103	130	176	155	211	150	216
Cardiology	35	17	43	47	39	73	29	38	33	43	20	47	28	26
Trauma & Orthopaedics	5	6	5	2	1	3	5	4	6	3	2	5	4	2
Rheumatology	5	8	9	20	12	12	10	19	6	14	6	7	2	3
Total	**1713**	**1777**	**1884**	**1957**	**1558**	**2301**	**1793**	**1916**	**1696**	**2060**	**1783**	**1986**	**1635**	**1713**

Performance and trajectories

- Monthly escalation calls in place with NHSI and ongoing oversight from NHSI IST due to 52 week position
- Recovery in place to address trajectories

Capacity and pathways

- Eyes service review ongoing
- OMFS capacity and demand review underway
- Orthodontics service options are being formulated given workforce challenges. Evening clinics to commence to mitigate access risk
- Breast pathway workshop took place and follow up session planned to finalise proposed pathway, clock starts and stops and associated documentation
- Planning for Choice at 26 weeks (as set out in the Long Term Plan) is being mobilised within the STP

Outpatient and theatre productivity

- Work ongoing within outpatient and theatre work programmes and stretch targets included

Workforce challenges

- Anaesthetics
- Orthodontics
- Breast locum
- Pension rule impact
- Ocular capacity

Corneo Plastic Service Review Update

Clinical:
- Capacity and demand analysis complete at subspecialty level – detailed mapping of required activity delivery to clear backlog and sustain service underway.
- Case to recruit additional 1 year fixed term consultant approved by EMT
- Day surgery cataract session throughput increase being trialled commencing 28th October
- Patient pathway mapping complete for glaucoma and cataracts.

Non-Clinical:
- RTT report and recommendations finalised and action plan collated.
- Administrative process mapping complete and actions planned including:
  - DoS review by clinicians – partial review undertaken with no issues highlighted. Consultant sign off required Template review – complete
  - E-vetting – commencement on 11th November
- Non-medical workforce review – Agreement on principles of desired model. Initial focus on appointments function and alignment of processes across teams / the Trust.
- Reception and appointments roles being defined and changes to practice being implemented to reduce multiple task completion by staff improve efficiency and patient experience.
- Appointments Coordinator / Failsafe Officer recruitment underway.

Two Week Wait Performance
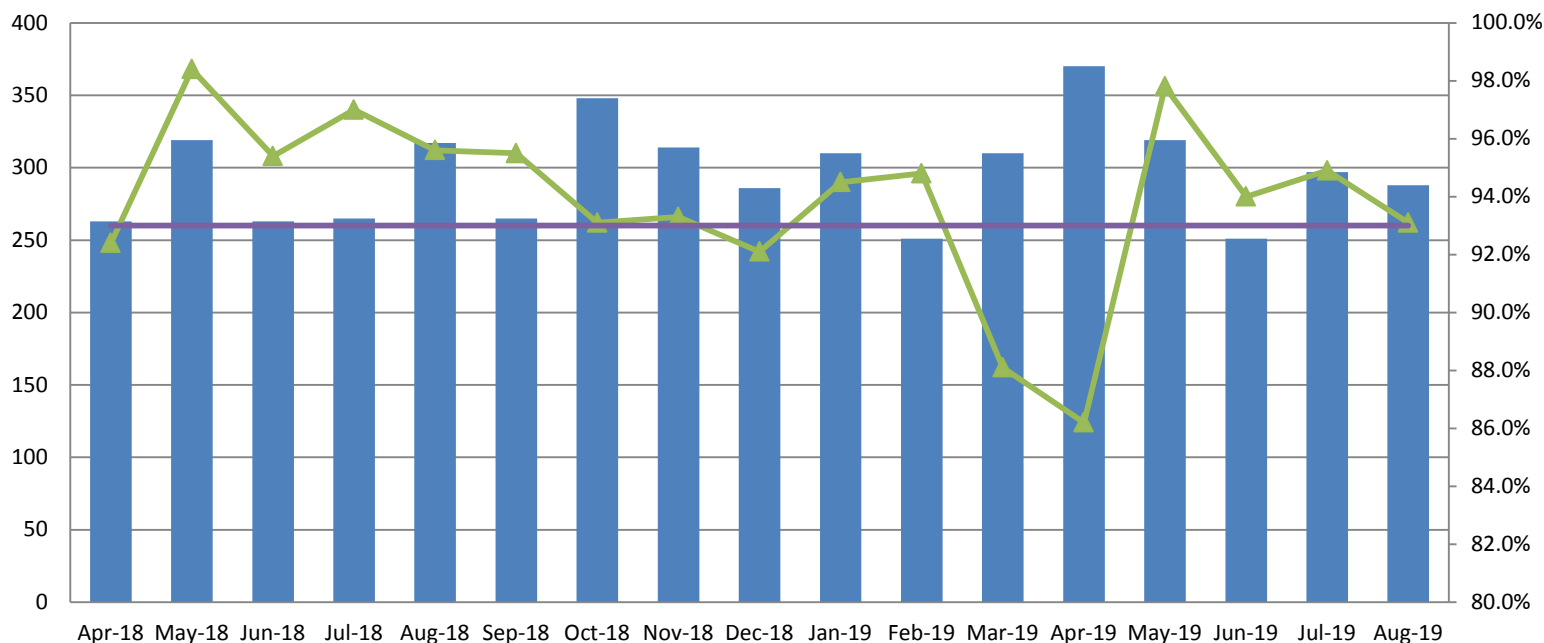
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Referrals	263	319	263	265	317	265	348	314	286	310	251	310	370	319	251	297	288
Performance	92.4%	98.4%	95.4%	97.0%	95.6%	95.5%	93.1%	93.3%	92.1%	94.5%	94.8%	88.1%	86.2%	97.8%	94.0%	94.9%	93.1%
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%

QVH achieved the 2WW target at Trust level for August at 93.1%

Two Week Wait Performance

SKIN 2WW PERFORMANCE

Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Referrals	145	142	117	144	145
Total Number of Breaches	8	1	5	3	8
Performance	94.7%	99.3%	95.9%	97.9%	94.4%
National Standard	93.0%	93.0%	93.0%	93.0%	93.0%

Days to First Appointment (2WW)

Month	0-7 days	8> days
Apr-19	42	111
May-19	89	54
Jun-19	54	68
Jul-19	81	66
Aug-19	29	116

■ Total number of patients seen 0-7 days   ■ Total number of patients seen 8> days
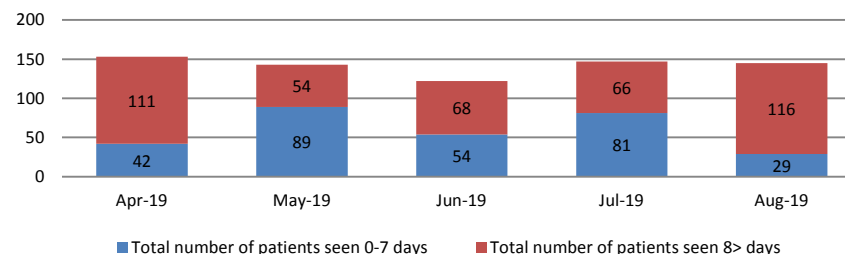
Commentary

Skin achieved the 2WW target for August, with a total of 8 breaches. Skin saw a rise in the number of breaches for the reporting month, this was due to an increase in the number of patients cancelling or declining appointments within 2 weeks caused by holiday commitments. Skin has also seen a sharp rise in the number of patients seen in the second week, this has also been down to patients unavailability and capacity challenges.
Plastics will be increasing their number of 2WW slots with two additional clinics which equates to 24 slots per month.

HEAD AND NECK 2WW PERFORMANCE

Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Referrals	166	167	113	136	141
Total Number of Breaches	43	6	9	12	11
Performance	79.4%	96.5%	92.6%	91.8%	92.1%
National Standard	93.0%	93.0%	93.0%	93.0%	93.0%

Days to First Appointment (2WW)

Month	0-7 days	8> days
Apr-19	27	182
May-19	77	96
Jun-19	52	70
Jul-19	53	95
Aug-19	48	93

■ Total number of patients seen 0-7 days   ■ Total number of patients seen 8> days
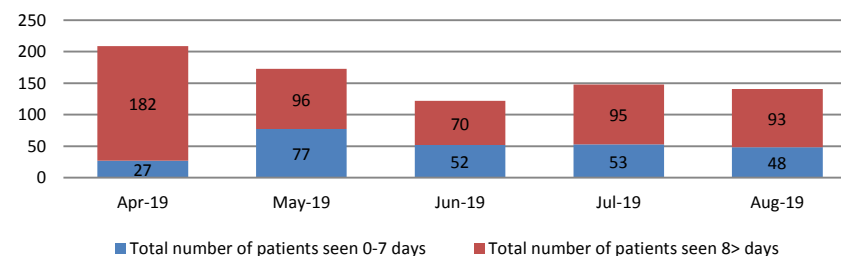
Commentary

Head and Neck missed the 2WW target for August, with a total of 11 breaches. Head and Neck continues to see challenges with 2WW capacity for QVH, Maidstone and Dartford. The breaches for August, 10 were due to patient choice (either cancelling booked appointments or declined appointments within 2 weeks) and 1 was due to a clinic cancellation (this was due to consultant sickness). Currently capacity challenges for Head and Neck which will improved following the start dates of the head and neck OMFS post and joint post with Brighton when appointed.

62 Day Performance
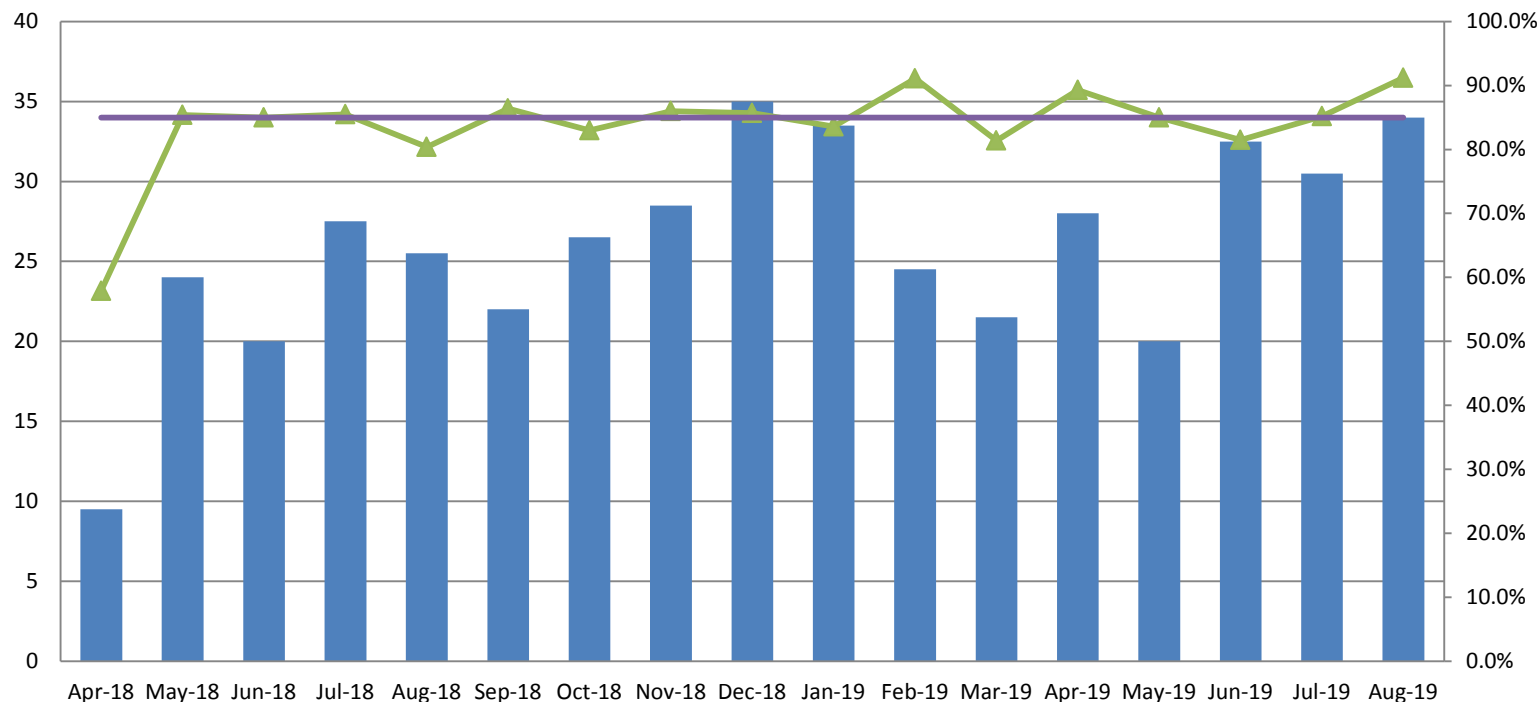
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Treatments	9.5	24	20	27.5	25.5	22	26.5	28.5	35	33.5	24.5	21.5	28	20	32.5	30.5	34
Performance	57.9%	85.4%	85.0%	85.5%	80.4%	86.4%	83.0%	86.0%	85.7%	83.6%	91.1%	81.4%	89.3%	85.0%	81.5%	85.2%	91.2%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

QVH achieved the 62D target at trust level for August at 91.2%

QVH

62 Day Performance

SKIN 62 DAY PERFORMANCE

Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Treatments	19	19.5	26	23.5	17	15.5	25	16	26	23	27
Total Number of Breaches	2	2.5	3	3.5	1.5	1.5	1.5	1.5	1.5	1.5	2.5
Performance	90.4%	88.6%	89.6%	87.0%	91.8%	91.1%	94.3%	91.4%	94.5%	93.8%	90.7%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

HEAD AND NECK 62 DAY PERFORMANCE

Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Treatments	3	5	3.5	4	3	2	0	1	0.5	3	6
Total Number of Breaches	2	1.5	1	0	0	1	0	1	3	1.5	0
Performance	60.0%	76.9%	77.7%	100.0%	100.0%	66.6%		50.0%	14.2%	66.6%	100%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

BREAST 62 DAY PERFORMANCE

Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Treatments	0	0	0	0	0.5	0	0	0	0	0	0.5
Total Number of Breaches	0.5	0	1	2	0.5	0.5	0	0.5	1	1	0
Performance	0.0%		0.0%	0.0%	50.0%	0.0%		0.0%	0.0%	0.0%	100%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Commentary

Skin achieved the 62D target for July, with a total of 27 treatments and 2.5 breaches. The 0.5 breach was due to a late referral into the trust by Maidstone which QVH were unable to treat within 24 days due to the clinical complexities. Skin were unable to treat 2 tertiary referrals within 62 days and therefore took the full breach for both patients. This was due to patient delaying outpatient appointments and patients comorbidities.
Head and Neck achieved the 62D target for August, with a total of 6 treatments and 0 breaches.
Breast achieved the 62D target for August, with a total of 0.5 treatments and 0 breaches.
Key challenges continue to be the lengthy head and neck pathway where patients are required to undergo various diagnostic investigations and theatre capacity challenges for major cases, due to the increased number being performed. For our breast performance the main factors continue to be the lateness of the referral, the challenges in arranging a surgical date with the treating breast consultant and theatre capacity. The breast co-ordinator is concentrating on trying to treat within 24 days.

31 Day Performance
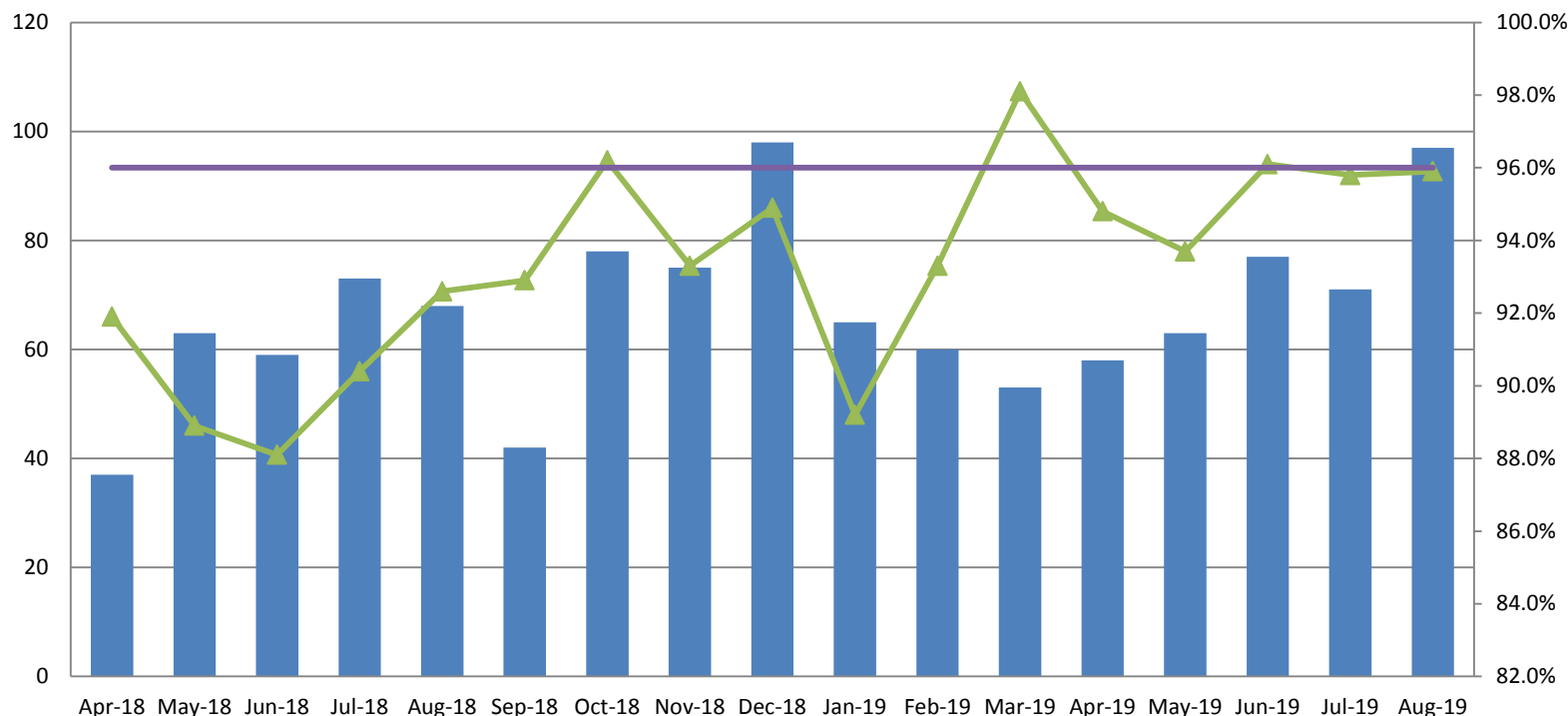
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Treatments	37	63	59	73	68	42	78	75	98	65	60	53	58	63	77	71	97
Performance	91.9%	88.9%	88.1%	90.4%	92.6%	92.9%	96.2%	93.3%	94.9%	89.2%	93.3%	98.1%	94.8%	93.7%	96.1%	95.8%	95.9%
National Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

QVH missed the 31D target for August at 95.9%

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31 Day Performance

SKIN 31 DAY PERFORMANCE

Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Treatments	62	55	85	49	43	40	50	47	65	59	77
Total Number of Breaches	2	5	3	5	3	1	1	4	3	2	2
Performance	96.8%	91.6%	96.5%	90.7%	93.4%	97.5%	98%	92.1%	95.5%	96.7%	97.4%
National Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

HEAD AND NECK 31 DAY PERFORMANCE

Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Treatments	9	10	6	4	9	9	3	7	8	6	15
Total Number of Breaches	0	0	2	1	0	0	2	0	0	0	1
Performance	100%	100%	75.0%	80.0%	100%	100%	60%	100%	100%	100%	93.3%
National Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

BREAST 31 DAY PERFORMANCE

Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Treatments	3	2	2			3	2	5	1	3	5
Total Number of Breaches	1	0	0			0	0	0	0	1	1
Performance	75.0%	100%	100%			100%	100%	100%	100%	75%	80%
National Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

Commentary

Skin achieved the 31D target for August, with a total of 2 breaches. Both patients had a TCI booked within 31 days but these were cancelled due to medical reasons.

Head and neck missed the 31D target for August, with a total of 1 breach. The patient had a TCI booked within 31 days but this was cancelled due to a more urgent case.

Breast missed the 31D target for August, with a total of 1 breach, this was due to theatre capacity.

Screening and upgrade performance

SCREENING PERFORMANCE

Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Treatments	0	0	0	0	0.5	0	0.5	0	0	1	0
Total Number of Breaches	1	0	0	0	0.5	0	0.5	0	0	0	0
Performance	0.0%				50.0%		50.0%			100.0%	
National Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

CONSULTANT UPGRADE PERFORMANCE

Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Treatments	3.5	4	3	0.5	0.5	1.5	0	1.5	6	2	16
Total Number of Breaches	0.5	0	0	0	0.5	0	0	0	0	0.5	1.5
Performance	87.5%	100.0%	100%	100%	50%	100%		100%	100%	80%	90.6%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

31 DAY SUBSEQUENT TREATMENT PERFORMANCE

Month	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Total Number of Treatments	20	29	21	14	16	18	12	15	11	19	15
Total Number of Breaches	5	5	4	1	1	2	3	1	3	0	0
Performance	75.0%	82.8%	81.0%	92.9%	93.8%	88.9%	75.0%	93.3%	72.7%	100.0%	100.0%
National Standard	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

Commentary

There were no patients treated in month on a screening pathway.
The Consultant Upgrade achieved target in month.
The 31 Day Subsequent achieved target in month.

Cancer Quarter Performance

Quarter Performance	2017-18					2018-19					2019-20				
	QTR 1	QTR 2	QTR 3	QTR 4	YTD	QTR 1	QTR 2	QTR 3	QTR 4	YTD	QTR 1	QTR 2	QTR 3	QTR 4	YTD
Two Week Wait	94.3%	91.1%	94.3%	90.3%	92.5%	95.6%	95.9%	93.0%	92.3%	94.1%	92.2%	94.0%			92.9%
62 Day Referral to Treatment	73.5%	73.7%	76.4%	77.0%	75.0%	80.3%	84.0%	85.0%	85.5%	84.0%	85.0%	88.3%			86.5%
62 Day Screening	33.3%	50.0%	100.0%	N/A	55.5%	66.6%	100.0%	0.0%	50.0%	60.0%	50.0%	100.0%			75.0%
62 Day Upgrade	98.3%	98.3%	90.4%	60.0%	96.6%	100.0%	100.0%	95.4%	83.3%	95.0%	100.0%	89.1%			92.3%
31 Day Decision to Treat	96.5%	95.6%	95.6%	86.4%	94.0%	89.3%	91.8%	94.8%	93.2%	92.6%	94.9%	95.8%			95.3%
31 Day Subsequent Treatment	95.4%	95.3%	90.5%	82.6%	90.6%	88.5%	88.1%	80.0%	91.6%	86.8%	81.5%	100.0%			90.2%

Commentary

For quarter 1 the 62 day target was achieved, along with the 62 day upgrade target. Due to the low 2WW performance in April the trust didn't not achieve the quarter, failing by 0.8%. The 31 day performance is continuing to improve, with less breaches being recorded.

Our main focused challenges are pathways with multiple diagnostic's, theatre (SLNB, breast immediate capacity) and diagnostic capacity, achieving the 38 day transfer within head and neck, late referrals coming into the trust and pushing to a 7 day first appointment for 2WW referrals.
The work currently going on within the trust to improve cancer performance is looking at the pathways and how to implement same day tests for biopsies and USS for our Head and Neck patients, tighter escalations, productive PTL meetings, more clinical engagement and increasing See and Treat capacity for our 2WW skin patients.

104 Days
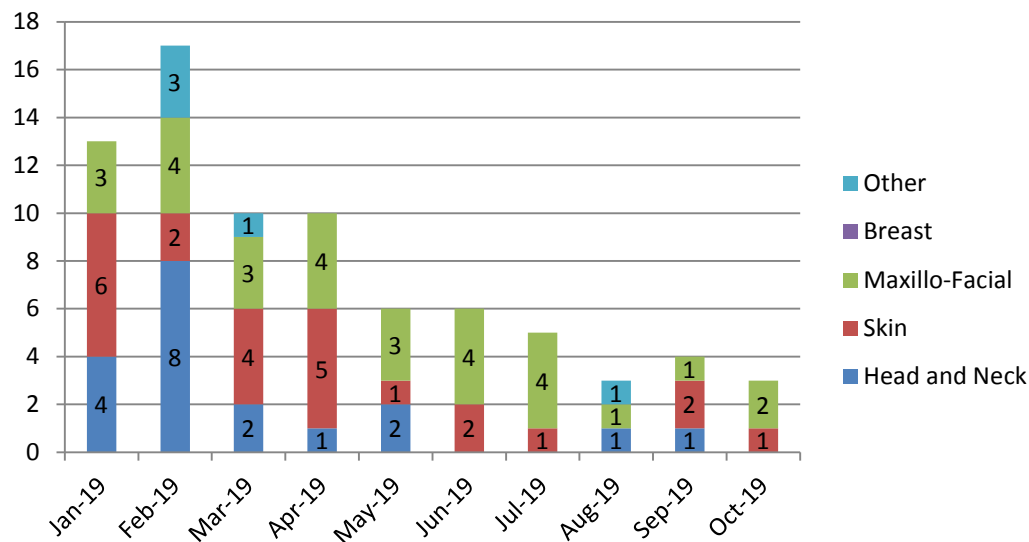
Commentary

The number of patients over 104 days is reducing, across all specialities, with the trust currently reporting 3 patients over 104 days.

The skin patient over 104 days is currently going through the IMCA process and has been with safeguarding. The outcome has been received and the patient is not able to make decisions for themselves. The patient is to be discussed at the MDT to decide on what is best for the patient.

The 2 Maxillo-Facial patients who are currently over 104 days are under the care at Dartford and are undergoing investigations, both are not a confirmed cancer.

Cancer Commentary

Faster Diagnosis Standard

- The navigator post has been recruited into and started the position on 30th Sept

- Increased focus on first seeing patients within the first 7 days

- Development of a Best Practice Pathway for head and neck, in collaboration with the Surrey and Sussex Cancer Alliance and an internal Best Practice Pathway for skin

- Developing a script for the 2WW appointments team – this will include the use of the word 'cancer' to ensure our patients who are deferring their first appointment are fully informed of the urgency of the referral. The script is to be signed off at the October Cancer Board

- The same day MOS appointments are continuing to be successful

- The new standard was discussed at the latest skin meeting to ensure consultants and secretaries are aware of the standard

General

- The purchasing of Somerset Cancer Register has started

- Currently in the procurement phase for upgrading the video conferencing equipment for the use of all MDT's

Minor Injuries Unit (MIU)

MIU Performance v Target

MIU Attendance and Performance
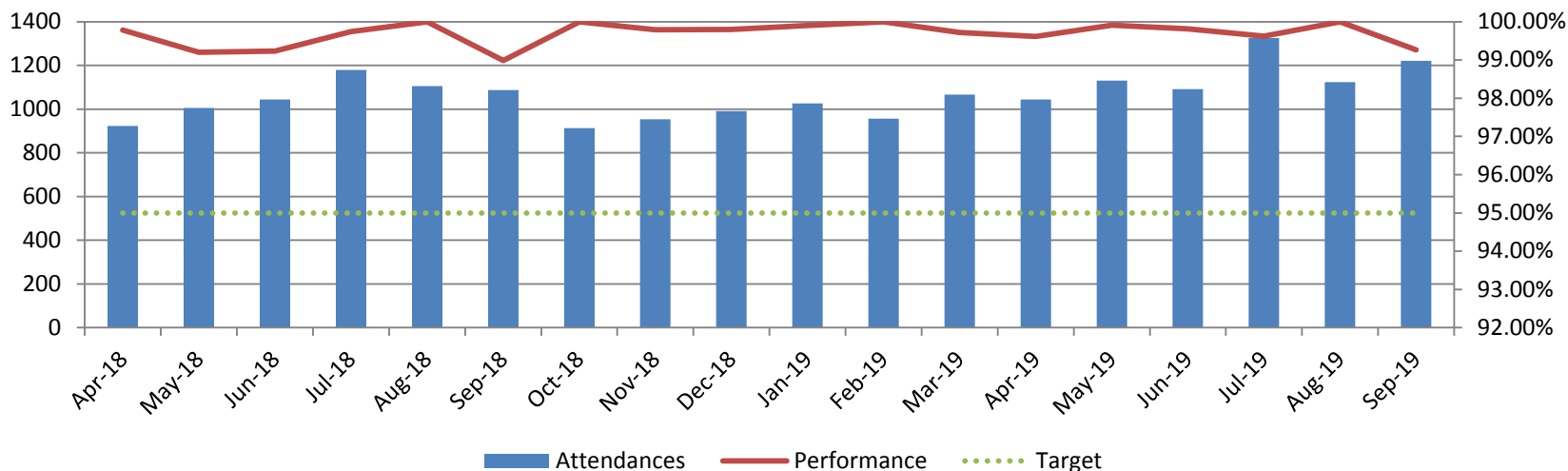
PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
• Continued increase in walk in patients compared to previous years activity, with emphasis to ensure all contacts are documented with advice given.	• MIU is driving towards the integrated Urgent Care Centre in line with NHSE and CCG proposals. • New patient pathways are being identified by the clinical team leader to streamline patient care. • Risk identified to the integrated Urgent care centre project of not being able to undertake directly bookable appointments into MIU for patients using an electronic system

Outpatient efficiency – clinic utilisation

Booked	May	June	July	Aug	Sep
Q3 TARGET	95	95	95	95	95
ALL	92.7	92.4	91.4	92.2	90
PLASTICS	90.6	93.1	89.8	92.2	90.3
MAXFACS	93.9	95.5	94.2	94.7	95
OPTHAM	102	101	104.9	104.6	102.3
SLEEP	98.7	97.1	97.8	96.4	98.9

Attended	May	June	July	Aug	Sep
Q3 TARGET	87%	87%	87%	87%	87%
ALL	81.50%	82.60%	82.10%	83.70%	80%
PLASTICS	67.80%	75.20%	73.10%	73.80%	71.40%
MAXFACS	90.80%	93.60%	91.40%	94.30%	93.10%
OPTHAM	94.80%	89.80%	95.20%	98.60%	94.30%
SLEEP	87.20%	86.90%	88.30%	85%	87.50%

Booked Utilisation %

Legend: ALL, PLASTICS, MAXFACS, OPTHAM, SLEEP, Q3 TARGET

Attended Utilisation %

Legend: ALL, PLASTICS, MAXFACS, OPTHAM, SLEEP, Q3 TARGET
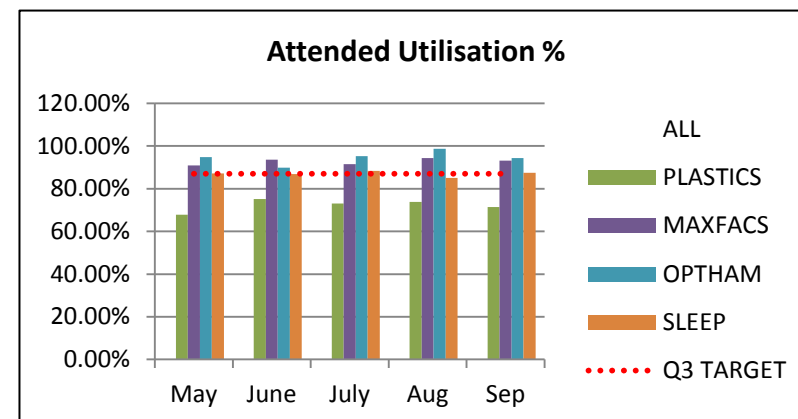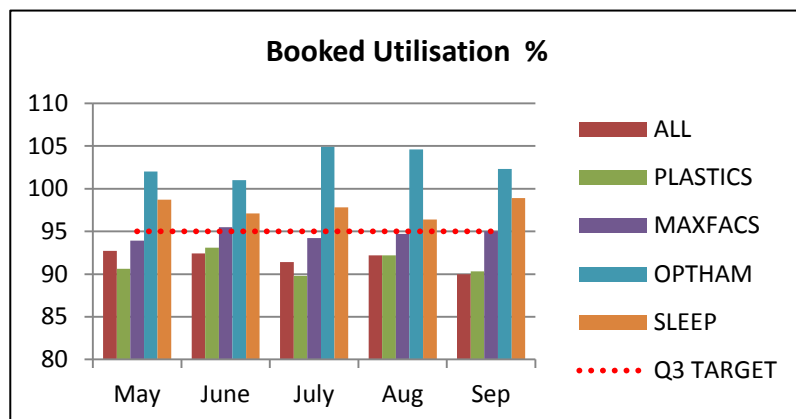
PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
Focus on apparent under utilisation of clinics has identified Plastics REG slots that are never used (training) and other REG clinics that are not fully utilised. Decrease in attended % is to be explored taking into account slot management	Remove underutilised REG clinics from schedules Review of clinic templates to ensure they reflect available capacity. Review process of releasing 'urgent' slots if not required

Outpatient efficiency – patient DNA and on the day cancellation

	May	June	July	Aug	Sep
Target	**6.88**	**6.88**	**6.88**	**6.88**	**6.88**
ALL	7.9	7.4	7.1	7.3	7.3
PLASTICS	8.4	7.5	8	7.8	7.96
MAXFACS	8.3	7.7	6.7	7.6	7.23
OPTHAM	6.1	7.6	6.6	6.5	6.25
SLEEP	8.8	8	7.8	8	9.33

	May	June	July	Aug	Sep
Target	**1.6**	**1.6**	**1.6**	**1.6**	**1.6**
ALL	1.9	2.2	2.2	2.2	1.9
PLASTICS	2.8	3.2	2.9	2.8	2.35
MAXFACS	2.7	3	3.2	3.5	2.94
OPTHAM	0.4	0.6	0.4	0.2	0.34
SLEEP	2.6	2	2.6	1.9	2.38

DNA %

On the Day Patient Canc %
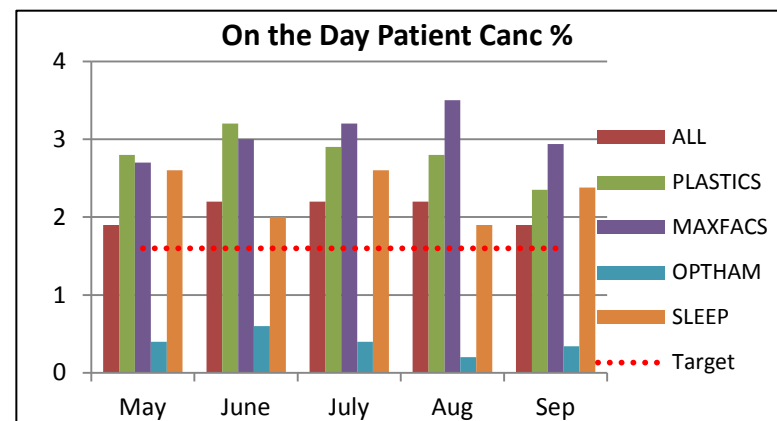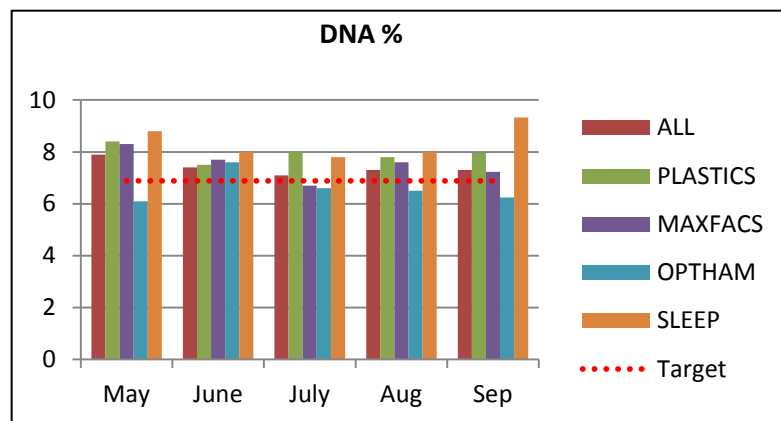
PERFORMANCE COMMENTARY

Patient DNA / Pt canc on the day rates are fairly consistent but vary between service due to different appointment models

FORWARD LOOK / PERFORMANCE RISKS

New 2 way SMS reminder service will be implemented from late November with an expectation of improved rates from December onwards, allowing for weather/seasonal variations.

Outpatient efficiency – cancelled by hospital < 6 weeks notice

	May	June	July	Aug	Sep
Target	8	8	8	8	8
ALL	13	16	13.9	13.7	13
PLASTICS	8.5	8.2	7.8	9.6	10.4
MAXFACS	7.7	11.5	10	8.9	11.3
CORNEO	29.8	42.6	35.2	31.5	25
SLEEP	11.9	10.5	8.4	8	9.1

Canc by QVH <6 weeks %
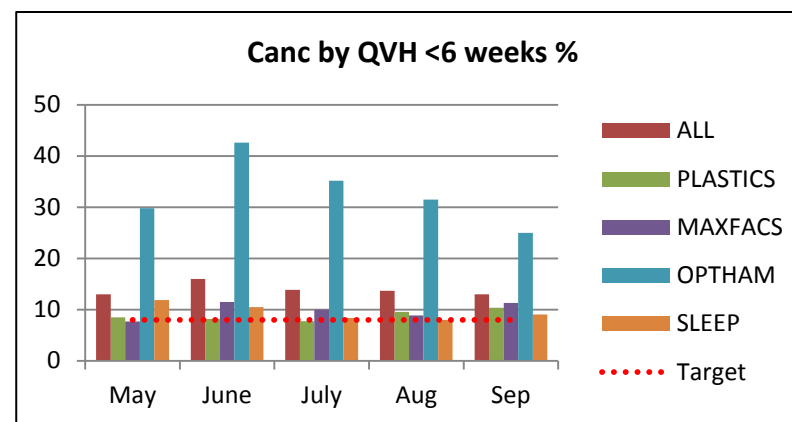
PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
Overall cancellation rates are decreasing but still behind target rates. Staff illness /medium term absence has caused increase in some services corneo continue to improve their position.	Changes in clinic templates to match updated job plans will require some alterations to pre-booked appointments and some of these may show as cancellations. Review of processes within corneo will provide further improvements.

Outpatient improvement programme – update

Virtual clinics:

Skype and virtual glaucoma ongoing. Commissioning intentions seeking to agree tariff for further roll out. Scoping for wider areas of implementation has been reviewed in corneo plastics

eRS: Work ongoing to maximise benefit of eRS including
- Directory of Service updates continued (54/77) – planned finalisation dates of November
- eRS referral rates - in reporting month of September 99.9% of QVH GP referrals were received by eRS.
- Ongoing roll out of e-vetting. OMFS in place and corneo plastics due to go live in November 2019
- ASI performance deteriorated in month from 3.29% to 4.17%. Areas of challenge are plastics and 2WW OMFS and action to address includes review of clinic templates

Digital dictation
- G2 speech upgrade project roll out continues with Go-Live planned for 28/10/19

FFT Outpatient feedback:
- We continue to have 95% of outpatients who would recommend us and uptake in the reporting period is 15%. Text survey has now fully resumed and in addition feedback cards are being shared in clinic.

Text messaging:
- Procurement underway with estimated implementation date of late November

KPI 1 - Theatre Activity – Case Count
Target – delivery of on site activity plan.

NHS
Queen Victoria Hospital
NHS Foundation Trust

MTR/DTC EL & DC
Plan: 5891 Actual: 5062
7509 to Deliver: Average of 1251 cases per month
Excludes All Spoke Site Activity including Uckfield/McIndoe

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	889	920	1025	1049	973	1035	1196	1122	1012	1151	1049	1150
Actual	804	870	884	900	814	790						

Case Count (y-axis: 0, 500, 1000, 1500)
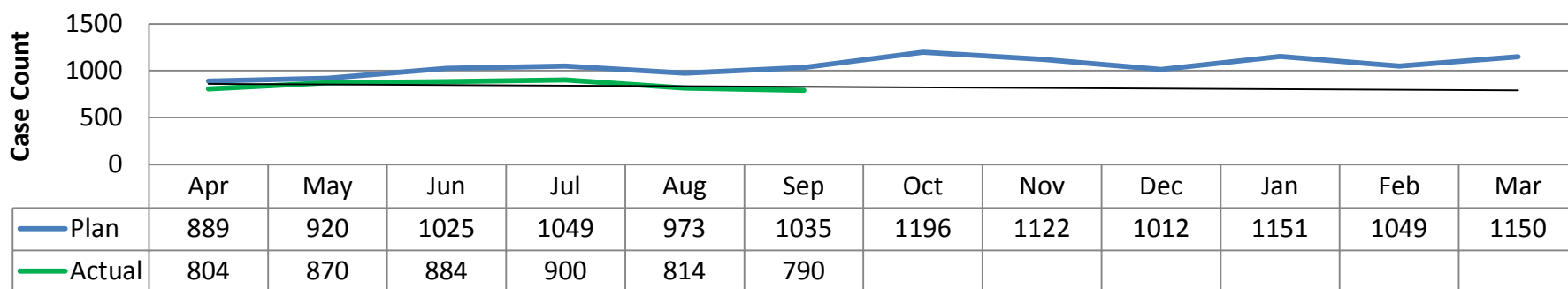
Performance commentary

Total Elective Activity for September: 790 against a phased activity plan of 1035, 829 cases below plan year to date.
- Plas Total : 400
- OMFS Total : 157
- Ophthalmology Total : 231

Main issues for September
- High number of trauma cases; additional 14 trauma cases accommodated in the main elective theatres, 83.7hrs of operating time of which 5 cases required over 8 hours of surgery.
- High number of on the day cancellations impacting on utilisation
- Conversion of general anaesthetic lists to local anaesthetic lists
- Plastic Consultant sickness
- Medical staffing rota gaps

Forward look / performance risks

- Continuing to increase the number of elective sessions running throughout October
- Locum Consultant Anaesthetist appointed and has commenced in post
- Improving anaesthetic cover resulting in increased number of general anaesthetic lists being available for main theatres and Uckfield
- Non Elective trauma impacting on elective lists, cases cancelled to accommodate urgent trauma cases from Brighton

KPI 1 – Theatre Activity – Case Count Target – delivery of on site activity plan

Plas MTR/DTC YTD
Plan 3169 V Actual 2762
4001 to Deliver: Average of 667 cases per month

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total QVH Site Activity Plan	476	511	493	583	505	601	637	615	542	617	567	616
Total Delivered	453	484	495	486	444	400						

Ophth MTR/DTC YTD
plan 1529 V Actual 1116
2332 to deliver: Average of 387 per month

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total QVH Site Activity Plan	232	230	228	309	282	248	342	315	302	329	302	329
Total Delivered	145	79	190	240	231	231						

Max Fac MTR/DTC YTD
Plan 1439 V Actual 1083
1891 to Deliver: Average 315 per month

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total QVH Site Activity Plan	242	242	242	218	247	248	278	253	230	266	242	266
Total Delivered MTR/DTC	206	207	200	174	139	157						

KPI 2 – Session Count August 19

September 19
Session Availability: 349 Sessions Delivered

	Baseline Theatre Session Template	Planned Session Count (6-4-2)	Unexpected Lost Sessions	Total Delivered
▢ Plas	241	214	7	207
▢ Max Fac	108	85	3	82
▢ Ophth	82	60	0	60
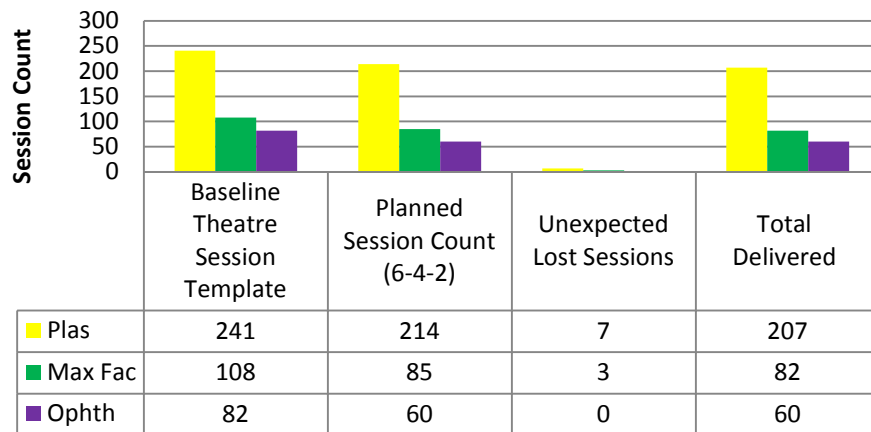
September 19
Surgeon Unavailability

Legend: Plas, Max Fac, Ophth
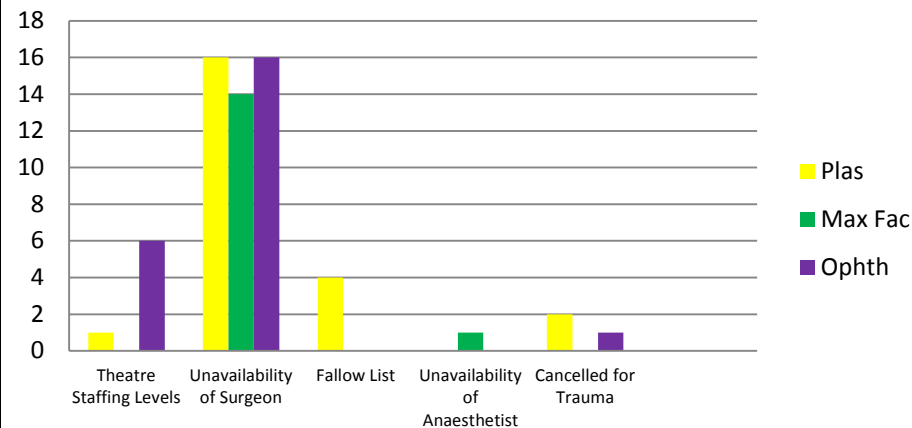
September 19
Session Cancellation by Category

	Theatre Staffing Saturday	Unavailability of Surgeon	Unavailability of Anaesthetist	Cancelled for Trauma	Fallow List	Sat Not Utilised
▢ Series1	2	53	2	8	11	4
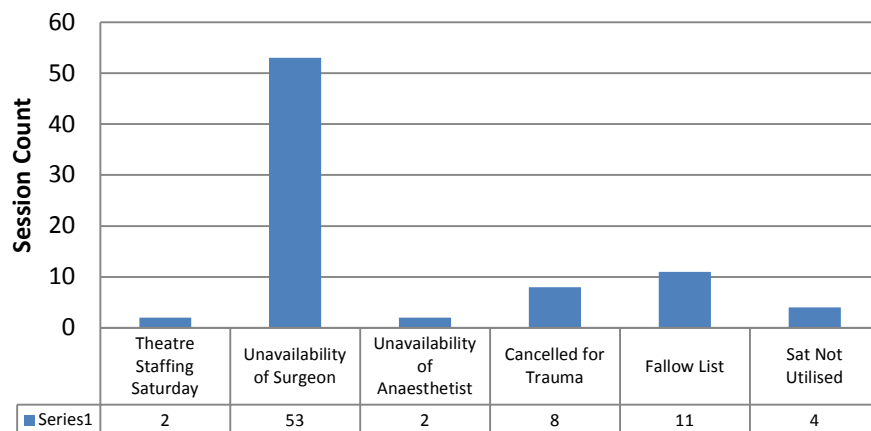
- Vacant ENT Consultant position appointed, post commences in November
- Micro Fellow positions gaps in Plastics
- Anaesthetic Consultant interviews taking in place in October
- Increasing number of planned sessions running through October & November

Cancelled Operation – task and finish update

A task and finish group is in place to address cancellation of patients for surgery which continues to have a detrimental impact impact on theatre utilisation and patient experience.

Cancellations are routinely collected and fall within the categories as follows

Hospital: non-clinical	Hospital: clinical	Patient
Surgeon unavailable/shortage	Operation not required	DNA
Anaesthetist unavailable/shortage	Pre-existing medical condition: surgeon decision	Pre-op guidance not followed (i.e. didn't fast etc.)
Theatre staff unavailable/shortage	Pre-existing medical condition: anaesthetic decision	Operation no longer wanted
Shortage of time	Surgeon advice different procedure required	Unwell (cough/cold)
No in-pt. ward bed available		Unfit for surgery (pregnant, undisclosed PMH)
No CCU/ERA Bed available		Ambulance/pt. transport issue
Administrative error		Patient unable to attend - own transport
Equipment failure/availability		No post-op carer available
Theatre estate issue		
Emergency admission/case		

Review of all OTD cancellations between April 2018 to September 2019 highlights that 71% are cancelled by the hospital.
Reason breakdown as follows:

- pre-existing condition
- operation declined
- operation not needed
- patient unwell
- DNA

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Cancelled Operation – task and finish update

NHS
Queen Victoria Hospital
NHS Foundation Trust
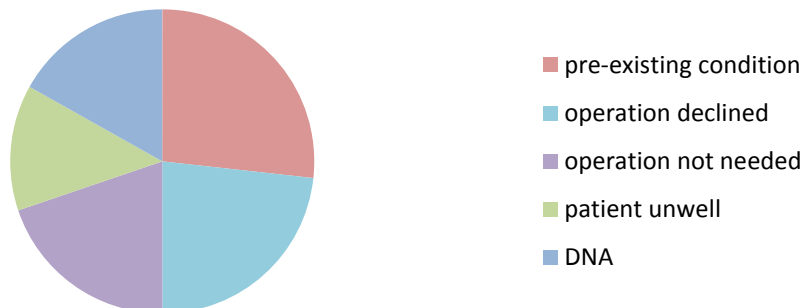
Patient cancellations: The most common reasons for patients cancelling is "*operation declined*" (94 patients in 18 months) or DNA's (57 patients in 18 months). The introduction of pre-admission call outs to patients aimed to reduce the both of these issues. Last minute changes to theatre lists impacts on the successes of this process and so theatre lockdown is critical. Work is ongoing through 6-4-2 and scheduling meetings to ensure lock down performance continues to improve. Gaps in booking cover and list s with short notice additions for cancer patients remain the most significant challenge.

Non-clinical cancellations: The most frequent cause of non-clinical cancellations on the day is to accommodate an emergency or trauma & a seasonal variation is noted. In September 2019, 15 patients were cancelled on the day for additional trauma or emergency procedures. Work to improve the trauma pathway is underway.

Clinical cancellations: Cancellation for a pre-existing condition accounts for 16% of all on the day cancellations (OTDC) & is the most common clinical reason. Root cause analysis for these patients is being undertaken by the pre assessment team to identify if the cancellation should have been anticipated / avoided. This work is supported by the anaesthetists who are reviewing the anaesthetist element. It has been identified that high blood pressure is a recurrent reason and review of the hypertension guidance is underway.
A review of "*op not required*" data is also underway to identify any trends in particular areas / staff groups.

Next steps actions as follows:

ACTION	DUE DATE
Task & finish group meet monthly	On-going
Review of hypertension protocol particularly in the immediate pre-operative stage	October 2019
Robust measurement & communication of blood pressure at the time the patient is added to the waiting list. Process to be discussed with OPD	November 2019
Plastic service reviewing notes of patients who either decline or who do not require the procedure they are scheduled for.	October 2019
Agree plan for review of patients who do not require procedure scheduled	October 2019
Audit support for analysis of clinical cancellations	November 2019
Operation List Policy reviewed & being shared with stakeholders.	November 2019
Review report of OTDC reasons x specialty/consultant (trainee). Cross-tab with RTT to determine whether there is a correlation between waiting times & TCI date	November 2019

KPI 3 - Cancellations

2019 KPI
Reduction in In The Day Elective Cancellations

Quarter	Value
Q4	5%
Q3	6.50%
Q2	8%
Q1	9%
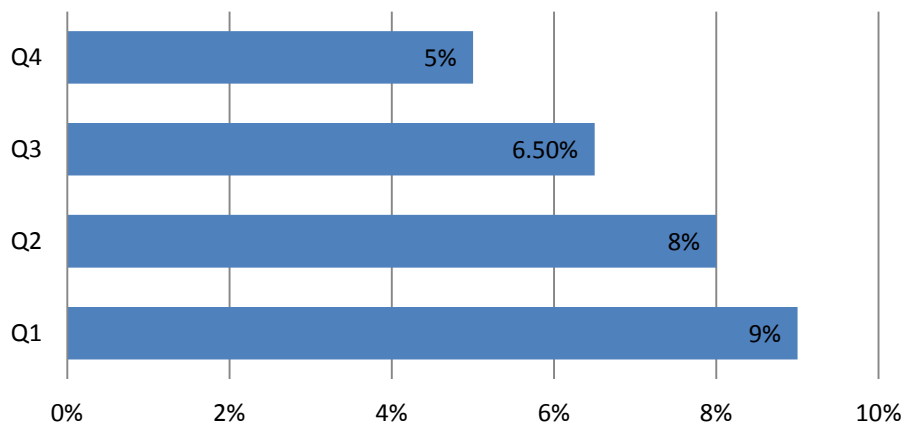
Q2
Elective Surgery
On the day cancellations as a percentage of booked activity

Category	Value
Plas	6.27%
Max Fac	11.82%
Ophth	7.38%
Total	7.67%
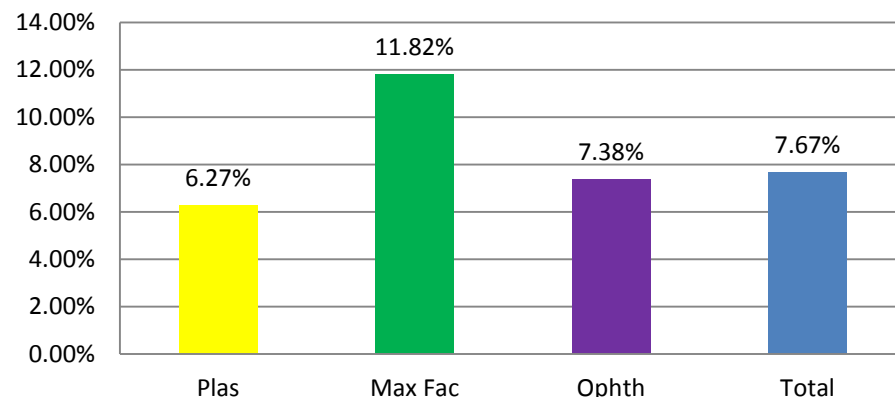
September 19
Elective surgery cancelled on the day as a percentage of booked activity

Category	Value
Plas	6.76%
Max Fac	9.77%
Ophth	5.71%
Total	7.06%
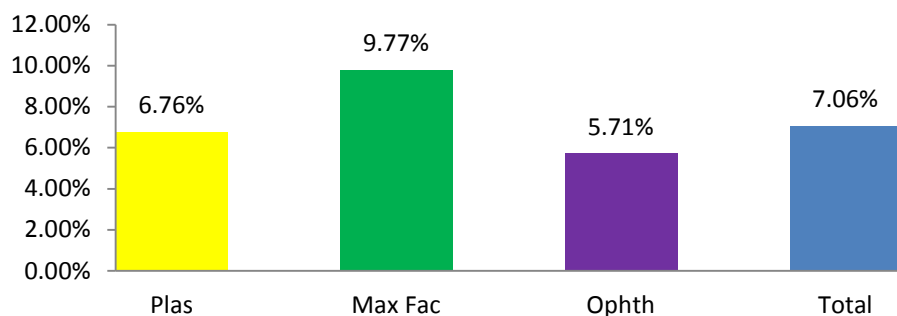
September 19
Elective Surgery On The Day Cancellations
Total: 60

Category	Value
Hospital: Clinical	28
Hospital: Non-Clinical	15
Patient	17
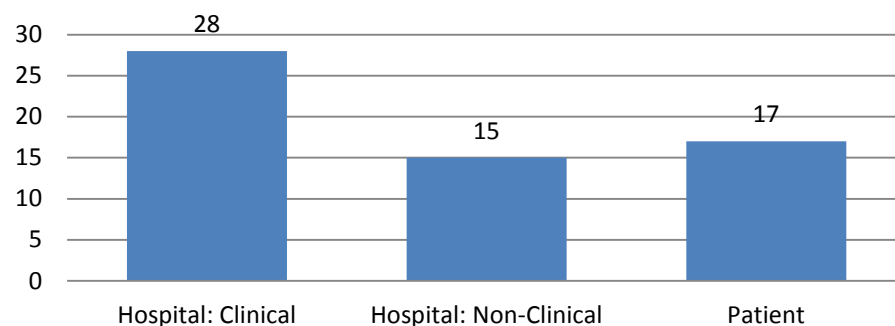
- Q1 & Q2 KPI Achieved: Estimated 310 hours of lost surgical time in Q2 due to on the day cancellations
- Estimated 95 hours of lost surgical time in September due to cancellations
- Decreased number of DNA's and patients declining surgery, 8 in August, 2 in September
- 6 elective cases cancelled on the day to accommodate emergency trauma
- 7 patient's called on the day to cancel their surgery due to being unwell, 8.5 hours of estimated operating time lost

KPI 4 – Utilisation

Q2
OPHTH: MTR TH3-TH10
On The Day Elective List Utilisation
76% of the elective lists were over 85% utilised on the day

24%
76%
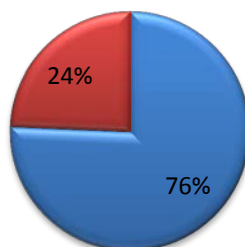
Q2
PLASTICS: MTR TH3-TH10
On The DAY Elective List Utilisation
81% of the elective lists were over 85% utilised on the day

19%
81%
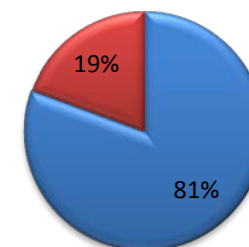
Q2
MAX FAC: MTR TH3-TH10
On The Day Elective List Utilisation
72% of the elective lists were over 85% utilised on the day

28%
72%
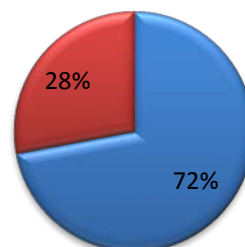
Q2
MTR TH3-TH10
On The Day Elective List Utilisation
78% of lists were over 85% utilised on the day

22%
78%
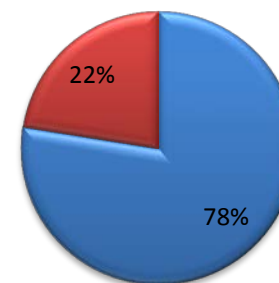
KPI 4 – Utilisation

September 2019
MTR TH3-TH10
On The Day Elective List Utilisation
76% of the elective lists were over 85% utilised on the day

24%

76%
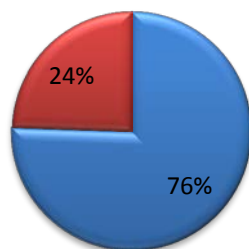
September 2019
OPHTH: MTR TH3-TH10
On The Day Elective List Utilisation
77% of the elective lists were over 85% utilised

23%

77%
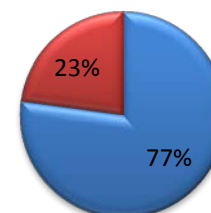
In month there has been a reduction in elective list utilisation driven by a high number of on the day cancellations.

60 patients cancelled on the day, an estimated 95 hours of surgery time lost including 2 major plastics cases. Corneo cancellations due patients being unwell.

- April 70 % of the lists on the day were over 80% utilised, by comparison, 83% of the lists on the day were over 80% utilised. In September
- Reduction in on the day utilisation is driven by on the day cancellations.
- Lists are being consistently booked to above 90% utilisation

September 2019
MAX FAC: MTR TH3-TH10
On The Day Elective List Utilisation
68% of the elective lists were over 85% utilised

32%

68%
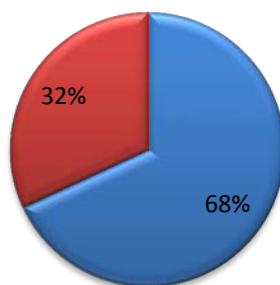
September 2019
PLASTICS: MTR TH3-TH10
On The Day Elective List utilisation
79% of the elective lists were over 85% utilised

21%

79%

Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**07/11/2019**		**Agenda reference:**		**181-19**
Report title:	**Finance Report 2019/20 – Mth6 (September)**				
Sponsor:	Michelle Miles, Director of Finance & Performance				
Author:	Jason McIntyre, Deputy Director of Finance				
Appendices:	Finance Performance Month 06 - Report				
Executive summary					
Purpose of report:	To provide the Board with an overview of the Trust's financial performance				
Summary of key issues	The Trust delivered a deficit of £4.1m YTD; £61k better than plan. Clinical income under-recovery has been partially offset by expenditure underspends. The Trust is expected by the regulators to achieve forecast at the year end. However there are some risks especially in relation to activity delivery and unidentified CIPs in the final quarters of the year.				
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:	KSO4 Financial Sustainability				
Corporate risk register:	CRR877 Financial Sustainability				
Regulation:	NHSI Single oversight framework : The "Use of Resources" score is 3, against the plan of 4,				
Legal:	N/A				
Resources:	N/A				
Assurance route					
Previously considered by:	EMT				
	Date:	28.10.19	Decision:	N/A	
Previously considered by:	Finance and Performance Committee				
	Date:	28.10.19	Decision:	N/A	
Next steps:	N/A				

Board Finance Report
September 2019

Executive Director: Michelle Miles

Contents

2019/20 M06 Financial Performance

Queen Victoria Hospital NHS
NHS Foundation Trust

Financial Performance		Annual	In Month £'000			Year to Date £'000		
Income and Expenditure		Plan	Plan	Actual	Favourable/(Adverse)	Plan	Actual	Favourable/(Adverse)
Income	Patient Activity Income	67,689	5,697	6,200	503	33,566	33,352	(213)
	Other Income	4,601	357	394	38	2,297	2,367	70
Total Income		**72,291**	**6,053**	**6,594**	**540**	**35,863**	**35,720**	**(144)**
Pay	Substantive	(51,262)	(4,215)	(3,831)	385	(25,512)	(22,722)	2,790
	Bank	(799)	(63)	(418)	(355)	(379)	(1,729)	(1,349)
	Agency	(218)	(41)	(141)	(100)	(122)	(1,202)	(1,080)
Total Pay		**(52,278)**	**(4,320)**	**(4,389)**	**(70)**	**(26,012)**	**(25,652)**	**360**
Non Pay	Clinical Services & Supplies	(13,089)	(1,097)	(1,223)	(126)	(6,508)	(6,874)	(366)
	Drugs	(1,532)	(128)	(125)	3	(766)	(742)	24
	Consultancy	(79)	(7)	(35)	(28)	(40)	(42)	(2)
	Other non pay	(7,751)	(695)	(641)	54	(4,187)	(3,989)	198
Total Non Pay		**(22,450)**	**(1,926)**	**(2,023)**	**(97)**	**(11,501)**	**(11,647)**	**(146)**
Financing		(5,006)	(417)	(391)	26	(2,503)	(2,513)	(10)
Total Expenditure		**(79,735)**	**(6,663)**	**(6,803)**	**(140)**	**(40,016)**	**(39,812)**	**204**
Surplus / (Deficit)		**(7,445)**	**(609)**	**(209)**	**400**	**(4,153)**	**(4,092)**	**61**

Overview

The Trust delivered a deficit of £4.1m YTD; £61k better than plan. Clinical income under-recovery has been partially offset by expenditure underspends.

The Trust is expected by the regulators to achieve forecast at the year end. However there are some risks especially in relation to activity delivery and unidentified CIPs in the final quarters of the year.

The current run rate forecast for the year would be a deficit of £8.2m; £0.7m worse than the annual plan.

In month performance

The Trust delivered a deficit of £0.2m in month; £0.4m better than plan. This is mainly due to additional income for the fines reimbursement, a better than reported month 5 income position of £250k due to the backlog coding issues offset by pay and clinical supplies overspends. In month a WIP accrual has been set at £0.4m to adjust for the coding backlog.

The income position is £0.54m better than plan. Clinical income over recovered by £0.50m in month largely due to provision for coding adjustments and recognition of fines reinvestment income in the position. There continues to be an underlying underperformance within planned emergency activity and critical care which has been offset by non recurrent fines income in month (£0.4m) and £33k medical pay uplift funding.

Other income was above plan by £38k due to additional education and training income.

The pay position is £70k adverse to plan due largely to medical staff pay uplift back dated to April paid in month of £117k – partially offset by funding of £35k. With vacancies within all staff groupings, substantive pay is less than plan. Both bank and agency expenditure in month is in line with YTD trend and below the level of vacancies.

The non pay position is £0.97m adverse to plan. This is driven by increases in clinical supplies largely within theatres offset by an increase clinical income as well as £41k of PBR excluded devices also offset by clinical income.

YTD performance

The Trust delivered a deficit of £4.1m YTD; £61k better than the plan of a £4.15m deficit.

The income position is under plan by £0.2m within patient activity income. There is an adverse case mix (£1.2m) of elective activity largely within Oral business unit. There is an adverse volume/ casemix variance of £0.3m for emergency activity within Oral. Critical care underperformance (casemix/ volume) of £0.2m. These have been offset by coding accrual of £0.4m, Outpatients above plan by £0.1m and other overperformance – largely non PBR of £0.5m (mainly excluded devices)and non recurrent fines investment income of £0.4m and medical pay uplift funding.

The pay position is underspent by £0.36m YTD. Substantive pay is underspent on all staff categories apart from medical. This has been partially offset by temporary staffing costs. The Trust is materially above the agency ceiling for the period.

The non pay position is overspent by £146k. Clinical supplies is overspent by £0.37m. This includes £0.5m due to PBR excluded devices pass through costs (Sleep devices/ Corneo grafts/ prosthesis). When excluded, Clinical supplies shows an underlying underspend of £0.13m. This is partially due to activity related underspends within clinical supplies, drugs and impact of better than plan saving schemes.

2019/20 - Income and Expenditure Trend

Board Line	Actual M10 18/19	Actual M11 18/19	Actual M12 18/19	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Plan M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12	Annual Plan
Patient Activity Income	5,792	5,120	7,458	5,383	5,494	5,466	5,796	5,730	6,200	6,234	5,657	5,275	5,736	5,333	5,856	67,624
Other Income	(5)	504	(722)	388	388	388	388	389	394	388	388	388	388	388	388	4,654
Total Income	**5,787**	**5,624**	**6,736**	**5,771**	**5,882**	**5,854**	**6,184**	**6,119**	**6,594**	**6,622**	**6,045**	**5,663**	**6,124**	**5,721**	**6,244**	**72,278**
Substantive	(3,596)	(3,660)	(3,913)	(3,869)	(3,806)	(3,761)	(3,769)	(3,686)	(3,831)	(4,348)	(4,320)	(4,280)	(4,301)	(4,280)	(4,363)	(51,500)
Bank	(161)	(117)	(346)	(219)	(212)	(300)	(330)	(249)	(418)	(41)	(41)	(41)	(41)	(41)	(41)	(491)
Agency	(185)	(250)	(216)	(186)	(175)	(141)	(248)	(224)	(141)	(20)	(20)	(20)	(20)	(20)	(20)	(240)
Total Pay	**(3,942)**	**(4,027)**	**(4,476)**	**(4,274)**	**(4,193)**	**(4,203)**	**(4,347)**	**(4,160)**	**(4,389)**	**(4,409)**	**(4,381)**	**(4,341)**	**(4,362)**	**(4,341)**	**(4,424)**	**(52,232)**
Clinical Services & Supplies	(1,204)	(1,179)	(1,175)	(794)	(1,296)	(1,156)	(1,089)	(1,317)	(1,223)	(1,108)	(1,108)	(1,108)	(1,108)	(1,108)	(1,108)	(13,301)
Drugs	(122)	(116)	(108)	(118)	(118)	(119)	(142)	(122)	(125)	(128)	(128)	(128)	(128)	(128)	(128)	(1,532)
Consultancy	34	(49)	(229)	(8)	7	(2)	(1)	(3)	(35)	(7)	(7)	(7)	(7)	(7)	(7)	(79)
Other non pay	(765)	(484)	(477)	(691)	(560)	(732)	(645)	(721)	(641)	(581)	(581)	(581)	(581)	(581)	(581)	(7,572)
Total Non Pay	**(2,057)**	**(1,828)**	**(1,989)**	**(1,612)**	**(1,966)**	**(2,009)**	**(1,876)**	**(2,162)**	**(2,023)**	**(1,824)**	**(1,824)**	**(1,824)**	**(1,824)**	**(1,824)**	**(1,824)**	**(22,484)**
Financing	(379)	(374)	(423)	(441)	(439)	(440)	(387)	(424)	(393)	(417)	(417)	(417)	(417)	(417)	(417)	(5,006)
Total Expenditure	**(6,378)**	**(6,230)**	**(6,887)**	**(6,327)**	**(6,598)**	**(6,651)**	**(6,609)**	**(6,746)**	**(6,805)**	**(6,650)**	**(6,622)**	**(6,582)**	**(6,603)**	**(6,582)**	**(6,665)**	**(79,723)**
Surplus / (Deficit)	**(591)**	**(606)**	**(151)**	**(556)**	**(716)**	**(798)**	**(425)**	**(626)**	**(211)**	**(28)**	**(577)**	**(919)**	**(479)**	**(861)**	**(421)**	**(7,445)**

Summary

- The current forecast is to deliver the operating plan of £7.4m deficit. There are some risks to full year delivery within activity and unidentified savings.
- Income has partially recovered previous months underperformance as clinical coding has been completed and additional income for fines reinvestment has been recognised.
- Clinical Income was averaging £5.6m per month YTD but for the last 3 months it has averaged £5.9m (adjusted for non recurrent income) – the average monthly plan for the remainder of the year is £5.7m. The maintenance of the Q2 income run rate is a challenge for the last 2 quarters of the financial year.
- Temporary staffing spend is increasing but not at a level which fully absorbs the substantive pay under spends. The last 3 months expenditure has increased with temporary staffing representing 12% of total pay expenditure. In month expenditure in line with trend.
- Non pay has increased from the prior period but is currently on trend with this reporting period with the key increases in expenditure offset by increases in patient activity income. Its important to note that non PbR expenditure is over performing due to excluded devices which in turn increases clinical supplies run rate spend.

2019/20 M06 : Activity Performance by POD based on income and activity plan

Queen Victoria Hospital NHS Foundation Trust

Activity Performance		In Month					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
A & E	Attendance	1,074	1,220	146	89	101	12	6,148	6,920	772	508	572	64
Elective (Daycase)	Spells	1,135	1,050	(85)	1,269	1,205	(64)	6,450	6,383	(67)	7,156	7,113	(43)
Elective Care	Spells	342	309	(33)	978	509	(470)	1,989	1,944	(45)	5,468	4,304	(1,165)
Non-Elective Care	Spells	439	424	(15)	1,178	1,174	(4)	2,713	2,595	(118)	7,327	6,932	(395)
Critical Care	Days	116	102	(14)	155	143	(13)	602	559	(43)	802	609	(193)
XS bed days	Days	79	158	79	23	47	24	464	580	116	137	177	40
Outpatient First Appointment	Attendance	3,958	3,637	(321)	582	528	(54)	22,905	22,876	(29)	3,334	3,372	38
Outpatient Follow up	Attendance	10,366	9,951	(415)	775	731	(44)	60,783	61,243	460	4,477	4,541	65
Outpatient Proceedure	Attendance	2,507	2,090	(417)	356	301	(55)	14,830	14,501	(329)	2,098	2,097	(2)
Other	Other	4,027	3,981	(46)	357	391	34	23,664	24,025	361	2,120	2,575	455
Other Income CQUIN, WIP, Fine reinvestment					(67)	1,070	1,137				137	1,060	923
Grand Total		**24,045**	**22,922**	**(1,123)**	**5,697**	**6,200**	**503**	**140,549**	**141,626**	**1,077**	**33,566**	**33,353**	**(213)**

Activity Performance	In Month			Year to Date		
Service Line	Plan £k	Actual £k	Var £k	Plan £k	Actual £k	Var £k
Plastics	2,826	2,423	(402)	15,872	15,517	(356)
Oral	1,331	891	(440)	7,786	6,526	(1,260)
Eyes	528	619	91	3,435	3,410	(24)
Clinical Support	542	567	24	3,217	3,519	303
Sleep	375	481	106	2,278	2,670	392
Operational Nursing	162	149	(13)	841	650	(191)
Other income CQUIN & WIP	(67)	1,070	1,137	137	1,060	923
Grand Total	**5,697**	**6,200**	**503**	**33,566**	**33,353**	**(213)**

Summary

The September in month position is adversely affected by volume (134 spells below) / case mix variance within planned inpatient spells and volume 15 spells below within emergency spells.

An accrual of £380k (based on Mths 1-6 coding) has been completed for coding gain within inpatients and outpatient procedures. Broadly the accrual is broken into £170k for plastics, £170k for maxfax & £40k for other areas

Day case activity is 85 spells below plan & income below plan by £64k - due to volume underperformance within Plastics (Hands and Breast) . YTD is 67 spells and £43k below plan due to Medical capacity within Eyes and Oral underperformance.

Elective activity is 33 spells and £470k below plan in month and 45 spells and £1.2m YTD (partially offset by coding accrual) below plan. The YTD underperformance is split largely between £680k Oral (£170k ENT/ £510 OMFS) and Plastics £414k (mainly breast £308k). There has been some capacity issues in relation to anaesthetic cover.

Non-elective activity is 15 spells and £4k below plan in and 118 spells and £395k YTD (partially offset by coding accrual). The main driver is Oral £ 300k and Eyes (Occuplastics) £41k. There is a volume and case mix issue within Oral.

Critical care days have under performed by 43 days YTD and £193k YTD. This position continues to present an adverse volume (£57k) & price mix (£136k) due to reduction in Burns bed days and reduced complexity of patients in Burns and Maxfax.

Outpatient attendances (FA/FU/ OProcs) are 102 attendances and £101k above plan YTD.

Other activity performance is £455k YTD above plan is largely due to PBR exclusion which are over performing by circa £505k YTD due to additional sleep and prosthesis devices.

Other income incudes CQUIN of £175k, coding accrual of £380k for month 6 and fines reinvestment income of circa £0.365k and other misc. income.

Overall - The YTD patient activity performance is largely driven by adverse case mix and volume variation in spell based activity in elective, non-elective inpatient and critical care bed days.

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Activity Trends by Point of delivery (POD) – M6 2019/20

Activity Trend

POD	Actual M10 18/19	Actual M11 18/19	Actual M12 18/19	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Plan M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12	PLAN 19/20 In Month	Variance 19/20 In Month
Minor injuries	798	745	863	1,042	1,128	1,088	1,319	1,123	1,220	904	944	980	1,012	946	1,054	1,074	146
Elective (Daycase)	1,107	992	905	923	1,094	1,074	1,189	1,053	1,050	1,294	1,215	1,103	1,246	1,141	1,246	1,135	(85)
Elective	284	297	317	340	347	334	315	299	309	380	353	295	365	333	365	342	(33)
Non Elective	418	399	386	429	440	402	461	439	424	464	395	393	359	372	404	439	(15)
XS bed days	33	52	98	78	82	58	133	106	102	89	107	62	70	62	71	116	(14)
Critical Care	126	81	49	124	40	58	132	68	158	86	81	73	79	76	80	79	79
Outpatients - First Attendance	3,763	3,153	3,644	2,443	2,409	2,354	2,728	2,477	3,637	2,832	2,611	2,367	2,715	2,475	2,715	2,507	1,130
Outpatients - Follow up	10,480	9,107	10,132	3,872	4,002	3,797	4,049	3,519	9,951	4,441	4,135	3,729	4,267	3,895	4,265	3,958	5,993
Outpatient - procedures	2,737	2,233	1,565	10,248	10,645	9,524	10,975	9,900	2,090	11,880	11,067	10,034	11,418	10,430	11,412	10,366	(8,276)
Other activity	4,288	3,826	3,142	3,549	3,928	3,900	4,421	4,246	3,981	4,027	4,027	4,027	4,027	4,027	4,027	4,027	(46)
	24,034	20,885	21,101	23,048	24,115	22,589	25,722	23,230	22,922	26,399	24,935	23,064	25,559	23,756	25,638	24,045	(1,123)

£'000 Trend

POD	Actual M10 18/19	Actual M11 18/19	Actual M12 18/19	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Plan M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12	PLAN 19/20 In Month	Variance 19/20 In Month
Minor injuries	59	55	64	86	93	90	109	93	101	75	78	81	84	78	87	89	12
Elective (Daycase)	1,329	1,186	1,014	1,027	1,320	1,142	1,309	1,109	1,205	1,447	1,364	1,237	1,395	1,278	1,394	1,269	(64)
Elective	765	780	746	793	737	775	678	812	509	1,072	1,006	887	1,032	943	1,031	978	(470)
Non Elective	1,056	996	951	1,035	1,211	982	1,261	1,267	1,174	1,247	1,059	1,058	972	1,011	1,104	1,178	(4)
XS bed days	9	15	27	55	68	67	169	108	143	120	143	82	93	82	95	155	(13)
Critical Care	189	87	54	39	11	18	42	20	47	25	24	22	23	23	24	23	24
Outpatients - First Attendance	518	419	501	349	348	342	395	362	528	401	370	335	384	350	384	356	172
Outpatients - Follow up	799	691	768	572	591	569	589	522	731	649	606	546	624	570	624	582	149
Outpatient - procedures	363	300	210	756	783	718	816	737	301	879	823	744	846	773	846	775	(474)
Other	430	410	494	422	408	400	493	461	391	400	370	331	389	347	376	357	34
Work in progress and coding adjustment							99	81	1,070							(67)	1,137
	5,518	4,939	4,829	5,134	5,570	5,104	5,961	5,572	6,200	6,315	5,844	5,324	5,843	5,457	5,963	5,697	503

Summary

- Activity trend remain stable in general with a significant increase in outpatient activity
- Month 6 plan has been flexed for the summer month due to increased levels of annual leave anticipated. The plan from month 6 onwards increases.
- Reviewing Coding and case mix of non elective in ongoing given above plan activity against below plan income .
- Other includes Excluded Devices & Drugs, CQUIN, Diagnostics Direct Access & Unbundled and AQP contracts.
- The coding catch up & adjustments are included in the last line of the lower table

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	137	(152)	(9)	11	(75)	(21)	25	(83)	25,155	2,212	2,290	78	90%	12,207	11,961	(246)	54%
1.2 Oral	(297)	(910)	(7)	(46)	(37)	13	(14)	18	8,487	748	392	(356)	37%	4,007	3,083	(924)	30%
1.3 Eyes	(68)	(16)	(10)	(22)	(34)	(66)	3	(27)	4,720	261	152	(109)	26%	1,942	1,810	(132)	34%
1.4 Sleep	126	434	(0)	1	(13)	(17)	3	(285)	1,836	147	262	115	108%	865	997	133	28%
1.5 Clinical Support	137	127	11	28	42	143	16	213	(2,565)	(216)	(10)	206		(1,379)	(867)	511	
1.6 Perioperative Care	(0)	2	1	9	(63)	(146)	(44)	(148)	(12,901)	(1,077)	(1,184)	(107)		(6,464)	(6,746)	(283)	
1.7 Operational Nursing	23	(210)	0	(11)	17	193	12	53	(6,658)	(532)	(479)	53		(3,316)	(3,290)	26	
Operations Total	**59**	**(726)**	**(14)**	**(30)**	**(165)**	**99**	**2**	**(259)**	**18,074**	**1,541**	**1,423**	**(118)**		**7,863**	**6,947**	**(916)**	
Nursing & Clinical Infrastructure																	
2.1 Access & Outpatients	0	0	1	(7)	13	48	-	16	(1,176)	(98)	(81)	17		(588)	(531)	57	
2.5 Director Of Nursing	-	-	9	(8)	(14)	(114)	-	(44)	(3,116)	(262)	(287)	(24)		(1,584)	(1,749)	(166)	
Nursing & Clinical Infrastructure	**0**	**0**	**10**	**(16)**	**(2)**	**(65)**	**-**	**(27)**	**(4,293)**	**(360)**	**(368)**	**(8)**		**(2,172)**	**(2,280)**	**(108)**	
Corporate Departments																	
3.1 Non Clinical Infrastructure	-	-	5	77	(5)	(46)	(0)	(86)	(4,659)	(388)	(407)	(19)		(2,322)	(2,377)	(55)	
3.2 Commerce & Finance	-	-	1	(2)	2	(104)	-	60	(3,520)	(352)	(256)	96		(1,788)	(1,834)	(46)	
3.4 Finance Other	444	512	(8)	(168)	84	344	-	213	(10,053)	(796)	(422)	374		(4,211)	(3,310)	902	
4.1 Human Resources	-	-	47	204	(0)	19	-	13	(1,093)	(93)	(26)	67		(557)	(320)	237	
5.4 Corporate	-	-	(4)	4	17	113	-	(69)	(1,901)	(161)	(153)	8		(966)	(918)	48	
Corporate Total	**444**	**512**	**42**	**115**	**97**	**327**	**(0)**	**130**	**(21,226)**	**(1,790)**	**(1,264)**	**526**		**(9,844)**	**(8,759)**	**1,085**	
Surplus / (Deficit)	**503**	**(213)**	**38**	**70**	**(70)**	**360**	**2**	**(156)**	**(7,445)**	**(609)**	**(209)**	**400**		**(4,153)**	**(4,092)**	**61**	

Summary

Patient Activity Income: The YTD patient activity performance is largely driven by adverse case mix and volume variation in spell based activity in elective, non-elective inpatient (Plastics, Oral and Eyes) and critical care bed days (Operational bed days)

There has been a change in the case mix adversely affecting income. YTD underperformance of patient care income of £0.7m is mainly within Plastics (Non Elective, Burns case mix & outpatients), Oral services (Daycases, Outpatients & H&N Top up) partially offset by Sleep services (Daycases & Outpatients volumes). The fines reinvestment is refelcted within Finance other as an over performance.

Pay: In month is over spent £70k in month and underspend £360k YTD. The operational areas are showing an in month pay overspend mainly driven by a medical pay uplift backdated to April partially offset by income. Pay overspend YTD within Theatres due to temporary staffing usage and within Eyes due to medical capacity issues.

Non Pay: In month is on plan but YTD is £156k adverse. This is largely due to clinical supplies overspends due to PbR excluded devices (£0.5m) which are offset by increased clinical income, underlying clinical supplies surplus of £0.13m.

Trust CIP Dashboard for the period to 30 September 2019

CIPP Profile £'000

Month	19/20 Target	Pay	Non-Pay	Income	Total Actual	Variance
Apr	58	9	33	0	42	(16)
May	61	9	35	0	44	(17)
Jun	62	9	111	0	119	57
Jul	65	12	101	0	113	48
Aug	66	24	90	0	114	48
Sep	70	30	88	0	117	47
Oct	199					
Nov	200					
Dec	197					
Jan	247					
Feb	247					
Mar	251					
Total	1,724	93	456	0	549	167

CIPP Profile performance

Legend: Total Actual, 19/20 Target
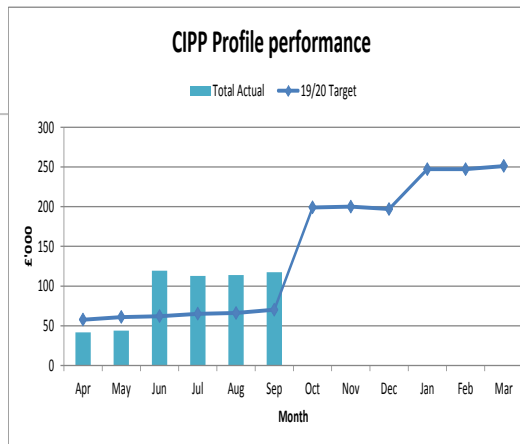
Summary Identified £'000

NHS Foundation

Business Units	19/20 Target	Identified	Unidentified
Clinical Support	280	172	107
Eyes	72	59	13
Plastics	219	152	66
Sleep	72	72	0
Commerce & Finance	84	20	64
Human Resources	32	0	32
Oral	190	37	153
Nursing	279	161	118
Non Clinical Infrastructure	130	127	3
Perioperative Care	328	306	22
Access & Outpatients	65	65	(0)
Corporate	49	48	1
Reserves	(75)	0	(75)
Total	1,724	1,220	505

At M6 the value of identified CIPP has increased to £1.2m, a £240k increase on M5. This includes recharges from spoke site contracts in Plastics and recognises the review of the paediatric SLA with BSUH.

Anticipated savings relating to Synertec and 2 Way SMS are reflected, as well as non-recurrent benefits relating to the review of CSSD invoices and the sale of clinical equipment.

Around 60% of the newly identified CIPPs, worth £145k, are scheduled to deliver in Q4, meaning a stepped increase in the target at M7 and again at M10.

The YTD over-performance of £167k is largely driven by savings from Materials Management, together with realisation of some CIPP schemes earlier than planned.

Business Unit Summary YTD £'000

Business Units	Target	Actual	Variance
Clinical Support	73	93	19
Eyes	15	26	11
Plastics	12	24	13
Sleep	30	36	6
Commerce & Finance	11	10	(1)
Human Resources	0	0	0
Oral	18	38	20
Nursing	17	53	36
Non Clinical Infrastructure	61	64	3
Perioperative Care	144	173	29
Access & Outpatients	0	32	32
Corporate	0	0	0
Reserves	0	0	0
Total	382	549	167

YTD Pay by Category £'000

Legend: Budget reduction, Cash Releasing

YTD Non Pay by Category £'000

Legend: Budget reduction, Cash Releasing
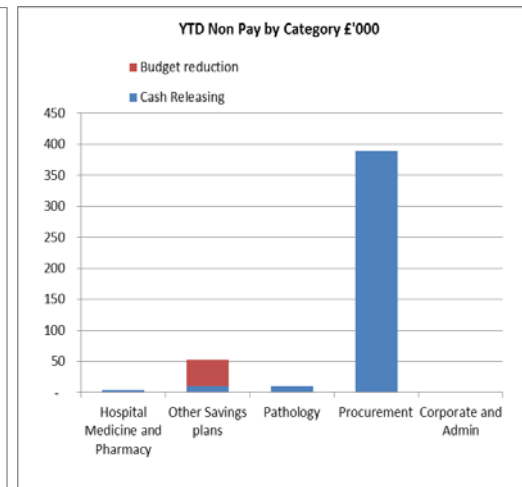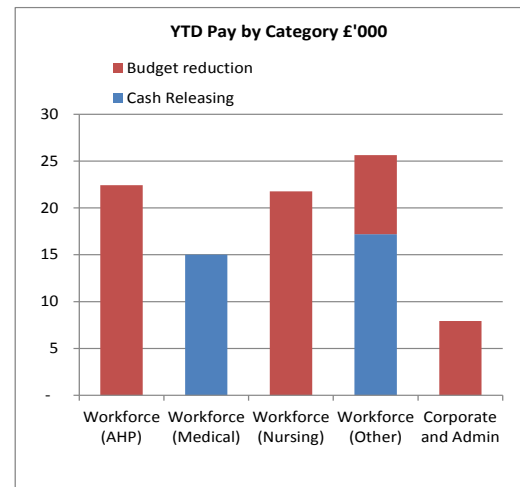
YTD Summary by Category £'000

Category	Target	Actual	Variance
Pay (Skill mix)	32	37	5
Pay (WTE reductions)	22	55	34
Non pay	319	456	137
Income (Patient Care Activities)	9	0	(9)
Income (Other operating income)	0	0	0
Unidentified	0	0	0
Total	382	549	167

Budget Reduction - YTD Summary £'000

Category	Target	Actual	Variance
Workforce (Other)	13	8	(4)
Workforce (AHP)	20	22	2
Workforce (Nursing)	9	22	13
Procurement	0	0	0
Other Savings Plans	0	43	43
Corporate and Admin	0	8	8
Total	42	103	61

QVH BOD Public Nov 2019

High risk schemes by Business Unit £'000

Legend: High (625), Low (616), Medium (483)

High risk schemes by Business Unit £'000

Legend: Oral (153), Clinical Support (129), Nursing (118), Plastics (66), Commerce & Finance (64), Corporate (49), Eyes (33), Human Resources (32), Sleep (30), Perioperative Care (22), Non Clinical Infrastructure (3), Access & Outpatients (-0), Reserves (-75)
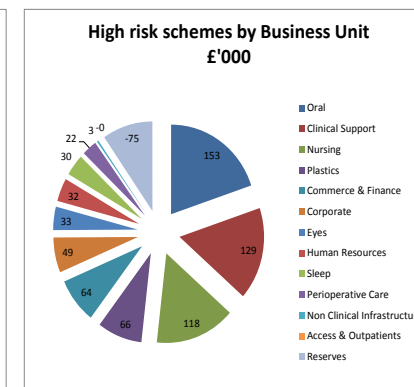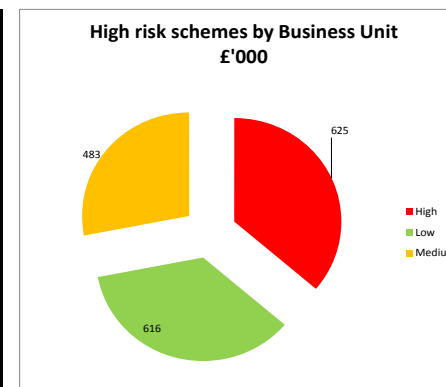
Balance Sheet – M06   2019/20

Balance Sheet as at the end of September 2019	2018/19 Outturn £000s	Current Month £000s	Previous Month £000s
Non-Current Assets			
Fixed Assets	51,173	50,190	50,380
Other Receivables	-	-	-
Sub Total Non-Current Assets	51,173	50,190	50,380
Current Assets			
Inventories	1,275	1,131	1,131
Trade and Other Receivables	10,210	7,040	6,550
Cash and Cash Equivalents	3,944	3,214	2,791
Current Liabilities	(13,164)	(9,709)	(9,776)
Sub Total Net Current Assets	2,265	1,676	696
Total Assets less Current Liabilities	53,438	51,866	51,076
Non-Current Liabilities			
Provisions for Liabilities and Charges	(608)	(627)	(627)
Non-Current Liabilities >1 Year	(5,045)	(7,547)	(6,547)
Total Assets Employed	**47,785**	**43,692**	**43,902**
Tax Payers' Equity			
Public Dividend Capital	12,249	12,249	12,249
Retained Earnings	22,395	18,302	18,512
Revaluation Reserve	13,141	13,141	13,141
Total Tax Payers' Equity	**47,785**	**43,692**	**43,902**

NB Analysis is subject to rounding differences

Summary

- The capital asset net value has decreased in month by £0.2m and in year by £1m, due to the level and profile of this year's capital expenditure plan.

- Net current assets have decreased in year by £0.6m reflecting the current year income and expenditure deficit. This deficit is being supported by short term cash loans from DHSC.

- Inventories: A stock take assessment for the end of July led to a reduction in the stock value of £0.2m.

- Trade and other receivables have increased by £0.5m in month, reflecting an increase in activity reinvestment income expected.

- Cash has increased by £0.4m in month reflecting the in month deficit being offset with a new £1m loan in September. Cash continues to be reviewed on a daily basis and interim loans arranged with the DHSC, as per the operating plan 2019-20.

- Current liabilities have remained stable in September.

- Non current liabilities: The Trust has received a further revenue support loan of £1m in September, bringing the total to £2.891m, and has made a repayment on the theatre loan of £0.39m in June.

Issues

- Sufficient cash balances are not being generated by the Trust to provide liquidity, service the capital plan or to meet future loan principal repayment obligations. Therefore it is necessary to borrow cash from the DHSC, as interim loans, to service liquidity requirements until the Trust achieves a net cash operating surplus position.

Actions

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

Queen Victoria Hospital NHS
NHS Foundation Trust

Month 6 - September 2019	Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	YTD Variance £000s	Full Year Forecast £000s	Full Year Variance £000s
Estates projects						
Carried over from 2018/19:						
Emergency lighting	120	98	99	(1)	120	-
Other	180	190	119	71	168	12
2019/20 projects:						
Air handling / air conditioning	141	-	-	-	141	-
Other	180	35	38	(3)	158	22
Estates projects	**621**	**323**	**256**	**67**	**587**	**34**
Medical Equipment	**589**	**119**	**55**	**64**	**579**	**10**
Information Management & Technology (IM&T)						
Windows 10 implementation	692	150	253	(103)	692	-
Electronic Observations	335	-	-	-	335	-
Electronic Document Management	200	104	99	5	200	-
IP Telephony	-	-	16	(16)	16	(16)
PAS upgrade	190	11	16	(5)	190	-
Other	380	129	152	(23)	413	(33)
Information Management & Technology (IM&T)	**1,797**	**394**	**536**	**(142)**	**1,846**	**(49)**
Contingency	**-**	**-**	**-**	**-**	**-**	**-**
Total	**3,007**	**836**	**847**	**(11)**	**3,012**	**(5)**

Cumulative Spend v Plan
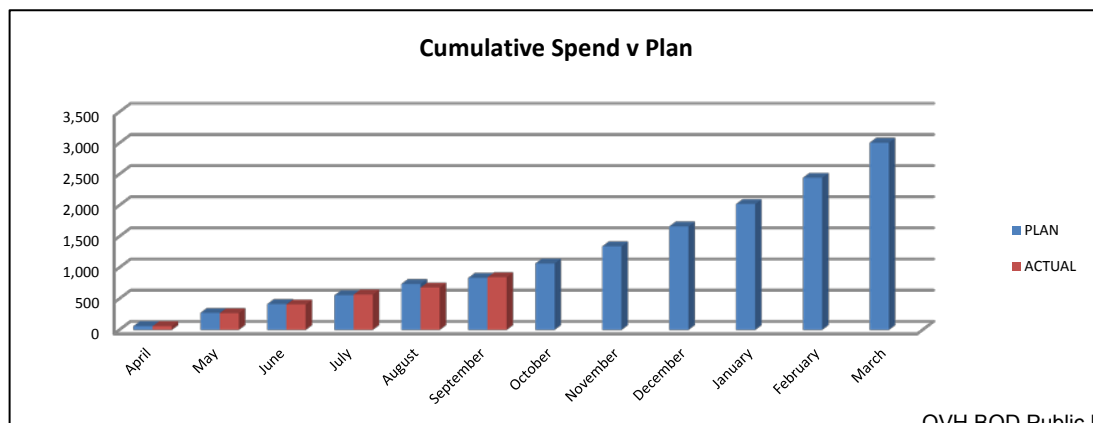
Summary

- The original 2019/20 capital plan of £2,668k has now been increased to £3,007k by the award of £335k additional, non-repayable, Public Dividend Capital as part of the NHS Health System Led Investment Programme. This funding is specifically for Electronic Observations and cannot be used for other purposes.

- The remainder of the capital programme has been revised, particularly in respect of the contingency funding that had previously been held back and which has now been allocated to specific projects across the three main areas of Estates (£110k), Equipment (£109k) and IM&T (£155k). There has also been a redistribution of funds within the IM&T area.

- **Estates**: Commitments from the 2018/19 programme have been completed and new works are entering the procurement phase. The planned projects relate to air handling/air conditioning in four locations and fittings in theatres and the clean room.

- **Medical Equipment**: Procurement is proceeding, with some equipment being trialled on site prior to purchase. There is a need for major expenditure on medical imaging which cannot be met through the current capital programme. Alternative procurement approaches are being investigated, including the use of donated money.

- The **IM&T** programme centres on the implementation of Windows 10 across the Trust, which is making substantial progress. The programme now includes Electronic Observations, as noted above. It has been decided that increased priority should be given to the upgrade of the PAS system and other projects. The IP Telephony project has been postponed until 2010/21 to release the funds required.

- The funding available from NHS sources is now fully committed. The League of Friends have agreed to contribute £145k for a significant upgrade to the simulation (training) theatre. The QVH Charity is funding a number of items of equipment and smaller estates works.

- Expenditure to the end of June was £847k, in line with the notional plan.

Appendices

Table 1

Single Oversight Framework						
Finance Score: September 2019						
	Metrics £k	Measure	Rating	Weight	Score	Plan
Continuity of Services:						
Capital Service Cover						
Operating surplus (Adj YTD)	(1,571)	-1.35	4	20%	0.80	4
Capital Servicing Obligation YTD	1,160					
Liquidity						
Working Capital	545	2.67	1	20%	0.20	4
Operating Costs (per day)	204					
Financial Efficiency:						
Control Total Margin (%)						
Adj. Surplus (deficit) YTD	(3,968)	-11.1%	4	20%	0.80	4
Adj. Income year to date	35,714					
Margin Variance From Plan						
Adj. Actual surplus margin	-11.1%	0.2%	1	20%	0.20	
Adj. Plan surplus margin	-11.3%					
4						
Agency Spend	1,203	47.43%	3	20%	0.60	4
Agency Cap	816					
Finance Score: September 2019			3		Plan:	4

Table 2

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

Summary

- The use of resources score is 3, against the plan of 4, due to an improvement in the working capital position and agency spend against plan.
- Table 2 details a definition of each of the metrics and the scoring mechanism.

KSO5 – Organisational Excellence

Risk Owner: Director of Workforce & OD
Date: 30 October 2019

Strategic Objective

We seek to be the best place to work by maintaining 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
- Generational changes in workforce, high turnover in newly qualified Band 5 nurses in first year of employment
- 2-3 years to train registered practitioners to join the workforce
- Over 40,000 nursing vacancies in England, circa 1,700 in SES STP
- managers skill set in triangulating workforce skills mix against activity and financial planning
- SHCP (STP) case for change supported by a workforce strategy
- NHS Interim People Plan published, action plan awaited
- Staff survey results and SFFT staff engagement show some improvement, needs to be sustained.
- Impact on adequate substantive staffing resource in theatres to support productivity/meet RTT
- 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 arriving <u>starting to have a positive impact</u>

Initial Risk 3(C)x 5(L)=15, moderate
Current Risk Rating 4(C)x 4(L)=16, 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 may resume in 2019 unknown financial impact
- Unknown impact of System case for change
- Pension changes impacting particularly on senior medical staff now wishing to reduce PA's and restrict WLI activity

Future Opportunities

- Closer partnership working with Sussex Health and Care Partnership. This includes through LWAB whole system leadership and talent management initiatives , best place to work programmes and collaborative resourcing

Controls / assurance

- more robust workforce/pay controls as part of business planning
- Leading the Way, leadership development programme funded for a further year 2019/20
- All works streams captured in one People and OD Strategy 2019
- monthly challenge to Business Units at Performance review
- Investment made in key workforce e-solutions, TRAC, E-job plan ongoing, HealthRoster implemented, Activity Manager underway, capacity of workforce team improved
- Engagement and Retention plan actions ongoing, improvements in some KPI's
- Overseas recruitment continues with nurses on site and some with PIN
- 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
- Work to finalise ESR hierarchy with ledger, now aligned for reporting purposes
- Some positive gains from the 2018 NHS Staff survey results and SFFT <u>2019 survey out</u>

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 CRR1125, 1094, 1077, 1035

Report cover-page				
References				
Meeting title:	**Trust Board**			
Meeting date:	**07/10/2019**	**Agenda reference:**		**183-19**
Report title:	**Workforce Report – October Report, September Data**			
Sponsor:	Geraldine Opreshko, Director of Workforce			
Author:	David Hurrell, Deputy Director of Workforce			
Appendices:	NA			
Executive summary				
Purpose of report:	The Workforce and OD report for August 2019 (July data) provides the Trust Board with a breakdown of key workforce indicators and information linked to performance.			
Summary of key issues	Some key improvements in workforce metrics over the last 12 months and performance remains stable in most areas			
Recommendation:	The committee 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:	28/10/19	Decision	For information
Next steps:				

Workforce & Organisational Development

Workforce Report – October 2019

(Data Reporting Period - September 2019)

KPI Summary

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2018-19 & 2019/20			Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Compared to Previous Month
Establishment WTE *Note 1*				990.87	990.87	990.87	990.87	990.87	990.87	990.87	1000.54	1000.54	1000.54	1000.54	1000.54	1007.59	▲
Staff In Post WTE				845.94	860.66	868.62	863.91	867.20	868.41	874.06	886.85	885.27	885.00	887.06	889.53	890.03	▲
Vacancies WTE				144.93	130.21	122.25	126.96	123.67	122.46	116.81	113.69	115.27	115.54	113.48	111.01	117.56	▲
Vacancies %	>12%	8%<>12%	<8%	14.63%	13.14%	12.34%	12.81%	12.48%	12.36%	11.79%	11.36%	11.52%	11.55%	11.34%	11.10%	11.67%	▲
Agency WTE				45.33	47.07	44.12	37.43	39.95	39.31	36.77	34.44	34.47	34.06	33.40	28.17	23.73	▼
Bank WTE *Note 2*				58.49	61.13	65.64	51.69	61.66	63.57	70.70	63.85	67.29	69.22	74.90	77.85	76.20	▼
Trust rolling Annual Turnover % (Excluding Trainee Doctors)	>=12%	10%<>12%	<10%	19.88%	20.29%	19.52%	19.23%	18.73%	17.46%	17.67%	15.74%	15.67%	16.25%	16.38%	16.42%	14.94%	▼
Monthly Turnover				2.94%	1.56%	0.75%	1.48%	1.43%	0.64%	1.61%	0.66%	1.10%	1.28%	1.09%	1.56%	1.33%	▼
12 Month Rolling Stability % *Note 3*	<70%	70%<>85%	>=85%	81.00%	80.36%	80.69%	81.17%	81.46%	81.86%	82.86%	83.76%	84.04%	81.12%	83.40%	83.52%	82.12%	▼
Sickness Absence %	>=4%	4%<>3%	<3%	2.42%	3.02%	3.16%	2.97%	3.24%	3.55%	3.30%	3.12%	2.55%	2.77%	2.58%	1.83%	TBC	▼
% staff appraisal compliant (Permanent & Fixed Term staff)	<80%	80%<>95%	>=95%	76.89%	81.18%	83.76%	85.94%	84.64%	84.91%	86.81%	86.69%	85.53%	88.19%	87.41%	88.24%	89.01%	▲
Statutory & Mandatory Training (Permanent & Fixed Term staff) *Note 4*	<80%	80%<>90%	>=90%	87.70%	87.75%	88.31%	89.79%	90.68%	92.03%	91.96%	91.98%	92.23%	92.71%	92.88%	93.32%	92.51%	▼

Friends & Family Test - Treatment Quarterly staff survey to indicate likelihood of recommending QVH to friends & family to receive care or treatment	**Measure** Extremely likely / likely % : Extremely unlikely / unlikely%	**2018-19 Quarter 2:** Of 151 responses: 91.39% : 2.64%	**2018-19 National Survey** Of 491 responses: 91% : 2%	**2018-19 Quarter 4:** Of 182 responses: 96.15% : 1.09%	**2019-20 Quarter 1:** Of 126 responses: 97.62% : 1.59%	**2019-20 Quarter 2:** Of 1835 responses: 97.35% : 1.06%	Qtr 1 & Qtr 1 ▲Responses ▼ Likely ▼Unlikely
Friends & Family Test - Work Quarterly staff survey to indicate likelihood of recommending QVH to friends & family as a place of work	**Measure** Extremely likely / likely % : Extremely unlikely / unlikely%	**2018-19 Quarter 2:** Of 151 responses: 61.59% : 24.50%	**2018-19 National Survey** Of 491 responses: 62% : 15%	**2018-19 Quarter 4:** Of 182 responses: 73.62% : 13.73%	**2019-20 Quarter 1:** Of 126 responses: 74.60% : 14.29%	**2019-20 Quarter 2:** Of 189 responses: 71.73% : 12.07%	Qtr 2 & Qtr 2 ▲Responses ▼ Likely ▼Unlikely

*Note 1 -2019/20 Establishment updated in September 2019 with in year changes
*Note 2 - Bank WTE does not include extra hours worked by medical staff within establishment or overtime worked by all staff groups.
*Note 3 - 12 month rolling stability index added as an additional measure. This shows % of employees that have remained in employment for the 12 month period.
*Note 4 - RAG rating updated in June 2019 for Statutory & Mandatory Training. Compliance changed from 95% to 90% however,individual compliance remains at 100%

2

Goal 1: Engagement and Communication

a) 2019 Staff Awards

The annual staff awards ceremony was held on 10 October to celebrate the achievements of so many people at QVH.

Team awards included:
- the Chair's Cup, won by Canadian wing and noted for their kindness, compassion and skills in putting patients best interests at heart
- Making a difference to our services award, jointly won by Catering and Critical care. Catering were praised for their service with a smile and hard work to improve the service resulting in recent achievement of the top Five Star Food rating. The critical care team have embraced change with a positive vision for the future of the service which has been recognised in excellent CQC and regional network review feedback.

Individual awards included:
- Research, innovation and education award – won by the Trust clinical practice development lead
- Flying the flag for QVH award – won by Matron, peanut Ward
- Care and compassion award – won by a Site practitioner
- Hidden hero award – jointly won by anaesthetics administrator, and subject access co-ordinator
- Clinical audit prize 2019 – won by a head of nursing and theatre practitioners
- Leading and inspiring award – jointly won by the outpatients matron and a senior biomedical scientist
- Hidden hero award – jointly won an emergency care practitioner in our minor injuries unit, and a consultant plastic surgeon
- QVH award for volunteering, supported by the League of Friends – won by a treasured volunteer

b) Staff Engagement Sessions

OD & L continue to deliver team sessions across the organisation supporting the Best Place to Work initiative, staff survey and team effectiveness and communication.

Ongoing work with managers on action plans out of the themes highlighted across other teams.

c) Pensions Tax Issues

As an interim measure pending more detailed national guidance the executive team has agreed a number of flexibilities around pensions that staff, predominantly senior medical staff consider. This is consistent with other NHS providers in our geography.

3

Goal 2: Attraction and Retention

a) *Vacancies*

VACANCY PERCENTAGES	Jul-19	Aug-19	Sep-19	Compared to Previous Month
Corporate	10.17%	10.59%	8.01%	▼
Eyes	25.90%	23.84%	15.54%	▼
Sleep	28.60%	25.43%	24.10%	▼
Plastics	5.81%	1.34%	3.89%	▲
Oral	7.56%	10.67%	12.58%	▲
Periop	11.77%	9.00%	14.87%	▲
Clinical Support	12.29%	13.73%	13.57%	▼
Access and Outpatients	3.79%	6.65%	7.97%	▲
Director of Nursing	1.83%	7.32%	-3.72%	▼
Operational Nursing	12.81%	12.92%	14.12%	▲
QVH Trust Total	11.34%	11.10%	11.67%	▲

MEDICAL RECRUITMENT (WTE)	Posts advertised this month	Recruits in Pipeline
Clinical Support	1.00	1.10
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	0.00
of which are SAS doctors	0.00	0.10
of which are Consultants (including locums)	1.00	1.00
Plastics	6.00	6.00
of which are Deanery Trainees, Trust Registrars or Fellows	5.00	6.00
of which are SAS doctors	0.00	0.00
of which are Consultants (including locums)	1.00	0.00
Eyes	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
Sleep	0.00	0.00
Oral	0.25	8.20
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	6.20
of which are SAS doctors	0.00	0.00
of which are Consultants (including locums)	0.25	2.00
Periop	2.00	1.00
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	0.00
of which are SAS doctors	0.00	0.00
of which are Consultants (including locums)	2.00	1.00
QVH Trust Total	9.25	19.30
of which are Deanery Trainees, Trust Registrars or Fellows	5.00	15.20
of which are SAS doctors	0.00	0.10
of which are Consultants (including locums)	4.25	4.00

NON-MEDICAL RECRUITMENT(WTE)	Posts advertised this month	Recruits in Pipeline
Corporate	6.49	2.69
Eyes	0.00	0.00
Sleep	1.90	0.75
Plastics	2.00	0.00
Oral	0.00	0.53
Periop	22.65	3.20
Clinical Support	7.80	6.60
Access and Outpatients	2.60	1.80
Director of Nursing	0.00	0.79
Operational Nursing	2.00	8.12
QVH Trust Total	45.44	24.48
of which Qual Nurses / Theatre Practs (external)	29.80	*4.39*
of which HCA's & Student/Asst Practs (external)	0.00	*7.72*

Trust Vacant WTEs for years 2017-18, 2018-19 and 2019-20

Legend: ■ Vacancy WTE 2017-18 ■ Vacancy WTE 2018-19 ■ Vacancy WTE 2019-20

'Staff in Post' numbers have continued their increasing trend with an in month position of 890.03wte; the highest on record. However, a Month 6 adjustment to the ledger and budgeted establishment by +7.04wte means that overall there is a slight decline in the overall reported vacancy position of 6.55wte. Increases in establishment were predominantly within Perioperative Services and Operational Nursing, so increases in 'vacancy' do not correlate with the 5.43wte qualified nursing new starters in month. Reductions in establishment were seen in Corporate services, Corneo and Director of Nursing office.

4

b) *International Recruitment*

		Started	Offered and Accepted (WTE) remaining*	Expected to start in the next month	Expected to start within 2-3 months	Expected to start within 4-6 months
Critical Care (Yeovil)		3	2	1	1	0
Other Nurse (Yeovil)		5	0	0	0	0
Theatres / Recovery (Yeovil)		6	3	1	2	0
Theatres / Recovery (Medway)		0	6	2	1	3
Grand Total		14	11	4	4	3

*Please note 50% of offered are expected to be unsuccessful during the international recruitment process or withdraw.
All numbers now include nurses coming from both Yeovil NHS Trust and Medway NHS Trust (Medway is recruiting to Theatres only and first arrivals at QVH will be November 2019)
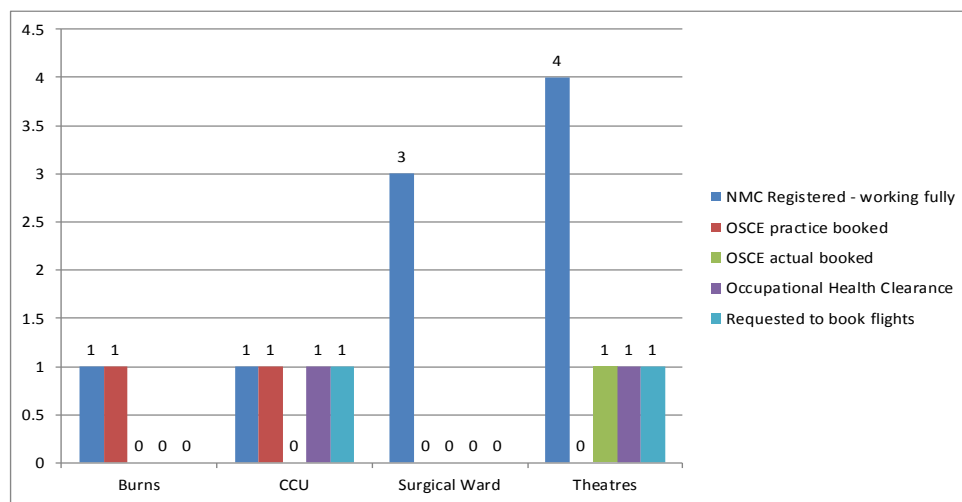
Count of candidates ready to come or here (excluding Medway)
This shows those either due to arrive or arrived
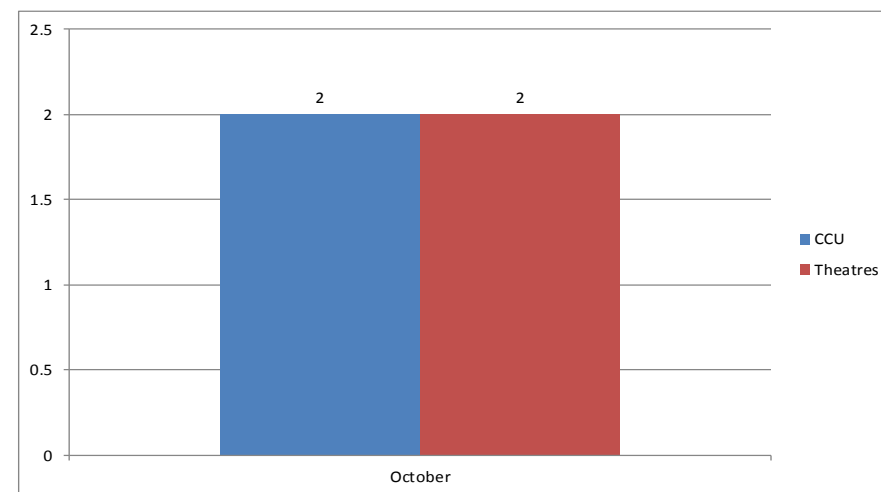
Count by Area of expected Month of Arrival (excluding Medway)
This is for those close to having visas and flights booked and is estimated on average time for Visa process by candidate

The current campaign has meant there are now 9 International Nurses working with full NMC registration at QVH, with another 7 employed working on achieving their OSCE and registration, 3 of these are within Theatres. There is 1 additional Nurse joining Theatres arriving in October, a further 2 joining in November, and 2 expected early 2020. To date there has been a 100% success rate with all international nurses passing their OSCE and receiving their registration.

c) Turnover, New Hires and Leavers

ANNUAL TURNOVER ROLLING 12 MTHS excl. Trainee Doctors	Jul-19	Aug-19	Sep-19	Compared to Previous Month
Corporate %	14.97%	18.23%	17.88%	▼
Eyes %	40.88%	40.14%	39.42%	▼
Sleep %	23.56%	22.33%	19.15%	▼
Plastics %	13.32%	11.02%	11.85%	▲
Oral %	8.28%	8.44%	3.93%	▼
Peri Op %	14.00%	15.76%	13.54%	▼
Clinical Support %	16.78%	17.29%	18.19%	▲
Access and Outpatients %	17.60%	13.18%	9.14%	▼
Director of Nursing %	40.41%	16.11%	14.57%	▼
Operational Nursing %	18.30%	13.64%	10.91%	▼
QVH Trust Total %	16.38%	16.42%	14.94%	▼

MONTHLY TURNOVER excl. Trainee Doctors	Jul-19	Aug-19	Sep-19	Compared to Previous Month
Corporate %	0.00%	2.88%	1.81%	▼
Eyes %	9.77%	3.39%	0.00%	▼
Sleep %	0.00%	0.00%	0.00%	◄►
Plastics %	0.00%	0.00%	1.88%	▲
Oral %	0.00%	2.43%	0.45%	▼
Peri Op %	0.68%	0.85%	1.43%	▲
Clinical Support %	2.41%	1.97%	2.82%	▲
Access and Outpatients %	0.00%	0.00%	0.00%	◄►
Director of Nursing %	0.00%	6.23%	0.00%	▼
Operational Nursing %	1.31%	0.25%	0.64%	▲
QVH Trust Total %	1.09%	1.56%	1.33%	▼

Trust Annual Turnover (Rolling 12 Months) Percentage Rate 2016-17, 2017-18 and 2018-19 (percentage rates in RAG colours)
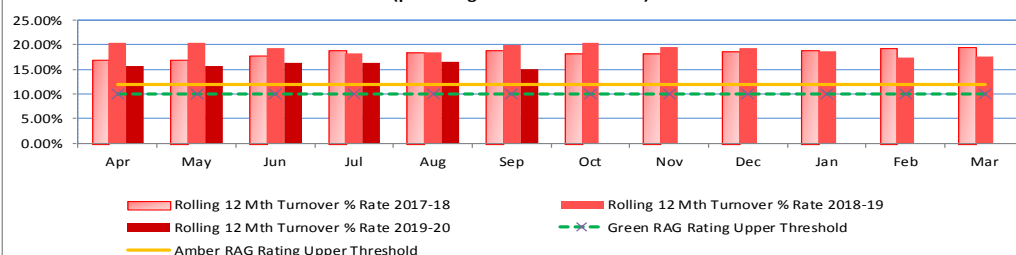
Trust Monthly Turnover Percentage Rate 2017-18, 2018-19 and 2019-20
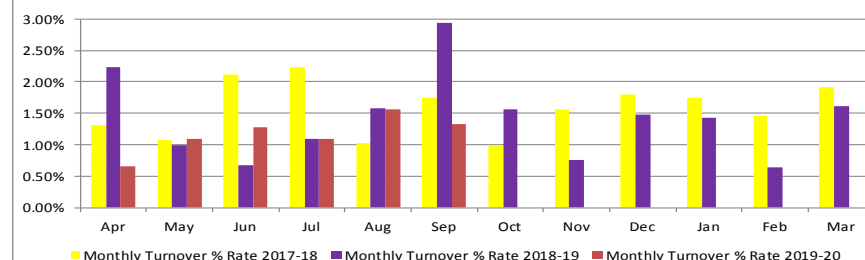
Trust Monthly New Hires and Leavers in 2018-19 and 2019-20 (excluding Trainee Rotational medical staff)
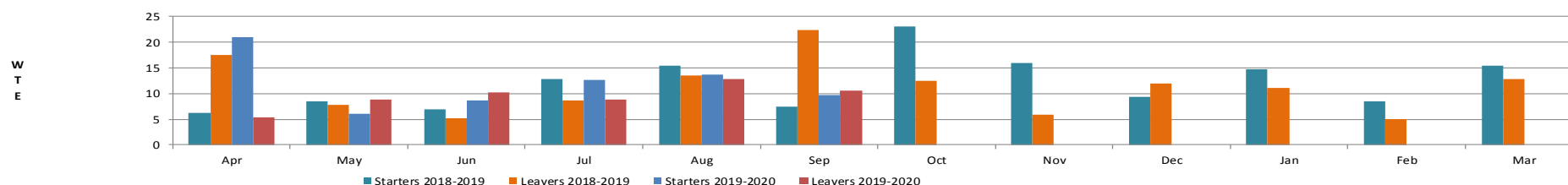
The monthly turnover position of 1.33% is within normal control limits for QVH and consistent with the same period last year. The annualised rolling turnover position continues an improving trend, with an in month position of 14.94%; the best reported position in the last 3 years. There were 9.76wte new starters in month (11 headcount). There were 10.63wte leavers (13 headcount), including 1 qualified worker within Theatres. September is typically a big change over month, so this volume of leavers compares favourably to the same period last year (22.36wte leavers, September 2018). Separate from the records above, 45 bank workers were also removed from the system to ensure only efforts are put into engaging with active workers on potential temporary staffing needs. Stability has reduced to 82.12%, showing that 17.88% of new starters are no longer in post 1 year later.

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d) *Temporary Workforce*

Agency						Bank				
BUSINESS UNIT (WTE)	**Jul-19**	**Aug-19**	**Sep-19**	**Compared to Previous Month**		**BUSINESS UNIT (WTE)**	**Jul-19**	**Aug-19**	**Sep-19**	**Compared to Previous Month**
Corporate	7.43	6.91	1.93	▼		Corporate	13.93	13.14	12.77	▼
Eyes	0.00	0.00	1.00	▲		Eyes	2.01	2.49	2.69	▲
Sleep	0.00	0.00	0.00	◄►		Sleep	5.74	5.72	2.62	▼
Plastics	1.15	0.65	0.94	▲		Plastics	3.07	1.64	2.26	▲
Oral	0.00	0.00	0.00	◄►		Oral	2.94	3.06	6.20	▲
Periop	15.37	11.31	12.58	▲		Periop	17.82	19.47	20.17	▲
Clinical Support	2.39	1.60	1.56	▼		Clinical Support	5.81	5.85	6.58	▲
Access and Outpatients	0.00	0.00	0.00	◄►		Access and Outpatients	2.93	3.12	3.11	▼
Director of Nursing	0.00	0.00	0.00	◄►		Director of Nursing	0.27	0.62	0.95	▲
Operational Nursing	7.06	7.70	5.73	▼		Operational Nursing	20.37	22.74	18.85	▼
QVH Trust Total	33.40	28.17	23.73	▼		QVH Trust Total	74.90	77.85	76.20	▼

Agency						Bank				
STAFF GROUP (WTE)	**Jul-19**	**Aug-19**	**Sep-19**	**Compared to Previous Month**		**STAFF GROUP (WTE)**	**Jul-19**	**Aug-19**	**Sep-19**	**Compared to Previous Month**
Qualified Nursing	22.43	18.80	18.23	▼		Qualified Nursing	25.23	28.26	27.59	▼
HCAs	0.00	0.21	0.07	▼		HCAs	10.45	11.66	10.54	▼
Medical and Dental	1.15	0.65	1.93	▲		Medical and Dental	5.47	3.85	4.89	▲
Other AHP's & ST&T	2.39	1.60	1.56	▼		Other AHP's & ST&T	1.70	1.71	1.66	▼
Non-Clinical	7.43	6.91	1.93	▼		Non-Clinical	32.06	32.38	31.51	▼
QVH Trust Total	33.40	28.17	23.73	▼		QVH Trust Total	74.90	77.85	76.20	▼

Trust Agency Usage in WTEs for years 2017-18, 2018-19 and 2019-2020

Agency WTE 2017-18 ■ Agency WTE 2018-19 ■ Agency WTE 2019-20

Trust Bank Usage in WTEs for years 2017-18, 2018-19 and 2019-20

Bank WTE 2017-18 ■ Bank WTE 2018-19 ■ Bank WTE 2019-20
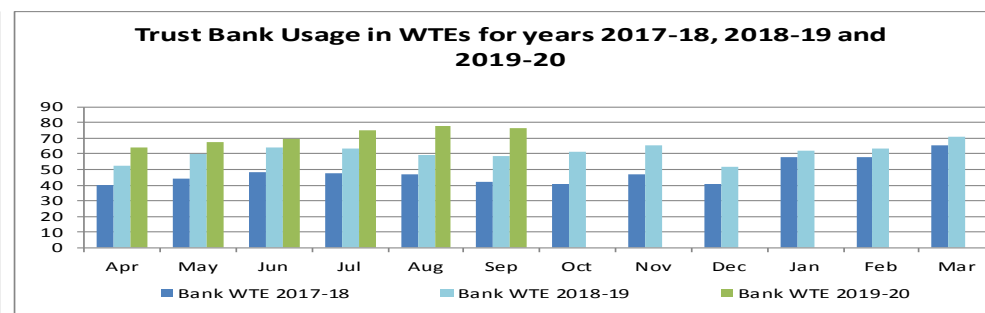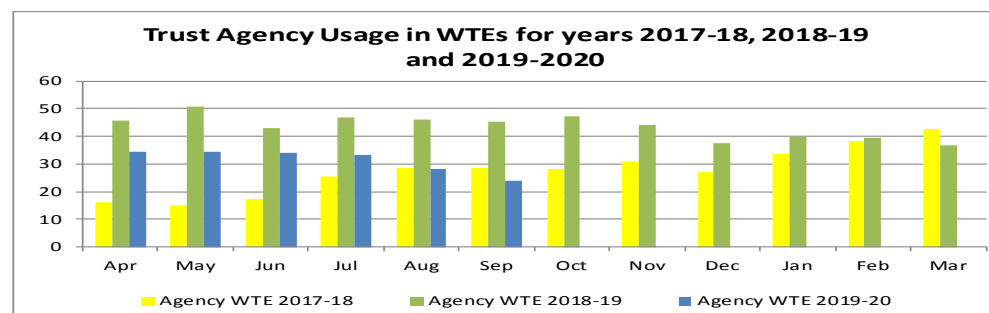
Temporary staffing usage in month continues to decrease, with an in-month position of 99.93wte total utilisation. Agency usage in month (23.73wte) is approximately half what it was in the same period last year (45.33wte), and is the lowest since June 2017. This is predominantly led by a reduction in agency usage within Corporate Services (-4.98wte), and a small reduction in Operational Nursing (-1.97wte). Following scrutiny of healthcare assistant agency usage, vacancies are now being proactively advertised, and only a small proportion was used in month (0.07wte). The Medical and Dental staff group saw the biggest reported increase in temporary staffing utilisation (+2.32wte), representative of more consistent real-time recording of deployment, although further improvements have been identified with business units.

Goal 3: Health and Well-being

SHORT TERM SICKNESS	Jun-19	Jul-19	Aug-19	Compared to Previous Month
Corporate	0.68%	0.81%	0.52%	▼
Clinical Support	0.96%	0.98%	1.06%	▲
Plastics	1.31%	0.97%	1.26%	▲
Eyes	2.22%	0.22%	1.60%	▲
Sleep	2.27%	0.97%	0.27%	▼
Oral	0.86%	1.13%	0.51%	▼
Periop	2.87%	0.92%	1.09%	▲
Access and Outpatients	1.21%	0.74%	0.24%	▼
Director of Nursing	0.53%	0.43%	0.76%	▲
Operational Nursing	1.86%	1.71%	1.27%	▼
QVH Trust Total	1.51%	1.02%	0.93%	▼

LONG TERM SICKNESS	Jun-19	Jul-19	Aug-19	Compared to Previous Month
Corporate	1.14%	0.60%	1.04%	▲
Clinical Support	0.70%	1.38%	0.70%	▼
Plastics	0.00%	1.21%	0.15%	▼
Eyes	0.00%	3.40%	2.63%	▼
Sleep	0.00%	0.00%	0.00%	◄►
Oral	1.28%	0.00%	0.00%	◄►
Periop	2.73%	2.57%	2.08%	▼
Access and Outpatients	0.00%	0.00%	0.00%	◄►
Director of Nursing	0.00%	0.00%	0.00%	◄►
Operational Nursing	2.00%	3.10%	0.68%	▼
QVH Trust Total	1.26%	1.56%	0.90%	▼

ALL SICKNESS (with RAG)	Jun-19	Jul-19	Aug-19	Compared to Previous Month
QVH Trust Total	2.55%	2.58%	1.83%	▼

Trust Sickness Absence Rates 2015-2019 by month

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
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%	3.16%	2.97%	3.24%	3.55%	3.30%
2019/2020	3.12%	2.55%	2.77%	2.58%	1.83%							

Trust Sickness Absence Rates 2017/18, 2018/19 & 2019/20 by Long term & Short term sickness

■ 2017-18 Short Term Sickness   ■ 2017-18 Long Term Sickness

Confirmed sickness levels for August shows in month absence rate of 1.83%, a continued decreasing trend from February's position of 3.55%. Highest 3 reasons based on occasions remain gastrointestinal (n=36, up from n=33 last month), cold/cough/flu (n=22), and a change from last month from 'anxiety/stress/depression/other psychiatric illnesses' to 'headache/migraine' (n=9). Despite a net reduction in total absence days, 'Anxiety /stress/depression/other psychiatric illnesses' still accounted for the highest number of days lost (n=90, down from 138 previous month). All business units with the exception of Perioperative Services have sickness levels within the Trust's targeted tolerance levels.

Goal 4: Learning and Education

APPRAISALS	Jul-19	Aug-19	Sep-19	Compared to Previous Month
Corporate	78.49%	84.24%	85.03%	▲
Eyes	61.29%	60.00%	69.70%	▲
Sleep	93.10%	96.67%	93.55%	▼
Plastics	90.36%	89.74%	88.10%	▼
Oral	81.08%	82.86%	87.30%	▲
Peri Op	89.27%	89.70%	87.36%	▼
Clinical Support	92.50%	90.32%	92.95%	▲
Access and Outpatients	91.30%	97.78%	97.73%	▼
Director of Nursing	100.00%	97.30%	91.67%	▼
Operational Nursing	91.15%	89.58%	92.23%	▲
QVH Trust Total	87.41%	88.24%	89.01%	▲

Trust Appraisal Compliance % for years 2017-18, 2018-19 and 2019-20
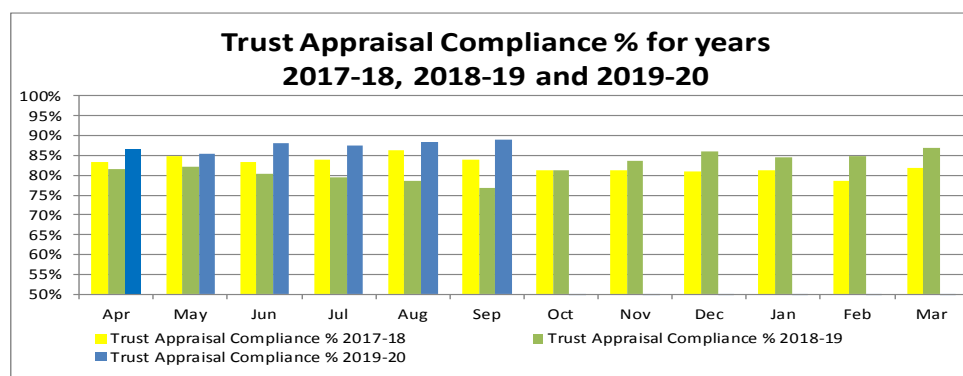
Appraisal compliance figure continued an improving trend to an in month position of 89.01%, the highest compliance rate on record (Apr-16). All business units are over 85% compliant, with the exception of Eyes with a current position of 69.7%, a small improvement from last month. Clinical staff group compliance remains highest at 91.79% (Corporate, Research, Oral and Sleep clinical staff at 100%), with medical & dental compliance improved in month from 81.62% to 86% (Sleep and Eyes medics at 100%, Oral medical at 80%), and non-clinical compliance at 86.45% (Director of Nursing, Workforce and Research non-clinical at 100%, Eyes non-clinical at 46.7%).

MANDATORY AND STATUTORY TRAINING	Jul-19	Aug-19	Sep-19	Compared to Previous Month
Corporate	94.83%	95.14%	95.88%	▲
Eyes	89.26%	88.29%	87.95%	▼
Sleep	94.41%	94.02%	95.36%	▲
Plastics	86.11%	86.38%	85.38%	▼
Oral	91.16%	89.80%	89.06%	▼
Peri Op	88.70%	89.96%	88.26%	▼
Clinical Support	95.82%	95.83%	94.44%	▼
Access and Outpatients	98.14%	98.33%	99.07%	▲
Director of Nursing	96.09%	95.19%	96.43%	▲
Operational Nursing	95.38%	96.37%	95.23%	▼
QVH Trust Total	92.88%	93.32%	92.51%	▼

Trust Statutory & Mandatory Training Compliance % for years 2017-18, 2018-19, and 2019-20
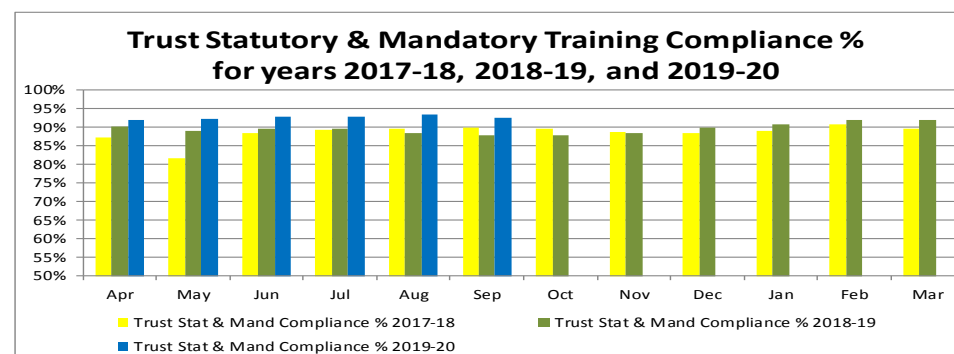
Mandatory and Statutory Training compliance figures reduced slightly in month, from 93.32% to 92.51%. Business Units below the revised Trust-wide compliance rate of 90% continue to be Eyes (87.95%), Plastics (at 85.38%), Oral (at 89.06%) and Perioperative Services (at 88.26%). Corporate Services, Sleep, Access & Outpatientsm, Director of Nursing and Operational Nursing all exceed 95%. Information Governance remains below 85% at 83.72%, with Infection Prevention & Control (level 1 clinical staff) red-rated at 78.38% (in total, only 39 staff require this competency). Emergency planning, Infection Prevention & Control (level 1 non-clinical staff), and Safeguarding Adults (level 1) competencies all exceed 95% compliance.

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In September Medical Education hosted a joint teaching session on facial palsy with the OMFS and Plastic Surgery trainees, an area where the two specialties overlap. During the day, Conor Bowe, one of our OMFS Speciality Registrars, was the winner of the McLaughlin Prize, named after Redmond McLaughlin a pioneer in facial palsy.

In September we had a smaller rotation and induction, with many of the new Dental Core Trainees experiencing working in an acute hospital for the first time. These trainees are given a longer induction, including simulation teaching, to ensure that they are prepared for the hospital environment. In October, our final rotation of the year, we welcomed new Specialty Registrars in Plastic Surgery.

We will also be holding a multidisciplinary hand teaching session, our second big hand teaching session of the year hosted by the Plastics Hand Consultants. These multidisciplinary training sessions are open to theatre staff and physiotherapists and are always well received.

HR/Medical Advisory Team

- We appointed a new consultant Head and Neck surgeon who starts in January 2020
- Consultant recruitment has increased with Advisory Appointment Committees planned for Anaesthetics, Radiology, Histopathology and General Medicine and Plastic Surgery.
- Medical appraisal rates continues to improve with 6 doctors revalidating in the month and 1 deferral.
- Job Planning Round Two is coming to a close and all consultants are expected to have signed job plans by 31 October 2019
- We are involved in the development of a Fellowship Programme by Mr Ruben Kannan, Consultant Plastic Surgeon with the Case Western Reserve University in Ohio to enable doctors to spend a period of time as an observer at QVH.
- Our employee assistance programme providers 'Care first' have delivered 3 awareness sessions with short presentations on stress, mental health and managing pressure which were well attended with in the region of 30 members of staff and managers
- The September rotation included dental core trainees from Eastbourne who are now part of the QVH on-call rota and from November we will also have dental core trainees from Brighton and Sussex University Hospital.

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Goal 5: Talent and Leadership

STP Talent and Leadership Group:
Sussex Health and Care Partnership (HCP) Leadership Development and Talent Management Group are in the early stages of scoping out a programme and range of interventions funded by HEE/LWAB/Leadership Academy. These will be aimed at middle managers across the health and social care system and will include a range of opportunities for managers to share and develop their skills and knowledge across the STP. The programme will include core elements including Healthcare Leadership model 360, one day launch event, 4-5 masterclass development days, one day shadowing, one day closing event and a coaching conversation to formulate a development plan. Masterclasses opportunities could include strategy and the big picture; partnership, collaboration and change; managing conflict and performance; building resilience; working as part of a system; emotional intelligence/human factors; effective leadership and team dynamics.

The system wide Foundation Coaching Programme and a refresher workshop for existing coaches commenced September 2019.

Leading the Way: We have an established Leadership Programme through Leading the Way and offer a range of interventions that are delivered internally and externally. Moving forward we would anticipate that the new programme highlighted above will be the core offering but we will continue to offer internal trust specific Leading the Way leadership training and development including Best Practice Workshops for HR and Finance.

Update:
OD & L are in the process of developing a quality assurance programme for training and development delivered at QVH. This will involve providing feedback to trainers/facilitators on the quality of their presentation skills, content and engagement with staff. This will be scheduled on a regular basis and will be matched to set standards.

Apprenticeships: The East Surrey and Sussex consortium for the nursing associate apprenticeship has supported 4 cohorts of trainee nursing associate (TNA) apprentices from across the HCP to commence at University of Brighton, a fifth cohort is planned for Spring 2020. At present QVH has 10 TNA appretnices with the first 3 due to graduate in May 2020. Using a similar model, the HCP, chaired by a QVH lead is presently procuring for the operating department practitioner apprenticeship, which should be offered from Spring 2020.

To provide an apprenticeship pipeline, QVH has continue to offer functional skills (maths and English) and the care certificate to support staff to become apprenticeship ready. In 2018/19, 26 people successfully completed functional skills qualifications. OD & L are developing and piloting further career pathways for sleep technicians and administration.

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Trajectories

	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Staff Turnover %trajectory	17.87%	17.42%	18.39%	17.86%	17.58%	17.50%	18.40%	18.26%	17.97%	18.13%	17.93%	17.80%	17.46%
Actual Rolling Turnover %	17.67%	15.74%	15.67%	16.25%	16.38%	16.42%	14.94%						
Total Sickness %trajectory	3.05%	2.40%	2.90%	2.79%	2.68%	2.92%	2.79%	3.31%	3.08%	2.78%	3.40%	3.37%	3.08%
Actual In Month Sickness %	3.30%	3.12%	2.55%	2.77%	2.58%	1.83%							
Vacancy Rate %trajectory	12.54%	12.02%	11.52%	12.81%	12.24%	12.58%	12.08%	11.53%	11.19%	10.82%	10.93%	11.73%	11.39%
Actual In Month Vacancy Rate %	11.55%	11.36%	11.52%	11.55%	11.34%	11.10%	11.67%						
Agency WTE usage trajectory	47.2	47.5	52.9	44.9	49.2	49.8	48.2	49.9	46.6	36.8	32.6	36.5	40.9
Actual agency WTE usage	36.8	34.4	34.5	34.1	33.4	28.2	23.7						
Appraisal Rate %trajectory	81.16%	86.64%	87.20%	85.40%	84.55%	83.71%	81.89%	86.18%	88.76%	90.94%	89.64%	89.91%	91.81%
Actual Appraisal Rate %	86.81%	86.69%	85.53%	88.19%	87.41%	88.24%	89.01%						
Mandatory Training %trajectory	90.23%	91.12%	90.07%	90.56%	90.70%	89.54%	88.70%	88.75%	89.31%	90.79%	90.68%	92.03%	91.96%
Actual In Month Mandatory Training %	91.96%	91.98%	92.23%	92.71%	92.88%	93.32%	92.51%						

Report cover-page				
References				
Meeting title:	Board of Directors			
Meeting date:	**07 November 2019**		**Agenda reference:**	**184-19**
Report title:	Annual Equality & Diversity Report (2018-19)			
Sponsor:	Geraldine Opreshko, Director of Workforce and OD			
Author:	David Hurrell, Deputy Director of Workforce			
Appendices:	Annual Equality & Diversity Report (2018-19)			
Executive summary				
Purpose of report:	To meet our Public Sector Equality Duty and meet statutory obligations the Trust must report annually on the diversity of our workforce. This report presents a detailed analysis and narrative to help understand the data for QVH and make sense of the findings. It also includes recommendations for action for the current and coming year.			
Summary of key changes				
Recommendation:	The Committee are asked to approve the report for publication.			
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:	Trust reputation as a good employer			
Corporate risk register:				
Regulation:	N/A			
Legal:	Compliance with Equality Act 2010 and ACAS good practise guidance			
Resources:	Managed by business units, with support of Workforce/OD department			
Assurance route				
Previously considered by:	N/A			
	Date:		Decision:	
Next steps:	Publication and communication			

Workforce diversity report 2018 – 2019

October 2019

Contents

1 | Introduction

1.1   Foreword

Queen Victoria Hospital NHS Foundation Trust (hereafter 'QVH') is pleased to present its annual workforce diversity report covering the period 1 April 2018 to 31 March 2019.

We are a small organisation with 866 whole time equivalent (wte) staff, who are based at the Queen Victoria Hospital site in East Grinstead, but with some staff based at spoke sites in Kent, Surrey and other parts of Sussex.

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

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

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

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

1.2   Background

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

1.3   Scope

This report provides an overview of our equality and diversity employment monitoring data as of 31 March 2019, with a comparison to the previous year and where possible the Kent, Surrey and Sussex population (referencing the government's most recent census data). It covers age, disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Our reporting categories are detailed in the appendix.

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

1.4   Data quality

QVH uses the national Electronic Staff Record (ESR) system to process and report on information on diversity characteristics. Upon appointment all staff are asked to provide equality monitoring information, and staff have access to update any changes through the use of ESR self-service functionality. This data also feeds through to the e-learning system, where data is stored on learning opportunities taken. Job applicant / recruitment statistics are derived from our applicant tracking system (TRAC) that was introduced in July 2017.

1.5   Staff diversity declaration rates

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

1.6   Interpreting the data

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

- information is published in accordance with the Data Protection Act 1998 and does not identify individuals
- where possible, information about groups of fewer than 11 individuals is not published, instead being grouped into larger categorisations
- QVH's workforce at the time of publishing was 1027 (headcount). Compared to many NHS provider organisations this is a relatively small data set and robust analysis can be problematic.
- As a broad rule of thumb, statistical significance cannot be determined where matters relate to less than number (n) = 20 individuals.

2 | Equality priorities

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

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

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

We have:

- A comprehensive applicant tracking system 'TRAC' is now well established, and from 2018 included all staff groups including medical and dental which was previously processed manually. This has improved equalities monitoring information at various recruitment stages, particularly non-disclosure levels.

- Re-affirmed our commitment to the national Disability Confident employer scheme, and ensured all our recruitment literature and training reflects our support to the campaign.

- Review and re-launched our existing recruitment policy and processes to ensure transparency, consistency and fairness

- Highlighted the importance of overseas equivalency in terms of qualification and experiences gained in recruitment training

- Undertaken an audit of the 17 disabled candidates highlighted in the 2017-18 report and targeted training needs to ensure clarity on reasonable adjustments for disabled candidates during the selection process

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

We have:

- Completed the second year Gender Pay gap assessment, and agreed an associated action plan
- Ensured every revised job description has been through an appropriate job evaluation process (non-medical)

- Embedded a clear Exceptional Pay Protocol to provide guidance and transparency on any exceptional pay requests
- Equal numbers of female medical staff were appointed alongside males, helping to offset the current gender imbalance within that staff group

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

We have:

- Continued a progressive 'Leadership and Management' development programme accessible to all staff who supervise / manager others
- Invested in a Trust-wide Clinical Practice Development Lead to support learning across the organisation, with a particular objective around mentoring those from disadvantaged backgrounds and support for an increasing number of nursing staff from overseas

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

We have:

- Facilitated a number of focus groups and used a crowd-sourcing platform to understand staff perceptions on our workplace culture, including issues of perceived unfairness and bullying
- Appointed a new Freedom to Speak Up Guardian, a qualified Psychological Therapist, who reports directly to the Chief Executive and provides regular reports to the Trust Board
- Acted upon whistleblowing feedback to investigate and act on concerns around unprofessional conduct
- Collaborated with staff-side colleagues to amend our Trust Disciplinary Policy and Procedure to follow 'Just Culture' guidance
- Championed the use of the Health & Safety Executive's Workplace Stress Indicator tool to identify trigger areas

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

We have:

- Revised the Flexible Retirement Guidance for staff, ensuring the right to request flexible retirement is clear, fair and transparent
- Revised the Special Leave Policy for staff, ensuring the right to request leave supports individual needs and meets the needs of those with caring responsibilities
- Rejected less than 2% of flexible working requests completely due to service needs, with more than 92% being agreed without condition.

2.6 Staff report positive experiences of their membership of the workforce

We have:

- Undertaken full census survey for the National Staff Survey, and integrated actions into a QVH retention plan
- Acted on staff experience feedback from Staff Friends and Family tests particularly in relation improving facilities for 'down time' away from usual environment and 24/7 work patterns
- Engaged in an online 'Best Place to Work' crowd-sourcing programme to encourage discussion on what makes QVH and inclusive employer

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

We have:

- Had expert training provided to the Board of Directors on equality and their responsibilities
- Engaged with organisations across the Sussex Health and Care Partnership on regional workforce initiatives including WRES and a local Stepping Up programme for Black and Minority Ethnic (BAME) staff

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

We have:

- Ensured Equality Impact Assessments are integral to all major decisions, requiring consideration, consultation and approval before items are considered at Board Committees

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

We have:

- Continued a progressive 'Leadership and Management' development programme accessible to all staff who supervise / manager others, including the 'Managing Our People' module focusing on best practice approaches to managing people at work fairly and transparently
- Facilitated mediations between staff members to discuss their behavioural work environment and relationships with colleagues
- Secured funding for additional mediators to be trained across the Trust to create more opportunities for informal resolution of sensitive issues in a timely way

3 | Diversity report

3.1   A representative and diverse workforce

Overall workforce diversity

As of 31 March 2019, QVH employed 1027 people (866wte). Overall, there were some small incremental changes to reported workforce diversity compared to 2016 data, when it was first reported in this format. This appears primarily to be driven by improvements in disclosure rates from 'undefined' / 'undisclosed' categorisations to defined traits.

	Category	Categorisation	2016	2017	2018	% change from 2016
1	Ethnicity	White	83.44%	83.54%	82.77%	-0.67%
		Mixed	0.93%	1.31%	1.85%	0.92%
		Black or Black British	2.48%	2.73%	2.43%	-0.05%
		Asian or Asian British	6.52%	6.77%	7.40%	0.88%
		Chinese	0.31%	0.40%	0.49%	0.18%
		Any Other Ethnic Group	3.31%	2.42%	2.52%	-0.79%
		Not Known	3.00%	2.83%	2.34%	-0.66%
2	Gender	Male	23.71%	24.24%	23.50%	-0.21%
		Female	76.29%	75.76%	76.50%	0.21%
3	Age	Under 25	3.52%	3.64%	5.26%	1.74%
		25 - 29	7.76%	7.58%	7.98%	0.22%
		30 - 34	10.04%	9.90%	10.71%	0.67%
		35 - 39	10.14%	10.61%	11.10%	0.96%
		40 - 44	12.42%	12.63%	12.46%	0.04%
		45 - 49	13.25%	12.83%	12.27%	-0.98%
		50 - 54	17.60%	16.57%	16.75%	-0.85%
		55 - 59	15.11%	14.75%	13.33%	-1.78%
		60 - 64	7.35%	8.79%	7.98%	0.63%
		65 - 69	1.55%	1.62%	1.17%	-0.38%
		70+	1.24%	1.11%	0.97%	-0.27%
4	Disability	Yes	4.76%	4.85%	5.20%	0.44%
		No	70.70%	75.56%	78.80%	8.10%
		Undefined	24.53%	19.60%	16.10%	-8.43%
5	Religion	Atheism	12.32%	12.32%	14.31%	1.99%
		Buddhism	0.62%	0.40%	0.91%	0.29%
		Christianity	48.14%	49.19%	50.15%	2.01%
		Hinduism	1.14%	1.41%	1.95%	0.81%

		Islam	1.35%	1.01%	1.46%	0.11%
		Judaism		0.20%	0.10%	0.10%
		Sikhism	0.31%	0.40%	0.29%	-0.02%
		Other	5.18%	5.56%	6.72%	1.54%
		I do not wish to disclose	16.56%	16.97%	14.90%	-1.66%
		Undefined	14.39%	12.53%	9.93%	-4.46%
6	**Sexual Orientation**	Bisexual	0.41%	0.61%	0.29%	-0.12%
		Gay	0.10%	0.20%	0.16%	0.06%
		Heterosexual	72.67%	74.55%	79.07%	6.40%
		Lesbian	0.21%	0.20%	0.72%	0.51%
		I do not wish to disclose	12.32%	12.02%	10.03%	-2.29%
		Undefined	14.29%	12.42%	9.74%	-4.55%
7	**Marital Status**	Civil Partnership	0.62%	0.61%	0.97%	0.35%
		Divorced	5.28%	5.66%	6.13%	0.85%
		Legally Separated	1.86%	1.92%	1.75%	-0.11%
		Married	58.07%	55.96%	56.96%	-1.11%
		NULL	2.90%	2.73%	2.53%	-0.37%
		Single	28.88%	30.81%	29.02%	0.14%
		Unknown	1.35%	1.62%	1.95%	0.60%
		Widowed	1.04%	0.71%	0.68%	-0.36%

The three largest changes have been in the disclosure of disability status (+8.43%), sexual orientation (+6.83%) and religion (+6.84%). Outside of these improvements in disclosure, there have been the following improvements to diversity compared to 2016:

- those from an ethnicity other than White (+1.13%)
- age diversity, particularly under 45s (+3.62%)
- staff disclosing a disability (+0.44%)
- sexuality other than heterosexual (+0.45%)
- a wider variety of marital status', correlating with a decline in 'married' status (-1.11%)

QVH's workforce diversity profile as at 31 March 2019 is provided in Appendix 2.

In summary:

- 24% of our workforce are aged under 35, an improvement compared to last year where 21.3% was reported; 23.5% are aged over 55, a reduction since last year where 26.6% was reported; 2.1% of our workforce are over 65. This is broadly comparable to the wider public sector, Kent, Surrey and Sussex and the UK workforce of 3%

- 5.2% of our workforce describe themselves as having a disability, up slightly from 4.9% the previous year. Although improved again from last year (-3.5%), there remains a significant level of non-disclosure (16.1%); given the typical 12% positive disclosure in the wider UK workforce it is likely that a substantial proportion of those not disclosing may have a disability

- 14.7% of our workforce are from ethnic minority groups; an increase from last year's position of 13.6%; this compares to 12 per cent in the wider public sector and UK workforce, but is typical of the National Health Service due to current reliance on registered professionals trained overse

- 76.5% of our workforce are female; an increase compared to the previous year of 75.8% – this is significantly higher than the 47% of the UK workforce, but remains typical of NHS organisations reliant upon nursing staff groups

- 61.6% of our workforce declared a religion or belief, up again from the previous year's disclosure of 58.2%. This is higher than the UK workforce disclosure of religions/beliefs of 43%

- Only 1.2% of our workforce declared they are lesbian, gay or bisexual, up marginally again from the previous year's disclosure of 1%. This is much smaller than the UK workforce disclosure rate of around 9%, but is reflective of high levels of non-disclosure (19.77%)

- 57.9% of our workforce are married or in a civil partnership, slightly higher than last year's figures of 56.6%

- no staff have identified themselves to be transgender, in comparison to estimates from Equality & Human Rights Commission research (2011) of approximately 1% of the population

Representation by organisational level

Staff declaring a disability is relatively consistent across Bands 1 – 8 at 4.9%. Only 1.8% of medical and dental staff disclosed a disability, and 21.2% of medical and dental staff chose not to make any disclosure.

Ethnic minority staff represent 14.7% of QVH staff. There is an even distribution across pay bands and grades, with the exception of Band 1 which instead has 33% of representation (similar to previous year), and in medical and dental grades that hold 38.7% representation (compared to 41% in previous year). These variations are consistent across the NHS.

Female representation at senior levels has reduced in the last year, with 67% of Band 8+ and Board positions held by women. The lowest female representation is in the medical and dental workforce, with 39.2% representation (up slightly from 38% in

the previous year). Males make up 23.5% of the QVH workforce, but disproportionately split at either end of the pay spectrum; 41.7% at Band 1, and in senior management (33.3%, down from 36% the previous year).

The distribution of religions and beliefs is relatively consistent across pay grades and bands.

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

What we will do:

- take positive action to attract male applicants into the workforce in non-ancillary / senior management roles

- promote positive disclosure for disability / sexual orientation characteristics

3.2   Job applications

Recruitment to QVH is through open competition (except in certain circumstances, such as where the Trust's Organisational Change or Redeployment policies may apply) based on merit, with individuals assessed for their ability to demonstrate the required competences, knowledge and skills for the role.

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

Overall, there appears to be an inverse correlation between success rates for age groups applying for job roles that are then shortlisted and subsequently appointed. Whereas those applying for a job role meet standard distribution levels (lower numbers applying under the age of 25 and over the age of 55), they are disproportionately successful in securing the job role (67-75% successful of those attending the interview) compared to others (averaging at 44% for other age categories). With 87 individuals (aged <25 or >55) attending interviews, this suggests that further work may be needed to tackle unconscious bias about age in the workplace.

For those 22 attending an interview that disclosed a disability, 5 were appointed (23% success rate, compared to 6% success rate the previous year). Those not disclosing a disability had a 50% success rate. Due to small number of instances (n=5 disclosing disability) It is not possible to determine statistical significance based, but this needs to continue as an area of focus and training.

Those declaring themselves from a white ethnic background were proportionately more likely to be shortlisted for a vacancy, and to a small degree to be successful at appointment stage following shortlisting. The variation in percentages of those being appointed is however not statistically significant, due to a small range where 1 individual appointment could make a difference of 6%.

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

There are no concerns that arise out of recruitment data for those who expressed a religion or belief, with all volumes being in reasonable data fluctuations or statistically insignificant as 1 individual could account for a 15% variation.

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

What we will do:

- include unconscious bias training in Recruitment and Selection training, particularly around age and disability, ensuring all staff involved in selection processes receive this training before 2021
- Amended the Recruitment and Selection Policy to ensure mixed gender panels for selection and remuneration purposes for Bands 8a+, VSM and Consultant appointments
- Explore how we can better promote our vacancies in senior positions to women and organisations that support women
- Review the policy and process to ensure there is no gender bias in the starting salaries of new employees and regularly monitor

3.3   Access to learning and development

We want to continue to build the capacity, capability and expertise of our people to deliver high-quality work. To invest in our people, QVH has a range of development opportunities, which enable staff to develop and grow so that they can perform at

their best. This includes continuing professional development, specialist courses and qualifications funded through the apprenticeship levy.

During 2018/19, 55% of our workforce undertook some form of learning and development to support their personal or professional development. Analysis has shown the following:

- Those between the ages of 26 – 60 have relatively consistent levels of enrolment (averaging 58%), with those between 21-25 being much more likely to access (82%) and those 61 and over being half as likely as the main grouping

- Those positively declaring a disability are accessing learning and development (7% of those undertaking training compared to 5% of the declared workforce). This however does not take into account the proportion of staff that have not disclosed their disability status

- The ethnic background of those seeking learning opportunities has no strong correlation with likelihood of enrolment

- Males are only a third as likely as females (8% compared to 24%) to take up learning and development opportunities

- The religious belief background of those seeking learning opportunities has no strong correlation with likelihood of enrolment

- There is no statistically relevant variations by sexual orientation, though the small numbers of disclosure suggests they are more likely to access training

3.4 Employee relations

The small number of formal disciplinary cases (n = 9) and non-existence of formal grievance and capability cases makes meaningful analysis of these cases during this reporting period impossible.

However, analysing n = 204 'Managing Attendance' cases (both informal and formal) suggests the following:

- Those above the age of 61 (n = 104) are more likely to have health issues managed under Trust policy (28.8% of applicable staff compared to 18.8% of under 60s)

- Those disclosing as disabled (n = 19) are twice as likely to have health issues managed under Trust policy (35.8% of applicable staff compared to 17.3% of non-disabled)

- There is no statistically relevant variations by ethnicity for management of attendance, though the small numbers of disclosure suggests those of non-White ethnic groups are, if anything, less likely to be managed under the policy (8% compared to 18%, but small number of cases [n = 8])

- Females (21.8%, n = 171) are proportionately more likely to have absences managed under the Trust's policy compared to males (13.7%, n = 33)

- There is no statistically relevant variations by religious belief for management of attendance, though the small numbers of disclosure suggests those of non-Christian/Atheist beliefs are, if anything, less likely to be managed under the policy (8.2% compared to 19.9%, but small number of cases [n = 9])

- There is no statistically relevant variations by sexual orientation for management of attendance, though the small numbers of disclosure suggests those disclosing bisexual/gay/esbian orientation may, if anything, be more likely to be managed under the policy (41.7% compared to 19.6%, but small number of cases [n = 12])

What we will do in 2019/20:

- we will continue to provide training on management of staff under formal Trust policy, including around managing difficult conversations
- we will revise the training offering to include reference to unconscious bias, which may alter the approach taken to staff with certain characteristics either advantageously or disadvantageously
- we will audit the individual cases cited above around sexual orientation to understand the rationale behind informal or formal action taken under Trust policy to either obtain assurance of fair and proportionate practice or target additional training

3.5 Equal pay and reward

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

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

- Average bonus gender pay gap as a mean average
- Average bonus gender pay gap as a median average
- Proportion of males receiving a bonus payment and proportion of females receiving a bonus payment

At 1st March 2018 QVH employed 827 women (76.65%) and 252 men (23.35%).

a. Hourly rate

Women's hourly rate is:	
35.9%	**39.9%**
LOWER	**LOWER**
(mean)	(median)

b. Pay quartiles

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

Top quartile (4)

45.2%	**54.8%**
MEN	**WOMEN**

Upper middle quartile (3)

MEN	**WOMEN**
14.6%	**85.4%**

Lower middle quartile (2)

15.4%	**84.6%**
MEN	**WOMEN**

Lower quartile (1)

17%	**83%**
MEN	**WOMEN**

c. Bonus pay

Women's bonus pay is:	
13.7%	**50%**
HIGHER	**LOWER**
(mean)	(median)

Who received bonus pay:	
10.1% OF MEN	**1.1%** OF WOMEN

d. Mean vs. median averages

QVH is broadly comparable to all other NHS Acute hospitals who have published their reports (see Appendix 1). Both the mean and median hourly pay gap percentages for the sector are significantly affected by the presence of the Medical Consultant body due to both their high base wage and the Clinical Excellence Awards bonus scheme (that follows national guidelines).

As the second smallest NHS Foundation Trust in England, we comparatively have a very small denominator of staff and the specialist nature of the work undertaken at QVH means the Medical Consultant body forms a much higher proportion of our overall workforce. This means that the median pay gap percentages are much affected by this staff group. Median calculations do not account for a concentration of high earners in such a small hospital. The difference between the number of male Consultants (n = 54) compared to female Consultants (n = 18) is considerable. The mean can therefore be seen as more accurately reflecting the gender pay gap due to the higher proportion of men in these highest paid senior positions, as demonstrated in the quartile-based data in Section 5b. [1]

In a comparison to the 2017 report, it is reassuring to see a reduction in both mean and median pay gaps. The mean pay-gap has reduced from 37% to 35.9%, and the median pay-gap from 41% to 39.9%. The distribution across quartiles has also changed to be marginally more representative of the distribution across the whole organisation, with a reduction in males within the top quartile from 46% to 45.2%.

e. Band / grade related average gender pay gaps

Taking the mean average as the more representative of scores, three main outliers are highlighted when looking at bands/grades (Section 5a, Table 3): the Agenda for Change [AFC] Band 8+ group, the Medical: Doctors in Training, and Medical: Career Doctors group.

When analysing the median pay gap within the AFC Band 8+ group, the variance was caused by the different proportions of seniority within that group. Males had an equal representation of 12 individuals at Bands 8a – 8b and 12 individuals at Bands 8c and above (including Very Senior Manager [VSM] payscales). However, females had a much greater proportion at the lower scales, with 27 individuals at Bands 8a – 8b, and 12 at Bands 8c and above (including VSM).

In the Medical: Doctors in Training group, the pay-gap for females (n=28) was partially distorted by the presence of Dental Core level 1 trainees, which were not

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[1] NHS Employers. Op cit.

apparent within the male group (n=25). An analysis between the difference of Trust-appointed and Deanery-appointed training level doctors reveals no findings.

In the Medical: Career Doctors group, the pay-gap is in favour of females. This is caused by the higher pay terms of the closed Associate Specialist grade, of which 5 out of 6 the Trust has are female, in comparison to the Trust-appointed Fellows as part of the lower remunerated Specialty Doctor pay-scale.

In comparison to the 2017 report, both the mean and median averages within the Medical Consultant body have reduced (Section 5a, Table 3) from 11.9% to 5.7% mean gap and 7.4% to 5.9% median gap.

f. Average bonus gender pay gap as a median average

Although the statutory required reporting figure of those receiving a bonus (section 4c) shows 10.1% of males receiving a bonus compared to only 1.1% of females, this is substantially skewed by the predominance of males within the Medical Consultant body and the disproportionate number of males in the rest of the workforce. When examining the more meaningful proportion of staff actually eligible for a bonus, which within the Trust is only the Medical Consultant body through Clinical Excellence Awards, it is encouraging to see that the Trust continues to beat the national trend with more females being awarded bonuses out of total eligible numbers: 55.6% of eligible females received Clinical Excellence Awards (CEA) compared to 51.9% of eligible males.

It is also encouraging to see a significant shift in the mean and median bonus pay rates compared to last year, the mean bonus gap shifting from 18% lower to 13.7% higher and the median bonus gap reducing from 61% lower to 50% lower. The favourable mean bonus gap for females is significantly impacted by one particularly distinguished female advancing from a Silver to a Gold Award in year.

An analysis of the median bonus gender pay gap highlights a very strong correlation between longer length of service and higher bonus pay-rates, which is unsurprising given that higher bonuses are earnt through cumulative awards based on longer years of service. Only 5 of 10 females (50%) awarded a CEA had 10 or more years' service, compared with 22 of 28 males (78%). It will therefore be a number of years until the median bonus pay gap is likely to be reduced significantly as it will take the comparatively newer females within the workforce time to accumulate longer service and advance up the CEA scale.

With a higher proportion of female Consultants applying for QVH roles and being appointed in more recent years, the proportion of those eligible for bonuses will gradually continue to increase.

What we will do in 2019-20

The Trust's 2017 report and action plan was referenced by NHS Employers as best practise through separating out Agenda for Change staff and medical staff, ensuring

there was an explanatory narrative as well as a purely factual one, and displaying a convincing commitment to future action and an action plan.[2]

The 2017 action plan was implemented in full, with:
1. a review and commitment to the equal pay principles of Agenda for Change job evaluation
2. a review of how well the Trust manages women's career progression after employment breaks such as maternity leave
3. active promotion of current policies on flexible and family-friendly working for all
4. an audit of the Trust's 'Top Quartile' earners to review rationale and conclusions for determination of each remuneration
5. an amendment to Trust Recruitment and Selection Policy to ensure mixed gender panels for selection and remuneration purposes for Bands 8a+, VSM and Consultant appointments (including Clinical Excellence Awards)
6. collaboration with neighbouring acute Trusts to share best practise

These core principles will continue in the coming years, with the additional below actions added into the plan following this 2018 report:

	Action	Responsibility	By When
7.	Encouragement of more female workers to apply for Clinical Excellence Awards	Director of Workforce & Organisational Development	30/04/2019
8.	Explore how we can better promote our vacancies in senior positions to women and organisations that support women	Recruitment Manager	30/06/2019
9.	Review the policy and process to ensure there is no gender bias in the starting salaries of new employees and regularly monitor	Deputy Director of Workforce	30/06/2019

3.6 Workforce Disability Equality Standard (WDES)

QVH reported on its workforce disability equality standard for the first time using the national submission form. It highlights that:

- 5.2% of the QVH workforce have disclosed a disability (n = 53), which is slightly lower than the national average of those in employment of around 7%.

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[2] NHS Employers: *Briefing Note: Gender Pay Gap Reporting* retrieved 22/02/18: http://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Gender-pay-gap-reporting---2-March.pdf?la=en&hash=FE3D7AED4EBAB7D606B40A5D5CDDF0CB0F7E1C39

However, there are high numbers of staff with 'Unknown' or 'non-declared' disabilities totalling 16.3% of the overall workforce which greatly impacts on data quality and accuracy of the information.

- There are less staff disclosing a disability in Bands 8a and above. Consultants within the medical and dental staff group have over double the non-disclosure rate compared to other staff categories (34% non-disclosure)

- There is a variation in the number of disabled shortlisted applicants being appointed, with only a 2.18 comparative likelihood of disabled applicant being appointed. Approximately 1:4 non-disabled applicants are successful from being shortlisted to being offered the role, compared to 1:8 disabled applicants being appointed.

- From National Staff Survey findings:

  o The percentage of staff reporting perceptions of harassment, bullying or abuse from patients, relatives or the public in last 12 months has an almost equal score of 24.7% for disabled and 24.9% for non-disabled staff

  o There is a negative variation regarding the perceptions of harassment, bullying or abuse from their manager / team leader or other colleague with 19.5% for disabled and 10.2% for non- disabled staff. Although the total number of disabled staff reporting at least one such incident is statistically small (n = 17), the Trust zero-tolerance approach to such instances means this is an area of concern, more so with the apparent disproportionality.

  o There is a negative variation regarding the percentage of staff reporting perceptions of harassment, bullying or abuse from other colleagues in the last year with 24.1% (n = 21) for disabled and 16% for non-disabled staff (n = 63). With the Trust's zero-tolerance approach to such instances means this is an area of concern, more so with the apparent disproportionality.

  o The percentage of staff believing that QVH provides equal opportunities for career progression or promotion has a gap of 4.9% (disabled staff declaring 85.5%, non-disabled 90.4%). This is based on a small cohort of staff that responded to the question (n=55) compared to non-disabled staff (n=271). This means statistical significance is questionable as the perception difference is based on 2-3 individuals.

  o 77.4% of disabled staff has declared that their employee has made adequate adjustments to enable them to carry on their work, demonstrating there is considerable room for improvement

What we will do in 2019/20

The Trust is already a level 1 Disability Confident employer, and will continue work towards achieving level 2 status. To achieve this we will:

- Support proactive discussion around disabilities (both physical and mental health) to encourage improvement of disclosure rates to improve data quality

- Connect with local and national disabled people's organisations (DPO's) to access networks of disabled people to attract disabled people to apply for jobs at QVH

- Help managers build a wider understanding of the WDES metrics that are relevant to recruitment and retention, making sure people involved in the interviewing process understand the Disability Confident commitment and know how to offer and make reasonable adjustments

- Actively involving Trust board in providing clarity on their governance role and the NHS Workforce Disability Equality Standard. Sharing activities and approaches that can be adopted to demonstrate board effectiveness in overseeing the WDES implementation. Highlighting the personal contribution they can make as a leader/board member

For our full report, including the relevant data sets please see the separate Workforce Disability Quality Standard 2018-19 report that can be found via: http://www.qvh.nhs.uk/download/workforce-disability-equality-standard-wdes-2018-19-report/

3.7 **Workforce Race Equality Standard (WRES)**

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

- The % of BAME staff within the workforce has increased as a proportion of the total workforce from 14.2% to 14.8%. There has also been an increase in seniority of the BAME workforce, with more senior managers at Band 8a and above from a diverse ethnic background

- There is a variation in the number of shortlisted applicants being appointed, with a 1.32 comparative likelihood (with 1 being an equal comparison). This is a decline from 1.17 in the previous year. This is based on a similar number of BAME recruits as last year (n= 34 compared to 33 in 2017-18), but an increase in successful applicants from a white demographic (171 compared to 150 the previous year). Due to relatively low numbers, statistical significance is questionable

- No BAME staff entered a formal disciplinary process within the reference period, compared to a relative likelihood of 2.94 the previous reference period and therefore an improvement. However with a small base (n=5 total cases, this remains statistically insignificant

- The relative likelihood of BAME staff accessing non-mandatory training and CPD has changed significantly compared to last year (from variation of 1.03 to 0.65), showing those from a BAME ethnicity are nearly twice as likely to access such training. More detailed analysis shows that 64% of the Trust's BAME workforce have engaged with the 'Leading the Way' leadership and management develop course, twice the proportion of the rest of the workforce. This will be a significant enabler in facilitating the BAME workforce to obtain more senior roles.

- 8.3% of the Trust Board is from a BAME background, compared to 14.8% of the QVH workforce, the same as the previous year. This results from a small number (n=12) of Board members

- From National Staff Survey findings:

  o The variation between white and BAME staff experiences within the staff survey report continues to improve, with the gap shortening in all findings. In particular:

- o the percentage of staff reporting perceptions of harassment, bullying or abuse from patients, relatives or the public in last 12 months is 24.58% of White staff and 27.59% of BAME staff (3% gap). This has improved since the 2017 National Staff Survey where 30.36% of BAME staff reported such experiences (and where the gap was 8%)

- o BAME staff continue to declare lower rates of experiencing harassment, bullying or abuse from staff in last 12 months – where 22.8% of BAME staff reported such compared to 24.50% of White staff. However, the total numbers have worsened since the 2017 National Staff Survey where 17.85% of BAME staff and 22.06% of White staff reported such experiences. Due to the statistically small number of such instances reported in the 2018 survey (10 BAME staff), overall significance of the comparison is questionable. However the Trust's zero-tolerance approach to such instances means this is still an area of concern.

- o The percentage of staff believing that QVH provides equal opportunities for career progression or promotion has declined for BAME staff, so that 82.85% of BAME staff agree compared to 90.17% compared to white staff. This is broadly comparable to the previous year's data. Only 35 BAME staff answered this staff survey question, so the variation relates to 2 BAME staff experiences; this is not statistically significant, but is a gap that we wish to reduce.

- o The percentage of staff reporting perceptions of discrimination at work from their manager / team leader or other colleague improved compared to the previous year, so that 12.96% of BAME staff believed such compared to 16.07% in 2017-18. This still compares poorly to the comparator White staff group reporting 4.11% in this year, so is an area for improvement.

What we will do in 2019/20

- Analyse staff perceptions of equal opportunities for career progression through the Clever Together platform to make targeted recommendations and an agreed plan
- Continue to support managers considering taking disciplinary action against all staff to ensure it is appropriate and justified in the circumstances
- Continue to offer management and leadership training to all staff, including a new route of qualification accredited by the Chartered Institute of

Management, to ensure they understand the impact of management style and effective team management

- Continue to offer a 'challenging conversations' workshop, where managers are supported to have non-discriminatory conversations and understand the difference between assertiveness and inappropriate challenge
- Proactively promote advertising and recruitment to those from a BAME background to increase the overall percentage of BAME staff within the workforce

For our full report, including the relevant data sets please see the separate Workforce Race Quality Standard 2018-19 report that can be found via: http://www.qvh.nhs.uk/download/workforce-race-equality-standard-wres-2018-19-report/

Appendix 1 | Reporting categories

Our reporting categories are defined as follows:

Age

Staff members are categorised into one of ten age groups:

- 24 or under
- 25 - 29
- 30 - 34
- 35 – 39
- 40 - 44

- 45 – 50
- 50 - 54
- 55 – 59
- 60 - 64
- 65 and above

Disability

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

- Yes
- No
- Not declared

Ethnicity

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

White

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

Mixed / multiple ethnic groups

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

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi

- Chinese
- Any other Asian background

Other ethnic group

- Arab
- Any other ethnic group

Black/African/Caribbean/ Black British

- African
- Caribbean
- Any other Black / African / Caribbean background

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

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

Gender

This is recorded as male or female.

Gender reassignment

Staff members have not historically been asked to report transgender status as part of equality monitoring arrangements. The new applicant tracking system provides us the new ability to capture this, and as such this data is currently only available in the job applications section, but no data was disclosed by applicants in the reporting period.

Marital status

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

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

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

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

Pregnancy / Maternity

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

Religion or belief

Staff members were asked to classify themselves into following categories of religion or belief:

- No religion
- Buddhist
- Christian
- Hindu
- Jainism

- Jewish
- Muslim
- Sikh
- Any other religion
- Prefer not to say

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

- Atheism
- Christianity
- Hinduism

- Islam
- Other
- Undefined

Sexual orientation

Staff members were given the options of:

- Heterosexual
- Gay woman/lesbian
- Gay man

- Bisexual
- Other
- Prefer not to say

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

- Heterosexual or straight
- Gay / lesbian / bisexual
- Undefined

Appendix 2 | Current Workforce profile

1   Workforce age profile

Age Band	Headcount	%
<25 Years	54	5.26%
26-30	82	7.98%
31-35	110	10.71%
36-40	114	11.10%
41-45	128	12.46%
46-50	126	12.27%
51-55	172	16.75%
56-60	137	13.33%
61-65	82	7.98%
66+ Years	22	2.14%

Workforce Age - Percentage (Headcount) - 2018
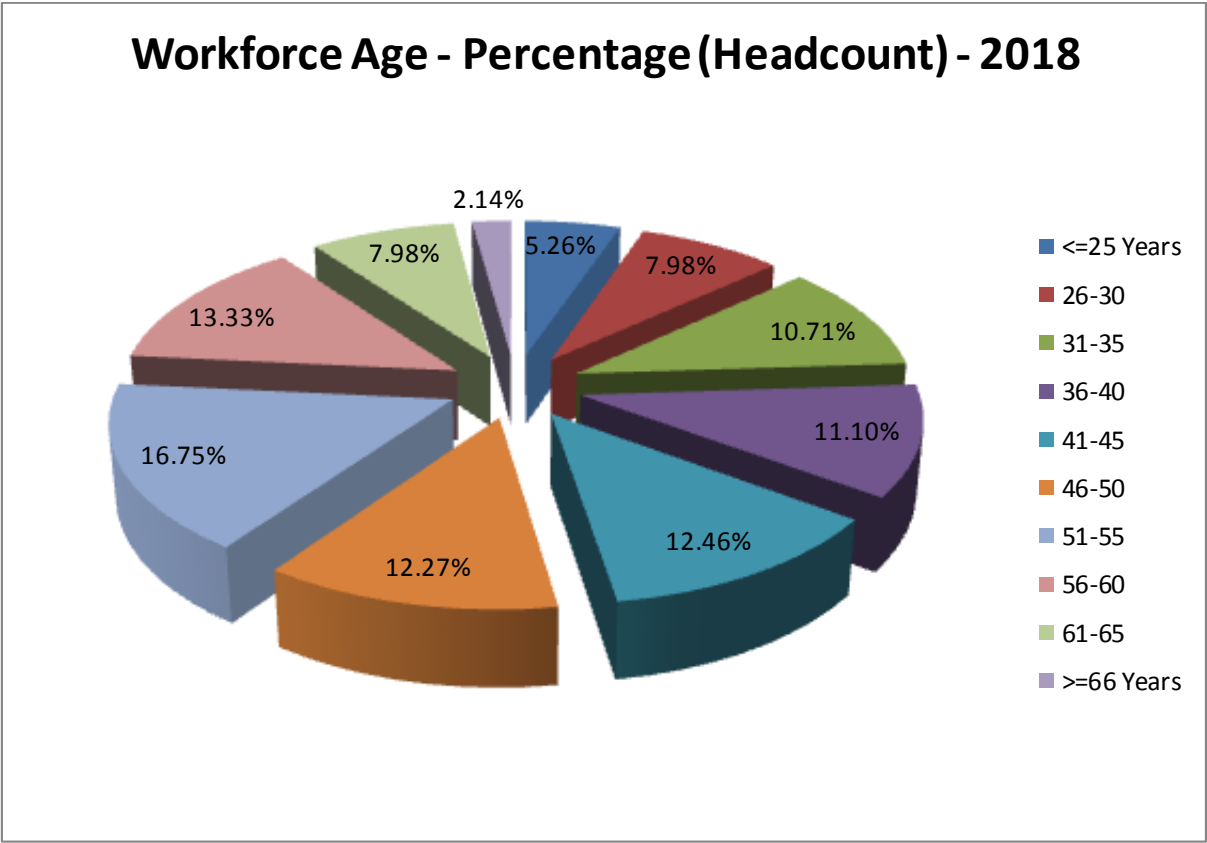
2 Workforce disability profile

Disability	Headcount	%
No	809	78.8%
Not Declared/Unspecified	165	16.1%
Yes	53	5.2%
Grand Total	**1,027**	**100%**

Workforce Disability - Percentage - 2018

- No
- Not Declared/Unspecified
- Yes

5.2%
16.1%
78.8%
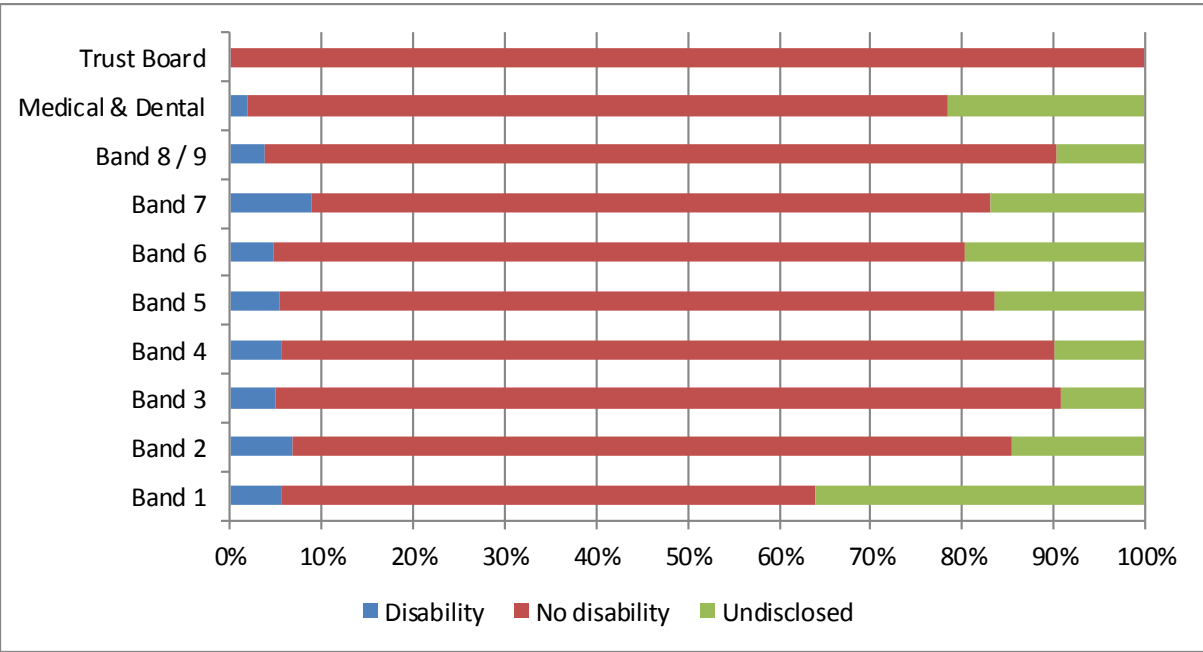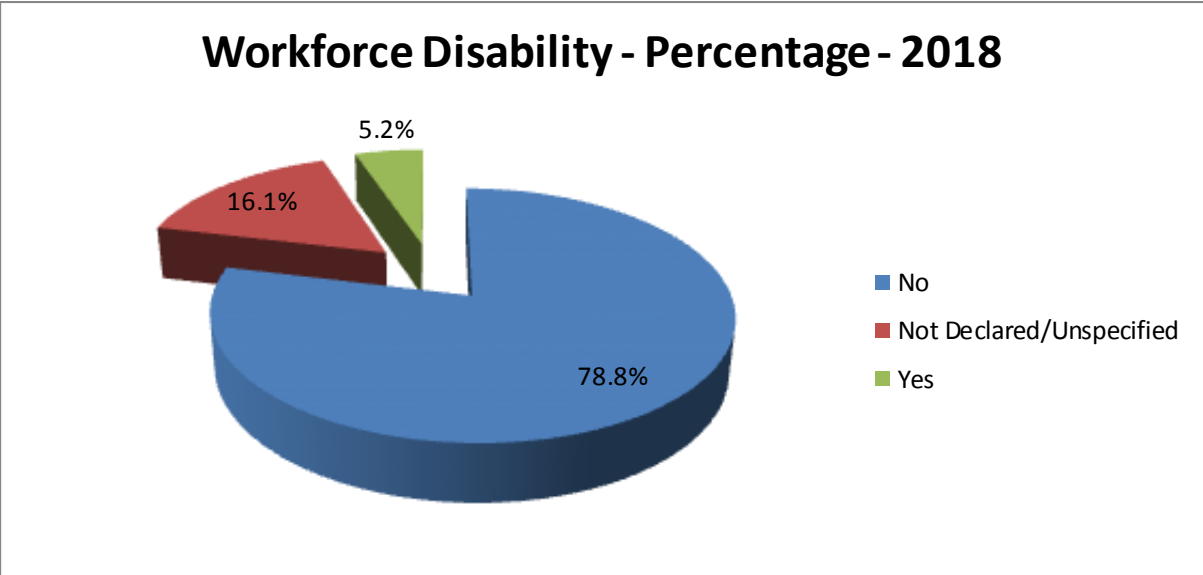
3 Workforce ethnicity profile

Row Labels	Headcount	%
Any Other Ethnic Group	28	2.73%
Asian or Asian British	81	7.89%
Black or Black British	25	2.43%
Mixed	19	1.85%
Not Stated/Not Known	24	2.34%
White	850	82.77%
Grand Total	**1027**	**100%**

Workforce Ethnicity - Percentage - 2018
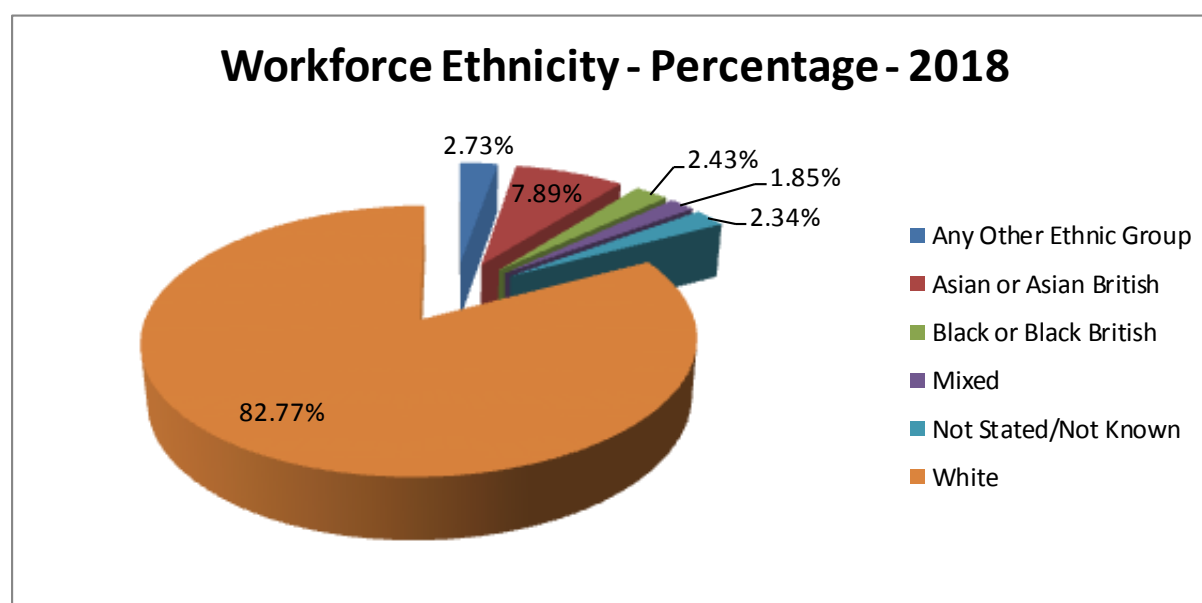
4 Workforce gender profile

Gender	Headcount	%
Female	786	76.5%
Male	241	23.5%
Grand Total	**1,027**	**100%**

Workforce Gender - Percentage - 2018
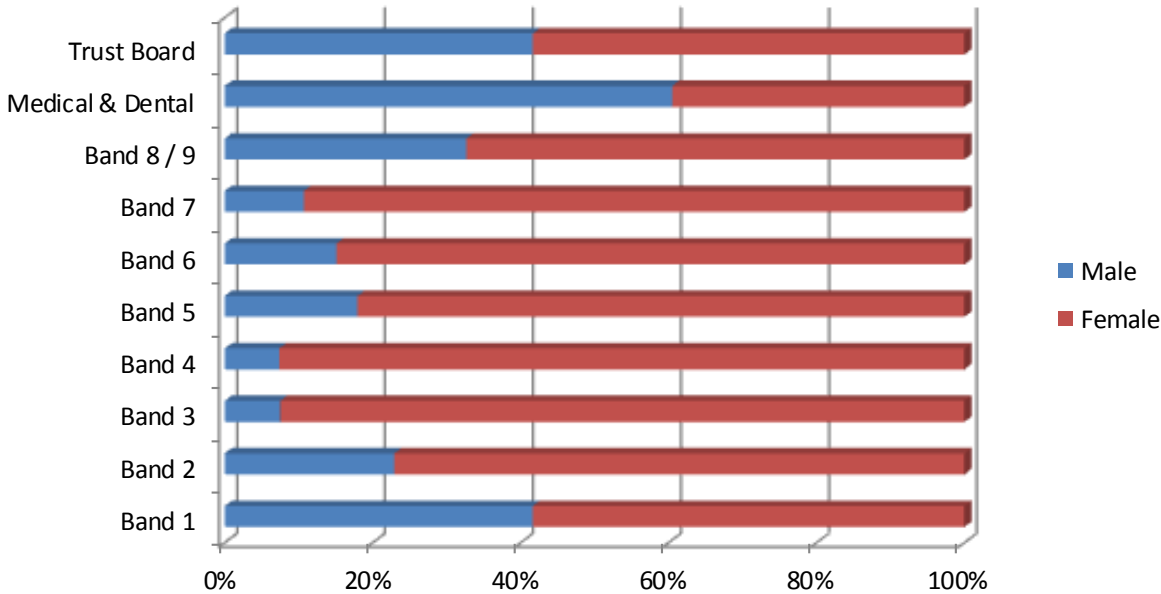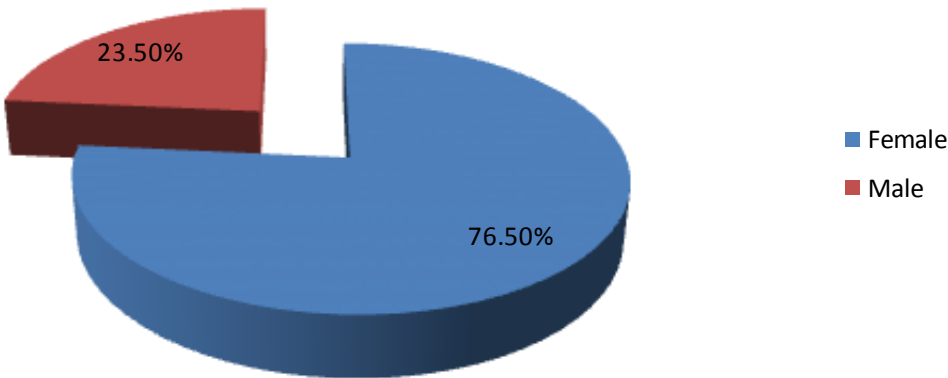
5   Workforce marital status profile

Row Labels	Headcount	%
Civil Partnership / Married	595	57.94%
Divorced/Legally Separated / Widowed	88	8.57%
Single	298	29.02%
Undefined	46	4.48%
Grand Total	**1027**	**100%**
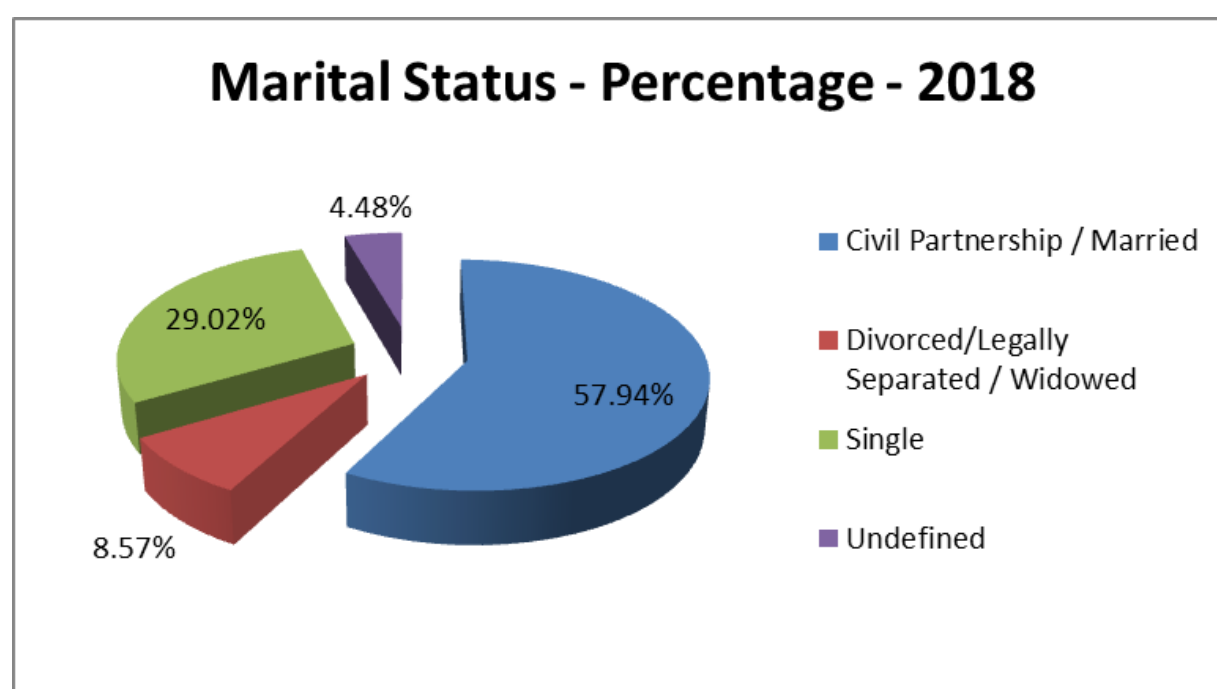
6   Workforce religion / belief profile

Row Labels	Headcount	%
Atheism	147	14.31%
Christianity	515	50.15%
Hinduism	20	1.95%
Islam	15	1.46%
Other	75	7.30%
Undefined	255	24.83%
Grand Total	**1,027**	**100%**
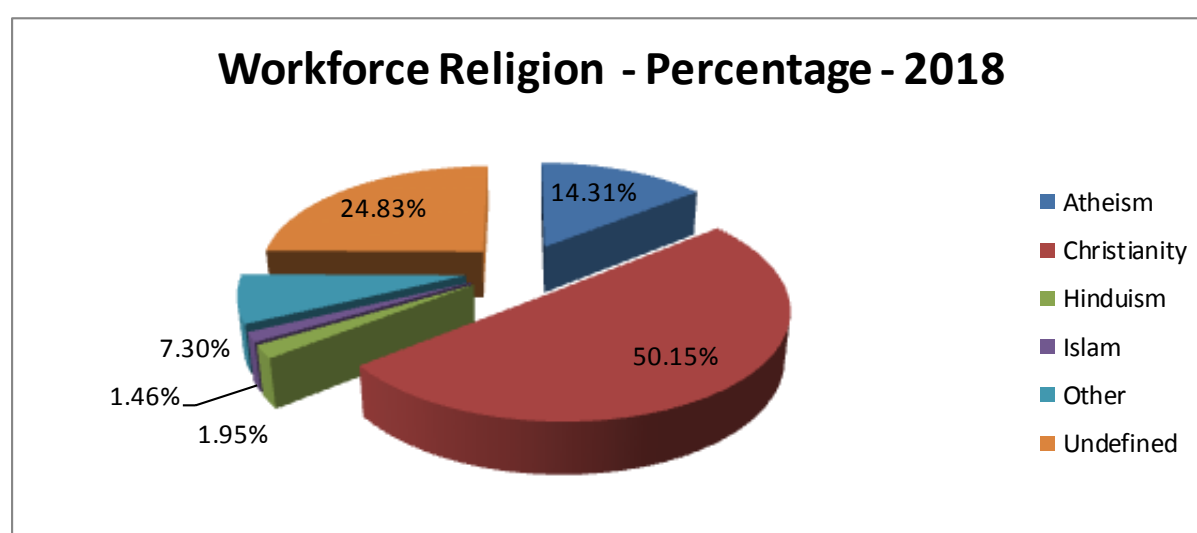
7   Workforce sexual orientation profile

Row Labels	Headcount	%
Bisexual/ Gay/ Lesbian	12	1.17%
Heterosexual	812	79.07%
I do not wish to disclose my sexual orientation	203	19.77%
Grand Total	1027	100.00%
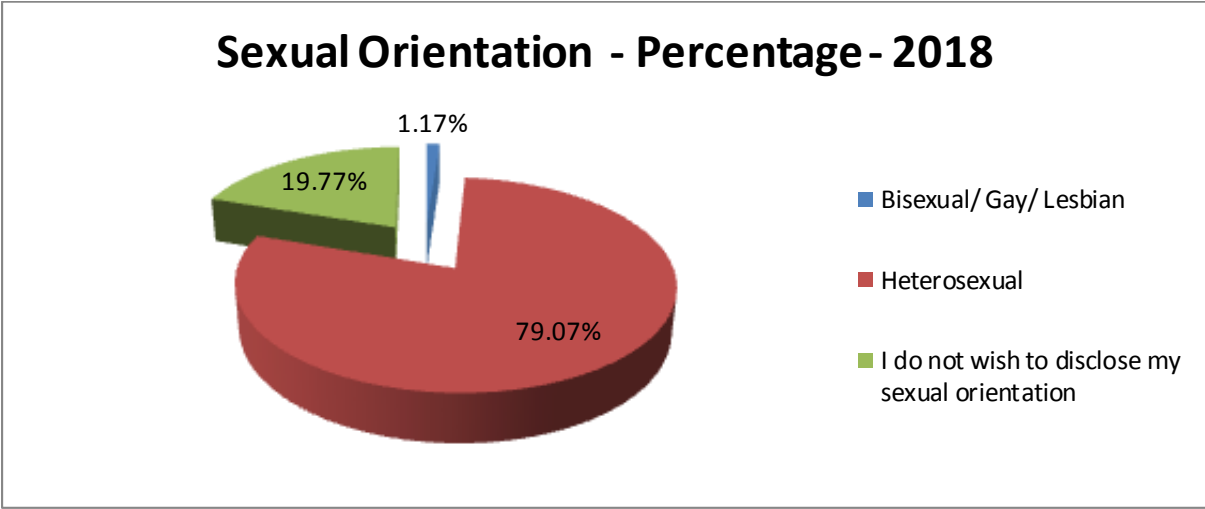
Appendix 3 |Recruitment candidates

1　　Recruitment age profile

Non-medical

Categorisation	Non-medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Under 20	24	10	8	6	2.06	41.67	80	75
20 - 24	116	40	20	10	9.97	34.48	50	50
25 - 29	143	63	38	20	12.3	44.06	60.32	52.63
30 - 34	188	80	43	22	16.17	42.55	53.75	51.16
35 - 39	124	49	28	12	10.66	39.52	57.14	42.86
40 - 44	137	56	36	17	11.78	40.88	64.29	47.22
45 - 49	125	69	43	18	10.75	55.2	62.32	41.86
50 - 54	136	76	53	15	11.69	55.88	69.74	28.3
55 - 59	100	50	36	17	8.6	50	72	47.22
60 - 64	49	28	20	10	4.21	57.14	71.43	50
65+	21	7	3	2	1.81	33.33	42.86	66.67
Not stated	0	0	0	0	0	0	0	0
	1163	528	328	149	100	45.4	62.12	45.43
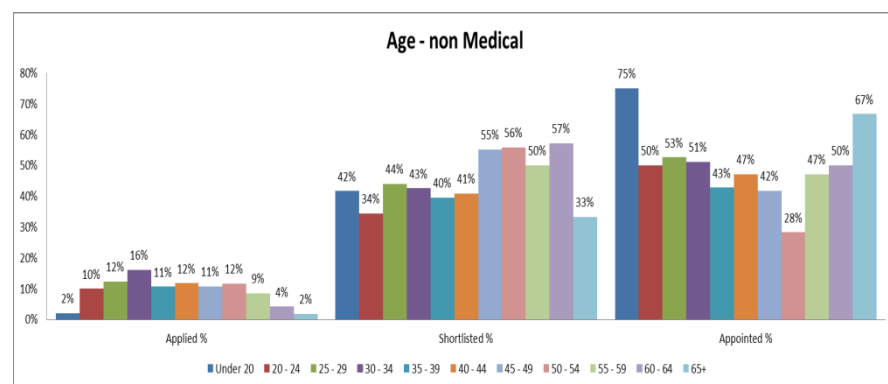
Medical

Categorisation	Medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Under 20	0	0	0	0	0	0	0	0
20 - 24	1	1	1	1	0.69	100	100	100
25 - 29	29	10	7	5	20.14	34.48	70	71.43
30 - 34	48	30	19	15	33.33	62.5	63.33	78.95
35 - 39	40	24	17	13	27.78	60	70.83	76.47
40 - 44	13	9	7	4	9.03	69.23	77.78	57.14
45 - 49	3	3	3	1	2.08	100	100	33.33
50 - 54	4	3	3	0	2.78	75	100	0
55 - 59	2	2	2	1	1.39	100	100	50
60 - 64	2	1	1	0	1.39	50	100	0
65+	2	1	1	1	1.39	50	100	100
Not stated	0	0	0	0	0	0	0	0
	144	84	61	41	100	58.33	72.62	67.21
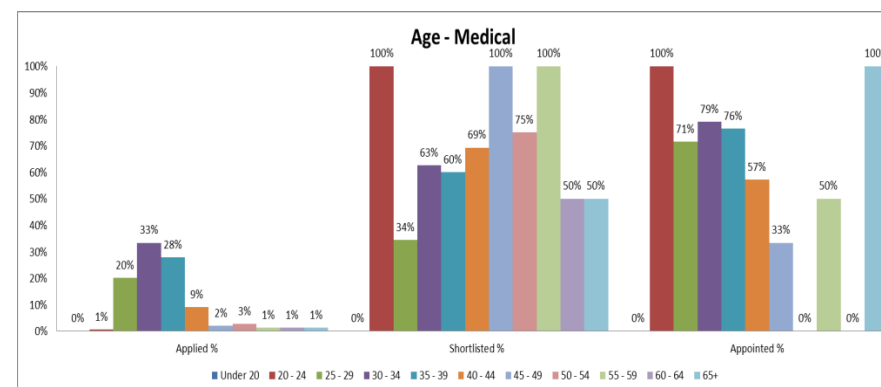
2 Recruitment disability profile

Non-medical

	Non-medical							
Answer	**Applied**	**Shortlisted**	**Interview attended**	**Appointed**	**Applied %**	**Shortlisted %**	**Interview attended %**	**Appointed %**
Not stated	8	8	8	6	0.69	100	100	75
I do not wish to disclose whether or not I have a disability	13	4	3	2	1.12	30.77	75	66.67
No	1089	485	295	136	93.64	44.54	60.82	46.1
Yes	53	31	22	5	4.56	58.49	70.97	22.73
	1163	528	328	149	100	45.4	62.12	45.43
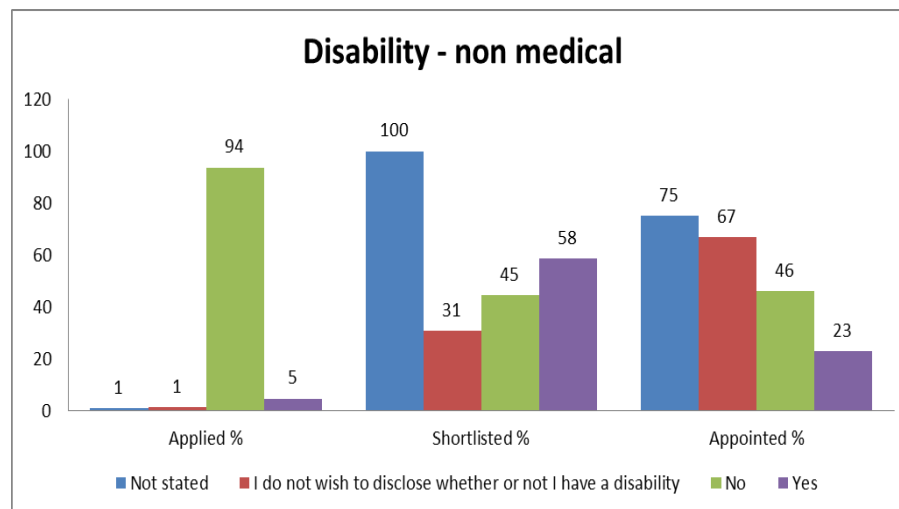
Medical

	Medical							
Answer	**Applied**	**Shortlisted**	**Interview attended**	**Appointed**	**Applied %**	**Shortlisted %**	**Interview attended %**	**Appointed %**
Not stated	31	31	30	26	21.53	100	96.77	86.67
I do not wish to disclose whether or not I have a disability	1	1	1	1	0.69	100	100	100
No	110	51	30	14	76.39	46.36	58.82	46.67
Yes	2	1	0	0	1.39	50	0	0
	144	84	61	41	100	58.33	72.62	67.21
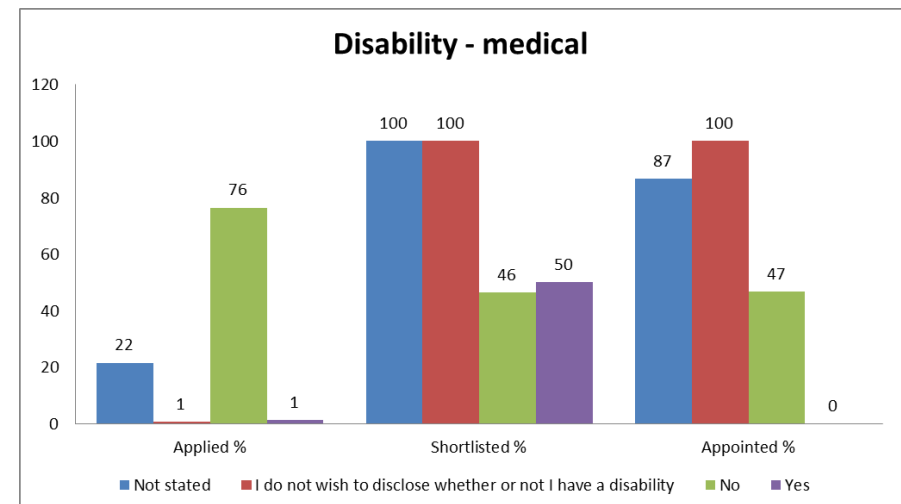
3 Recruitment ethnicity profile

Non-medical

Categorisation	Non-Medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
White	810	407	259	123	69.65	50.25%	63.64%	47.49%
Mixed	27	10	4	0	2.33	37.04%	40.00%	0.00%
Asian or Asian British	146	45	24	8	12.56	30.82%	53.33%	33.33%
Black or Black British	111	34	17	6	9.54	30.63%	50.00%	35.29%
Other Ethnic Group	30	13	9	3	2.56	43.33%	69.23%	33.33%
Undisclosed	39	19	15	9	3.36	48.72%	78.95%	60.00%
Total	1163	528	328	149	100	45.40%	62.12%	45.43%

Medical

Categorisation	Medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
White	37	20	14	7	25.7	54.05%	70.00%	50.00%
Mixed	11	5	1	1	7.64	45.45%	20.00%	100.00%
Asian or Asian British	30	11	8	3	20.83	36.67%	72.73%	37.50%
Black or Black British	17	7	3	2	11.8	41.18%	42.86%	66.67%
Other Ethnic Group	14	6	3	2	9.72	42.86%	50.00%	66.67%
Undisclosed	35	35	32	26	24.31	100.00%	91.43%	81.25%
Total	144	84	61	41	100	58.33%	72.62%	67.21%
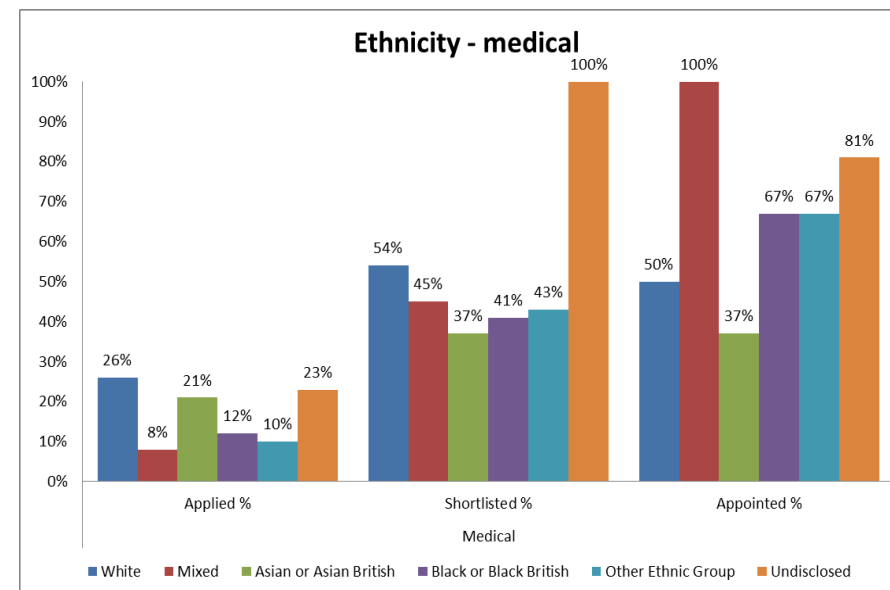
4   Recruitment gender profile

Non-medical

Categorisation	Non-medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	0	0	0	0	0	0	0	0
Male	262	88	54	26	22.53	33.59	61.36	48.15
Female	896	439	273	122	77.04	49	62.19	44.69
I do not wish to disclose	5	1	1	1	0.43	20	100	100

Medical

Categorisation	Medical							
	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	0	0	0	0	0	0	0	0
Male	96	53	35	21	66.67	55.21	66.04	60
Female	47	30	25	20	32.64	63.83	83.33	80
I do not wish to disclose	1	1	1	0	0.69	100	100	0

Gender - non medical

Gender - medical
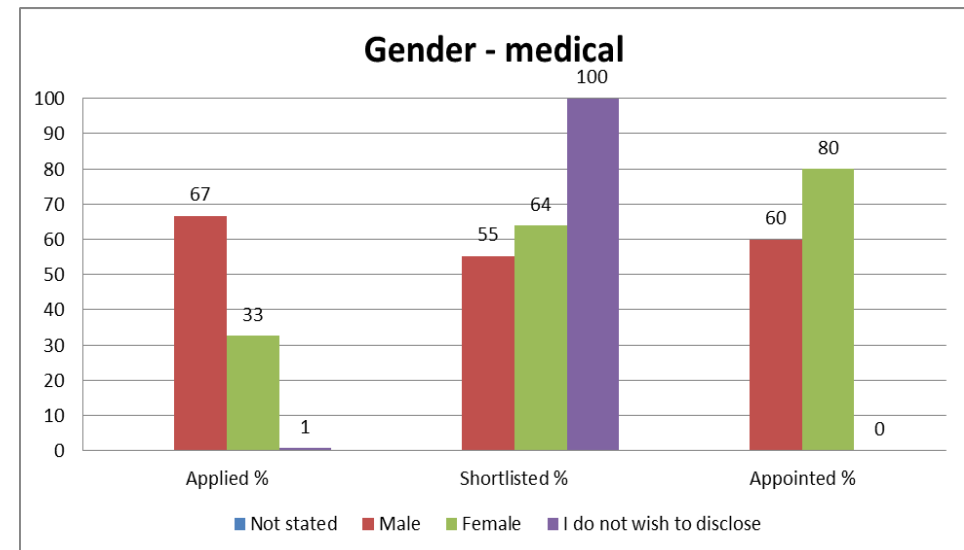
5   Recruitment marital status profile

Non-medical

	Non-medical							
Categorisation	**Applied**	**Shortlisted**	**Interview attended**	**Appointed**	**Applied %**	**Shortlisted %**	**Interview attended %**	**Appointed %**
Not stated	8	8	8	6	0.69	100	100	75
Single	454	194	122	45	39.04	42.73	62.89	36.89
Married	525	239	145	69	45.14	45.52	60.67	47.59
Civil partnership	31	13	7	3	2.67	41.94	53.85	42.86
Legally separated	13	5	1	0	1.12	38.46	20	0
Divorced	73	38	26	12	6.28	52.05	68.42	46.15
Widowed	9	3	2	1	0.77	33.33	66.67	50
Other	24	16	9	7	2.06	66.67	56.25	77.78
I do not wish to disclose this	26	12	8	6	2.24	46.15	66.67	75
	1163	528	328	149	100	45.4	62.12	45.43
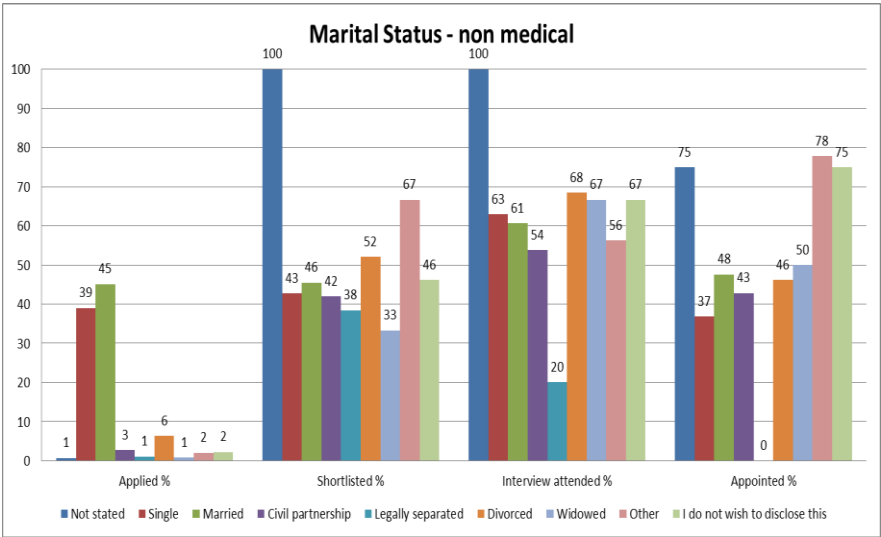
Medical

	Medical							
Categorisation	**Applied**	**Shortlisted**	**Interview attended**	**Appointed**	**Applied %**	**Shortlisted %**	**Interview attended %**	**Appointed %**
Not stated	30	30	30	26	20.83	100	100	86.67
Single	41	17	11	6	28.47	41.46	64.71	54.55
Married	66	32	19	9	45.83	48.48	59.38	47.37
Civil partnership	1	0	0	0	0.69	0	0	0
Legally separated	0	0	0	0	0	0	0	0
Divorced	2	2	0	0	1.39	100	0	0
Widowed	1	0	0	0	0.69	0	0	0
Other	0	0	0	0	0	0	0	0
I do not wish to disclose this	3	3	1	0	2.08	100	33.33	0
	144	84	61	41	100	58.33	72.62	67.21
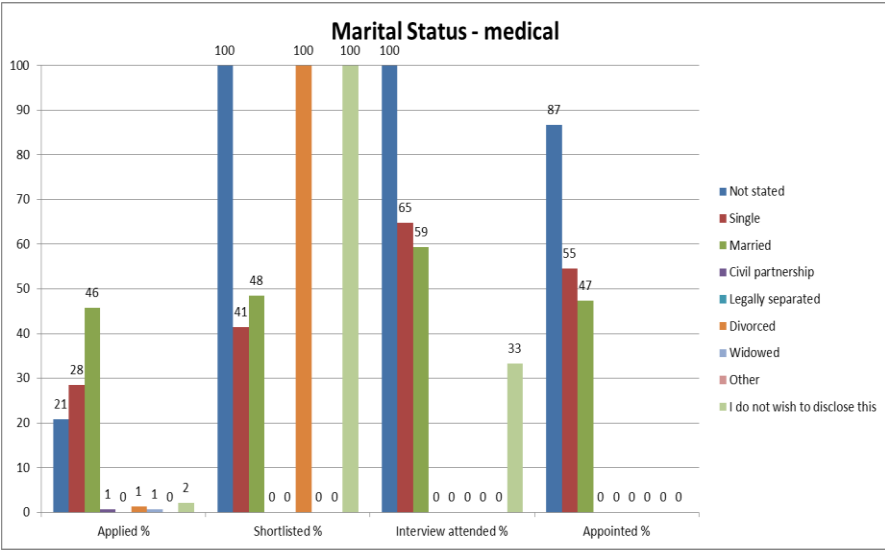
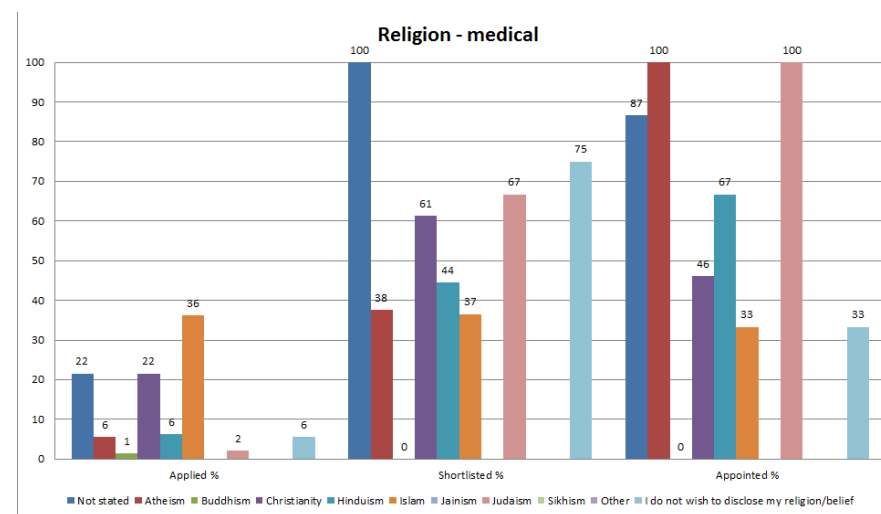# 6   Recruitment religion / belief profile

Non-medical

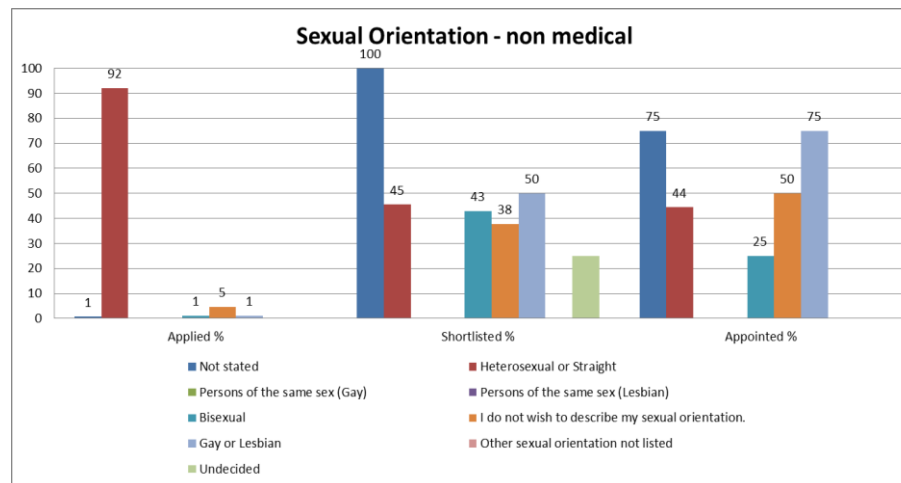| Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	8	8	8	6	0.69	100	100	75
Atheism	172	91	54	26	14.79	52.91	59.34	48.15
Buddhism	7	2	1	0	0.6	28.57	50	0
Christianity	621	296	188	79	53.4	47.67	63.51	42.02
Hinduism	46	16	6	4	3.96	34.78	37.5	66.67
Islam	67	15	6	1	5.76	22.39	40	16.67
Jainism	0	0	0	0	0	0	0	0
Judaism	2	0	0	0	0.17	0	0	0
Sikhism	3	1	1	0	0.26	33.33	100	0
Other	107	41	28	13	9.2	38.32	68.29	46.43
I do not wish to disclose my religion/belief	130	58	36	20	11.18	44.62	62.07	55.56
	1163	528	328	149	100	45.4	62.12	45.43

Medical

| Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
Not stated	31	31	30	26	21.53	100	96.77	86.67
Atheism	8	3	2	2	5.56	37.5	66.67	100
Buddhism	2	0	0	0	1.39	0	0	0
Christianity	31	19	13	6	21.53	61.29	68.42	46.15
Hinduism	9	4	3	2	6.25	44.44	75	66.67
Islam	52	19	9	3	36.11	36.54	47.37	33.33
Jainism	0	0	0	0	0	0	0	0
Judaism	3	2	1	1	2.08	66.67	50	100
Sikhism	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
I do not wish to disclose my religion/belief	8	6	3	1	5.56	75	50	33.33
	144	84	61	41	100	58.33	72.62	67.21

Religion - non medical

Religion - medical

7 Recruitment sexual orientation profile

Non-medical

Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
					Non-medical			
Not stated	8	8	8	6	0.69	100	100	75
Heterosexual or Straight	1071	487	297	132	92.09	45.47	60.99	44.44
Persons of the same sex (Gay)	0	0	0	0	0	0	0	0
Persons of the same sex (Lesbian)	0	0	0	0	0	0	0	0
Bisexual	14	6	4	1	1.2	42.86	66.67	25
I do not wish to describe my sexual orientation.	53	20	14	7	4.56	37.74	70	50
Gay or Lesbian	12	6	4	3	1.03	50	66.67	75
Other sexual orientation not listed	1	0	0	0	0.09	0	0	0
Undecided	4	1	1	0	0.34	25	100	0
	1163	528	328	149	100	45.4	62.12	45.43

Medical

Categorisation	Applied	Shortlisted	Interview attended	Appointed	Applied %	Shortlisted %	Interview attended %	Appointed %
					Medical			
Not stated	31	31	30	26	21.53	100	96.77	86.67
Heterosexual or Straight	101	44	27	15	70.14	43.56	61.36	55.56
Persons of the same sex (Gay)	0	0	0	0	0	0	0	0
Persons of the same sex (Lesbian)	0	0	0	0	0	0	0	0
Bisexual	1	1	0	0	0.69	100	0	0
I do not wish to describe my sexual orientation.	9	6	4	0	6.25	66.67	66.67	0
Gay or Lesbian	2	2	0	0	1.39	100	0	0
Other sexual orientation not listed	0	0	0	0	0	0	0	0
Undecided	0	0	0	0	0	0	0	0
	144	84	61	41	100	58.33	72.62	67.21
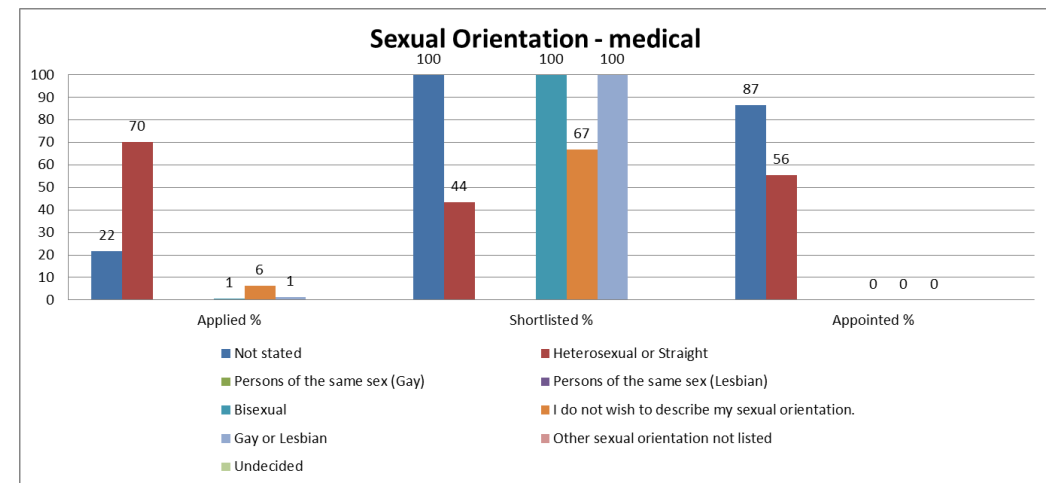
Appendix 4 | Learning & development

1   Enrolment age profile

Age	<25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66+
Proportion of workforce %	5.26%	7.98%	10.71%	11.10%	12.46%	12.27%	16.75%	13.33%	7.98%	2.14%
Enrolment %	4.61%	8.62%	12.22%	9.62%	15.43%	13.23%	19.04%	12.42%	3.81%	1.00%
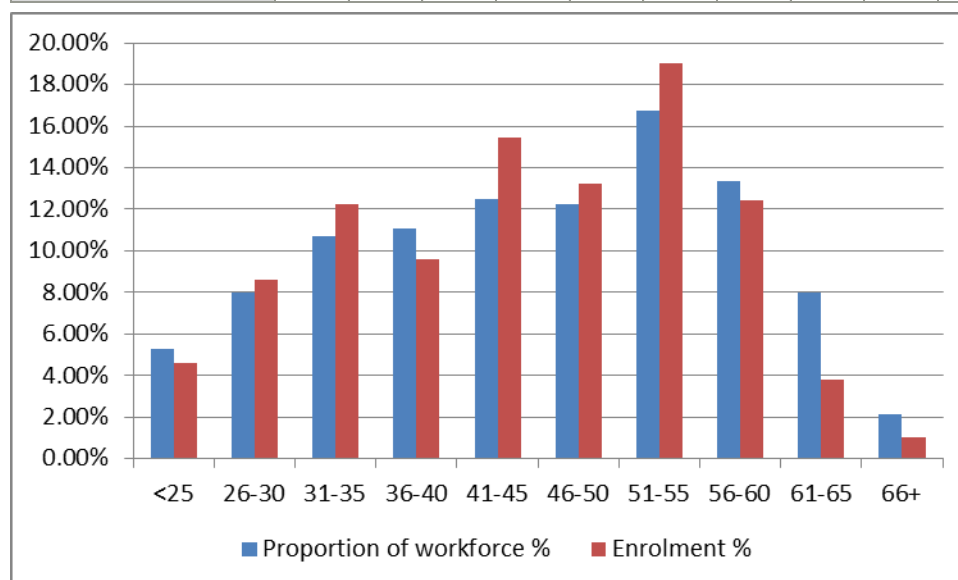
2   Enrolment disability profile

Course	No	Unspecified	Yes
Proportion of workforce %	78.77%	16.10%	5.20%
Enrolment %	77.76%	15.23%	7.01%
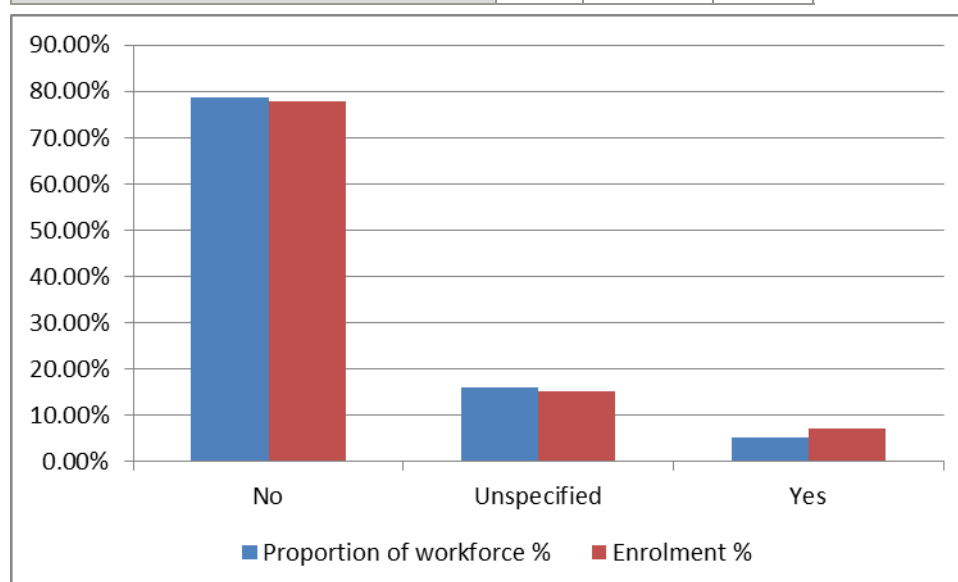
3   Enrolment ethnicity profile

Course	Any Other Ethnic Group	Asian or Asian British	Black or Black British	Mixed	Not Stated/Not Known	White
Proportion of workforce %	2.73%	7.89%	2.43%	0.0185	2.34%	82.77%
Enrolment %	4.81%	8.42%	2.40%	0.60%	1.40%	82.36%
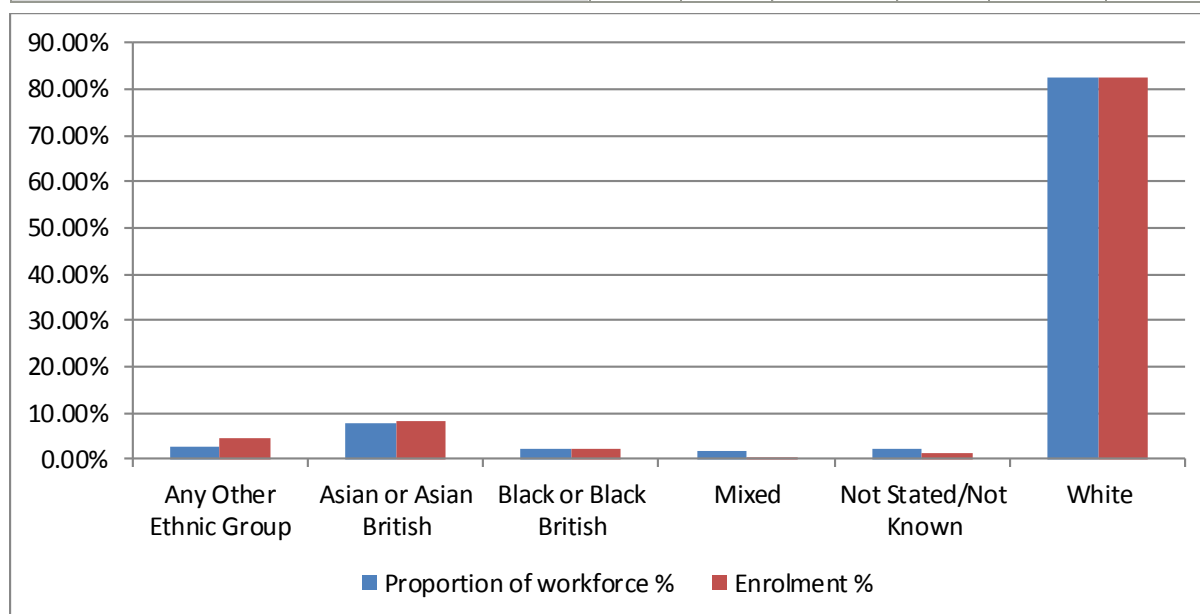
4   Enrolment gender profile

Course	Female	Male
Proportion of workforce %	76.50%	23.50%
Enrolment %	92.18%	7.82%
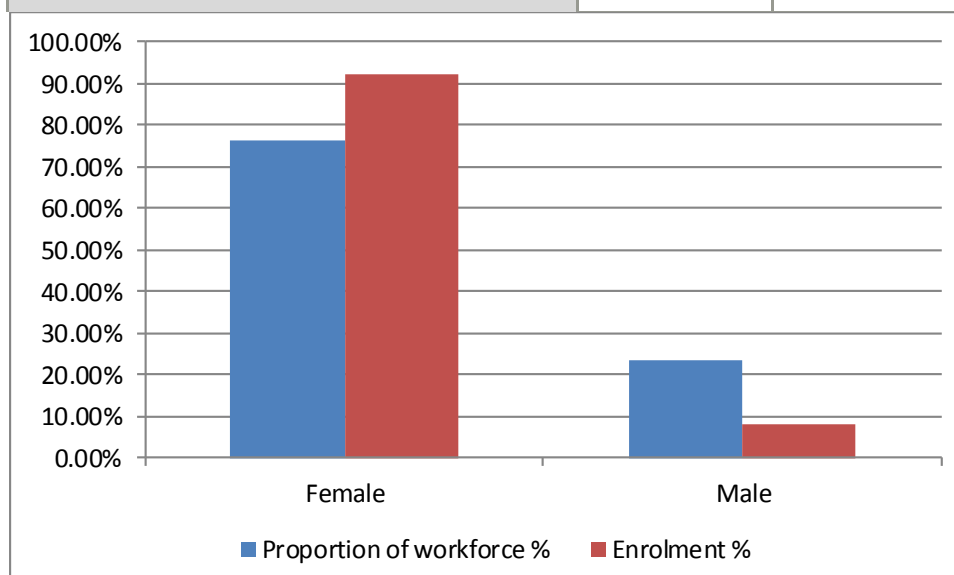
5   Enrolment religion / belief profile

Course	Atheism	Christianity	Hinduism	Islam	Other	Undefined
Proportion of workforce %	14.31%	50.15%	1.95%	1.46%	7.30%	24.83%
Enrolment %	13.43%	52.30%	1.20%	0.60%	6.21%	26.25%
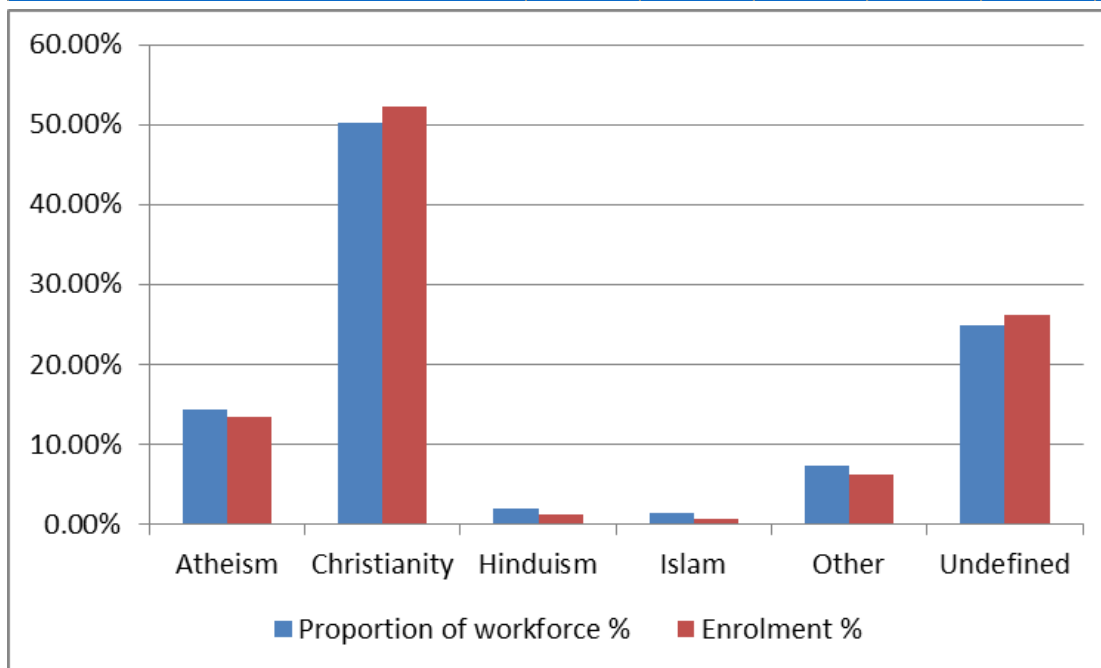
6   Enrolment sexual orientation profile

Course	Bisexual / Gay / Lesbian	Heterosexual or Straight	Undefined
Proportion of workforce %	1.17	79.07	19.77
Enrolment %	2.20%	77.96%	19.84%

Appendix 5 | Employee Relations

1   Employee Relations age profile
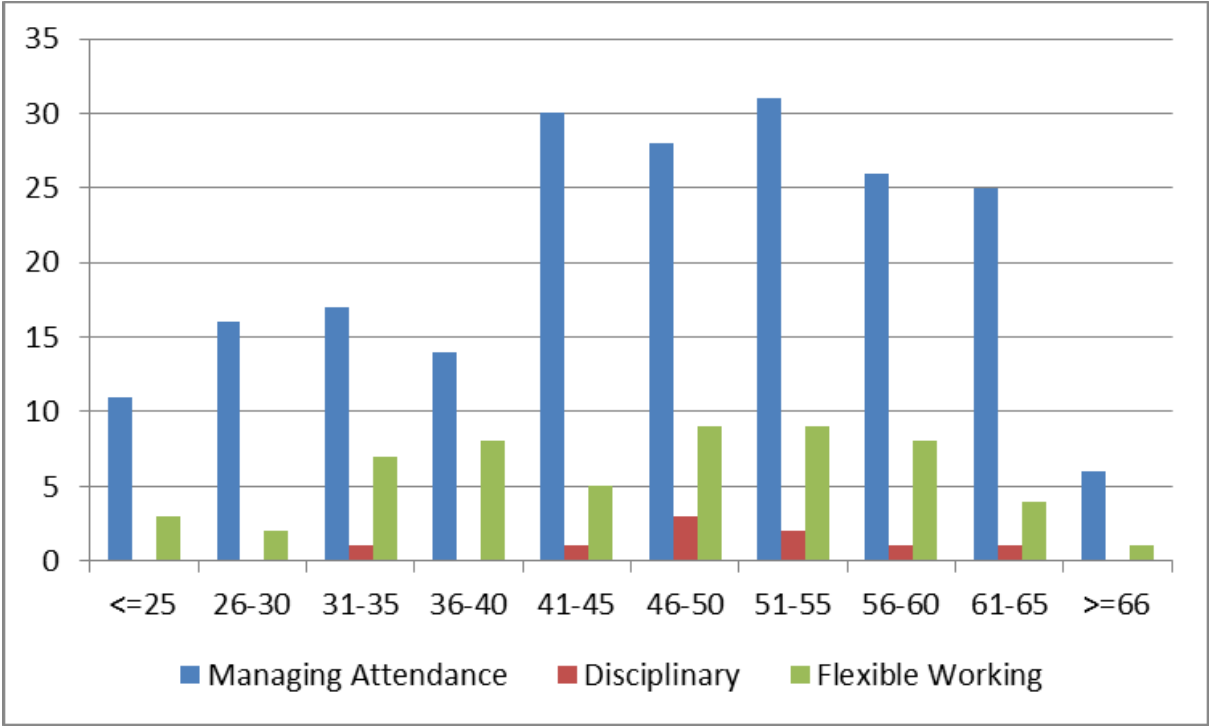
2   Employee Relations disability profile
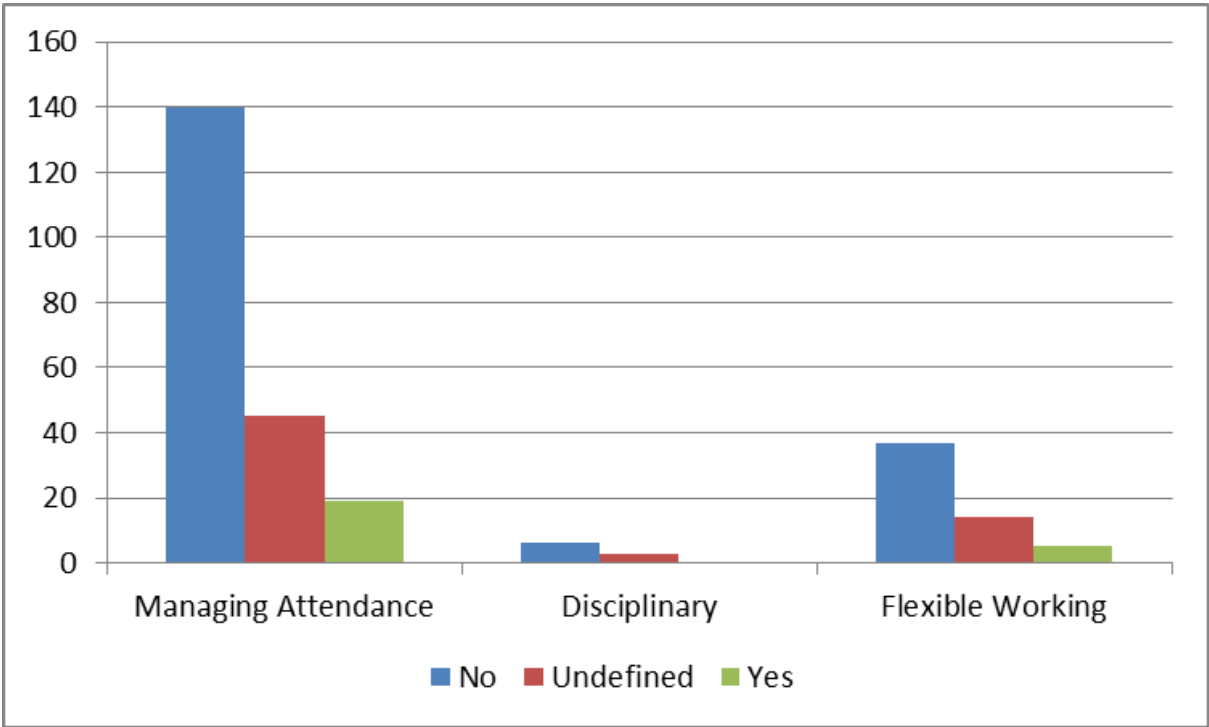
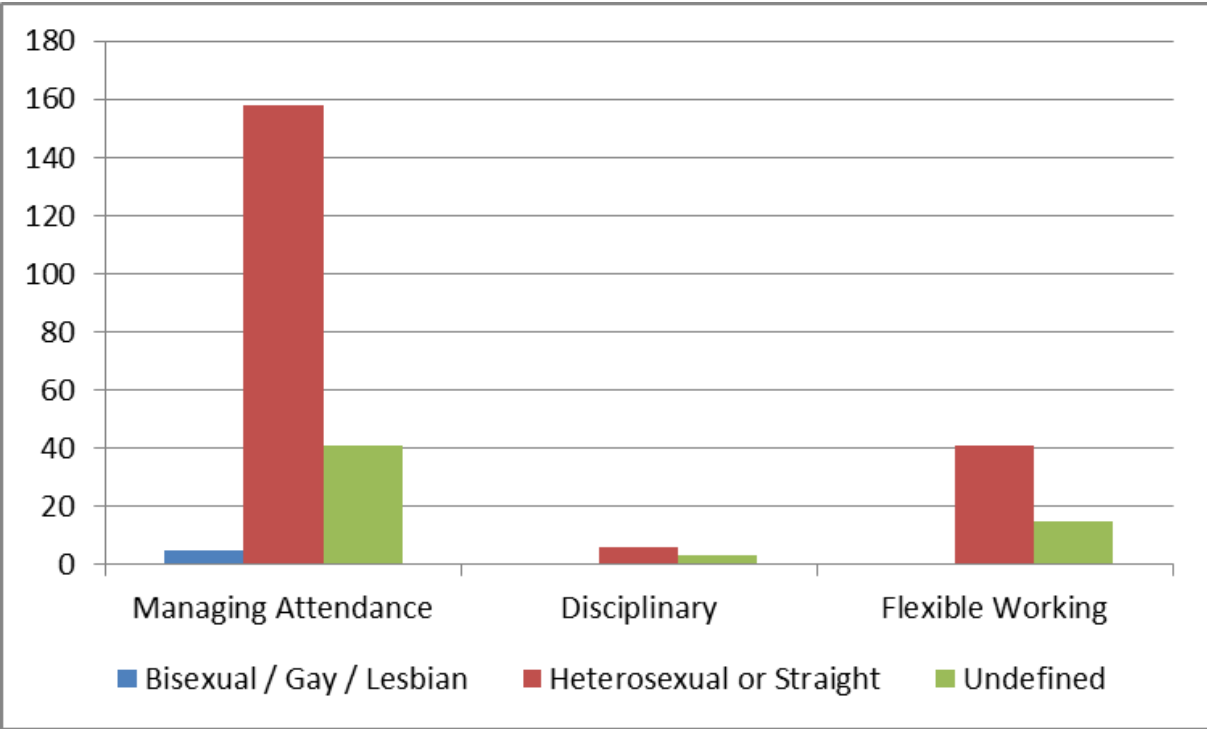## 3   Employee Relations ethnicity profile
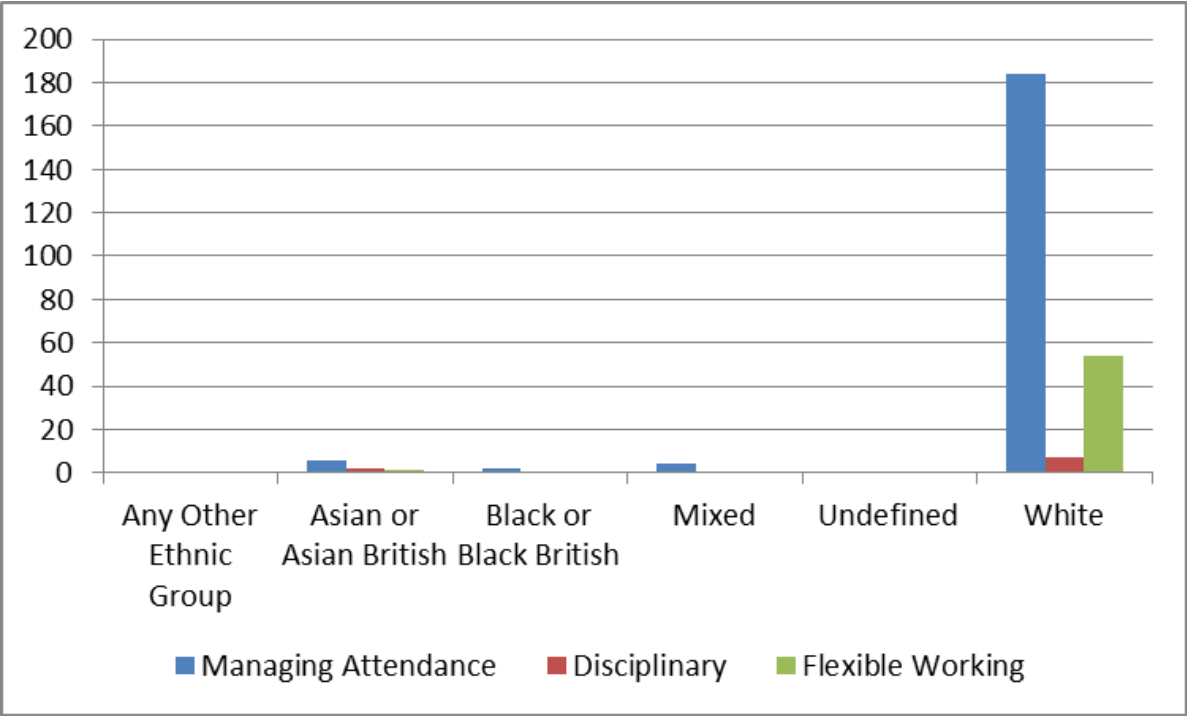
4   Employee Relations gender profile
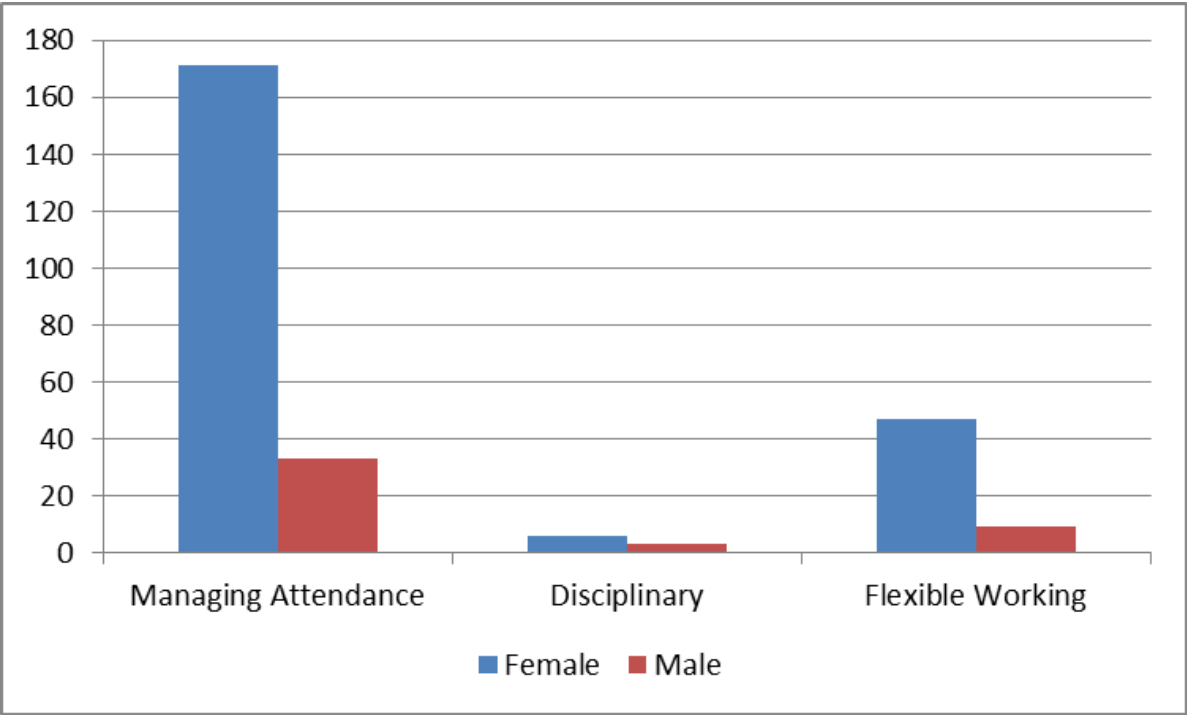
5   Employee Relations religious beliefs profile
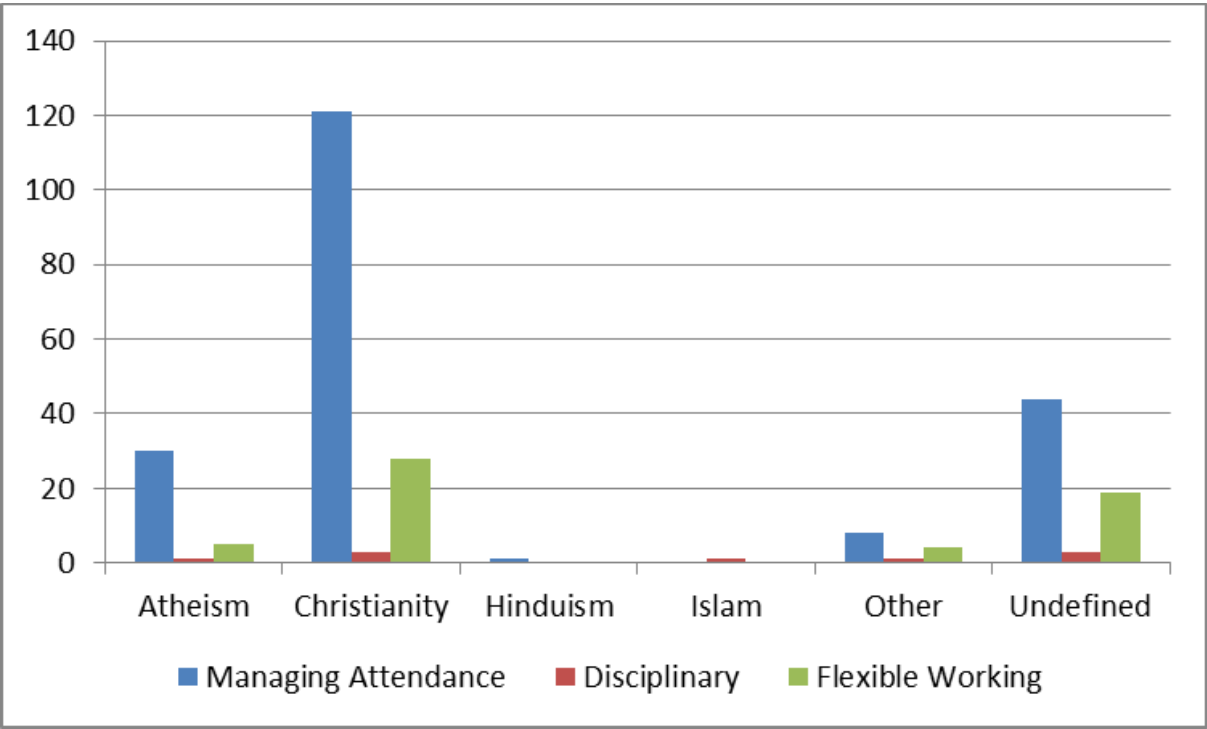
6   Employee Relations sexual orientation profile

Report cover-page				
References				
Meeting title:	**Trust Board**			
Meeting date:	**07/11/2019**		**Agenda reference:**	
Report title:	Board Assurance Framework – KSOs 1 & 2			
Sponsors:	Jo Thomas, Director of Nursing Keith Altman, Medical Director			
Authors:	Jo Thomas, Director of Nursing Keith Altman, Medical Director			
Appendices:	none			
Executive summary				
Purpose of report:	To provide assurance to the Board that the key risks to achieving strategic objectives 1 & 2 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	KSO1 has been reviewed and rescored from 15 to 12 due to improving nursing workforce numbers and sustained patient experience survey results. KSO2 has been reviewed no significant changes made.			
Recommendation:	To Board is asked to **approve** the updated BAF KSOs 1&2.			
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 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 reviewed at EMT and Q&GC			
	Date:	21/10/19 23/10/19	Decision:	Changes to risk assessment of KSO1 supported at EMT and Q&GC
Next steps:				

KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality
Committee: Quality & Governance
Date last reviewed: 15th October 2019

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. In a complex and changing health system commissioner or provider led changes in patient pathways, service specifications and location of services may have an unintended negative impact on patient experience.

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 4(L) = 12 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
- Sustained excellent performance in CQC 2018 inpatient survey, one of eight trust who were much better than national average
- Patient safety incidents triangulated with complaints and outcomes monthly no early warning triggers
- International recruitment- ~~5 staff commenced and further~~ 15 staff have commenced in the trust ~~with start dates in the trust in July and August.~~
- National staff shortages of nurses and practitioners in theatres, critical care impacting on service provision and agency usage
- Not meeting RTT18 and 52 week Performance and access standards but meeting agreed recovery trajectories
- Sustained CQC rating of good overall and outstanding for care

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 another local Trust

Controls / assurance
- 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. International recruits now arriving
- Burns and Paediatric services not currently meeting all national guidance. CCG and Regulators fully aware of this, mitigation in place including interim divert of inpatient paed burns from 1 August via existing referral pathway.
- ~~Developing~~ QVH simulation faculty to enhance safety and learning culture in theatres
- Clear written guidance for safe staffing levels in theatres and critical care
- Working with NHS E on inpatient paediatric burns service move and presentation at KSS HOSC chairs meeting / communication with SE burns network, COG, regulators and Healthwatch July 2019

Gaps in controls / assurance
- International recruitment material benefits to workforce anticipated in ~~Q2 and~~ Q3and Q4 2019/20 Links to CRR 1094,1077,1035,1035
- Increase in negative FFT and PALS contacts re appointments/waiting times Links to CRR 1125, 1143
- Unknown Specialist commissioning intention for some of QVH services eg inpatient paediatric Sussex based service and head and neck pathway 968,1059

KSO2 – World Class Clinical Services

Risk Owner: Medical Director
Date last reviewed: 15th October 2019

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 burn derogation
- Paediatric inpatient standards and co-location
- Caveats in compliance with 7 day services standards
- Junior doctors – tension between service delivery and training & supervision needs.
- Spoke site clinical governance.
- Sleep disorder centre staffing of medical staff and sleep physiologists
- Histopathology medical staffing.
- Non-compliant RTT 18 week and 52 week position.
- Commissioning and STP reconfiguration of head and neck services
- Lower limb orthoplastic service provided by QVH and BSUH – inability to meet BOAST4 and NICE guidance.
- CCU – network arrangements for CPD and support require further development
- Pension and taxation arrangements threatening work above 10PA contracts

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 and specialised commissioning future intentions.
- Commissioning risks to lower priority services– sleep, orthognathic surgery
- Commissioning risks to major head and neck surgery

Future Opportunities
- Sussex Acute Care Network Collaboration
- STP networks and collaboration
- Efficient team job planning
- Research collaboration with BSMS
- CEA scheme and potential for incentive
- New services – glaucoma, virtual clinics & sentinel node expansion
- Multi-disciplinary education, human factors training and simulation
- QVH led specialised commissioning

Controls and assurances:
- Clinical governance leads and reporting structure
- Clinical indicators ,NICE reviews and implementation
- 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
- Temporary diversion of inpatient paediatric burns patients to alternative network providers

Gaps in controls and assurances:
- Limited extent of reporting /evidence on internal and external standards
- Limited data from spokes/lack of service specifications
- Scope of delivering and monitoring seven day services (OOH), particularly those provided by other trusts (RR845)
- Plan for sustainable ITU on QVH site (CRR1059)
- Achieving sustainable research investment
- Balance service delivery with medical training cost (CRR789)
- Detailed partnership agreement with acute hospital (CRR1059)
- Sleep disorder centre sustainable medical staffing model & network

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**7 November 2019**		**Agenda reference:**		**186-19**
Report title:	**Quality and governance assurance report**				
Sponsor:	Karen Norman, Committee Chair				
Author:	Karen Norman, Committee Chair				
Appendices:	None				
Executive summary					
Purpose of report:	To provide assurance to the board on matters discussed at the Quality and governance meeting on 23 October 2019				
Summary of key issues	Assurance was received for most areas				
Recommendation:	The Board is asked to **NOTE** the contents of the report, **ASSURANCE** given and areas where further assurance has been sought.				
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:	As above				
Corporate risk register:	Strong assurance that this is reviewed and updated regularly, actions taken, new risks identified and brought to the attention of the Board where appropriate.				
Regulation:	Agreed that front sheets from subcommittees will identify regulatory frameworks relevant to their priorities and work plans				
Legal:	Agreed that front sheets from sub-groups will identify legal issues relevant to their priorities and work plans				
Resources:	Any raised as part annual report recommendations will be considered via the business planning process				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	As detailed in the report for each sub-group/ minutes of Q&GC				

Report to:	Board Directors
Agenda item:	144 -19 Quality and Governance Assurance
Date of meeting:	23.10.19
Report from:	Quality and Governance Committee
Report author:	Karen Norman
Date of report:	30.10.19
Appendices:	N/A

Quality and Governance Assurance

Executive Summary

The Committee received the following reports.

1) The Risk Exception Report for the period August-September 2019. It noted a new procedure for completion of incident investigations had significantly increased the number of completed investigations to 262 (compared with 117 in the preceding report). 16 of those reported were graded at a 'minor' level of harm. One Serious Incident was reported and assurance noted with respect to the ongoing investigation. Two formal internal investigations were commenced. There was a decrease in the documentation of safety incidents on the Datix system, (181 from 190) of which medication errors were the highest and had increased to 51. Further assurance was requested for our next meeting on the ongoing relevant actions taken, follow up reviews and processes in place to ensure lessons learned. The clinical harm reviews for patients waiting over 52 weeks and cancer patients waiting more than 104 days continue, with nil harms identified thus far.

2) Q&QC were advised of the new Patient Safety Strategy from NHSE and NHSI, published July 2019. This will include the replacement of Serious Incident Framework with Patient Safety Incident Response Framework (PSIRF) which will require changes in our current approach, which was broadly welcomed by CQ&G. It also noted the importance of linking this into the corporate quality strategy and consideration when confirming the QVH QI methodology.

3) Two changes were made to the Corporate Risk Register: i) Site Team staffing and ii) Fire risk assessment reviews not taking place. (Assurance has been given the latter are all now complete). The risk scoring for i) Evolve: system processes and deployment, was reduced and, ii) PACS contract ending June 2020 was increased. The risk with respect to number of Corneo Fellows was removed from the register following the success of recruitment initiatives leading to improved staffing. CQ&G requested a contemporaneous review against some deadlines on the more detailed CRR report for the next meeting. The risk scoring against KSO1 was reduced (15 to12) following the successful recruitment of nurses and sustained patient experience survey results. The 6 Monthly Workforce Review was discussed, progress commended and assurance noted with respect to data presented and scrutinised (subject to completion of further work on medication

safety). It was further noted that ongoing efforts are essential given the national workforce shortage and demographic of our existing workforce.

4) The Quality Impact Reviews of Cost Improvement programmes to date were presented, CQ&G were assured none to date are rated as high risk.

5) A report was received on the flu vaccination program, noting that in 2018/19 QVH uptake was 61.2% (the lower quartile nationally). This year's campaign has started well and assurance was given that this years uptake should improve.

6) The Patient Experience report confirmed 9 new complaints, none of which required referral to the PHSO. 8 complaints were closed, with 7 upheld or partially upheld and 1 unsupported. The 'Friends and Family Test' recommendation rate for June and July confirmed 98% of inpatients would recommend QVH to their friends and family.

7) Q&GC members have commenced their reviews of sub committees which has proved useful in providing understanding, assurance and suggestions for improvement. A report was received on the Medical Records Meeting and assurance given.

8) The Quality Report Priorities Update was received and assurance given, achievement noted and that the following priorities were all achieved in Q2: **Patient Safety:** Implementation of an e-Observation tool to collect and collate patient physiological data such as blood pressure, heart rate, respiratory rate and other clinical indices. **Clinical Effectiveness:** Outpatient Improvement Programme – Introduction of 'virtual clinics.' **Patient Experience:** Improved clinician communication and customer care expectations.

9) The Corporate Records Management Policy was considered for approval. CQ&G noted the importance of addressing the lack of formal records management procedures across the Trust for corporate documents, (e.g. Human Resources, Finance) in line with NHS Protective Marking Scheme. This was welcomed and amendments recommended ,subject to Chair's action for final approval. The Committee ratified the Policy for Managing High Profile Patients and Visitors, Corporate Guests and Media.

10) The Research Governance Report was received and noted. Further information was requested for clarification and assurance purposes prior to the next meeting.

Minutes were received and noted from the following: Clinical Governance Group, Patient Experience Group and Information Governance training.

Report cover-page				
References				
Meeting title:	**Trust Board**			
Meeting date:	**07/11/ 2019**	**Agenda reference:**		**187-19**
Report title:	**Corporate Risk Register**			
Sponsor:	Jo Thomas, Director of Nursing and Quality			
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. There were three key changes to the CRR this period: ➢ Two new risks added ➢ Two risk scores reviewed: one remained on CRR, one moved from LRR to CRR ➢ One corporate risk closed			
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 trusts 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 bi-monthly by the Executive Management Team and Q&GC.			
	Date:	21.10.19 24.10.19	Decision:	Reviewed and updated at EMT Agreed with a RAG rating to be added to the risk number column
Next steps:				

Corporate Risk Register Report
August and September 2019 Data

Key updates:

Corporate Risks added between 01/08/2019 and 30/09/2019: 2

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
3x4=12	1149	Site Team Staffing	2 staff members (1.7WTE) are leaving the team. Leaving vacancy of almost 17%.
4x3=12	1152	Internal audit Priority 1 recommendation - Fire Risk Assessment reviews not taking place	If Fire Risk Assessments (FRA's) are not taking place and they are not being reviewed annually, hazards do not get identified. The estate may not be compliant and people may be at risk

Corporate Risks rescored this period: 2

Risk ID	Risk Description	Previous Risk Score (CxL)	Updated Risk Score (CxL)	Rationale for Rescore	Committee where change(s) agreed/ proposed
1136	Evolve: risk analysis has identified current risk within system processes and deployment	4x4=16	**3x4=12**	following the NHS digital feedback, the progress made with scanning volumes, improved training stats and the momentum with preparing Plastics	R/V with Exec Lead and Evolve manager
1140	Current PACS contract ending in June 2020	3x3=9	**3x5=15**	Consortium remain undecided in terms of preferred solution/option. There is a risk that we won't re-procure in time; contract extension required	R/V with Exec Lead & Risk Owner

Corporate Risks closed this period: 1

Risk ID	Risk Description	Previous Risk Score (CxL)	Rationale for Rescore	Committee where change(s) agreed/ proposed
1143	Reduced numbers of Corneo Fellows	3x5=15	One fellow now in post and second to join trust imminently	Reviewed at Corneo BU Meeting

The Corporate Risk Register is reviewed bimonthly at Executive Management Team meetings (EMT), quarterly at Hospital Management Team meetings (HMT) and presented at every 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 triangulated 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

Risk Register management
There are 70 risks currently on the Trust Risk Register as at 10th October 2019, of which 18 are corporate, with the following modifications occurring during this reporting period (Aug / Sept):
- Seven new risks added: 2 corporate, 5 local
- Five risks closed: 1 corporate, 4 local
- Two corporate risk scores reviewed: one score reduction remaining on CRR and one score increased moving onto corporate register

Risk registers are reviewed & updated at the Business Unit Meetings, Team Meetings and with individual risk owners including regrading of scores and closures; risk register management shows ongoing improvement as staff own & manage their respective risks accordingly.

Risk Register Heat map

The heat map shows the 70 risks open on the trust risk registers: risks which score 12 or more are managed via the Corporate Risk Register.
Four of the 18 corporate risks are within the higher grading category:

	No harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1	0	0	0	0	0
Unlikely 2	0	1	7	2	1
Possible 3	0	4	31	4 ID: 968, 1059, 1133, 1152	0
Likely 4	0	5	10 ID: 1035 1040, 1077, 1094, 1117, 1122, 1136, 1139, 1148, 1149	0	0
Certain 5	0	1	2 ID1140, 1147	1 ID: 1125	1 ID: 877

Recommendation: The Board is asked to note the level of assurance regarding CRR management.

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1152	02/09/2019	Internal audit - Fire Risk Assessment reviews not taking place	If Fire Risk Assessments (FRA's)are not taking place and they are not being reviewed annually, hazards do not get identified. The estate may not be compliant and people may be at risk	FRA's are reviewed on annual basis Head of Estates working with the Fire Safety Advisor, re-writing / reviewing FRA's where required. Key focus of work since Q1: Hospital Estate is up to date now, with no areas outstanding. Calendar reminders in place to ensure that they will not go out of date; Fire Safety Advisor and Technical Services Assistant leading Regular training to all staff: high compliance rate, continuously improving.	Michelle Miles	Giles Warren	Estates Infrastructure & Environment	12	6		KSO3
1149	09/08/2019	Site Team Staffing	The Site team are comprised of Trauma Co-ordinators and Site Practitioners -two on each shift. The Trauma co-ordinators take all the trauma referrals both day and night. The Site Practitioners oversee the site 24/7 dealing with bed capacity, staffing issues, critical care outreach etc. Reduced staffing in this team will result in significant loss of this required level of cover across the site.	As above; however, with this substantial vacancy the team will be needed to work more than is currently required.	Jo Thomas	Nicola Reeves	Patient Safety	12	6	**Update**: Post out to recruitment, prioritising the nights and weekend shifts with 2 staff and utilising bank shifts in the week when there are more staff on duty to support. Robust escalation process in place and oversight by DDN.	KSO1 KSO3
1148	24/07/2019	Clinical coding backlog	Coding backlog now at significant level Potential to impact income recovery Clinical indicator data unavailable	-overtime approved -agency approved: restraints obtaining agency workers -monitoring reports 3x weekly	Michelle Miles	Dan Brecht	Finance	12	6	**02/09/2019** - Agency clinical coders now working during week and weekends - Internal staff are working overtime - External outsourcing company doing remote coding for all notes on EDM - Proposal being produced for a blended onsite and remote coding support from external company	KSO4
1147	14/06/2019	Environmental Temperature Control in Histopathology Laboratory	UKAS ISO 15189 inspection: The Histopathology Laboratory environment is not being managed in a controlled way. The Ambient temperatures fluctuate daily and currently the only way to cool the lab down is by opening windows and doors. This is affecting the performance of air extract equipment. The fluctuating temperatures also affect reagents/chemicals used in the lab as they must be stored within specific temperature ranges: this may result in inaccurate test results leading to wrong treatment / diagnosis / management plan	The controls in place to help keep the lab cool enough to work in are to open windows and doors. This action can cause problems with the safety/ extraction/ downdraught equipment and causing them to not function correctly. Appropriate environmental temperature control (air conditioning) should be in place.	Michelle Miles	Phil Montague	Estates Infrastructure & Environment	15	2	29/08/19 following discussions with the lab users AC is an option, the specification has been identified and indicative costing's issued for capital approval by the EMT. 15/7/19: Data loggers installed to monitor the temperatures, identified that radiators had 'heat creep'- resolved. On-going monitoring around high heat times: if is solar then windows to be re-filmed with a darker solar reflective film. AC or forced air ventilation is currently not an option as it affects the laboratory work	KSO3
1140	19/03/2019	Current PACS contract ending in June 2020	QVH is in a consortium for PACS/RIS/VNA with 5 other trusts from Surrey & Sussex. Philips provide a managed PACS/RIS/VNA (Vendor neutral archive) service to QVH and the other 5 trusts. The current contract was extended in 2016 to allow the contract to run until June 2020 under the 5+2 terms of the original contract. All 6 trusts have stated they want to remain in this consortium and potentially expand it to include another Surrey trust. There is now limited time available to re-procure PACS/RIS/VNA before the current contract runs out; without which there will be no PACS system. There is currently no project board or business case aligned to this procurement process. ESHT has said they are happy to lead on the project, with input from all trusts as and when requested. The data in the VNA is known to be incorrect across all sites, and if the S&S PACS consortium approve a plan to move PACS providers then the migration of data may need to occur from PACS to PACS - this will add a delay for migration.	ESHT have said they will lead on a re-procurement process for the consortium. Philips have said they will extend the current contract - costs will need to be agreed as hardware will need replacing.	Abigail Jago	Sarah Solanki	Information Management and Technology	15	4	**19-09-19** DDOF and RSM attended the meeting. Update - All consortium trusts accepting of extension. ToR/MoU issued to each trust for discussion and formal acceptance by all trust boards. Work to be done by PACS managers in terms of completing spreadsheet prior to next meeting. Phillips are presenting to consortium at October meeting about proposed solutions and costs. There is more clarity and less risk around the legality of contract extension. Procurement leads in regular contact. 13-08-2019 DDoF and CIO attended the PACS meeting at the end of July. update - Consortium remain undecided in terms of preferred solution/option. There is a clear risk that we won't re-procure in time. Clear need to extend the contract in the interim. Score increased, added to CRR 09-07-2019 - Meeting held to discuss the risks surrounding this project. Agreed that the score needs to be revised to Corporate due risk to QVH. 5/7/19: R/V with exec lead - concerns around procurement process, consortium plan and associated risks; escalated to Director of Operations 21-05-2019 - The Statement of intent has now been sent to all financial directors within the consortium. No further updates about this have been received. RSM attending a PACS meeting this Friday 24th May. 03-04-2019 - the meeting was held at PRH and most parties were present. It was agreed that we would move forward to procure a new PACS system (now as a consortium of 6). The aim is to keep the current RIS system. The consortium do not wish to extend the contract so the aim is to get the PACS deal sorted by June 2020. The current PACS provider have been in remediation for years so there is a risk that the service / costs / exit fees may financially impact the trust. There is no obvious indicative costs for this yet. The consortium want to aim to appoint a project lead/team ASAP. A letter of intent is being sent to all consortium Financial Director/I.T Directors imminently. 08-03-2019: Consortium meeting scheduled 27th March to discuss the way forward	KSO1 KSO2 KSO3 KSO4

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1139	14/01/2019	Risk to patients with complex open lower limb fractures	Patients with open complex lower limb fractures require time-critical shared care between plastics & orthopaedic service, in line with BOAST 4 and NICE recommendations. This is sometimes not achievable with the current configuration of services and available personnel & equipment plus theatre time.	Current SLA in place for plastic surgery provision to BSUH: -onsite plastic provision most weekdays -when possible, patients receive orthopaedic treatment in BSUH prior to transfer to QVH for soft tissue surgery Planned SLA: by end of 2019 - 24/7 cover at BSUH for plastic surgery provision to achieve joint operating to comply with BOAST 4 & NICE recommendations - Interim SOP in development for lower limb patients to be transferred to QVH Equipment required: 'C-Arm' in Capital Planning 2019/20	Keith Altman	Paul Gable	Patient Safety	12	6	August update: agreement to recruit to three posts and establish rota enabling a robust, sustainable on-call and lower limb trauma service to the region July update: Provisional agreement for three new consultant appointments jointly to QVH & BSUH. Temporary diversion of complex lower limb trauma to other network providers. Flowchart and SOP for cases that can be undertaken at QVH developed. June update: Director of Strategy and MD met with BSUH regarding QVH proposal for lower limb orthoplastics service; response awaited from BSUH & Western MD's May update: discussions with BSUH ongoing March update: R/V by Medical Director BC in development for 24/7 Plastics cover. BOAST 4 compliance remains poor; presentation to April Board Seminar	KSO1 KSO2 KSO3
1136	20/12/2018	Evolve: risk analysis has identified current risk within system processes and deployment	There are a significant risk with the current provision of the EDM service within the Trust. The Chief Clinical Information officer has completed a risk analysis which has identified current risk within system processes and deployment. There are hazards which remain at level 4 and above using the NHS digital clinical risk management risk matrix indicating the need for: "mandatory elimination or control to reduce risk to an acceptable level". Unacceptable level of risk have been identified in the following areas: • documentation availability and scanning quality • partial rollout of EDM - operating a hybrid model • event packs not sent for scanning • system speed • E form instability • incorrect patient data being uploaded to EDM (internal scanning)	An urgent clinical safety review of EDM was undertaken in May 2018 (version 1.1), this review (version 2.3) is a follow-up from that document. -New project manager appointed in August 2018 & analysis undertaken of the extent of the hazards within EDM: new team built to manage the business as usual, and to plan further rollout of EDM. -Project remediation plan developed to address critical issues and to roll out EDM to all remaining areas. -Quality assurance of scanning now in place with improved administration process. -On-site Documentation availability process improved with centralisation of pre scan preparation: further work needed to increase collection frequency. -Off-site availability of clinical documentation: rollout of laptops with 4G functionality and remote access in place for those sites that do have native connectivity through the host network. -Incorrect patient data being uploaded to EDM: centralisation of EDM process has achieved greater quality assurance of scanning (introduction of order communications system - no longer a requirement for reports to be uploaded to evolve) - Event packs: existing scanning pickup service is 2 days a week - inevitable that notes will not be available in time for review following discharge from surgery; to avoid notes not being available, the event packs are made available physically. -System speed: series of measures being evaluated to address including	Michelle Miles	Jason Mcintyre	Patient Safety	12	6	August update: following the NHS digital feedback, the progress made with scanning volumes, improved training stats and the momentum with preparing Plastics score reduced to 12 1/6/2019 update: changes to the configuration of the anti-virus software in the trust have improved speed of application. Accelerated scanning of active health records library now underway. IPads running evolve in native app now deployed to a number of Ward clinic and theatre areas. New process for charging iPads within theatres have been implemented and are currently bedding in as part of an end-to-end admissions / theatre processes review. Patients with scanned notes are now being seen in Plastics (not live) as part of multi-disciplinary and/or parallel care pathways. Options to mitigate this impact and associated risk are urgently being investigated. 14/02/19 5 days a week collection now in place - System speed. There are series of measures being evaluated to address this including the longer term upgrade of operating system to windows 10.- 28/1/19 Update: EDM Project Board reviewing options Event packs - With the existing scanning pickup service only being 2 days a week on Tuesday and Thursday it is almost inevitable that notes will not be available in time for review following discharge from surgery. To avoid the notes not being available, the event packs are not sent for scanning and made available physically.	KSO3 KSO4
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 Loss of long established staff	1. Pharmacy clerk on bank and working part-time. 2. Two locum pharmacists covering band 7 and band 8a posts 3. Some part-time staff willing to work additional hours at plain rate. 4. Locum technician helping to cover pharmacist sickness with audits and back log of work. 5. Forward planning for holidays 6. Direct clinical work is priority 7. Medicines management technician working on wards supporting pharmacists 8. Planning for maternity cover -but will vary depending on vacancies.	Abigail Jago	Judy Busby	Patient Safety	12	6	27/8/19 staffing same as for 5/7/19. Locum pharmacist covering antimicrobial post but not covering all duties. Interviewing for post this week. All maternity leaves now covered. In process of catch up on required audits that have been delayed due to lack of staff. 5/7/19: one vacant post 8a awaiting job evaluation in order to be advertised. Another 8a still on reduced hours. Other vacant posts recruited into, started at trust and require training. Ongoing apprenticeship training still having affect. 19/5/19 Recruitment still underway for all posts but at varying stages. 2 further resignations. Pharmacy clerk already left as on 1 month notice. High number of new and locum staff requiring greater supervision. Apprenticeship for band 2 assistants requires 10% off the job training. 19/3 r/v at CSS meeting: out to recruitment - substantive pharmacist will be in post from July & a technician joins the team 25th March Some cover secured part time for maternity leave; nil for senior post - plan for locum cover Update: planning underway for x2 maternity leave after March 2019	KSO1 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 of 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 Dartford spoke site that was previously not identified -Weekly 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	**11/9/19**: ongoing delivery of RTT recovery plan. Trust open pathway performance on track; challenges remain with corneo plastic trajectory due to non-consultant medical cover - full service review underway. 52WW trajectory behind plan due to high levels of patients choosing to defer treatment. 5/7/19: R/V with Exec Lead - RTT open pathway performance on track with trajectory; 52 week waits challenges ongoing regarding patient choice - national issue, escalated to NHSI and commissioners 5/4/19: R/V with Exec Lead - capacity planning complete; activity to deliver 2019/20 plan has been signed off with Commissioners and on track with revised trajectory 8/3/19: 2019/20 capacity planning underway including potential independent sector activity - on track with performance plan 14/2/19: Exec lead r/v - RTT plan agreed with commissioners and on track re: 52 wk waits and percentage performance 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

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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□	* Extra Clinics□ * Three procedures per week to be undertaken in the McIndoe Unit from September 14th 2018□ *Weekly review of cancer PTL□ * additional capacity in place	Abigail Jago	Paul Gable	Patient Safety	12	9	**11/9/19**: Capacity continues to be delivered in independent sector. Options for sustainable capacity being assessed in relation to medical provision changes to support BSUH□ 5/7/19: R/V with Exec Lead - additional independent sector capacity ongoing. BC for substantive consultant post in progress.□ May update: PoaP submitted to EMT - further information requested□ 8/3/19: PoaP being developed for substantive capacity□ 14/2/19: Clarity sought regarding clinical harm monitoring for these patients: advised that the melanoma has already been removed and QVH are providing the secondary surgery.□ The patients where there is a potential risk are the 'incompletely excised' ones - those are tracked and prioritised□ February 7th update: Summary Business case to EMT for 1wte skin consultant□ □ Oct update: outsourced capacity to McIndoe	KSO1 KSO2 KSO3 KSO5
1117	26/06/2018	Inability to meet legislative requirements of the Falsified Medicines Directive	Falsified Medicines directive due to come into force in February 2019, Trust will be unable to comply with the legislation when first in place.□ Under the Directive, all new packs of prescription medicines placed on the market in Europe from February 2019 onwards will have to bear two safety features: a unique identifier (UI) in the form of a 2D data matrix (barcode) and an anti-tamper device (ATD).□ □ Anti-tampering device□ □ Pharmacies, and those who are authorised to supply medicines to the public, will be required to authenticate products, which means visually checking the ATD and performing a verification and decommissioning scan, "at the time of supplying it to the public".	1. Information on actions being gathered.□ 2. On-going discussions at KSS Chief Pharmacists meetings and concerns being fed back to NHS England.□ 3. Nov 18 Quote has been sent form JAC regarding implementation. Included in business planning. □ 4. Planning underway for upgrade to current JAC version. Will include ability to link FMD software although may not initially be switched on.□	Abigail Jago	Judy Busby	Compliance (Targets / Assessments / Standards)	12	2	27/8/19 Still trying to move forward with JAC upgrade - delays in progress due to JAC. Looking into alternative options.□ July 2019 Moving forward with JAC upgrade □ May 2019 Currently working with JAC to upgrade Pharmacy IT system. FMD software still in testing so a further will upgrade will be needed at at later date once working fully.□ March 2019: Reviewed at the Clinical Support Services Governance meeting (19/03/2019) -□ Software currently not available, this is an issue for all Trusts nationally: work underway externally to devise programme, will not be before December 2019□ 1/10/18 - Information is still being gathered. Concern by all KSS Chief pharmacists that there is not enough information available. Brexit may also affect the data□ 21/11/18 - controls updated - JAC has sent quote for software. Included in business planning	KSO2 KSO3
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	9	05/07/2019 - Vacancy rate has improved with 2 international nurses' arrival, our vacancy rate is 2.55 WTE.□ 15/05/2019 - Vacancy rate has improved to 4.55 WTE. 2 international nurses due at end of May which will reduce our vacancy to 2.55.□ 11/03/2019 - Vacancy rate improved to 5.89. All HCA positions filled. Ophthalmic technician post now filled. Band 5 recruitment remains very slow.□ Currently orientating 2 bank RGN's and one RGN 0.61 WTE has been offered a position.□ 28.1.19: Improvement in vacancy rate, 9 vacancies, band 5 recruitment ongoing.□ 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.□ 8. SA: Action to improve recruitment time frame to reduce avoidable delays	Abigail Jago	Sue Aston	Patient Safety	12	10	2/10/19: Theatres – Registered Practitioner vacancies at 10.45wte Overseas & local recruits require period of supernumerary to gain PIN & orientate to department respectively. Potential five recruits in system (full update in 'documents')□ 11/9/19: ongoing work with overseas nursing / local recruitment campaign / introduction incentive. Apprenticeship programme for associates underway.□ July 2019 recruitment campaign continuing. Overseas nurses working through a programme to be able to obtain PIN numbers. Score reviewed.□ March update: four overseas recruits due to start April / May plus four local recruits by end of May □ February update:□ International recruit gained NMC PIN, further posts offered with start dates April 2019□ 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.□ □ Recruitment process underway for new staff to include international recruits.□ 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	Keith Altman	Keith Altman	Patient Safety	12	10	18/7/19: Formation of Sussex Acute Care network - discussing areas of clinical risk on all sites across the STP. Agreement for appointment of QVH Physician, bringing total physician cover to four days per week. Network agreement for OMFS trauma cover near completion & agreement for orthoplastics progressing. □ May 2019 update: CT scanning services working well; exploring out of hours provision going forward. MoU discussions with BSUH continue□ 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 (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1040	13/02/2017	Age of X-ray equipment in radiology	Significant numbers of Radiology equipment are reaching end of life with multiple breakdowns throughout the last 2 year period. 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 now 1 CR x-ray room and 1 Fluoroscopy /CR room therefore patients capacity can be flexed should 1 room breakdown, but there will be an operational impact to the end user as not all patients are suitable to be imaged in the CR/Flouro room. These patients would have to be out-sourced to another imaging provider. Mobile - QVH has 2 machines on site. Plan to replace 1 mobile machine for 2019-2020 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. Plan to replace Fluoro/CR room in 2019-2020 Ultrasound- 2 US units are over the Royal College of Radiologists (RCR)7 year's recommended life cycle for clinical use. Plan to replace 1 US machine for 2019-2020	Abigail Jago	Paul Gable	Patient Safety	12	2	**19-09-2019** The fluoroscopy business case has been shared with the LOF - this was meant to be presented at their recent AGM but this was cancelled. The Ultrasound Business case is being discussed at October meeting. The MRI Business case should have financials completed today. 11/9/19: successful software repair undertaken - six months warranty in place. BC with LoF. 13-08-2019 - Trust supportive of fluoro replacement via the LOF. US funded by trust. Fluoro room has now had critical failure which means that resilience of current x-ray service is poor and non-existent for the barium/video swallow service. We have a hired C arm which we can utilise for the sialogram/plasty service. Escalated to director of operations 09-07-2019- Asked to provide more information about the fluoroscopy equipment for EMT so they can prioritise their urgent needs to charitable funds. US may have been agreed by trust. 18-06-19 - Radiology asked to prioritise equipment. Fluoroscopy and US machine requested. Requested for charitable funds to fund fluoroscopy equipment - decision awaited June update: Bid to charity funds / League of Friends	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	12	9	9/8/19: Vacancy B6 = 1.46 WTE - 1.0 WTE started - international starters in July will not be included within the establishment until August Vacancy B5 = 3.16 WTE - 3.0 WTE due to start in September/ October Vacancy rate of 23% 5/7/19: Band 6 vacancy rate: 1.28 WTE - r/v with DoN and rescored International nurses not yet arrived, passed OSCEs or ready to work clinically so although recruitment is improved bank staff continue to be required	KSO1 KSO2
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	**Sept 30th**: Review of Paeds SLA & service provision DoN met with BSUH W&C CD to discuss impact of inpatient paeds burns move with regards to BSUH paediatrician appetite to continue providing paediatric service at QVH. Further discusss planned once respective Directors briefed. July update: KSS HOSC Chairs meeting (10/7) to shared interim divert plans - QVH patient pathway continuing to follow established larger burns protocol with patients being treatewd at C&W or Chelmsford; HOSC supportive of safety rationale & aware that further engagement & review of commissioned pathway required - to be led by NHSE Specialist commissioning. June update: Inpatient paeds BC for transfer of services to BSUH not approved. Interim arrangements with Burns Centres commenced. Plan for QVH inpatient paeds burns to go to other providers from 1st August. LSEBN aware & involved in discussions. May update: presented to Board - discussions with Burns Network and Commissioners held March 11th update: Paeds BC discussed at private board - formal decision awaited from BSUH BC for shared paediatric inpatient Burns Service near completion; to go to Board May '19: alternative patient pathways may need to be explored with commissioners and Burns Network January 2019: Process underway to finalise business case; currently working through the financial model. Plan to present business case to commissioners in February and final business case to the Trust Board in March. 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

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
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	25	16	August 2018/19 Performance Month 3 YTD £438k behind plan due to income shortfall Current run rate forecast deficit of £11m (CIP performance £205k/£178k for YTD Month 3 Finance & Use of Resources – 3 (Planned 4) July 2019 2018/19 Performance Month 2 position YTD £200k behind plan due to income shortfall Current run rate forecast deficit of £11m CIP performance £85k/£125k for YTD Month 2 - slippage offset by non recurrent underspends Finance & Use of Resources – 3 (planned 4) May 2019 2019/20 Operating plan resubmitted £7.4m - approved by Board. Key changes - NHSI agreed to rescind £0.8m of fines;Additional £0.6m of cip challenge included; further cost pressures £0.2m April 2019 2019/20 Final Operating Plan plan submitted £8.6m deficit. March 2019 NHSI review of Draft operating plan £8.6m deficit with Trust senior executives. February 2019 2019/20 Draft Operating plan submitted £8.6m deficit. January 2019: R/V by Exec Lead: increased forecast deficit to 5.9M 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:	07/11/19	**Agenda reference:**		188-19
Report title:	Quality & Safety Report			
Sponsors:	Jo Thomas, Director of Nursing and Quality Keith Altman, Medical Director			
Author:	Kelly Stevens, Head of Quality and Compliance			
Appendices:	a) 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 reports: • Sustained performance in 2018 National Cancer Experience Survey published in September 2019 • Progress with clinical harm reviews • Update on interim paediatric inpatient burns divert • New arrangements for Medical Director and Deputy Medical Directors			
Recommendation:	For the Board to be assured that the contents of this report reflect the quality and safety of care provided by QVH			

Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	**KSO3:**	KSO4:	**KSO5:**
	Outstanding patient experience	***World-class clinical services***	***Operational excellence***	*Financial sustainability*	***Organisational excellence***

Implications	
Board assurance framework:	The Quality 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 Report contributes and provides evidence of compliance with the regulated activities in Health and Social Care Act 2008 and the CQC's Essential Standards of Quality and Safety.
Legal:	As above The Quality and Safety Report uphold the principles and values of The NHS Constitution for England and the communities and people it serves – patients and public – and staff.
Resources:	The Quality and Safety Report was produced using existing resources.
Assurance route	
Previously considered by:	EMT, Q&GC

	Date:	21/10/19 24/10/19	Decision:	No changes at EMT No changes at Q&GC
Next steps:				

Executive Summary - **Quality and Safety Report, November 2019**

Domain	Highlights
Director of Nursing and Quality	The 2018 NHS England National Cancer Patient Experience Survey was published in September 2019. QVH patients rated highly the cancer care and patient experience they receive at the trust. The results of the national survey showed the average patient rating for their care was 8.9 out of 10 with: • 80% of patients definitely involved as much as they wanted to be in decisions about their care and treatment • 86% saying they were given the name of a clinical nurse specialist who would support them through their treatment • 91% saying they were always treated with dignity and respect while they were in hospital • 99% saying that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital. The lead cancer nurse is co-ordinating the actions to further improve care and patient experience and this will be presented and monitored at the Patient Experience Group. Patients and their families also benefit from the dedicated team at the Macmillan information and support centre on site in East Grinstead. .
Medical Director	Mr Keith Altman, Consultant Oral and Maxillofacial Surgeon took over as Medical Director and Responsible Officer on 1 October 2019. The role of Deputy Medical Director has been shared by Mr Jeremy Collyer, Consultant Oral and Maxillofacial Surgeon with responsibility for Clinical Governance, 7DS, GIRFT and Lt Col Tania Cubison, Consultant Plastic Surgeon with responsibility for revalidation and appraisal, conduct, job planning and local CEAs. Work has progressed on network approach to maxillofacial and plastic surgery services. New joint maxillofacial 'deformity' appointment between BSUH and QVH (takes up post mid-January 2020). Second joint BSUH/QVH head and neck cancer post was not appointed to (new advert in October). Recruitment to lower limb orthoplastics consultant posts jointly with BSUH is in progress.

QVH

Report by Exception - **Key Messages**

Domain	Issue raised	Action taken
Safe: clinical harm reviews	Clinical Harm Review meetings: Trust continues to reduce the 52 week breaches against an agreed trajectory with regulators and commissioners to achieve zero 52 week breaches by September 2019.	Clinical Harm Review meetings were established from July 2018 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 CD. The majority of cases are Max Fax (Dental) and Plastics and any 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. To the end of September 560 reviews have been undertaken: - July: 40 – MaxFax and plastics; Aug: 129 – MaxFax and plastics; Sept: 75 – plastics / Corneo / H&N plus Medway MaxFax; Oct: 35 – MaxFax / H&N / plastics and skin; - Nov: 30 – plastics, MaxFax and Corneo; Dec / Jan: 36 – MaxFax and plastics; Feb: 53 - MaxFax and plastics; March: 32 – plastics; April / May: 10 – MaxFax and plastics and June / July: 55 – MaxFax and plastics (incl. D Valley); 65 August / September Patients have been under surveillance as follows: 26 Plastics: all no harm and 15 MaxFax: all no harm There are three Plastics patients currently under surveillance. The Head of Risk & Patient Safety meets monthly with the CCG to discuss the cases reviewed for assurance purposes.
Safe: Paediatric service	Interim paediatric burns inpatient divert	The interim divert follows the same established referral pathway already in place for children requiring inpatient care with larger burns, The HOSC has previously been briefed on the intended management of inpatient paediatric burns moving from QVH and were supportive of the reasons for the interim divert, they will expect further updates/ consultation led by NHSE regarding this service. This interim divert commenced on the 1 August 2019 and there have been no reported issues with this divert reported to the trust by the burns network or specialist commissioning.

| **Safe: preventing patient infection** | Patient with postive c.diff | C.diff positive result received from a head and neck cancer patient being nursed on Canadian Wing. Learning opportunity regarding specimens sent and antibiotic prescription and review. Consultant working with infection control team to complete full root cause analysis. |

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 2018/19			Quarter 4			Quarter 1 2019/20			Quarter 2			12 month total/ rolling average
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	
Infection Control														
MRSA Bacteraemia acquired at QVH post 48 hrs after admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA colonisation								1	1	0	0	0	0	2
Clostridium Difficile acquired at QVH post 72 hours after admission	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Gram negative bloodstream infections (including E.coli)	0	0	0	0	0	0	0	0	0	1	0	0	0	0
MRSA screening - elective	>95%	98%	99%	96%	96%	97%	97%	94%	95%	96%	94%	95%	92%	96%
MRSA screening - trauma	>95%	95%	96%	95%	96%	96%	96%	98%	94%	94%	98%	97%	94%	96%
Incidents														
Never Events	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Serious Incidents	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Theatre metrics														
All patients: Number of patients operated on out of hours 22:00 - 08:00	5	8	3	2	1	1	4	0	1	6	6	3	5	40
Paediatrics under 3 years: Induction of anaesthetic was between 18:00 and 08:00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WHO quantitative compliance		99%	98%	99%	98%	99%	99%	99%	99%	98.7%	99.3%	98.1%	99%	99%
Non-clinical cancellations on the day		22	14	18	22	22	11	19	17	7	31	29	15	227
Needlestick injuries		4	2	1	1	3	3	2	0	1	1	1	3	22
Pressure ulcers (all grades)		0	1	0	1	0	0	0	0	1	0	1	2	6
Paediatric transfers out (<18 years)		0	2	0	1	0	1	2	0	1	0	0	0	7
Medication errors														
Total number of incidents involving drug / prescribing errors		16	13	9	7	16	10	7	8	13	21	23	26	169
No & Low harm incidents involving drug / prescribing errors		16	13	9	7	16	10	7	8	13	21	23	26	169
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		2.2	2.2	0	0.5	1.1	1.2	0.6	0.5	0.6	1.1	0.6	0.6	0.9
Harm free care rate (QVH)	>95%	100%	100%	100%	96%	97%	100%	97%	100%	97%	100%	97%	TBC	98.6%
Harm free care rate (NATIONAL benchmark) - one month delay	>95%	94.1%	94.3%	94.3%	93.8%	93.8%	93.9%	93.8%	93.8%	93.8%	94.0%	93.9%	TBC	94%
Pressure Ulcers														
Hospital acquired - category 2 or above	15	0	1	0	1	0	0	0	0	1	0	1	1	5
VTE initial assessment (Safety Thermometer)	>95%	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	93.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.2%
Patient Falls														
Patient Falls assessment completed within 24 hrs of admission	>95%	97%	100%	100%	100%	89%	100%	100%	92%	100%	100%	100%	100%	98.0%
Patient Falls resulting in no or low harm (inpatients)		4	5	2	3	3	2	0	2	2	3	3	1	30
Patient Falls resulting in moderate or severe harm or death (inpatients)		0	0	0	0	0	0	0	0	0	0	0	0	0
Patient falls per 1000 bed days		3.05	3.79	2.11	3.03	2.97	1.82	0%	1.69	1.78	2.58	2.47	0.82	2.19

Effective - **Performance Indicators**
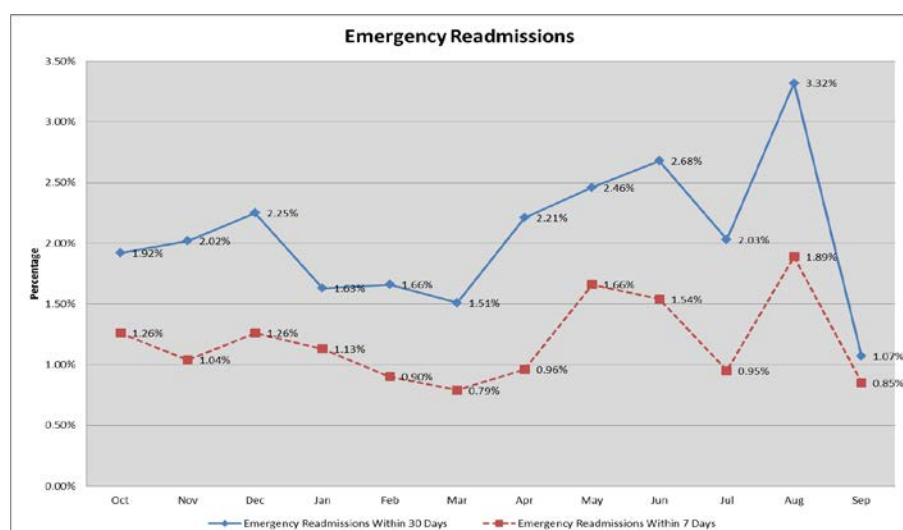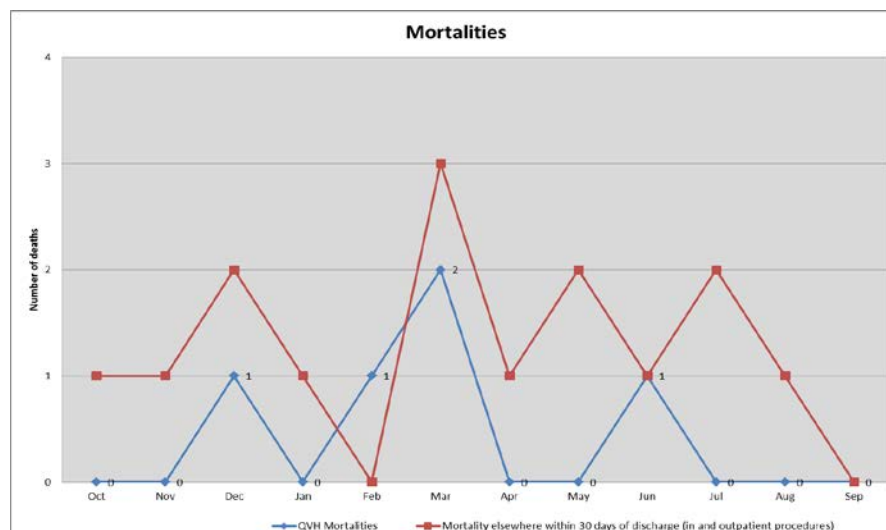
	Quarter 3 2018/19			Quarter 4			Quarter 1 2019/20			Quarter 2		
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Number of deaths on QVH site	0	0	1	0	1	2	1	0	1	0	0	0
Number of deaths off- site within 30 days of IP or OP procedure	0	1	2	1	0	3	0	2	1	3	1	0
No of completed preliminary reviews	0	1	1	0	1	2	0	2	1	0*	0	0
No of deaths subject to a Structured Judgement Review	0	0	1	0	0	1	1	0	1	0	0	0
No of deaths in patients with co-existing learning difficulties	0	0	0	0	0	0	0	0	0	0	0	0

* to be completed

Learning from deaths

The process of preliminary case note reviews for all off-site deaths, and structured judgement reviews for all on-site deaths continues, led by the Medical Director. The annual Learning from Deaths report will be authored in October 2019 and submitted to Quality and Governance Committee.

Caring - Current Compliance - Complaints and Claims

Complaints per 100 contacts

Number of new formal complaints and claims received in month
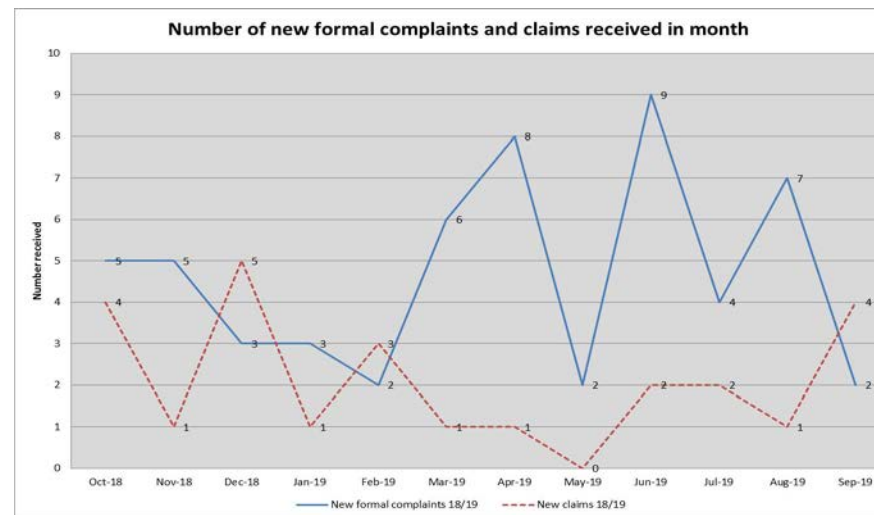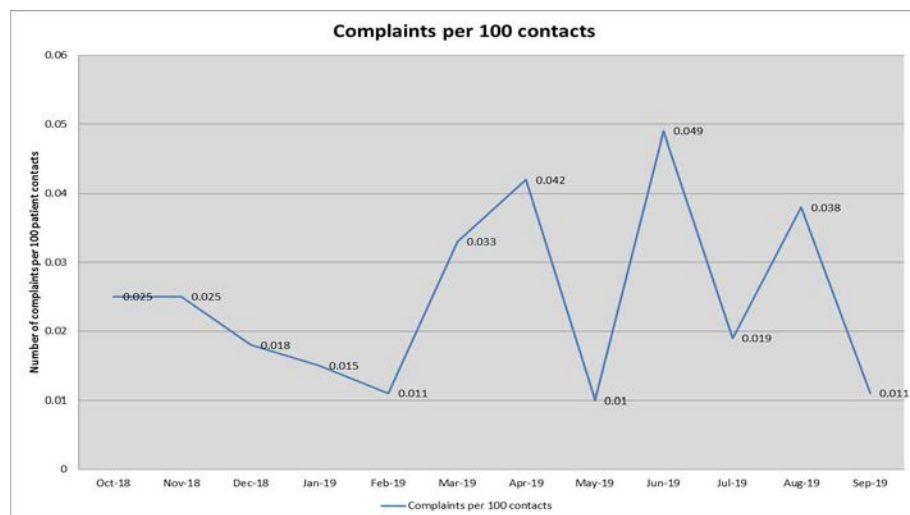
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Contacts (IP+OP+MIU, all sites)	20276	20105	16390	20488	18105	18459	18995	19811	18307	20717	18635	18394
Complaints	5	5	3	3	2	6	8	2	9	4	7	2
Complaints per 100 contacts	0.025	0.025	0.018	0.015	0.011	0.033	0.042	0.01	0.049	0.019	0.038	0.011
Number of complaints referred to the Ombudsman for 2nd stage review	0	0	0	0	0	0	0	0	0	0	0	0
Number of complaints re-opened	0	0	0	0	1	0	0	0	0	1	1	1

QVH

Caring - Current Compliance - FFT

Inpatients and day sugery: % of patients who would recommend QVH services they have received to friends and family

Outpatients: % of patients who would recommend QVH services they have received to friends and family

MIU and trauma clinic: % of patients who would recommend QVH services they have received to friends and family
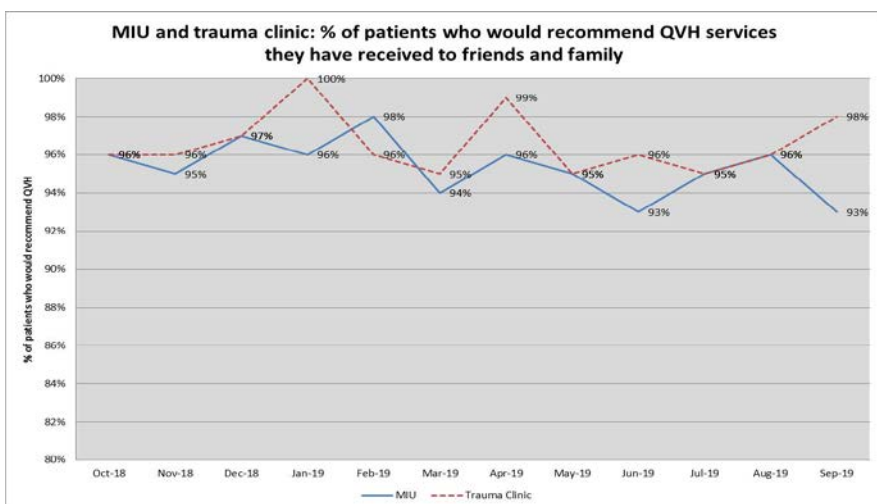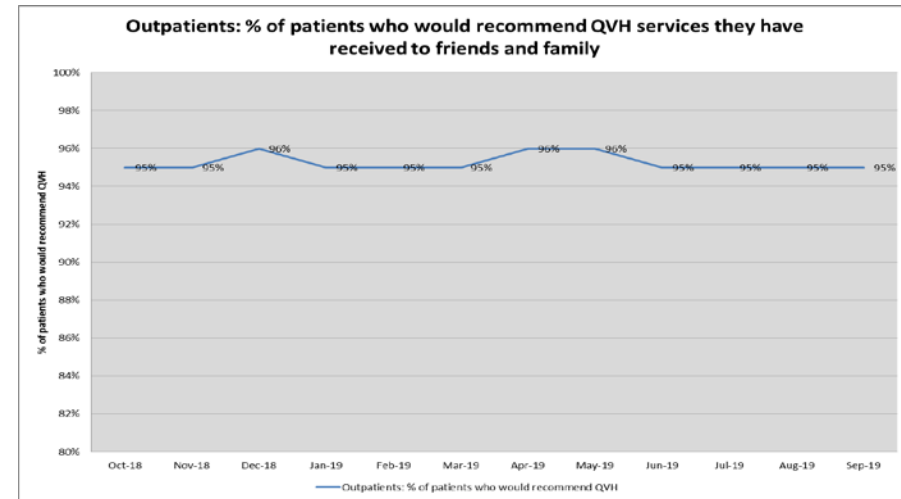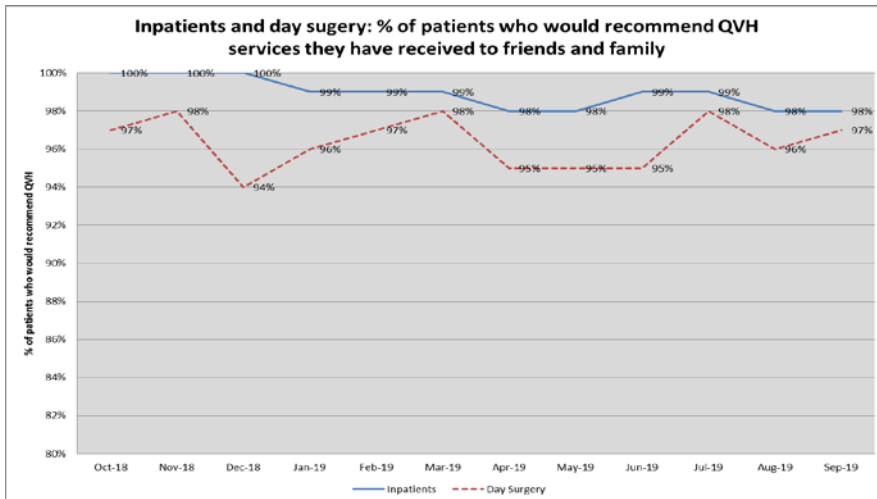
Nursing Workforce - Current Compliance

Domain	Compliance	Actions
Ross Tilley	During August and September there were 7/122 occasions where staffing numbers did not meet planned levels (9/122 in June and July). All escalated to site practitioner as per trust protocol.	Staffing according to bed occupancy and acuity with additional staff deployed from other areas due to agency non attendance and short notice sickness. Below template shift dates have been triangulated with Datix safety incidents, ward FFT scores and complaints information. There were no patient safety incidents, falls, pressure ulcers or nursing medication errors on these shifts.
Margaret Duncombe	During August and September there were 3/122 occasions where staffing numbers did not meet planned levels (10/122 in June and July). All escalated to the site practitioner as per trust protocol.	Staffing according to bed occupancy and acuity with additional staff deployed on high acuity days and resources redeployed from other areas. Below template shift dates have been triangulated with Datix safety incidents, ward FFT scores and complaints information. There was one incident of incorrect storage of medication recorded in part this was due to the buy shift as 1 HCA below template (Datix report no harm).
Burns	During August and September there were 5/122 occasions where staffing numbers did not meet planned levels 1/122 in June and July). All escalated to site practitioner as per trust protocol.	Staffing according to bed occupancy and acuity resources redeployed to and from other areas where template was below planned and additional staff required. Below template shift dates have been triangulated with Datix safety incidents, ward FFT scores and complaints information. No falls, pressure ulcers or nursing medication errors occurred on these shifts.

Peanut	During August and September there was 6/122 occasion where staffing numbers did not meet planned levels 11/122 in June and July). All escalated to site practitioner as per trust protocol.	Two senior nurses on long term absence during June and July, The ward was closed at 19:30 on nine nights in June, 12 inpatients over 10 nights, one child transferred for clinical reasons. The ward closed at 19:30 on nine nights in July, 19 inpatients over 15 nights, one patient was held at referring hospital overnight and admitted the next following day. Below template shift have been triangulated with Datix safety incidents, ward FFT scores and complaints information, no harms or related complaints to this date.
Critical Care (ITU)	During August and September there was 2/122 occasions where staffing numbers did not meet planned levels(0/122 in June and July).	Staffing according to bed occupancy and acuity staff redeployed to other areas where occupancy /safety allowed to support short notice sickness. There were no shifts that went above the agreed agency threshold of 50% for agency staff in CCU during this reporting period.
Site Practitioner Team	During August and September there were 21/122 occasions where staffing numbers did not meet planned levels (13/122 in June and July).	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. The night shifts then weekends were prioritised to cover with 2 staff members ahead of week day shifts where there are more senior staff on duty to support. 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

Nursing Workforce - **Performance Indicators**

ALL QUALIFIED & UQUALIFIED NURSING

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2018-19 & 2019-20			Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Compared to Previous Month
Establishment WTE (Establishment includes 12% headroom from 01/09/2018)				347.55	347.55	347.55	347.55	347.55	347.55	347.55	328.01	328.01	328.01	328.01	339.79	339.79	◄►
Staff In Post WTE				265.83	268.87	271.65	271.27	266.99	268.61	277.65	286.39	283.43	286.02	285.93	284.61	288.98	▲
Vacancies WTE				81.72	78.68	75.90	76.28	80.56	78.94	69.90	41.62	44.58	41.99	42.08	55.18	50.81	▼
Vacancies %	>18%	12% <>18%	<12%	23.51%	22.64%	21.84%	21.95%	23.18%	22.71%	20.11%	12.69%	13.59%	12.80%	12.83%	16.24%	14.95%	▼
STARTERS WTE (Excluding rotational doctors)				1.12	5.64	6.70	5.81	1.41	4.44	7.61	10.94	2.00	2.56	2.00	4.64	7.43	▼
LEAVERS WTE (Excluding rotational doctors)				9.17	3.80	2.43	6.42	2.00	1.64	1.00	3.08	2.00	4.51	3.00	3.47	2.00	▼
Starters & Leavers balance				-8.05	1.84	4.27	-0.61	-0.59	2.80	6.61	7.86	0.00	-1.95	-1.00	1.17	5.43	
Agency WTE (Data From Healthroster)				38.25	37.54	35.32	24.82	26.10	27.14	24.21	20.63	21.75	22.51	22.43	19.01	18.30	▼
Bank WTE (Data From Healthroster)				25.49	28.69	31.21	24.94	31.39	33.85	38.16	32.47	33.67	32.96	35.68	39.92	38.13	▼
Headroom Bank WTE (Data from Finance Ledger)											30.70	30.70	30.70	30.70	30.70	30.70	◄►
Trust rolling Annual Turnover %	>=12%	10% <>12%	<10%	20.06%	20.11%	19.63%	18.79%	17.96%	16.02%	14.46%	14.53%	14.68%	15.90%	16.20%	15.22%	12.52%	▼
Monthly Turnover				3.52%	1.50%	0.75%	1.94%	0.77%	0.63%	0.38%	1.12%	0.72%	1.63%	1.08%	1.26%	0.71%	▼
Sickness Absence %	>=4%	4% <>3%	<3%	3.63%	4.88%	4.39%	3.46%	4.45%	4.42%	4.23%	4.60%	4.24%	4.24%	3.66%	1.86%	TBC	

Note 1. 2019/20 budget implimented in June 19 backdated to April 19 taken from Finanace Ledger
Note 2. All data taken from ESR unless stated otherwise.
Note 3. Staff included are Qualified Nurses, Emergency Practitioners, Theatre Practitioners, HCA's, Student OPD's, Trainee Nurse Associates/Practitioners, Nurse Associates, Play Specialists, Oversea's Nursing awaiting PIN.
Staff Excluded are Dental Nurses

Trust Qualified Nursing & Theatre Practitioners - Agency Usage in WTEs for years 17-18, 18-19 and 19-20
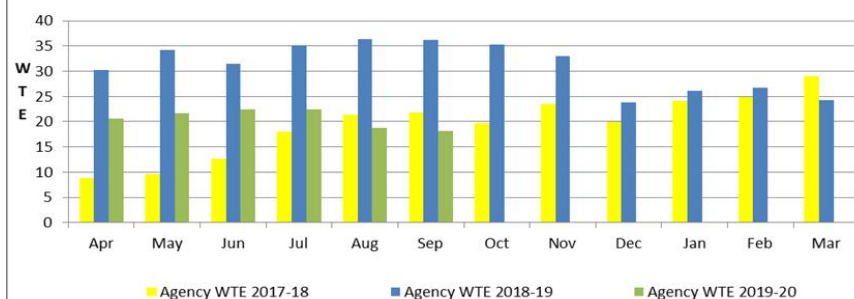
Establishment Vrs SIP & Temporary Staffing Usage

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Bank WTE	25.49	28.69	31.21	24.94	31.39	33.85	38.16	32.47	33.67	32.96	35.68	39.92	38.13
Agency WTE	38.25	37.54	35.32	24.82	26.10	27.14	24.21	20.63	21.75	22.51	22.43	19.01	18.3
Substantive Staff in post WTE	265.83	268.87	271.65	271.27	266.99	268.61	277.65	286.39	283.43	286.02	285.93	284.61	288.98
Establishment WTE	347.55	347.55	347.55	347.55	347.55	347.55	347.55	328.01	328.01	328.01	328.01	339.79	339.79

Medical Workforce - Performance Indicators

Metrics	2017/18 total / average	Target	Quarter 3 2018/19			Quarter 4			Quarter 1 2019/20			Quarter 2			Year to date actual/ average
			Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	Jul	Aug	Sep	
Medical Workforce															
Turnover rate in month, excluding trainees	21.63% 12Mth rolling	<1%	0%	0%	1.16%	3.44%	0.96%	3.97%	0%	1.15%	0.78	1.16%	1.16%	1.54%	15.77% 12 mth Rolling
Turnover in month including trainees 9%	45.43% 12Mth rolling		1.35%	0.68%	2.79%	2.77%	8.85%	2.46%	6.81%	2.53%	0.49	1.45%	12.42%	6.08%	6.08% 50.38% 12 mth rolling
Management cases monthly		0	1 ongoing	1 ongoing	1 ongoing	0	0	0	0	0	0	0	0	0	1
Sickness rate monthly on total medical/dental headcount	1.43%		0.94%	1.19	1.09	1.19%	1.59%	1.99%	2.25%	0.88	1.46	0.89%	1.07%	Available Nov 19	1.52%
Appraisal rate monthly (exclude deanery trainees)	88.96% Mar 18		83.54	89.09	88.13%	84.62%	79.73%	85.16%	82.67	80.77%	83.77%	79.35%	81.62%	86.00%	86.0%
Mandatory training monthly		95%	78.7%	83%	84%	84%	87%	87%	88%	87%	88%	89%	88.50%	84.81%	86%
Exception Reporting – Education and Training			0	0	0	1	0	0	4	1	5	8			19
Exception Reporting – Hours			0	0	0	0	0	1	0	0	2	0			3

Medical & Dental Staffing

Currently there are 124 medical and dental staff of which 105 are doctors for whom the QVH is their designated body. All doctors are revalidated with a licence to practice. The current appraisal rate is 86%. This is being addressed by the Clinical Director and Business Unit Managers.

At the August doctors' induction we had 28 new starters. Every new starter has been allocated an Educational Supervisor, to ensure that they are given support and advice on where to focus their training while at QVH. A cohort of new Dental Core Trainees started in September having their first experience of working in a hospital. These trainees were given an extended induction, including simulation teaching, to ensure that they are prepared for the hospital environment.
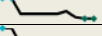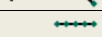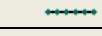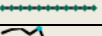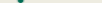
Education

In August the first of two hand teaching sessions took place, hosted by Mr Khandwala and the other hand consultants – the second will be in October. These are multidisciplinary training sessions that are open to theatre staff and physiotherapists, as well as the trainee doctors. And on 30 September the OMFS and plastic surgery trainees joined together for a joint facial reanimation study day, which was part of the KSS OMFS teaching programme. Finally, the September Junior Doctors' forum saw the launch of an exception reporting fortnight, an initiative used at other Trusts to encourage trainees to get into the habit of exception reporting. Numbers of reports have been steadily increasing, although as yet no fines have arisen.

No.	Indicator	Description	2018/19 total/ average	Target	Quarter 2 Sept	Quarter 3 2018/19 Oct	Nov	Dec	Quarter 4 2018/19 Jan	Feb	Mar	Quarter 1 2019/20 Apr	May	June	Quarter 2 2019/20 July	Aug	Sep	Oct	Rolling Year to Date Actual	Trend	Comments
	SAFE																				
1	Incidents	Total reported - All incidents	106	_	8	12	9	8	6	6	3	6	10	6	14	12	9		89		
2		Total reported - Patient safety	53	_	4	8	6	3	5	3	2	5	7	3	8	8	4		54		
3		Formal internal investigation	0	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		0		
5	Falls	Falls - All	7	0	0	1	0	1	1	1	0	0	0	1	0	1	0		5		
6		Falls - With harm	3	0	0	1	0	0	0	1	0	0	0	1	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	0	0		0		
8	Inoculation Injury	Reported incidents	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0		0		
9	MRSA Screening	Elective patients	99.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
10		Trauma patients	99.0%	95%	100%	100%	88%	100%	100%	100%	100%	100%	100%	100%	91%	100%	92%		97%		This relates to 1 patient, Matron looking into the detail of this.
11		Reported cases	1	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		0		
13	Hand Hygiene	Hand hygiene	98%	95%	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%		100%		
14		Bare below the elbows	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
15	Drug Assessments	% staff compliant	92%	100%	100%	85%	92%	90%	80%	90%	100%	100%	100%	100%	100%	87%	87%		93%		Awaiting update from matron.
16	Medication Audit	Missed dose			Reported 1/4ly	Reported 1/4ly			Reported 1/4ly										0		
17		Omitted dose			Reported 1/4ly	Reported 1/4ly			Reported 1/4ly										0		
18		Total doses			Reported 1/4ly	Reported 1/4ly			Reported 1/4ly										0		
19	Medication Errors	Reported errors	8	0	1	1	2	1	1	0	0	0	2	0	2	4	1		13		ID22710 (18/09/2019): Prescribing error
20	Safety Thermometer	Harm Free Care %	97.0%	95%	100%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%		95%		
21		New Harm Free %	99%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
22	VTE (Venous thromboembolism)	Assessment of patients (S. Therm)	96%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
24		Monthly screening % (Informatics)	99%	95%	100%	100%	100%	100%	88%	100%	100%	93%	100%	100%	97%	93%	92%		97%		
25	Shift meets requirement Day %	RN	97.0%	95%	97%	99%	101%	99%	98%	96%	91%	95%	100%	100%	99%	95%	97%		97%		
26		HCA	94.0%	95%	97%	84%	94%	95%	100%	100%	103%	100%	100%	97%	100%	98%	100%		99%		
27	Shift meets requirement Night %	RN	98.0%	95%	97%	100%	100%	97%	100%	96%	98%	100%	100%	100%	100%	97%	100%		99%		
28		HCA	105.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
	EFFECTIVE																				
29	Nutrition Assessment (MUST)	Initial (Safety Thermometer)	99%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
30		7 day review (Safety Thermometer)	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	na	100%	100%	100%	100%	100%		
31	Compliance in Practice (CiP)	Inspection score	92%	80%	Reported 1/4ly	Reported 1/4ly			Reported 1/4ly										#DIV/0!		

CARING

#	Group	Metric	Actual	Target	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13		Value	Comment
32	Friends & Family Test	Patient numbers (eligible to respond)	433	_	17	23	20	24	30	24	19	13	29	21	38	39	27		284	
33		% return rate	60%	40%	100%	62%	100%	100%	60%	75%	47%	100%	90%	67%	74%	69%	82%		79%	
34		% recommendation (v likely/likely)	98.0%	90%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	96%	100%		99%	
35		% unlikely/extremely unlikely	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%		0%	

RESPONSIVE

#	Group	Metric	Actual	Target	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13		Value	Comment
36	Complaints	No. recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	

WELL-LED

#	Group	Metric	Actual	Target	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13		Value	Comment
37	Vacancy Establishment=	Full Team WTE	31.2						32.46	29.99	29.99	29.99	29.99	29.99	29.99	29.99	29.99		30	
38		Vacancy WTE	8.1	10%	7.51	9.02	8.12	9.02	9.3	9.86	9.25	8.34	8.34	8.34	7.34	7.34	6.74		8	
39		Vacancy (hrs)	1311.1	10%	1220	1465.8	1319.5	1465.8	1511.25	1602.3	1503.12	1355.25	1355.25	1355	1192.8	1193	1095.3		1359	
40	Temporary Staffing excluding RMN	Agency Use	301.8	10%	345	302.25	346.75	382.25	406.75	324.75	200.5	179	162	113	186	253	138		245	
41		Bank Use-all staff	465.98	10%	274.5	332	373.75	418.25	592.5	746.15	923	613.75	530.35	494.5	745	632.25	447		592	
		Bank Use-non-clinical											60.26	116.5	159.75	102.75	60.5			
43	Sickness-all staff	Hours	79.65		41.5	94.75	154	36.5	170	5	22.25	23	93.5	38	199	55.5	46		77	
44		%	1.6%	3%	0.9%	1.9%	3.2%	0.7%	3.5%	0.1%	0.5%	0.5%	1.9%	0.8%	4.1%	1.1%	0.9%		2%	All managed within policy
45	Sickness non clinical	Hours										0	7.5	7.5	11	0	0			
46		%										0.0%	0.2%	0.2%	0.2%	0.0%	0.0%			
47	Maternity	Hours							0	0	0	0	0	0	0	0	0		0	
48	Budget Position	YTD Position	-86992	>0	-10887	-704	-10195	354	-49955	5311	105659	-147240	-87633	-64118	-57532	129247				
49	Statutory & Mandatory	Mandatory training	93.0%	90%	93%	96%	97%	94%	94%	95%	94%	93%	95%	94%	95%	97%	96%		95%	
50		Appraisal	89.0%	95%	88%	92%	79%	92%	88%	100%	96%	96%	92%	85%	86%	78%	79%		88%	Some staff sickness which has meant apprasisals have been postponed.
51	Uniform Audit	Compliance with uniform policy %	98%	95%		100%	100%	100%	100%	100%	90%	95%	90%	80%	100%	90%	100%		95%	

QVH Nursing Quality Metrics Data

NURSING METRICS - 12 MONTH ROLLING																			
CORNEOPLASTIC OPD						Contact Nicky Reeves on 6607 for any formatting queries												QVH	

No.	Indicator	Description	2018/19 total/ average	Target	Quarter 2 Sept	Quarter 3 2018/19 Oct	Nov	Dec	Quarter 4 2018/19 Jan	Feb	Mar	Quarter 1 2019/20 April	May	Jun	Quarter 2 2019/20 July	Aug	Sep	Oct	Rolling Year to Date Actual	Trend	Comments
SAFE																					
1	Incidents	Total reported - All incidents	71	_	7	5	11	2	5	2	5	8	3	7	7	5	7		62		
2		Total reported - Patient safety	30	_	3	2	2	1	3	2	2	5	2	4	3	0	6		30		
3		Formal internal investigation	0	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		0		
5	Falls	Falls - All	2	0	0	1	1	0	0	0	0	0	0	0	1	1	0		3		
6		Falls - With harm	1	0	0	0	1	0	0	0	0	0	0	0	0	1	0		2		
7	Pressure Damage	G2 or above (hospital acquired)	0	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		0		
9	MRSA	Reported cases	0	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		0		
11	Hand Hygiene	Hand hygiene	99%	95%	100%	N/S	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
12		Bare below the elbows	100%	95%	100%	N/S	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
13	Medication Audit	Missed dose			ported 1	Reported 1/4ly			ported 1/4ly										0		
14		Omitted dose			ported 1	Reported 1/4ly			ported 1/4ly										0		
15		Total doses			ported 1	Reported 1/4ly			ported 1/4ly										0		
16	Medication Errors	Reported errors	16	0	1	0	1	1	1	1	1	1	1	2	1	0	4		14		ID22599 (31/07/2019 - not discovered until 02/09/2019): Prescribing error ID22627 (06/08/2019 - not discovered until 05/09/2019 at follow-up clinic app): Prescribing error. ID22643 (05/09/2019): Prescribing error ID22644 (20/08/2019 - not discovered until 06/09/2019): Prescribing error
EFFECTIVE																					
17	Compliance in Practice (CiP)	Inspection score	91%	80%	ported 1	Reported 1/4ly			ported 1/4ly										0%		

CARING

#	Category	Metric			M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13		YTD		Comments
18	Friends & Family Test	Patient numbers (eligible to respond)	24297	_	1846	2292	2262	1830	2218	1541	1784	1855	2144	1864	2075	2073	2252		21898		
19		% return rate	21.0%	20%	20%	19%	19%	26%	21%	19%	22%	13%	5%	4%	5%	17%	19%		15%		Changes to trust data capture due to IG concern in April and May
20		% recommendation (v likely/likely)	93.0%	90%	95%	93%	95%	95%	93%	92%	96%	95%	93%	92%	90%	90%	91%		93%		
21		% unlikely/extremely unlikely	3.0%	0%	1%	3%	1%	2%	3%	3%	3%	2%	4%	4%	7%	4%	4%		3%		

RESPONSIVE

#	Category	Metric			M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13		YTD		Comments
22	Complaints	No. recorded	6	0	0	1	1	0	0	0	0	0	0	0	1	1	0		3		Recent complaints relate to cancellation of appointments/ Although not directly nursing relating has an impact on patient experience.

WELL-LED

#	Category	Metric			M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13		YTD		Comments
23	Vacancy Establishment=	Full Team WTE	18.1						18.06	18.06	18.06	18.06	18.06	18.06	18.11	18.11	18.11		18		
24		Vacancy WTE	2.8	10%	2.24	3.23	3.69	3.69	2.5	2.5	2.5	2.5	2.5	2.7	2.27	2.15	2.15		3		
25		Vacancy (hrs)	456.4	10%	364	524.88	599.62	599.6	406.25	406.3	406.25	406.3	406.3	438.75	368.88	349.37	349.4		431		
26	Temporary Staffing excluding RMN	Agency Use	0	10%	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
27		Bank Use-All staff	216	10%	226	222	275	182	312	281.25	288.25	245	320.5	209.25	216.5	213	149		235		
28		Bank Use non-clinical										0	0	0	0	0				
29	Sickness-all staff	Hours	67.38		10	205	163.5	46.5	85	40	97.5	124	69.5	120	142	0	7.5		82.6		
30		%	2.2%	3%	0.3%	6.6%	5.2%	1.5%	2.9%	1.4%	3.3%	4.2%	2.4%	4.1%	4.8%	0.0%	0.3%		2.7%		Sickness absence all currently managed through Trust policy
31	Sickness-non-clinical	Hours										0	0	0	0	0	0				
32		%										0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
33	Maternity	Hours			0	0	0	0	0	0	0	0	0	0	0	0	0		0		
34	Budget Position	YTD Position	521464	>0	93558	30102	30917	44629	50376	25393	50721	-38974	4906	-17366	-25686	-27333					
35	Statutory & Mandatory	Mandatory training	96%	90%	94%	97%	96%	97%	99%	100%	99%	94%	97%	94%	93%	93%	91%		96%		
36		Appraisal	97%	95%	95%	100%	100%	100%	89%	100%	95%	100%	100%	100%	95%	100%	100%		98%		
37	Uniform Audit	Compliance with uniform policy %	82%	95%		N/S	95%	85%	45%	85%	100%	100%	100%	100%	94%	100%	94%		91%		

QVH Nursing Quality Metrics Data

NURSING METRICS - 12 MONTH ROLLING
CRITICAL CARE UNIT

Contact Nicky Reeves on ext. 6607 for any formatting queries

QVH

No.	Indicator	Description	2018/19 total/ average	Target	Quarter 2 2018/19 Sept	Quarter 3 2018/19 Oct	Nov	Dec	Quarter 4 2018/19 Jan	Feb	Mar	Quarter 1 2019/20 Apr	May	June	Quarter 2 2019/20 July	August	Sep	Oct	Rolling Year to Date Actual	Trend	Comments
SAFE																					
1	Incidents	Total reported - All incidents	181	_	25	17	15	7	15	16	17	11	11	18	13	17	6		146		2 x Unplanned Admissions, 0 x Transfers Out
2		Total reported - Patient safety	145	_	23	13	12	7	10	16	12	9	10	16	12	11	3		118		
3		Formal internal investigation	1	0	0	0	0	0	0	0	0	0	0	1	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		0		
5	Falls	Falls - All	5	0	1	0	2	0	0	0	0	0	0	0	0	0	0		2		
6		Falls - With harm	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0		1		
7	Pressure Damage	G2 or above (hospital acquired)	1	0	0	0	0	0	0	0	0	0	1	0	1	0			2		
8	Inoculation Injury	Reported incidents	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0		0		
9	MRSA Screening	Elective patients	100%	95%	100%	100%	n/a	n/a	100%	n/a	n/a	n/a	100%	n/a	n/a	100%	n/a		100%		
10		Trauma patients	99.0%	95%	100%	100%	100%	100%	n/a	89%	100%	100%	100%	100%	100%	100%	100%		99%		
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	97.0%	95%	N/S	100%	100%	100%	92%	87%	100%	100%	100%	100%	100%	100%	100%		98%		
14		Bare below the elbows	97.0%	95%	N/S	100%	89%	100%	100%	89%	100%	100%	100%	100%	100%	100%	100%		96%		
15	Drug Assessments	% staff compliant	98.0%	100%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%			99%		3 staff are in the process of completing their assessments which will return their comliance to 100%.
16	Medication Audit	Missed dose			ported 1	Reported 1/4ly		ported 1/4ly											0		
17		Omitted dose			ported 1	Reported 1/4ly		ported 1/4ly											0		
18		Total doses			ported 1	Reported 1/4ly		ported 1/4ly											0		
19	Medication Errors	Reported errors	6	0	1	0	0	0	0	1	1	0	1	1	1	1	3		9		ID22597 (02/09/2019): CD Measurement discrepancy ID22613 (04/09/2019): CD Measurement discrepancy ID22679 (12/09/2019): PODs brought to CCU form Ward in an unsealed bag and no property checklist
20	Safety Thermometer	Harm Free Care %	96.0%	95%	100%	100%	100%	100%	50%	100%	100%	100%	100%	67%	100%	100%	100%		92%		
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)	100.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
24		Monthly screening % (Informatics)	99%	95%	100%	100%	100%	100%	100%	88%	100%	na	100%	100%	100%	100%			99%		
25	Shift meets requirement Day %	RN	96.0%	95%	98%	94%	100%	90%	100%	99%	100%	98%	98%	100%	101%	98%	100%		99%		
26		HCA	98.0%	95%	96%	96%	105%	96%	100%	91%	100%	96%	100%	100%	95%	96%	97%		98%		
27	Shift meets requirement Night %	RN	94.0%	95%	88%	89%	93%	87%	100%	100%	100%	99%	100%	100%	100%	100%	98%		98%		
28		HCA	115.0%	95%	100%	113%	100%	88%	91%	87%	100%	100%	100%	100%	85%	100%	91%		95%		HCA shifts not required for all shifts, dependant upon patient acuity, managed appropriately, safe staffing maintained
EFFECTIVE																					
29	Nutrition Assessment (MUST)	Initial (Safety Thermometer)	97.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
30		7 day review (Safety Thermometer)	83.0%	95%	n/a	n/a	100%	100%	100%	100%	na	na	na	na	100%	na	100%	na	100%		
31	Compliance in Practice (CiP)	Inspection score		80%	ported 1	Reported 1/4ly		ported 1/4ly											#DIV/0!		

CARING

RESPONSIVE

#	Metric		Base	Target															YTD	Notes
32	Complaints	No. recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	

WELL-LED

#	Category	Metric	Base	Target	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	YTD	Notes
33	Vacancy Establishment=	Full Team WTE	28			29.25		27.57	27.57	27.57	27.57	27.57	27.57	27.79	27.79	27.79		28	Ward Establishment = 29.37 WTE
34		Vacancy WTE	10.5	10%	11.02	11.92	11.73	10.73	9.44	9.44	9.44	7.1	6.19	7.13	6.35	6.92	6.92	8	
35		Vacancy (hrs)	1699	10%	1791	1937	1906	1743	1534	1534	1534	1153.8	1005.87	1158.6	1031.9	1124.5	1124.5	1350	
36	Temporary Staffing excluding RMN	Agency Use	751.7	10%	940.5	884.5	828	218	347.5	437	520.5	259.5	237.5	224	230	282.8	149.5	339	
37		Bank Use-all staff	414.4	10%	327.5	432.25	691.05	667.25	591.75	499.5	677.75	510.5	549.75	694.5	847	954.25	767.5	677	We are 338hrs under our vacancy, maternity and sickness hrs.
38		Bank Use-non-clinical											0	0	0	0	0		
39	Sickness-all staff	Hours	301.4		187.5	423.5	357	362.5	416.5	400.5	366	314	438	212	39	169	131	291	
40		%	6.5%	3%	3.9%	8.9%	7.5%	7.6%	9.3%	8.9%	8.2%	7.0%	9.8%	4.7%	0.9%	3.7%	2.9%	6%	
41	Sickness non clinical	Hours									0	0	0	0	0	53			
42		%									0.0%	0.0%	0.0%	0.0%	0.0%	1.2%			
43	Maternity	Hours								0	0	0	0	0	0	0		0	
44	Budget Position	YTD Position	-217834	>0	56696	11881	-2451	-118838	30575	16517	-78903	-50761	(75,608)	-146624	-128989	-120493		-62872	
45	Statutory & Mandatory	Mandatory training	89%	90%	88%	87%	84%	90%	96%	96%	94%	93%	94%	91%	97%	97%	94%	93%	
46		Appraisal	83.0%	95%	84%	89%	80%	89%	90%	81%	75%	87%	84%	81%	92%	92%	92%	86%	Dates set for outstanding appraisals - compliance improving picture although further work required
47	Uniform Audit	Compliance with uniform policy %	76%	95%		93%	64%	91%	92%	50%	69%	71%	64%	68%	53%	90%	94%	73%	Improvement from last audit, Matron continues to spot check all staff.
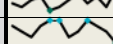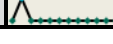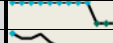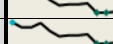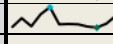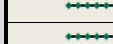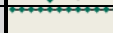
Nursing Quality Metrics Data

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No.	Indicator	Description	2018/19 total/ average	Target	Quarter 1 2018/19 June	Quarter 2 2018/19 July	Sept	Quarter 3 2018/19 Oct	Nov	Dec	Quarter 4 2018/19 Jan	Feb	Mar	Quarter 1 2019/20 Apr	May	Jun	Quarter 2 2019/20 July	Aug	Sep	Year to Date Actual	Trend	Comments
SAFE																						
1	Incidents	Total reported - All incidents	155	_	14	12	12	15	18	10	20	12	19	21	15	13	11	18	11	183		
2		Total reported - Patient safety	42	_	1	3	2	7	5	5	2	6	5	10	6	5	5	9	2	67		
3		Formal internal investigation	2	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	2		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5	Falls	Falls - All	1	0	0	1	0	0	0	0	0	0	0	1	1	1	0	0		3		
6		Falls - With harm	1	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0		2		
7	Pressure Damage	G2 or above (hospital acquired)	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0		1		
8	Inoculation Injury	Reported incidents	3	0	0	0	1	0	0	1	1	0	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	0		0		
10	C Difficile	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
11	Hand Hygiene	Hand hygiene	89.0%	95%	N/S	80%	100%	90%	80%	60%	N/S	100%	100%	90%	100%	100%	N/S	100%	100%	92%		
12		Bare below the elbows	100.0%	95%	N/S	100%	100%	100%	100%	100%	N/S	100%	100%	100%	100%	100%	N/S	100%	100%	100%		
13	Medication Audit	Missed dose			ported 1/	Reported 1/4ly		Reported 1/4ly			ported 1/4ly									0		
14		Omitted dose			ported 1/	Reported 1/4ly		Reported 1/4ly			ported 1/4ly									0		
15		Total doses			ported 1/	Reported 1/4ly		Reported 1/4ly			ported 1/4ly									0		
16	Medication Errors	Reported errors	2	0	0	0	0	1	0	0	0	1	0	0	0	2	0	0	1	5		ID22704 (17/09/2019): Medication that shoud be refrigerated found left out of 'fridge. 3 vials remaining from a box of 5 - removed from OPD and disposed of in Pharmacy.
EFFECTIVE																						
17	Compliance in Practice (CiP)	Inspection score	90%	80%	90.3%	Reported 1/4ly		90.4%			ported 1/4ly									90%		

Nursing Quality Metrics Data

CARING																						
18	Friends & Family Test	Patient numbers (eligible to respond)	136854	_	12866	12975	11732	11983	13846	11143	14050	10465	12252	12085	13435	11721	14122	12332	12358	149792		Changes to trust data capture due to IG concern in April and May
19		% return rate	17.0%	20%	16%	16%	17%	18%	16%	17%	18%	16%	17%	12%	8%	9%	9%	16%	15%	14%		
20		% recommendation (v likely/likely)	95.0%	90%	94%	94%	96%	95%	95%	96%	95%	95%	95%	96%	96%	95%	95%	95%	95%	95%		
21		% unlikely/extremely unlikely	2.0%	0%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	3%	3%	2%	2%	2%		
RESPONSIVE																						
22	**Complaints**	No. recorded	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
WELL-LED																						
23	Vacancy Establishment=	Full Team WTE	15.4								15.37	15.37	15.37	15.37	15.37	15.37	16.38	16.38	16.38	15.7		
24		Vacancy WTE	1.4		1.18	1.81	1.76	1.32	1.32	1.25	1.25	1.25	1.6	1.6	2.56	2.56	2.57	2.57	2.95	1.9		
25		Vacancy (hrs)	232.5		191.7	294.12	286	214.5	214.5	203.12	203.1	203.1	260	260	416	416	417.63	417.6	479.37	308.7		
26	Temporary Staffing excluding RMN	Agency Use	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
27		Bank Use-all staff	201.9		321.75	192.75	276	184	120.25	91.95	94.95	165	175.9	150	193.05	91.5	122.25	170.65	104	138.63		
28		Bank Use-non-clinical													0	0	0	8	7.5			
29	Sickness-all staff	Hours	75.7		139	48	0	144	236.5	38	37.5	32	50	79	81.5	7.5	69.5	31.5	19	68.833		
30		%	3.6%	3%	5.5%	1.9%	0.0%	5.8%	9.5%	1.5%	1.5%	1.3%	2.0%	3.2%	3.3%	0.3%	2.6%	1.2%	0.7%	2.73%		
31	Sickness-non-clinical	Hours													0	0	0	0	0			
32		%													0.0%	0.0%	0.0%	0.0%	0.0%			
33	**Maternity**	Hours	0.0%		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
34	**Budget Position**	YTD Position	-130815	>0	-12043	-8463	-12216	-8281	-15901	-6350	-25810	-23590	-24185	-47561	6442	7998	753	-10007		-112380		
35	Statutory & Mandatory	Mandatory training	94%	90%	94%	97%	92%	91%	92%	96%	98%	94%	93%	92%	98%	97%	97%	97%	96%	95%		
36		Appraisal	96%	95%	80%		95%	100%	100%	100%	100%	100%	100%	95%	95%	100%	89%	94%	95%	97%		
37	**Uniform Audit**	Compliance with uniform policy %	76%	95%				70%	80%	90%	N/S	70%	70%	90%	70%	90%	N/S	100%	100%	83%		

QVH Nursing Quality Metrics Data

No.	Indicator	Description	2018/19 total/ average	Target	Quarter 2 2018/19		Quarter 3 2018/19			Quarter 4 2018/19			Quarter 1 2019/20			Quarter 2 2019/20				Year to Date Actual	Trend	Comments
					Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct			

NURSING METRICS - 12 MONTH ROLLING
MARGARET DUNCOMBE

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SAFE

No.	Indicator	Description	2018/19	Target	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	YTD	Trend	Comments
1	Incidents	Total reported - All incidents	180	—	14	9	15	20	17	17	19	12	3	14	7	18	15	13		155		
2		Total reported - Patient safety	118	—	10	6	13	15	11	10	13	9	3	9	4	14	12	10		110		
3		Formal internal investigation	5	0	0	0	1	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	0		0		
5	Falls	Falls - All	14	0	2	0	1	1	1	1	2	0	0	1	1	1	0	0		8		
6		Falls - With harm	4	0	1	0	0	0	1	0	0	0	0	0	1	0	0	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	0		0		
8	Inoculation Injury	Reported incidents	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0		0		
9	MRSA Screening	Elective patients	97.4%	95%	100%	91%	96%	98%	98%	96%	94%	97%	94%	92%	100%	96%	100%	100%		97%		
10		Trauma patients	95.4%	95%	94.8%	97%	96%	93%	95%	96%	100%	95%	96%	97%	94%	98%	96%	98%		96%		
11		Reported cases	0	0	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	0		0		
13	Hand Hygiene	Hand hygiene	100%	95%	N/S	100%	100%	100%	100%	90%	90%	80%	100%	90%	100%	100%	100%	100%		95%		
14		Bare below the elbows	94.7%	95%	N/S	100%	78%	80%	90%	85%	80%	80%	100%	90%	100%	100%	100%	90%		90%		All staff are encouraged to challenge any staff who do not comply with bare below the elbows
15	Drug Assessments	% staff compliant	99.7%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
16	Medication Audit	Missed dose			Reported 1/4ly		Reported 1/4ly		ported 1/4ly											0		
17		Omitted dose			Reported 1/4ly		Reported 1/4ly		ported 1/4ly											0		
18		Total doses			Reported 1/4ly		Reported 1/4ly		ported 1/4ly											0		
19	Medication Errors	Reported errors	32	0	4	2	3	4	5	1	3	1	1	2	1	5	4	8		35		ID22626 (05/09/2019): Name of medication missing from drug chart - signed to say that two doses had been administered overnight. ID22628 (05/09/2019): Prescribing error. ID22645 (06/09/2019): POD administered. Patient advised (agency) nurse that the drug was baclofen 10mg - in fact it was Reltebon/Oxycodone (MR) 10mg . Patient monitored as the POD was administered with a prescribed medication at the same time (40mg oxycodone modified release). ID22695 (12/09/2019): Fridge bag was left out after delivery from top up on the 8th September. Stock discarded. ID22716 (18/09/2019): Prescribing error. ID22717 (19/09/2019): PODs (x3) not charted. ID22769 (26/09/2019): Prescribing error. ID22770 (25/09/2019): (same patient as ID22769) -
20	Safety Thermometer	Harm Free Care %	97.0%	95%	100%	85%	100%	100%	100%	100%	86%	100%	100%	100%	100%	100%	100%	100%		99%		
21		New Harm Free %	99%	95%	100%	92%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
22	VTE (Venous thromboembolism)	Assessment of patients (S. Therm)	98.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	88%	100%	100%	100%	100%	100%	94%	98%		
23		Monthly screening % (Informatics)	97.0%	95%	97%	97%	97%	93%	96%	92%	95%	100%	92%	89%	91%	87%	92%	98%		93%		
24	Shift meets requirement Day %	RN	98.0%	95%	98%	97%	96%	97%	101%	100%	96%	99%	99%	99%	100%	97%	99%	99%		99%		
25		HCA	99.0%	95%	102%	100%	95%	93%	96%	100%	96%	98%	100%	96%	95%	94%	100%	98%		97%		
26	Shift meets requirement Night %	RN	99.0%	95%	98%	97%	102%	100%	100%	98%	97%	98%	99%	100%	100%	100%	99%	100%		99%		
27		HCA	92.0%	95%	100%	88%	90%	88%	90%	100%	90%	91%	86%	93%	93%	91%	100%	100%		93%		

EFFECTIVE

No.	Indicator	Description	2018/19	Target	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	YTD	Trend	Comments
28	Nutrition Assessment (MUST)	Initial (Safety Thermometer)	97%	95%	100%	100%	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
29		7 day review (Safety Thermometer)	92.0%	95%	33%	100%	100%	100%	100%	100%	93%	100%	100%	100%	100%	na	100%	0%	100%	90%		1 patient over 7 days not reviewed, staff member spoken to about the importance of the 7 day follow up.
30	Compliance in Practice (CiP)	Inspection score		80%	Reported 1/4ly		Reported 1/4ly		ported 1/4ly											#DIV/0!		

QVH Nursing Quality Metrics Data

CARING — 1

#	Group	Metric	Value	Target	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	Total	Comment
31	Friends & Family Test	Patient numbers (eligible to respond)	1624	_	131	111	140	147	159	144	132	139	144	138	154	155	131	145	1588	
32		% return rate	55.0%	40%	57%	60%	41%	41%	47%	61%	49%	60%	51%	50%	49%	56%	49%	43%	51%	
33		% recommendation (v likely/likely)	99.0%	90%	97%	100%	98%	100%	100%	100%	100%	98%	100%	100%	100%	99%	100%	98%	100%	
34		% unlikely/extremely unlikely	0.0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	

RESPONSIVE

#	Group	Metric	Value	Target	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	Total	Comment
35	Complaints	No. recorded	6	0	1	2	1	1	0	0	0	0	0	0	0	0	0	0	1	

WELL-LED

#	Group	Metric	Value	Target	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	Total	Comment
36	Vacancy Establishment=	Full Team WTE	49.2		49.54	49.54	49.54	49.54	49.54	48.66	48.66	48.66	48.66	48.66	48.66	53.66	53.66	52.42	50.1	
37		Vacancy WTE	11		12.74	12.12	13.72	13.22	10.67	9	7.16	7.16	7.08	6.08	4.08	8.78	9.78	10.13	8.5	
38		Vacancy (hrs)	1784		2070	1970	2229.5	2148.3	1733.9	1462.5	1163.5	1164	1150.5	988	663	1426.8	1589.3	1646.1	1376.0	
39	Temporary Staffing excluding RMN	Agency Use	1258		1789	1775.8	1642.8	1566.5	814	369.5	713.5	994	670.5	709	766	636	625	585.5	768.1	
40		Bank Use-all staff	856		823.5	673	851.75	847.3	717	794.75	970.2	1119	985	1053.7	948.25	847	1355.2	1278.5	992.4	We are 295hrs under our vacancy, sickness and maternity hrs.
41		Bank Use-non-clinical												27.25	17.5	0	9	9		
42	Sickness-all staff	Hours	216.2		165	193	157.75	180.5	310.5	261.5	177.75	277	481.5	417.5	374.5	311.5	113.5	363.25	297.2	
43		%	2.7%	3%	2.0%	2.4%	2.0%	2.2%	3.9%	3.3%	2.3%	3.5%	6.1%	5.3%	4.7%	3.6%	1.3%	4.3%	3.7%	Some long term sickness.
44	Sickness-non-clinical	Hours											21	10	0	37	0	27		
45		%											0.3%	0.1%	0.0%	0.4%	0.0%	0.3%		
46	Maternity	Hours			69	0	0	0	0	0	150	150	150	150	150	150	150	150	######	
47	Budget Position	YTD Position		>0	-214295	-273162		-391542	-419366	-420659	-450392	-515942		17061	11641	-9153	-12783		-2191135	
48	Statutory & Mandatory	Mandatory training	94%	90%	91%	91%	92%	94%	96%	95%	96%	96%	95%	93%	95%	94%	95%	96%	95%	
49		Appraisal	93%	95%	92%	90%	86%	90%	98%	98%	98%	98%	96%	85%	96%	96%	91%	89%	94%	A dip in the training percentage, all staff out of date sent a reminder to book on to training.
50	Uniform Audit	Compliance with uniform policy %	87%	95%			89%	80%	80%	95%	90%	87%	100%	100%	100%	20%	90%	90%	85%	The matron and senior staff nurses continue to challenge poor compliance.

QVH Nursing Quality Metrics Data

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NHS
Queen Victoria Hospital
NHS Foundation Trust

No.	Indicator	Description	2018/19 total/ average	Target	Quarter 2 Sept	Quarter 3 2018/19 Oct	Nov	Dec	Quarter 4 2018/19 Jan	Feb	Mar	Quarter 1 2019/20 Apr	May	Jun	Quarter 2 2019/20 Jul	Aug	Sep	Year to Date Actual	Trend	Comments
SAFE																				
1	Incidents	Total reported - All incidents	50	_	1	3	4	3	5	7	6	4	2	4	6	2	9	55		
2		Total reported - Patient safety	19	_	1	3	1	2	1	2	4	3	0	0	5	0	3	24		
3		Formal internal investigation	0	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	0		
5	Falls	Falls - All	0	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	0		
7	Pressure Damage	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8	Inoculation Injury	Reported incidents	2	0	0	0	0	1	0	0	0	0	0	1	0	0	0	2		
9	MRSA	Reported cases	0	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	0		
11	Hand Hygiene	Hand hygiene	99%	95%	N/S	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
12		Bare below the elbows	100%	95%	N/S	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
13	Medication Audit	Missed dose			Reported 1/4ly	Reported 1/4ly			Reported 1/4ly									0		
14		Omitted dose			Reported 1/4ly	Reported 1/4ly			Reported 1/4ly									0		
15		Total doses			Reported 1/4ly	Reported 1/4ly			Reported 1/4ly									0		
16	Medication Errors	Reported errors	3	0	1	0	0	0	0	0	1	0	1	0	1	0	2	5		ID22685 (12/09/2019): Incorrect patient details labelled on the precscription. ID22728 (19/09/2019): Wrong patient sticker on prescription.
EFFECTIVE																				
17	Compliance in Practice (CiP)	Inspection score		80%	Reported 1/4ly	Reported 1/4ly			Reported 1/4ly									#DIV/0!		

QVH Nursing Quality Metrics Data

CARING

18	Friends & Family Test	Patient numbers (eligible to respond)	17136	_	1371	1683	1524	1107	1464	1191	1368	1476	1437	1328	1347	1300	996	16221		
19		% return rate	18.0%	20%	16%	19%	17%	17%	17%	18%	18%	12%	7%	11%	9%	16%	17%	15%		Changes to trust data capture due to IG concern in April and May
20		% recommendation (v likely/likely)	93.0%	90%	94%	94%	93%	95%	96%	92%	93%	95%	97%	94%	96%	93%	98%	95%		
21		% unlikely/extremely unlikely	2.0%	0%	1%	3%	2%	1%	3%	4%	4%	1%	2%	4%	3%	2%	0%	2%		

RESPONSIVE

22	Complaints	No. recorded	8	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2		

WELL-LED

23	Vacancy Establishment=	Full Team WTE	21.4		21.37	21.37	21.37	21.37	21.37	21.37	21.37	21.37	21.37	21.37	20.21	20.21	20.21	21.1		
24		Vacancy WTE	1.9		1.34	3.34	2.42	2.42	3.22	1.72	0.72	0.92	0.92	1.12	-0.64	-0.64	-0.44	1.3		
25		Vacancy (hrs)	311.2		218	543	393.25	393.25	523.25	279.5	117	149.5	149.5	182	-104	-104	-71.5	204.23		
26	Temporary Staffing excluding RMN	Agency Use	0		0	0	0	0	0	0	0	0	0	0	0	0	0	0		
27		Bank Use-all staff	153.9		162	169.25	117.9	76.75	149.55	140.15	158.75	158.45	154.5	124.8	120.25	191.75	114.5	139.72		
		Bank Use-non-clinical											0	0	0	0	0			
29	Sickness-all staff	Hours	139.7		198.5	55.5	171.25	62	219.25	313.67	89.25	95.5	87.5	58.75	43	93.25	188.5	123.12		
30		%	3.9%	3%	5.7%	1.6%	4.9%	1.8%	6.3%	9.0%	2.6%	2.8%	2.5%	1.7%	1.3%	2.8%	5.7%	3.6%		Two staff members on long term sick.
31	Sickness-non-clinical	Hours											0	0	0	0	0			
32		%											0.0%	0.0%	0.0%	0.0%	0.0%			
33	Maternity	Hours	12.5%		0	0	0	0	0	0	150	150	150	150	150	150	150	87.5		
34	Budget Position	YTD Position		>0	7423	14672	17258	27014	37739	44777	31684	-47246	8125	12742	12799	14037		173601		
35	Statutory & Mandatory	Mandatory training	92%	90%	90%	94%	93%	97%	96%	94%	93%	95%	98%	99%	98%	98%	96%	96%		
36		Appraisal	97%	95%	100%	100%	100%	100%	100%	96%	100%	100%	96%	100%	100%	100%	100%	99%		
37	Uniform Audit	Compliance with uniform policy %	100%	95%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

QVH Nursing Quality Metrics Data

NURSING METRICS - 12 MONTH ROLLING
PEANUT WARD

Contact Nicky Reeves on 6607 for any formatting queries

NHS Queen Victoria Hospital NHS Foundation Trust — QVH

No.	Indicator	Description	2018/19 total/ average	Target	Quarter 2 Sept	Q3 Oct	Q3 Nov	Q3 Dec	Q4 Jan	Q4 Feb	Q4 Mar	Q1 Apr	Q1 May	Q1 June	Q2 July	Q2 Aug	Q2 Sep	Oct	Year to Date Actual	Trend	Comments
SAFE																					
1	Incidents	Total reported - All incidents	179	_	11	16	10	11	13	8	9	21	22	16	19	10	5		144		NB: Includes 1 x Child Safeguarding Incident
2		Total reported - Patient safety	20	_	2	1	1	1	1	4	1	4	2	1	3	6	1		25		
3		Formal internal investigation	0	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		0		
5	Falls	Falls - All	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0		1		
6		Falls - With harm	1	0	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	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		0		
9	MRSA	Reported cases	0	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		0		
11	Hand Hygiene	Hand hygiene	78.0%	95%	70%	90%	90%	90%	80%	90%	80%	100%	100%	70%	90%	100%	90%		89%		Staff encouraed to challenge staff to wash hands
12		Bare below the elbows	97.0%	95%	100%	100%	90%	90%	100%	100%	100%	100%	100%	70%	100%	100%	90%		95%		Staff are encourage to challenge staff who are not bare below the elbows.
13	Drug Assessments	% staff compliant	93.0%	100%	100%	93%	93%	84%	85%	87%	87%	93%	93%	100%	100%	100%	100%		93%		
14	Medication Audit	Missed dose			ported 1/4ly	Reported 1/4ly			ported 1/4ly										0		
15		Omitted dose			ported 1/4ly	Reported 1/4ly			ported 1/4ly										0		
16		Total doses			ported 1/4ly	Reported 1/4ly			ported 1/4ly										0		
17	Medication Errors	Reported errors	4	0	0	0	1	0	0	1	0	2	0	0	1	2	0		7		
18	Safety Thermometer	Harm Free Care %	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	na	na	na	na	na	na	100%		no inpatients
19		New Harm Free %	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	na	na	na	na	na	na	100%		no inpatients
20	BMI Monthly	Total no. of ward patients	2398	_	188	243	199	165	217	199	215	236	237	212	221	206	189		2296		
21		No. patients screened & documented	2263	_	174	236	194	151	210	168	205	217	221	188	210	191	173		2128		
22		Patients with documented BMI %	94%	95%	93%	97%	97%	92%	96%	93%	97%	92%	93%	89%	95%	93%	92%		93%		Staffed reminded to complete this.
23	VTE (Venous Thrombo Embolism)	Assessment of patients (S. Therm)		95%								100%	na	na	na	na	na	na			VTE screening applies to 16 and over from April 2019
24		Monthly screening % (Informatics)		95%									17%	82%	100%	50%	0%				2 patients should have been screened
25	Shift meets requirement Day %	RN	98.0%	95%	99%	101%	98%	97%	98%	97%	96%	99%	97%	100%	97%	98%	98%		98%		
26		HCA	98.0%	95%	96%	97%	97%	97%	95%	97%	88%	103%	100%	100%	100%	100%	100%		98%		
27	Shift meets requirement Night %	RN	86.0%	95%	80%	70%	70%	81%	97%	100%	95%	88%	89%	92%	66%	75%	62%		83%		Dependent on patient acuity, staff sickness impacting on shift cover and closure of ward at midnight if no inpatients
28		HCA	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
EFFECTIVE																					
29	Compliance in Practice (CiP)	Inspection score	91%	80%	ported 1/4ly	Reported 1/4ly			ported 1/4ly								89%		89%		

QVH Nursing Quality Metrics Data

CARING

#		Metric		Target																Total		Comments
30	Friends & Family Test	Patient numbers (eligible to respond)	2242	_	164	200	185	152	189	170	187	206	223	178	182	177	149		1998		
31		% return rate	34.0%	40%	45%	31%	32%	36%	49%	23%	17%	34%	20%	15%	30%	21%	22%		27%		Staff are regularly reminded regularly to give out FFT.
32		% recommendation (v likely/likely)	98.0%	90%	100%	100%	100%	98%	99%	100%	100%	97%	97%	100%	98%	100%	100%		99%		
33		% unlikely/extremely unlikely	0.0%	0%	0%	0%	0%	2%	0%	0%	0%	1%	1%	0%	0%	0%	0%		0%		

RESPONSIVE

#		Metric		Target																Total		
34	Complaints	No. recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		

WELL-LED

#		Metric		Target																Total		Comments
35	Vacancy Establishment=	Full Team WTE	20.2				19.71			20.37	20.37	20.37	20.37	20.37	21.46	21.46	21.46		20.7		
36		Vacancy WTE	0.6		1.08	-0.08	-0.08	-1.08	0.38	0.3	0.94	0.94	0.94	0.54	1.63	1.63	1.63		0.7		
37		Vacancy (hrs)	92.11		175.5	-13	-13	-175.5	61.75	48.75	152.75	152.75	152.8	87.75	264.87	264.9	264.87		114.79		
38	Temporary Staffing excluding RMN	Agency Use	60.52		69.5	74	69.5	0	48.5	41.5	53.25	73.5	89	100.25	110	99.75	60.25		67.773		
39		Bank Use-all staff	309.8		284.5	339.55	321.25	223	189	238.75	189.5	214.25	227.4	191.15	329.5	200	209.3		230.28		We are 4hrs under our vacancy, sickness and maternity.
		Bank Use-non-clinical											4	0	0	7	7.5				
41	Sickness-all staff	Hours	130.1		40	96	181	76	220.25	205.95	212	266.5	112.5	247.5	486.5	240.5	9		205.25		
42		%	3.7%	3%	1.2%	3.0%	5.7%	2.4%	6.7%	6.2%	6.4%	8.1%	3.4%	7.5%	14.0%	6.9%	0.0%		6.1%		
43	Sickness non clinical	Hours										45	65	37	165.5	67.5	9				
44		%										1.3%	2.0%	1.1%	4.7%	1.9%	0.3%				
45	Maternity	Hours																	#DIV/0!		
46	Budget Position	YTD Position		>0	7797	13962	17375	11940	30457	33223	43873		-7044	-10519	-9153	-12783			97369		
47	Statutory & Mandatory	Mandatory training	93%	90%	94%	95%	94%	94%	93%	92%	91%	89%	92%	93%	94%	95%	95%		93%		
48		Appraisal	88%	95%	96%	96%	92%	92%	83%	92%	71%	80%	80%	76%	76%	72%	96%		83%		
49	Uniform Audit	Compliance with uniform policy %	88%	95%		100%	100%	90%	70%	80%	90%	90%	100%	100%	100%	100%	100%		93%		

QVH Nursing Quality Metrics Data

NURSING METRICS - 12 MONTH ROLLING
ROSS TILLEY

Contact Nicky Reeves on 6607 for any formatting queries

No.	Indicator	Description	2018/19 total/ average	Target	Quarter 2 2018/19 Sept	Quarter 3 2018/19 Oct	Nov	Dec	Quarter 4 2018/19 Jan	Feb	Mar	Quarter 1 2019/20 Apr	May	June	Quarter 2 2019/20 July	Aug	Sep	Oct	Year to Date Actual	Trend	Comments
SAFE																					
1	Incidents	Total reported - All incidents	155	_	12	20	12	12	9	13	13	5	7	10	16	20	15		132		
2		Total reported - Patient safety	96	_	8	15	8	8	7	10	7	4	4	5	11	18	13		95		
3		Formal internal investigation	1	0	0	0	0	0	0	0	1	0	0	0	0	0	1		2		ID22757 (26/09/2019) CAT2 Pressure Ulcer to (L)elbow aquired during care.
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	Falls	Falls - All	12	0	2	1	2	0	1	0	2	0	1	1	0	2	1		10		ID22758 (26/09/2019): Unwitnessed fall by side of bed - Minor Harm.
6		Falls - With harm	1	0	1	0	0	0	0	0	0	0	1	0	0	1	1		3		As above - ID22758: Bruising to (L)knee
7	Pressure Damage	G2 or above (hospital acquired)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1		1		ID22757 (26/09/2019) CAT2 Pressure Ulcer to (L)elbow aquired during care.
8	Inoculation Injury	Reported incidents	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
9	MRSA Screening	Elective patients	98.0%	95%	94.9%	100%	97%	97%	98%	97%	100%	100%	95%	96%	98%	100%	100%		98%		
10		Trauma patients	96.0%	95%	94.9%	93.4%	94.7%	92.9%	98.0%	95.0%	97.0%	98.0%	94.0%	96.0%	100.0%	97.0%	96.0%		96%		
11		Reported cases	0	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	1	0		1		
13	Hand Hygiene	Hand hygiene	97%	95%	100%	100%	90%	90%	100%	100%	90%	100%	90%	100%	100%	100%	100%		96%		
14		Bare below the elbows	93.0%	95%	100%	100%	70%	90%	100%	100%	100%	100%	90%	100%	100%	100%	80%		94%		Staff encouraged to challenge staff not complying with this.
15	Drug Assessments	% staff compliant	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%	100%	100%	100%	100%		99%		
16	Medication Audit	Missed dose			Reported 1/4ly	Reported 1/4ly			Reported 1/4ly										0		
17		Omitted dose			Reported 1/4ly	Reported 1/4ly			Reported 1/4ly										0		
18		Total doses			Reported 1/4ly	Reported 1/4ly			Reported 1/4ly										0		
19	Medication Errors	Reported errors	31	0	2	7	4	3	0	2	3	2	0	0	5	9	8		36		ID22600 (29/07/2019 - reported 02/09/2019): Not all PODs prescribed. One medication prescribed that patient no longer takes. ID22629 (05/09/2019): Patient admitted 19/08 (PODs charted) then discharged. Re-admitted 05/09/2019 - Drug chart from 19/08 was used but patients medications had changed. ID22667 (10/09/2019): Prescribing errors (4 x medications were prescribed with incorrect dosages). ID22688 (12/09/2019): Prescribing error ID22712 (19/09/2019): Prescribing error. ID22732 (20/09/2019): Prescribing errors. ID22767 (25/09/2019): POD not prescribed + Pharmacy ordering error ID22768 (22/09/2019): Prescribing error
20	Safety Thermometer	Harm Free Care %	100.0%	95%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	94%	93%		98%		
21		New Harm Free %	100.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
22	VTE (Venous thromboembolism)	Assessment of patients (S. Therm)	98.0%	95%	100%	100%	100%	94%	100%	95%	100%	94%	100%	100%	100%	100%	100%	100%	99%		
23		Monthly screening % (Informatics)	95.0%	95%	94%	94%	94%	92%	97%	91%	97%	96%	93%	92%	95%	91%	98%		94%		
24	Shift meets requirement Day %	RN	98.0%	95%	97%	97%	97%	99%	100%	97%	98%	100%	100%	98%	97%	95%	97%		98%		
25		HCA	98.0%	95%	96%	92%	98%	100%	98%	98%	102%	100%	102%	98%	94%	96%	96%		98%		
26	Shift meets requirement Night %	RN	95.0%	95%	99%	99%	98%	98%	94%	97%	93%	96%	96%	97%	96%	98%	96%		96%		
27		HCA	92.0%	95%	90%	97%	100%	68%	100%	100%	89%	90%	96%	92%	93%	96%	96%		93%		
EFFECTIVE																					
28	Nutrition Assessment (MUST)	Initial (Safety Thermometer)	100.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
29		7 day review (Safety Thermometer)	97.0%	95%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	50%	100%	100%	95%		
30	Compliance in Practice (CiP)	Inspection score	88%	80%	Reported 1...	88.2%													#DIV/0!		

Nursing Quality Metrics Data

CARING

31	Friends & Family Test	Patient numbers (eligible to respond)	2254	_	204	190	173	184	166	199	178	203	228	221	210	199	193		2154		
32		% return rate	40.0%	40%	31%	37%	39%	40%	48%	35%	44%	38%	34%	43%	41%	21%	26%		37%		Staff reminded to hand out FFT forms.
33		% recommendation (v likely/likely)	99.0%	90%	98%	99%	100%	100%	97%	99%	99%	97%	97%	98%	99%	100%	100%		99%		
34		% unlikely/extremely unlikely	0.0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	1%	1%	0%	0%		0%		

RESPONSIVE

35	Complaints	No. recorded	3	0	1	1	0	0	0	0	0	0	0	0	0	0	0		0		

WELL-LED

36	Vacancy Establishment=	Full Team WTE	49.2		49.54	49.54	49.54	49.54	48.66	48.66	48.66	48.66	48.66	48.66	53.66	53.66	52.42		50.1		
37		Vacancy WTE	11	10%	12.12	13.72	13.22	10.67	9	7.16	7.16	7.08	6.08	4.08	8.78	9.78	10.13		8.5		
38		Vacancy (hrs)	1784	10%	1970	2229.5	2148	1734	1463	1164	1163.5	1150.5	988	663	1426.8	1589.3	1646		1376		
39	Temporary Staffing excluding RMN	Agency Use	1258	10%	1776	1643	1566.5	814	369.5	713.5	994	670.5	709	766	636	625	585.5		768.14		
40		Bank Use-all staff	856	10%	673	851.8	847.3	717	794.75	970.2	1118.5	985	1053.7	948.3	847	1355.2	1278.5		992.31		We have used 295hrs under our vacancy, maternity and sickness hours.
		Bank Use-non-clinical											27.25	17.5	0	9	9				
42	Sickness-all staff	Hours	216.2		193	157.75	180.5	310.5	261.5	177.75	277	481.6	417.5	374.5	311.5	113.5	363.3		297.2		
43		%	2.7%	3%	2.4%	2.0%	2.2%	3.9%	3.3%	2.3%	3.5%	6.1%	5.3%	4.7%	3.6%	1.3%	4.3%		3.7%		Sickness managed as per policy
44	Sickness-non-clinical	Hours										21	10	0	37	0	27				
45		%										0.3%	0.1%	0.0%	0.4%	0.0%	0.3%				
46	Maternity	Hours	50.6%		0	0	0	0	0	150	150	150	150	150	150	150	150		109.09		
47	Budget Position	YTD Position		>0	-273162	-333679	-391542	-419366	-420659	-450392	-515942		17061	11641	-9153	-12783			-2191135		
48	Statutory & Mandatory	Mandatory training	94.0%	90%	91%	92%	94%	96%	95%	96%	96%	95%	93%	95%	94%	95%	96%		95%		
49		Appraisal	93.0%	95%	90%	86%	90%	98%	98%	98%	98%	96%	85%	96%	96%	91%	89%		94%		A dip in the training percentage, all staff out of date sent a reminder to book on to training.
50	Uniform Audit	Compliance with uniform policy %	95%	95%		100%	90%	90%	100%	100%	90%	100%	90%	100%	0%	90%	80%		85%		Matron continues to encourage staff to challenge those not complying with the uniform policy.

QVH Nursing Quality Metrics Data

No.	Indicator	Description	2018/19 total/average	Target	Quarter 2 2018/19 Sept	Quarter 3 2018/19 Oct	Nov	Dec	Quarter 4 2018/19 Jan	Feb	Mar	Quarter 1 2019/20 Apr	May	June	Quarter 2 2019/20 Jul	Aug	Sept	Year to Date Actual	Trend	Comments
SAFE																				
1	Incidents	Total reported - All incidents	25	_	1	1	2	4	1	1	5	2	3	0	1	6	5			
2		Total reported - Patient safety	9	_	0	0	1	2	1	1	1	1	3	0	1	2	2	15		
3		Formal internal investigation	0	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	0		
5	Falls	Falls - All	0	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	0		
7	Pressure Damage	G2 or above (hospital acquired)	0	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	0		
9	MRSA	Reported cases	0	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	0		
11	Hand Hygiene	Hand hygiene	100%	95%	N/S	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
12		Bare below the elbows	100.0%	95%	N/S	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
13	Medication Errors	Reported errors	4	0	0	0	1	1	0	0	1	0	0	0	0	0	0	3		
14	VTE	Monthly screening % (Informatics)	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			100%		
EFFECTIVE																				
15	Compliance in Practice (CiP)	Inspection score	91%	80%	ported 1/		90.6%	ported 1/4ly							87.0%			87%		
CARING																				
16	Friends & Family Test	Patient numbers (eligible to respond)	10086	_	653	921	907	559	939	794	867	837	935	877	770	685	748	8918		
17		% return rate	19.0%	20%	19%	19%	16%	22%	22%	16%	19%	13%	14%	15%	15%	19%	20%	17%		
18		% recommendation (v likely/likely)	97.0%	90%	97%	98%	97%	95%	96%	98%	98%	99%	97%	97%	96%	97%	95%	97%		
19		% unlikely/extremely unlikely	1.0%	0%	1%	1%	2%	2%	2%	1%	0%	0%	3%	1%	2%	2%	3%	2%		
RESPONSIVE																				
20	Complaints	No. recorded	1	0	0	0	1	0	0	0	0	0	0	1	0	0	1	3		Sept - this complaint relates to communication and is not nursing related.
WELL-LED																				
21	Vacancy Establishment=	Full Team WTE			32.17	32.17	32.17	32.17	32.17	32.17	32.17	32.17	32.17	32.17	31.61	31.61		32.1		
22		Vacancy WTE		10%	8.64	8.06	7.46	6.86	6.65	5.72	6.52	6.38	6.17	9.04	9.04	8.04		7.2		
23		Vacancy (hrs)		10%	324	302.25	279.75	257.25	249.37	214.5	244.5	239.25	231.37	339	339	301.5		269.55		
24	Temporary Staffing excluding RMN	Agency Use		10%	2	9	13	0	0	0	0	0	0	0	0	0		1.3		
25		Bank Use		10%	3.47	3.55	3.67	2.51	2.49	3.55	2.86	3.27	4	4.31	5.74	5.72		3.812		
26	Sickness	Hours			150	45	0	0	86	44	92	191.25	77.5	81.5	68.5	8.5		64.925		
27		%		3%	21.4%	6.4%	0.0%	0.0%	12.3%	6.4%	13.1%	27.3%	11.0%	11.7%	13.3%	1.6%		9.7%		
28	Sickness non clinical	Hours			32.25	74.25	190.5	157.5	180	165.5	174.5	165	120.5	0	0	7.5				needs formula changing
29		%			7.7%	17.8%	45.6%	37.7%	43.1%	39.6%	41.8%	39.0%	28.8%	0.0%	0.0%	1.7%		27.7%		needs formula changing
30	Maternity	Hours			300	345	330	315	345	300	240	165	60	0	0	0		175.5		
31	Budget Position	YTD Position		>0	159	108	201	181	27	254	106	230	120	310	314	309		2052		
32	Statutory & Mandatory	Mandatory training		90%	70%	86%	100%	100%	100%	94%	90%	87%	93%	90%	91%	93%		94%		
33		Appraisal		95%	92%	90%	90%	92%	91%	94%	91%	93%	81%	88%	94%	97%		91%		
34	Uniform Audit	Compliance with uniform policy %	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

Nursing Quality Metrics Data

Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**07/11/19**		**Agenda reference:**		**189-19**
Report title:	**6-monthly nursing workforce review**				
Sponsor:	Jo Thomas, Director of Nursing				
Author:	Nicky Reeves, Deputy Director of Nursing				
Appendices:	• Example of CHPPD information displayed on QVH website • Example of the summary metric taken from the Safe Staffing tool • National Quality Board requirements and self-assessment				
Executive summary					
Purpose of report:	The six-monthly workforce review comes to the board for information in respect of safe staffing levels.				
Summary of key issues	The RCN reported in September 2019 that there continues to be approximately 40,000 nursing vacancies in England. The RCN campaign focuses on asking the public to escalate when they feel staffing numbers are inadequate. NHS hospitals have to balance staffing levels needed to deliver care that is safe and effective with the constraints of finite funding. New roles and changing relationships between professional groups can potentially help or hinder that balance, as can the way ward staff are managed. The 6-monthly nursing workforce paper in the November Board pack reviews the nursing staffing levels required in order to provide safe high quality affordable care. The paper details improvements in many of the clinical areas but challenges remain in theatres and critical care which mirror national trends. Safe provision of care is evidenced in this paper which is achieved though enhanced scrutiny and support from senior nursing team, effective use of resources and temporary staffing solutions though agency usage is decreasing.				
Recommendation:	For the Board to **note** the contents of the report				
Action required	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	**KSO1:** **Y** ***Outstanding patient experience***	**KSO2:** **Y** ***World-class clinical services***	**KSO3:** **Y** ***Operational excellence***	**KSO4:** **Y** ***Financial sustainability***	**KSO5:** **Y** ***Organisational excellence***
Implications					
Board assurance framework:	Links to all 5 KSOs				
Corporate risk register:	Workforce risk is on CRR and relates to nursing in 4 separate risks				
Regulation:	Compliance with regulated activities in Health & Social Care Act 2008 and National Quality Board Guidance				
Legal:	As above				
Resources:	No additional resources required for this report				
Assurance route					
Previously considered by:	EMT,Q&GC				
	Date:	21/10 /19 23/10/19	Decision:	No changes at EMT No changes at Q&GC	
Next steps:					

6 Monthly Nursing Workforce Review, 1st April 2019 to 30th September 2019

1. Purpose

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

This paper covers staffing in theatres, inpatient and outpatient areas of the organisation and reviews the outcomes of a range of initiatives taken to improve the nursing and theatre practitioner workforce regarding recruitment and retention.

2. National issues for the nursing workforce

The first World Patient Safety Day in September 2019 was used as an opportunity by the Royal College of Nursing (RCN) to highlight the impact of approximately 40,000 nursing vacancies in England. The RCN are asking the public to tell the government to introduce legislation in England that ensures there is accountability for safe nurse staffing at all levels. The RCN believe there should be a statutory body have responsibility for future nurse staffing planning as no single body has this responsibility at present.

Of interest in a poll conducted by the RCN, seven in 10 people in the UK (71%) said there are not enough nurses in the NHS to provide safe care to patients however, 67% of respondents in England, believe the Government had a legal responsibility to ensure there are sufficient nursing staff.

"Nursing numbers in acute trusts across England increased following the 2013 Francis report but new analysis by the RCN has demonstrated that the additional 9,894 nurses recruited since 203/14 has been dwarfed by the additional 1,557,074 admissions over the same period. For every extra nurse recruited, there were 157 additional admissions to hospital." (Nursing in Practice - September 2019)

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

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

The data in this report is based on information available covering the 6 months from 1st April 2019 to 30th September 2019 inclusive. This data is based on a number of sources including finance ledgers, ESR, Safe Staffing, local templating and establishment information.

3. Recruitment and Retention

The 2018 National NHS staff survey identified an improvement in the numbers of staff recommending QVH as a place to work. The most recent (Q1) staff friends and family (FFT) data has seen a small decrease in recommendations to work at QVH to 71.43% down from 73.62% although still significantly improved from the 61.59% in Q3 2018/19. As a place for a friend or relative to be treated the score has increased to 97.35% from 96.15% in Q4.

The Trust Education lead is now established having been in post since December 2018 and continues to provide a range of educational opportunities and supportive interactions including the facilitation of the Care Certificate to health care assistants, which has resulted in 18 staff receiving their certificates at the recent staff awards, apprenticeship training, maths and English support, preceptorship support for newly qualified staff. Both the preceptorship training and the care certificate have resulted in positive feedback and a sense of empowerment for staff attending.

Our international nurse campaign continues; with 9 staff having completed their OSCE and have or are awaiting NMC registration, 4 in Theatres, 3 in Canadian Wing, 1 in Burns and 1 in CCU. There are 5 staff working towards their OSCE, 2 in theatres, 1 in Burns and 2 in CCU and a further 2 arriving in the next two weeks, 1 for CCU and 1 for Theatres. During November 2 more staff will be arriving in for Theatres who will already have their NMC registration approved. There are also a number of nurses in the pipeline without set arrival dates; 1 for CCU forecast to arrive February 2020 and 5 for Theatres forecast to arrive March 2020.

1st April to 30th September 2019 leaver and starter data for information.

Registered staff

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2019-20			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Establishment WTE (Establishment includes 12% headroom from 01/09/2019)				229.90	229.90	229.90	229.90	231.97	231.97
Staff in Post WTE				196.69	196.00	197.95	200.45	195.40	201.97
Vacancies WTE				33.21	33.90	31.95	29.45	36.57	30.00
Vacancies %	>18%	12%<>18%	<12%	14.45%	14.75%	13.90%	12.81%	15.76%	12.93%
STARTERS WTE (Excluding rotational doctors)				6.43	0.00	1.56	0.00	0.00	3.43
LEAVERS WTE (Excluding rotational doctors)				1.36	1.00	1.51	1.00	3.47	1.00
Starters & Leavers balance				5.07	-1.00	0.05	-1.00	-3.47	2.43

Unregistered staff

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2019-20			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Establishment WTE (Establishment includes 12% headroom from 01/09/2019)				98.11	98.11	98.11	98.11	107.82	107.82
Staff in Post WTE				89.70	87.43	88.07	85.47	89.21	87.01
Vacancies WTE				8.41	10.68	10.04	12.64	18.61	20.81
Vacancies %	>18%	12%<>18%	<12%	8.57%	10.89%	10.23%	12.88%	17.26%	19.30%
STARTERS WTE (Excluding rotational doctors)				4.51	2.00	1.00	2.00	4.64	4.00
LEAVERS WTE (Excluding rotational doctors)				1.72	1.00	3.00	2.00	0.00	1.00
Starters & Leavers balance				2.79	1.00	-2.00	0.00	4.64	3.00

Sourced via ESR data
Please note – the vacancy data in the unregistered workforce includes transitional band 4 posts for the international recruits which will be phased out of the budget moving forwards

All staff

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2019-20			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Establishment WTE (Establishment includes 12% headroom from 01/09/2019)				328.01	328.01	328.01	328.01	339.79	**339.79**
Staff in Post WTE				286.39	283.43	286.02	285.93	284.61	**288.98**
Vacancies WTE				41.62	44.58	41.99	42.08	55.18	**50.81**
Vacancies %	>18%	12%<>18%	<12%	12.69%	13.59%	12.80%	12.83%	16.24%	**14.95%**
STARTERS WTE (Excluding rotational doctors)				10.94	2.00	2.56	2.00	4.64	**7.43**
LEAVERS WTE (Excluding rotational doctors)				3.08	2.00	4.51	3.00	3.47	**2.00**
Starters & Leavers balance				7.86	0.00	-1.95	-1.00	1.17	**5.43**

Sourced via ESR data

Patient experience is a key measure of quality and deterioration can be an early warning indicator that there are safety issues. The nursing directorate and the patient safety team continues with enhanced surveillance and triangulation of daily staffing levels, DATIX, complaints, safe care metrics and bank and agency usage to identify potential early warning signs. For the reporting period of April to September there have been 9 incidents reported referencing nursing shortage with impacts of minor or no harm. 6 were ward related, 3 of these were due to bank or agency staff not arriving or cancelling at very short notice, 1 was due to not being able to staff Peanut and 2 were due to changes in dependency during the day. 3 were theatre staffing related due to staff cancelling at short notice. The risks associated with prolonged vacancies remain on departmental risk registers.

At the time of reporting these are Critical care, Site practitioners, Theatres and Canadian Wing. Corporate Risk Register (CRR) and the Board Assurance Framework (BAF) risk rating for key strategic objectives. It should be noted that the Site Practitioner team were previously on the CRR, had successfully recruited so were removed but have now, due to turnover, been put back on the register. Workforce updates continues to be a feature at every public board which includes details on nursing recruitment and retention triangulated with patient safety metrics and complaints information. Due to sustained improvement in recruitment, it is anticipated that Canadian Wing and Critical Care risk assessments scores will decrease and come off the CRR during Q3/4

4. Care Hours Per Patient Day (CHPPD) and safe staffing metrics

CHPPD was developed, tested and adopted to provide a single, consistent and nationally comparable way of recording and reporting deployment of staff on inpatient wards.

- It produces a single comparable figure that represents both staffing levels and patient requirements, unlike actual hours or patient requirements alone.
- It enables wards within a trust, and wards in the same specialty at other trusts, to be compared. As CHPPD is calculated after dividing by the number of patients, the value does not increase due to the size of the ward, enabling comparisons between wards of different sizes.
- It offers the ability to differentiate registered nurses from healthcare support workers for reporting purposes, ensuring skill-mix is well-described and the nurse-to-patient ratio is taken into account in staff deployment, along with an aggregated overall score.

The care hours per patient day required to deliver safe care can vary in response to local conditions, for example the layout of wards or the dependency and care needs of the patient group it serves. Therefore, higher levels of CHPPD may be completely justifiable and reflect

the assessed level of acuity and dependency. Lower levels of CHPPD may also reflect organisational efficiencies or innovative staffing deployment models or patient pathways.

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Margaret Duncombe	6.7	7.3	8.8	8.3	7.5	7.7	7.6	7.8	7.3	8.0	7.7	7.2
Ross Tilley	5.8	5.9	6.7	7.2	6.9	6.8	6.4	6.4	6.4	6.5	6.0	6.7
Burns Unit	23.1	22.7	23.5	18.5	21.2	27.8	26.9	28.0	30.4	27.9	25.0	22.9
Critical Care Unit	40.0	36.2	50.0	46.3	44.6	41.6	51.3	42.0	36.7	33.8	32.3	41.3

This CHPPD data for CWing shows there are no peaks and troughs in care hours available demonstrating that the patient care requirements and workforce hours available are correctly matched. This information is also used in productivity and efficiency discussions as well as highlighting areas that may require establishment setting or skill-mix review. The data for burns and critical care demonstrated the higher number of care hours required for these patient groups and the fluctuation shows the variation in activity.
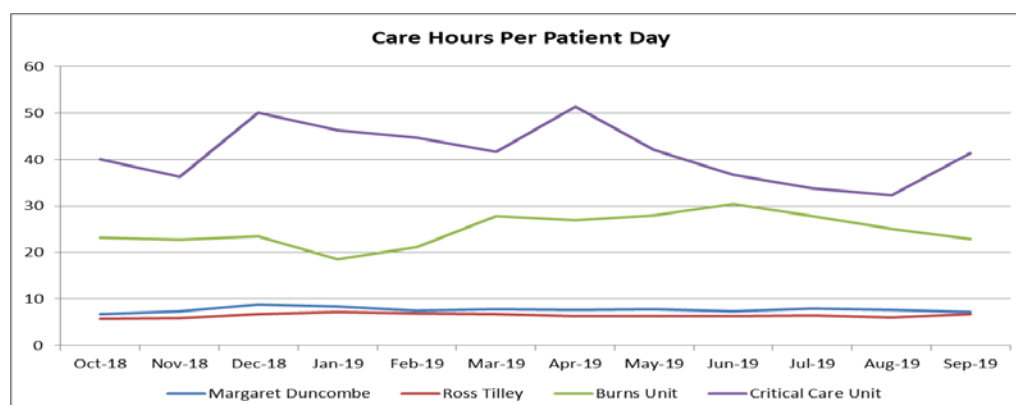
The trust meets the national requirement (Francis report) to display CHPPD data on the QVH website (appendix 1).
In addition to CHPPD, there are monthly processes in place to review staffing levels. The full 6 months data is in appendix 2. Of note, Q1 and 2 has seen the target consistently met on day and night an example of this data is included below;

Combined Staffing exc. Site					SEPTEMBER 2019							Target 95%
	Planned staff		Actual staff					Planned staff		Actual staff		
	RN	HCA	RN	HCA				RN	HCA	RN	HCA	
DAY	5704	2300	5601	2254	Total Hrs Planned and Actual	NIGHT		4336	856.8	4278	845.3	
			98.2%	98%	% Planned Hrs Met					98.7%	98.7%	
		8004		7855	Total Hrs Planned & Actual - Combined reg & support				5192		5123	
				98.1%	% Planned Hrs Met - Combined reg & support							98.7%

5. Establishment review findings

The Deputy Director of Nursing (DDN) undertook the six month reviews with the Heads of Nursing (HoN), Ward Matrons and the Theatre manager as well as discussing the figures with HR colleagues and the finance department. These reviews have been presented to the Director of Nursing and Quality (DNQ) for further review and quality assurance.

The staffing establishments have been benchmarked as described in previous workforce papers against national standards, AFPP theatre guidance, RCN guidance, Intensive Care Society standards and surrounding burns services.

Ward and Outpatient areas as at 30th September 2019 (excl non clinical support roles)
The table below is a summary of staffing establishments including registered and non-registered workforce, excluding non-clinical, admin and clerical posts. During Q1&2 a number of budget alterations were made within theatre therefore comparison with the March

data has not been undertaken. The percentages of vacancy have been RAG rated as follows:

Department	Total Recruitable (Substantive WTE incl 12% uplift)	Staff in post April 2019	Number of WTE in post 30th September 2019	Change in staff in post Increase Decrease	Number of vacant posts 30th September 2019	% Vacant posts 30th September 2019
Burns Ward	21.01	16.2	**18.36**	+2.16	2.56	12%
Canadian Wing	43.69*	36.2	**38.29**	+2.09	5.67	12%
Corneo OPD	18.11	15.5	**15.96**	+0.46	2.15	11%
Critical Care	24.35*	16.9	**19.94**	+3.04	5.74	23%
Max Fax OPD	20.21	19.6	**20.85**	+1.25	-0.64	0%
Peanut Ward	17.86	16.5	**16.26**	-0.24	1.6	8%
Plastics OPD	14.83	12.7	**12.81**	+0.11	2.2	14%
Theatres	142.6	Unable to provide comparison data	**127.25**	Unable to provide comparison data	15.44	10.8%

*These numbers exclude non clinical support roles for the purposes of comparison *excluding Band 4 transitional posts*

Key:

% Vacancy	RAG
Less than 12%	Green
12.1% to 18%	Amber
Above 18.1%	Red

The following data includes bed occupancy to illustrate the variability in workload. This data is not reported for Peanut Ward as the night time closures make the data inaccurate.

Peri Op including Pre assessment

Theatres continue to actively recruit mainly band 5 registered staff and continue to line book agency theatre staff with an average of 10 to 12 agency theatre nurses per day to provide safe staffing in theatres (this is a decrease from previous report). The "regular" agency staff receive local induction and orientation to the department. Staffing is risk assessed on a daily basis reviewing the impact of agency staff on the skill mix within theatre. There has been an increase in agency usage in some theatres following competency assessment of staff to improve productivity since the four eyes work was completed.

Canadian Wing

Canadian Wing continues to run a rolling advert and international recruits have joined the workforce. The ward has successfully recruited 2.09 new staff in the last 6 months.

Canadian Wing occupancy over the last 6 months:

Month	April	May	June	July	August	September
Percentage	78%	75%	78%	69%	80%	79%

Burns Ward

Burns has successfully recruited a number of staff since April. Due to the variability of activity, staffing is deployed across the week to minimise the use of bank/agency in a very flexible and responsive way.

Burns occupancy over the last 6 months:

Month	April	May	June	July	August	September
Percentage	46%	52%	34%	41%	46%	53%

Critical Care

Critical Care has successfully converted agency staff to the trust bank improving safety and consistency of the workforce. Agency usage is well within the risk tolerances agreed at Hospital Management Team for agency staff per shift. Critical Care has benefitted from international and local recruits in the last 6 months and has 3 more critical care nurses starting in October.

CCU occupancy over the last 6 months:

Month	April	May	June	July	August	September
Percentage	31%	34%	49%	61%	56%	46%

Paediatrics

The paediatric ward establishment has been set using RCN guidance for staffing paediatric units. The ward continues to run an on call service at night and will only open in the event that a patient requires overnight care otherwise staff go off duty at 00.00. The establishment remains stable. From the 1 August 2019 there has been an interim divert on inpatient paediatric admissions and the impact of activity and workforce requirements is currently being monitored.

Corneo Out Patients Department

A new departmental matron has commenced in post in June 2019. Corneo has positive retention of staff and has developed a range of specialist roles to meet the needs of their patient group.

Max Fax Out Patients Department

Max Fax have a stable workforce position and there are no exceptions to report.

Plastics Out Patients Department

Plastics Outpatients has improved its recruitment and continues to sustain a stable workforce.

6. Temporary Staff usage

The chart below demonstrates a decrease in agency usage. This can be attributed to robust rota management and effective deployment of nursing staff throughout the organisation. Nursing vacancies make it necessary to use temporary staffing, all areas are striving to reduce the agency burden and maintain safe staffing levels and delivery of quality care.
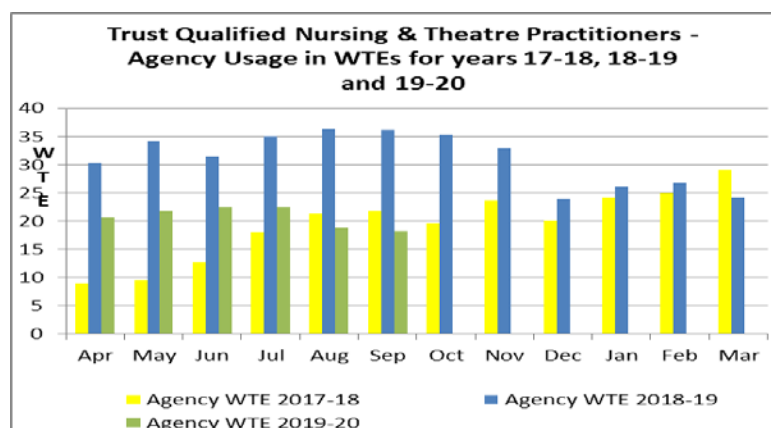
Sourced via ESR

All temporary staff receive a local induction to their area.

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

Additional assurance includes the high visibility of the director and deputy director of nursing in the trust, attendance the 08.00 hospital handover meeting to ensure staffing levels are safe at the start of the day and there are robust plans in place for the next 24 hours. Monthly review of actual staffing against planned is carried out and triangulated against incidents raised via DATIX and safer nursing metrics and complaints data.

7. Retirements

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

Payscale	2 Years
Review Body Band 5	29
Review Body Band 6	27
Review Body Band 7	18
Review Body Band 8 - Range A	1
Review Body Band 8 - Range B	1
Review Body Band 8 - Range C	1
Trust Director	1

This information is being used in workforce modelling to ensure the trust continues to recruit the nurses it needs

8. Maternity Leave and Sickness

2.8 WTE registered nurses are currently as at 30th September 2019 on maternity leave across the nursing areas reviewed as part of this paper, a small decrease from the April data.

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

Registered

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2019-20			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Sickness Absence %	> = 4%	4% <> 3%	< 3%	3.96%	3.20%	3.99%	3.32%	2.02%	TBC

Unregistered

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2019-20			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Sickness Absence %	> = 4%	4% <> 3%	< 3%	5.93%	7.46%	4.24%	4.73%	1.96%	TBC

ESR data

9. Assurance

This report demonstrates QVH compliance with professional guidelines for safe staffing and recommended benchmarks.

Nursing workforce continues to be reviewed monthly using evidence based tools and there is a clear governance process for monitoring and escalation. In addition bank and agency requests are approved by the Head of Nursing. If additional cover is required above templated activity there is a clear escalation process to DD/DON to ensure safety is maintained as well as effective use of resources. The Executive team meet weekly and approves all vacancies prior to recruitment for both establishment control purposes and oversight of nursing workforce challenges

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

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

10. Recommendations

The Board is asked to:
- note the 6 monthly establishment review
- note that we meet the benchmarks recommend by RCN, ICS, NICE and AfPP
- note the staffing levels and skill mix are effectively reviewed
- note that safe, high quality care is being delivered due to staff pride in their work and flexibility.
- Further detailed review on sickness and age to be undertaken to look for any correlation between rising sickness rates and the raising of the retirement age
- note the actions being taken to address the recruitment and retention challenges
- To utilise the CHPPD data in comparison with the model hospital once available to the Trust to facilitate benchmarking

Nicky Reeves DDN October 2019

Appendix 1

Example of CHPPD information displayed on QVH website

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

					Day								Night								Allied Health Professionals				Care Hours Per Patient Day (CHPPD)								Day				Night				Allied Health Professionals	
Hospital Site Details		**Ward name**	**Main 2 Specialties on each ward**		Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered Nursing Associates		Non-registered Nursing Associates		Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered Nursing Associates		Non-registered Nursing Associates		Registered allied health professionals		Non-registered allied health professionals		Cumulative count over the month of patients at 23:59 each day	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
Site code	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours																			
RPC04	QUEEN VICTORIA HOSPITAL (EAST GRINS	Margaret Duncombe	160 - PLASTIC SURGERY	ORAL & MAXILLO FACIAL SU	1231	1219	471.5	460					931.5	931.5	316.3	316.3									407	5.3	1.9	0.0	0.0	0.0	0.0	7.2	99.0%	97.6%			100.0%	100.0%				
RPC04	QUEEN VICTORIA HOSPITAL (EAST GRINS	Ross Tilley	160 - PLASTIC SURGERY	145 - ORAL & MAXILLO	1219	1185	621	598					931.5	897	276	264.5									438	4.8	2.0	0.0	0.0	0.0	0.0	6.7	97.2%	96.3%			96.3%	95.8%				
RPC04	QUEEN VICTORIA HOSPITAL (EAST GRINS	Burns Unit	160 - PLASTIC SURGERY		1012	977.5	483	483					690	690	0	0									94	17.7	5.1	0.0	0.0	0.0	0.0	22.9	96.6%	100.0%			100.0%	-				
RPC04	QUEEN VICTORIA HOSPITAL (EAST GRINS	Critical Care Unit	160 - PLASTIC SURGERY	145 - ORAL & MAXILLO FACIAL SURGERY	1254	1254	356.5	345					1116	1093	264.5	241.5									71	33.1	8.3	0.0	0.0	0.0	0.0	41.3	100.0%	96.8%			97.9%	91.3%				

Appendix 2

Below is an example of the summary metric taken from the Safe Staffing tool. This demonstrates percentages per month staffing did not meet the expected target of 95% . This information is reviewed on a monthly basis by the Director of Nursing.

APRIL 2019 — Target 95%

Combined Staffing exc. Site

DAY	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA		NIGHT	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA
Total Hrs Planned and Actual	5279	2254	5187	2254			4071	839.5	3910	759
% Planned Hrs Met			98.3%	100%					96.0%	90.4%
Total Hrs Planned & Actual - Combined reg & support	7533		7441				4911		4669	
% Planned Hrs Met - Combined reg & support	98.8%						95.1%			

MAY 2019 — Target 95%

Combined Staffing exc. Site

DAY	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA		NIGHT	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA
Total Hrs Planned and Actual	5612	2312	5543	2300			4106	690	3991	667
% Planned Hrs Met			98.8%	100%					97.2%	96.7%
Total Hrs Planned & Actual - Combined reg & support	7924		7843				4796		4658	
% Planned Hrs Met - Combined reg & support	99.0%						97.1%			

JUNE 2019 — Target 95%

Combined Staffing exc. Site

DAY	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA		NIGHT	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA
Total Hrs Planned and Actual	5371	2139	5348	2093			4083	701.5	4014	655.5
% Planned Hrs Met			99.6%	98%					98.3%	93.4%
Total Hrs Planned & Actual - Combined reg & support	7510		7441				4784		4669	
% Planned Hrs Met - Combined reg & support	99.1%						97.6%			

JULY 2019 — Target 95%

Combined Staffing exc. Site

DAY	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA		NIGHT	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA
Total Hrs Planned and Actual	5957	2289	5854	2208			4508	839.5	4255	759
% Planned Hrs Met			98.3%	96%					94.4%	90.4%
Total Hrs Planned & Actual - Combined reg & support	8246		8062				5348		5014	
% Planned Hrs Met - Combined reg & support	97.8%						93.8%			

AUGUST 2019 — Target 95%

Combined Staffing exc. Site

DAY	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA		NIGHT	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA
Total Hrs Planned and Actual	5658	2438	5532	2392			4554	805	4324	759
% Planned Hrs Met			97.8%	98%					94.9%	94.3%
Total Hrs Planned & Actual - Combined reg & support	8096		7924				5359		5083	
% Planned Hrs Met - Combined reg & support	97.9%						94.8%			

Combined Staffing exc. Site — **SEPTEMBER 2019** — *Target 95%*

DAY	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA		NIGHT	Planned staff RN	Planned staff HCA	Actual staff RN	Actual staff HCA
	5704	2300	5601	2254	Total Hrs Planned and Actual		4336	856.8	4278	845.3
			98.2%	98%	% Planned Hrs Met				98.7%	98.7%
		8004		7855	Total Hrs Planned & Actual - Combined reg & support			5192		5123
				98.1%	% Planned Hrs Met - Combined reg & support					98.7%

Appendix 3
National Quality Board requirements and self-assessment

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

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

NQB Recommendations: In compiling this 6 monthly workforce review paper all the following recommendations have been met/included in the April-September 2019 report

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

Report cover-page					
References					
Meeting title:	Trust Board				
Meeting date:	07/11/19		**Agenda reference:**		190-19
Report title:	Flu vaccination of healthcare workers 2019/20				
Sponsor:	Jo Thomas, Director of Nursing and Quality Nursing				
Author:	Nicky Reeves, Deputy Director of Nursing				
Appendices:	• Correspondence from NHSE&I • Trust self-assessment • QVH Staff Flu Immunisation Record 2019/20				
Executive summary					
Purpose of report:	To assure the Board on the 2018/19 flu campaign, and to inform it of the 2019/20 vaccination plan.				
Summary of key issues	There has been a change in the level of detailed information nationally reported during the 2019/20 season particularly regarding "opt out" reasons There is a requirement to publish the flu plan in trust board reports The report updates the board on the current delivery plan to achieve the 80% target				
Recommendation:	To approve the 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:	No impact at this time				
Corporate risk register:	CRR reviewed no impact at this time				
Regulation:	NHS I &E guidance to have flu vaccination, and following NICE and Public Health 2019 advice.				
Legal:	None				
Resources:	Additional resources to complete this work has been absorbed in the corporate nursing and quality directorate				
Assurance route					
Previously considered by:	Quality and governance committee				
	Date:	23/10/19	Decision:	Flu plans noted, no amendments to this paper required	
Next steps:					

|	
Report to:	Board of Directors
Meeting date:	07 November 2019
Agenda item reference no:	190-19
Report from:	Jo Thomas, Director of nursing and quality
Author:	Nicky Reeves, Deputy Director of nursing
Date of report:	25 October 2019

1. Purpose

To **inform** the Board of the evaluation of the QVH 2018/19 flu campaign, to share the revised guidance regarding flu vaccination in healthcare workers, the change in CQUIN requirement and the additional information to be reported during the 2019/20 flu season. In addition the paper outlines the assurance requirements to ensure QVH can meet the vaccination targets as per letter from NHSE&I (appendix 1) and includes the Trusts self-assessment in appendix 2.

2. Introduction

Prior to starting the 2019/20 flu campaign there was a detailed review of the effectiveness of last year's plan which also analysed staff comments and feedback. Changes aimed at improving access to the vaccination in the workplace and incentivising the vaccination are key additions to this year's plan.

The 2019/20 Flu programme will require QVH to report on a range of detailed metrics for staff who are vaccinated during the flu campaign. Following learning from previous years there is now a requirement to provide additional details as to reasons why staff are choosing not to be vaccinated. To facilitate the collection of this data, the consent form has been redesigned to give greater transparency as to why staff refuse the vaccination (Appendix 3).

The CQUIN applicable to the Flu campaign for this year will require us to achieve a vaccination rate of 80% (including documented opt outs). The graph below demonstrates the uptake rates for the past 4 years.
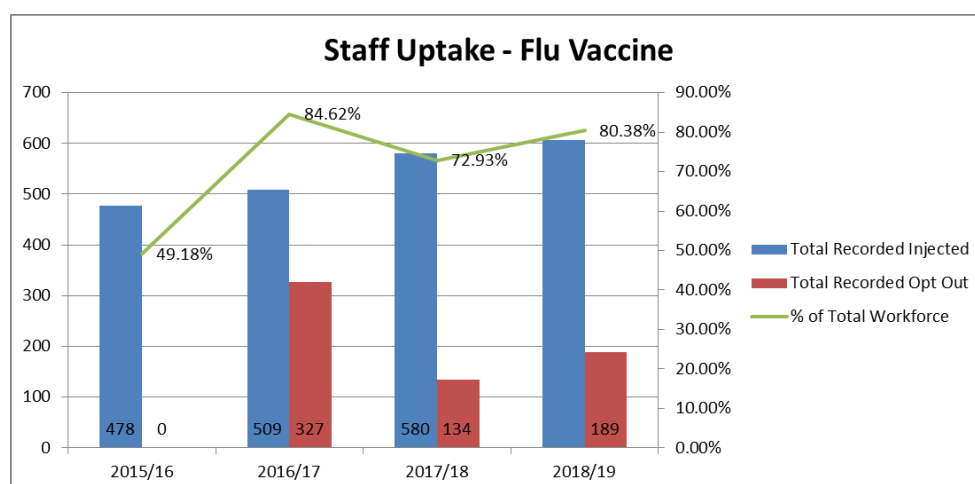
The graph below identifies the distribution of staff groups receiving the vaccine.

Staff who Recieved a Flu Jab
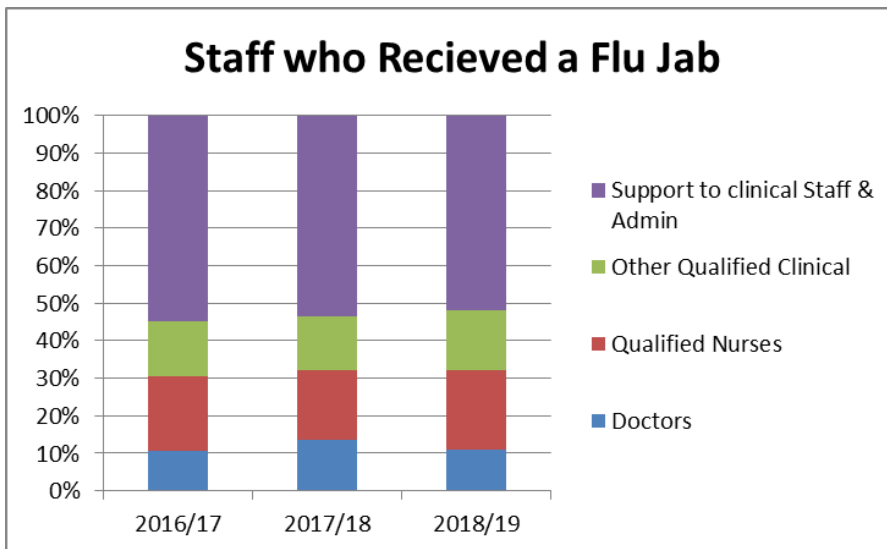
The flu campaign at QVH commenced during the w/c 30ᵗʰ September. To date (13thOctober 2019), 183 staff have been vaccinated with 115 of these being considered "front line staff". So far 31 have declined for a variety of reasons.

3. Actions so far

- Communication plan agreed and actions required have commenced
- Promotional material ordered from Public Health
- Vaccine ordered and over 50% in stock
- Consent form updated to meet the revised reporting requirements
- HR have agreed to provide timely workforce updates
- Occupational health to provide a range of roving and drop in clinics
- Flu Champions being identified in clinical areas to assist with vaccination programme working to a Patient Group Directive (approved at Medicines Management and Optimisation Governance Group).
- Range of updated promotional screen savers being developed including "high profile" champions
- Plan to vaccinate Board members at November Board
- Incentivise staff with offer of free sausage/bacon sandwich in Spitfire restaurant post on site vaccination
- Weekly review of uptake data by Deputy Director of Nursing and targeted approach of "hard to reach areas"
- CCG approached to identify flu "buddy" as per letter in appendix 1
- Board Champion – Jo Thomas

4. Recommendation

The board is asked to note the contents of this report and the compliance with the self-assessment tool in **appendix 2.**

Appendix 1

NHS

Mr Steve Jenkin

Chief Executive,
Queen Victoria Hospital NHS Foundation Trust

CC: Ms Beryl Hobson

Chair,
Queen Victoria Hospital NHS Foundation Trust

NHS England and NHS Improvement

Pauline.Philip@nhs.net

17 September 2019

Dear Steve,

Healthcare worker flu vaccination

The vaccination of healthcare workers against seasonal flu is a key action to help protect patients, staff and their families. Provider flu plans for 2018/19 saw a national uptake rate amongst front line staff of 70.3%, with some organisations vaccinating over 90% of staff. Our ambition is to improve on this through the actions outlined in this letter.

In March 2019, the Department of Health and Social Care (DHSC), NHS England and Improvement and Public Health England (PHE) wrote to all trusts setting out the appropriate vaccines for adults up to 64, the egg and cell-base Quadrivalent influenza vaccines (QIVe and QIVc) and for over 65s, the adjuvanted trivalent influence vaccine (aTIV) as well as QIVc.

Today, we are writing to ask you to tell us how you plan to ensure that all of your frontline staff are offered the vaccine and how your organisation will achieve the highest possible level of vaccine coverage this winter.

Background

Healthcare workers with direct patient contact need to be vaccinated because:

   a)   Flu contributes to unnecessary morbidity and mortality in vulnerable patients

   b)   Up to 50% of confirmed influenza infections are subclinical (i.e. asymptomatic). Unvaccinated, asymptomatic (but nevertheless infected) staff may pass on the virus to vulnerable patients and colleagues

   c)   Flu-related staff sickness affects service delivery, impacting on patients and on other staff – recently published evidence suggests a 10% increase

in vaccination may be associated with as much as a 10% fall in sickness absence

d) Patients feel safer and are more likely to get vaccinated when they know NHS staff are vaccinated

Whilst overall uptake levels have increased every year since 2015/16, there is significant variation in the uptake rates achieved as some trusts have developed excellent flu programmes that deliver very high level of vaccination coverage, however others have not made the same progress.

An evaluation of last year's flu season showed that trusts that have developed a multicomponent approach have achieved higher uptake levels. Innovative methods to reach staff, going ward-to-ward, holding static and remote drop-in clinics and encouraging staff to contact vaccinators directly have been established. Trusts also used incentives to encourage staff, and even small incentives, such as badge stickers, worked to reinforce positive messages. Above all, board and ward leadership are critically important to promote vaccination to staff, providing visibility and transparency.

In order to ensure your organisation is doing everything possible as an employer to protect staff and patients from flu, we would strongly recommend working with your recognised professional organisations and trade unions to maximise uptake of the vaccine within your workforce. You can also access resources including National Institute for Health and Care Excellence (NICE) guidelines: https://www.nice.org.uk/guidance/ng103 and Public Health England's Campaign Resource Centre: https://campaignresources.phe.gov.uk/resources/campaigns/92-healthcare-workers-flu-immunisation-

We are now asking that you complete the best practice management checklist for healthcare worker vaccination [appendix 1] and publish a self-assessment against these measures in your trust board papers before the end of December 2019. Your regional lead will also work with you to share best practice approaches to help support an improvement in your uptake rates.

It is important that we can track trusts' overall progress towards the 100% ambition and all trusts will be expected to report uptake monthly during the vaccination season via 'ImmForm'.

As discussed, there is variation of uptake rates between trusts. Many trusts have made successful progress and have achieved near full participation, whilst other trusts are not increasing uptake rates quickly enough to protect staff and patients. It is important that improvements are made in those trusts. To support this, the healthcare worker flu vaccination CQUIN is in place again this year. New thresholds for payment have been set at 60% (minimum) and 80% (maximum).

We are also increasing requirements for trusts who have had low uptake rates. Each trust that was in the bottom quartile for vaccination uptake (at 61.7% or below) in the published data (Immform in 2018/19) will be required to buddy with a higher uptake

trust. Working with them will provide an opportunity to learn how to prepare, implement and deliver a successful vaccination programme.

For trusts in this quartile progress will be reviewed weekly during the flu season by regional teams in addition to the monthly reporting that is provided to PHE via Immform.

In 2018/19, your trust achieved a frontline healthcare worker flu vaccination uptake rate of 61.2%. This puts your trust in the lower quartile of trusts

Organisations should use the [Written Instruction for the administration of seasonal 'flu vaccination](#) developed by The Specialist Pharmacy Service. NHS trusts vaccinating their own staff may consider that a PGD is more appropriate if it offers a benefit to service delivery e.g. provision by healthcare practitioners other than nurses, who may legally operate under a PGD. Health and social care workers should be offered either the egg or cell-based quadrivalent influenza vaccine. For the small number of healthcare workers aged 65 and over, if you are unable to offer the cell-based flu vaccine, these staff should ask their GP or pharmacy for an adjuvanted trivalent influenza vaccine (aTIV) which is preferable to the non-adjuvanted egg-based flu vaccine particularly if they are in an at risk group.

Finally, we are pleased to confirm that NHS England and Improvement this year is offering the vaccine to social care and hospice workers free of charge this year. Independent providers such as GPs, dental and optometry practices, and community pharmacists, should also offer vaccination to staff. There are two parallel letters to primary care and social care outlining these proposals in more detail.

Yours sincerely,

Pauline Philip
National Director of Emergency and Elective Care
NHS England and NHS Improvement

Ruth May
Chief Nursing Officer
NHS England and NHS Improvement
Improvement

Professor Stephen Powis
National Medical Director
NHS England and NHS

Appendix 2 – Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019

A	**Committed leadership** (number in brackets relates to references listed below the table)	**Trust self-assessment**
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	✓
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	✓
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	✓
A4	Agree on a board champion for flu campaign	✓
A5	All board members receive flu vaccination and publicise this	In progress
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	✓
A7	Flu team to meet regularly from September 2019	✓
B	**Communications plan**	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	✓
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	✓
B3	Board and senior managers having their vaccinations to be publicised	✓
B4	Flu vaccination programme and access to vaccination on induction programmes	✓
B5	Programme to be publicised on screensavers, posters and social media	✓
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	✓
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	✓
C2	Schedule for easy access drop in clinics agreed	✓
C3	Schedule for 24 hour mobile vaccinations to be agreed	✓
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	✓
D2	Success to be celebrated weekly	✓

Appendix 3

NHS
Queen Victoria Hospital
NHS Foundation Trust

QVH Staff Flu Immunisation Record 2019/20

Staff Details:				
Forename:		Surname:		
D.O.B:		Work Telephone number:		
Employer:		Work location/department		
Job Title:				
Staff ESR Group: *(please circle)*	Add. Prof scientific & tech	Additional Clinical Services	Admin & Clerical	Allied Health Professional
	Estates & Ancillary	Healthcare Scientist	Medical & Dental	Nursing & Midw Registered

Health Declaration:		
(please tick as appropriate)	**Yes**	**No**
1. Are you aged either under 18 years or 65 years and over? *(require different vaccine from GP)*		
2. Have you received the flu vaccine already this year?		
3. Are you allergic or hypersensitive to eggs, egg proteins (ovalbumin), or products made from chicken or chicken proteins?		
4. Are you allergic or hypersensitive to any of the ingredients of the vaccine (see PGD/SPC)?		
5. Are you allergic or hypersensitive to any of the following – neomycin, formaldehyde and octoxinol-9 Sodium chloride, Potassium chloride, Disodium phosphate dehydrate, Potassium dihydrogen phosphate?		
6. Have you had a serious reaction to any flu vaccine in the past?		
7. Do you have a fever or acute infection, or do you think you may be getting a fever?		
8. Do you have a bleeding disorder or thrombocytopaenia?		
If answers 'yes' to any of the above, do NOT administer the vaccine and document action taken below:		
Referred to GP:	Other:	

Consent:	
I hereby declare that the information given is true to the best of my knowledge and give consent to the administration of the influenza vaccine.	Please tick
I am happy for Occupational Health to tell my employer that I have taken responsibility for protecting myself and others by having the influenza vaccine.	Please tick
or	

I have received the vaccination outside of the Trust e.g. GP and provided details to confirm this.	Please tick
or	
I have been offered the vaccination by the Trust but have chosen not to be vaccinated this year. (Complete reason below.)	Please tick

Reason:	
I don't like needles	
I don't think I'll get flu	
I don't believe the evidence that being vaccinated is beneficial	
I'm concerned about possible side effects	
I don't know how or where to get vaccinated	
It was too inconvenient to get to a place where I could get vaccine	
The times when the vaccination is available are not convenient	
Other reason	

Print name	*Signature*	*Date*

ADMINISTRATION RECORD – FOR administering practitioner only

Vaccine Name/Batch No/Expiry Date	*Volume/method/vaccination site*	*Date administered*
(Attach vaccine sticker here)	Volume: 0.5mL Route: IM Vaccination site: deltoid muscle/other:	
Administered under QVH PDG: Inactivated quadrivalent influenza vaccine (split virion) BP Suspension for injection 2019/20 Occupational Health Nurse: Administered under a written direction		
Any adverse reasons: **Y / N**	If Y, document the nature of the reaction and action taken, Below:	

Product Information leaflet given to 'patient'?	Yes	No
Trust information leaflet given?	Yes	No

Practitioner's name:		Designation:	
Signature:		Date:	

Report cover-page				
References				
Meeting title:	**Board of Directors**			
Meeting date:	**07/11/2019**	**Agenda reference:**		**191-19**
Report title:	**Seven Day Services Board Assurance Framework**			
Sponsor:	Mr Keith Altman, Medical Director			
Author:	Dr Edward Pickles, Consultant Anaesthetist, 7DS lead until 30/09/2019			
Appendices:	None			
Executive summary				
Purpose of report:	NHSI 7DS mandatory 6 monthly report to Board to provide assurance on seven day services.			
Summary of key issues	Note recent audit data no longer assures full compliance with locally agreed standards for timely consultant review, although robust results limited by sample size. Standard 2 target 90% - achieved 89% weekday, 100% weekend. Standard 8 target 90% - achieved 92% weekday, 65% weekend (small numbers) Quality of clinical record documentation remains biggest challenge. Key priorities should remain implementation of clinical IM&T strategy and development of regional clinical networks and partnership.			
Recommendation:				
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:	KSO2			
Corporate risk register:				
Regulation:	NHS I/E - Seven Day Services			
Legal:				
Resources:				
Assurance route				
Previously considered by:	None			
	Date:		Decision:	
Next steps:	Recommend Q&GC to examine recent audit data in more detail, plan further targeted audit and refresh / develop 7DS action plan. Presentation to Joint Hospital Clinical Governance Meeting. Report back to board in 6 months.			

Priority 7DS Clinical Standards

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	Sept 2016 - Sept 2017 - audits completed through Natcansat national tool. Scores improved from 45% of 'emergency admissions' having documented review by consultant within 14 hours in Sept 2016 to 72% in September 2017. There was no significant difference between weekdays and weekends. From Dec 2018 - local audits completed, utilising same methodology. Assessment within 14 hours 77%. Local audit repeated Oct 2019 (43 notes from one week trauma admissions in August 2019) Review within 14 hours fallen to 56% overall - Weekdays 58%; Weekends 40% However, local standards endorsed by CCGs and NHSI in May 2019, to reflect specialist case mix. Pathway agreed at CGG, Q&GC and JHCGM. Compliance with locally agreed pathway - 92% (Jun 2018) and 94% (Dec 2018). Reaudited in Oct 2019. (August trauma week) Overall compliance 91%. Mon - Fri 89%, Sat - Sun 100%. Some evidence that reviews required by agreed standards at 1 or 14 hours less complaint (75%) but small numbers (8 patients) Consultant job plans in anaesthetics, burns and plastic surgery allow for full compliance with local standards for Clinical Standard 2 and 8 seven days per week. Full pharmacy services are only provided 5 days per week. The 7DS risk is mitigated through site practitioner access to pharmacy and telephone advice available from GSTT 24/7 when pharmacy is closed. There is no evidence that safer staffing levels on wards and critical care are influenced by the day of the week. The 2019 GMC survey demonstrated significant improvement on 2018, with positive outliers (green flags) for Core Surgical Trainees in out of hours clinical supervision. The scores were also improved for plastic surgical senior trainees, although this still attracted a 'pink' flag. We no longer have a pink flag for out of hours supervision in OMFS. We monitor deaths on site, and off site within 30 days of surgery. Low mortality numbers (c5 per year) do not allow for conclusions on any weekend effect. Transfer out of patients is monitored as part of the clinical indicator programme. Transfers at weekend proportionally less at weekends (confirmed on 2019 data)		No, the standard is not met for over 90% of patients admitted in an emergency	Yes, the standard is met for over 90% of patients admitted in an emergency	Standard Not Met

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: • Within 1 hour for critical patients • Within 12 hour for urgent patients • Within 24 hour for non-urgent patients	Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?	Microbiology	Yes available off site via formal arrangement	Yes available off site via formal arrangement	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available off site via formal arrangement	
		Ultrasound	Yes available on site	Yes available on site	
	Formal network agreement for medical referral and review, for pathology and radiology via BSUH SLA. Memorandum of Understanding with aspirations to increase clinical and managerial collaboration between two trusts. Likley partnership with supporting trust by 2020. CT now on-site since Dec 2018, but currently only 5 day working hours service. SLA in place for out of hours. Aspiration to increase to 7 days. Business plan for translocatable MRI in progress.	Echocardiography	Yes available on site	Yes available off site via formal arrangement	
		Magnetic Resonance Imaging (MRI)	Yes available on site	Yes available off site via formal arrangement	
		Upper GI endoscopy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	**Standard Met**
		Interventional Radiology	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Interventional Endoscopy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Emergency Surgery	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
	Formal network agreement for medical referral and review, for pathology and radiology via BSUH SLA. Memorandum of Understanding with aspirations to increase clinical and managerial collaboration between two trusts. Likley partnership with supporting trust by 2020.	Emergency Renal Replacement Therapy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Urgent Radiotherapy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Stroke thrombolysis	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Percutaneous Coronary Intervention	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Cardiac Pacing	Yes available off site via formal arrangement	Yes available off site via formal arrangement	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	All patients with Level 2 or 3 critical care needs reviewed twice daily, and as required. Anaesthetic and critical care consultant out of hours job planning enables twice daily consultant review across seven days in these areas. Documentation specifically captures twice daily critical care review and, in particular, weekend handover. Renewed CCU discharge paperwork. Efficient escalation protocols in critical care. CCU consultant present at morning and evening handover meetings with trauma and hospital at night teams. Day time consultant cover of ICM is limited to 2 consultants / week, working in 2 – 3 day blocks, plus on-call cover at weekend. Consistency of ST5-7 cover is also limited to 2 -3 registrars / week. Ward transfers at nights and weekends only in very exceptional cases. Critical care inspected by CQC in Feb 2019 ('Good' in all domains) and SECCCN in April 2019 - positive report. We do not meet all critical care service specifications in terms of 24/7 FICM accredited critical care consultants or co-location, but mitigation to the satisfaction of network and CQC, and reflects case mix. Formal audit of twice daily review and escalation still to be completed in 2019/20. Once daily review of all non-elective patients in QVH on daily ward round well-embedded (100% on 2018 audit data). 2019 audit demonstrated daily documented review in 84% of cases (92% weekdays; 65% weekends). Capture of daily 'Board rounds' in plastic and OMFS trauma and delegation of review still remains a deficit. E-obs and electronic handover tool funding approved, with potential for automated NEWS2 escalation, virtual ward rounds, AKI and sepsis alerts by end March 2020. Live direct entry forms for EPR in development. Accurate, legible, timed documentation still remains a challenge, and most likely reason for failure to achieve standard.	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	**Standard Not Met**

7DS Clinical Standards for Continuous Improvement

Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10
See 7DS action plan.
Standard 1 - Excellent Friends and Family feedback, however, not yet split into collection on weekday versus weekend.
Standard 3 - Professions Allied to Medicine, including SALT, OT, Dietetics, Pharmacy, Psychology, are generally provided on a 5 day / week basis. QVH specialist case mix does not require full MDT review for vast majority of cases admitted at weekend. Physiotherapy is available 24/7.
Standard 4 - MDT handover well embedded for wards, critical care and whole hospital, with high satisfaction in GMC training survey. Capture of handover information, including delegation of review, to form part of patient record not yet finalised, and remains priority for 2019/20.
Standard 7 SLA with Sussex Partnership NHS Foundation trust for 24/7 mental health needs, plus on-site psychological services department (5 days/week). Particular requirements of reconstruction and burns patients considered and well catered for.
Standard 9 Infrequent delayed transfers of care for our patient cohort, which are generally ambulatory. Discharge planning begins on admission. Access to community of all QVH urgent services via specialty consultants on-call.
Standard 10 QI detailed in Annual Quality Report and Quality and Safety Strategy. All pillars of clinical governance and clinical risk managemtn provided and adhered. Trainee feedback regularly collected.
Main Workstreams for 2019/20
1) Consultant job planning
• Trust has moved to electronic job planning with near completion of all consultant job plans in 2019/20
• Next priority is further development of team job planning utilising newly purchased Allocate Activity Manager.
2) Acute trust Partnership & STP
• Memorandum of understanding with BSUH agreed June 2017, and developed through Sussex Acute Care Network
• Workstreams in plastics, burns and maxillofacial surgery will improve ability to treat patients in most appropriate setting
• Will aim to improve availability of diagnostics and interventions to appropriate cohort of patients & address derogations
• STP to formulate plans for community care and seven day provision
3) Electronic Document Management and e-observations
• EDM partially rolled out across all specialties, except plastics & burns - planned for Nov 2019
• Introduction of clinical portal, forming EPR equivalnet capability in 2020.
• ICE ordering of pathology and radiology implemented with results acknowledgement.
• IM&T strategy near finalisation – e-obs March 2020, e-prescribing 2021
• Live data entry / Electronic notes to capture date and time of consultant review more accurately
• Patient physiological variables recorded electronically and electronic NEWS and escalation in plan
• Handover documentation to be included in e-obs package, plus potential for NEWS2 sepsis and AKI alerts.
Further audit recommended, particularly focused on areas where more urgent review required, and of twice daily review in critical care. October 2019 audit to be followed up through Q&GC, and results to be presented at JHCGM.

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services		Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
Clinical Standard 2	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust		N/A
Clinical Standard 5	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust		
Clinical							

Clinical Standard 6	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 8	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust

Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**7 November 2019**		**Agenda reference:**		**192-19**
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 18 September 2019				
Summary of key issues	The Committee received updated assurance on KSO3 & KSO4. It also received updates on internal audit, the external audit planning process, controls over stock, counter fraud and the Trust's policies.				
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:	Reviewed BAF for KSO 3 & 4				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	None				

Report to:	Board of Directors
Meeting date:	07 November 2019
Reference number:	192-19
Report from:	Kevin Gould, Committee chair
Author:	Kevin Gould, Committee chair
Appendices:	N/A
Report date:	28 October 2019

Audit Committee meeting held on 18 September 2019

1. The Committee received an assurance update on KSO3 and KSO4 from the Director of operations and the Deputy director of finance. While some concerns remain, the Committee was assured by the actions being taken to address the risks identified, particularly with regard to KSO3.

2. The Committee received its annual update on the status of Trust policies following the implementation of new review processes. It noted the significant improvement, with only 8 policies having passed their expiry date compared to 44 in 2018.

3. The Committee received the QVH Charity audit report and accounts for 2018/19. These had been reviewed by the Charity committee and were due to go to the Corporate Trustee for formal approval in November. No significant issues were raised.

4. An update on the progress of the external audit planning process was received, noting that the Director of Finance and Chair of Audit Committee had met with KPMG to discuss the process for this year. One important change is that the interim audit will take place before the end of 2019 rather than in the new year.

5. An update on Internal Audit progress was received from RSM. Due to the delay in making the appointment, no reports had been issued, but several were near finalisation. Of the 53 actions outstanding in March, 39 (74%) had now been fully implemented. Only 9 were currently overdue and these were being carefully monitored by RSM.

6. The final two audits from Mazars were received:
   - Referral to Treatment (no opinion due to scope, no Priority 1 issues)
   - Ledger migration (satisfactory assurance, no Priority 1 issues)

7. The Committee received a report on the progress of Counter Fraud activity.

8. The Committee received a report on improvements made to stock management processes.

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

Report cover-page				
References				
Meeting title:	**Board of Directors**			
Meeting date:	**07 November 2019**	**Agenda reference:**		**193-19**
Report title:	**Changes to Trust constitution**			
Sponsor:	Clare Pirie, Director of communications and corporate affairs			
Author:	Hilary Saunders, Deputy company secretary			
Appendices:	None			
Executive summary				
Purpose of report:	The purpose of this report is to provide the Board with an update on changes made to the Trust's constitution over the last twelve months			
Summary of key issues	Changes are minor and included in the attached report			
Recommendation:	The Board of Directors is asked to approve the revised Constitution			
Action required	**Approval**	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications				
Board assurance framework:	None			
Corporate risk register:	None			
Regulation:	This document is an integral part of the Trust's primary governing documents			
Legal:	Changes are minor and do not have any legal implications			
Resources:	None			
Assurance route				
Previously considered by:	NA			
	Date:		Decision:	
Next steps:	Assuming the Constitution is approved by the Board, and as required under S53 of the Constitution, it will be presented to the Council of Governors for approval at its meeting on 13 January 2020. Providing Council approves the changes the revised Constitution will take effect immediately.			

Report to: Board of Directors
Meeting date: 07 November 2019
Reference number: 193-19
Report from: Clare Pirie, Director of Communications and Corporate Affairs
Author: Hilary Saunders, Deputy Company Secretary
Appendices: QVH Constitution (with amendment)
Report date: 09 October 2019

Changes to the Trust Constitution

Background

1. A recent review of the Constitution highlighted a lack of distinction between staff and stakeholder governor roles. Whilst *Restrictions on membership* (S.11) clearly state that an individual who satisfies criteria for membership of one constituency shall not become or continue as a member of any other constituency, this is not currently cross-referenced against criteria for *Disqualification and removal of governors* (S.18)

2. Section 53 of the Trust's Constitution states that the Trust may make amendments of its Constitution only if:
   a. More than half of the members of the Board of Directors present and voting at a meeting of the Board of Directors approve the amendments
   b. More than half of the members of the Council of Governors present and voting at a meeting of the Council of Governors approve the amendments.

3. The current version of the Constitution can be found on the QVH website by following the link: https://www.qvh.nhs.uk/wp-content/uploads/2015/09/Constitution-2017-FINAL.pdf

Amendments

It is proposed that S8.1 of the Constitution will now read: *In line with S11.1 an individual who is a member of a constituency shall not, while membership of that constituency continues, be a member of any other constituency……'*

Recommendation

The Board of Directors is asked to **approve** this change to the Constitution at its meeting on 07 November 2019.

Next steps

If the Board approves this change, the Constitution will then be presented for approval to the Council of Governors at its meeting on 13 January 2020. The revised version will take immediate effect following governor approval.

Report cover-page				
References				
Meeting title:	**Board of Directors**			
Meeting date:	**07 November 2019**	**Agenda reference:**		**194-19**
Report title:	**Annual seal report 2019**			
Sponsor:	Clare Pirie, Director of communications and corporate affairs			
Author:	Hilary Saunders, Deputy company secretary			
Appendices:	None			
Executive summary				
Purpose of report:	For the Board to comply with S10 of the Trust's standing orders by noting any sealings made since the last annual report on 01 November 2018			
Summary of key issues	There have been no sealings since the last annual report			
Recommendation:	The Board is asked to **NOTE** the contents of this report			
Action required	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications				
Board assurance framework:	None			
Corporate risk register:	None			
Regulation:	Ensures compliance with S10 of the Trust' standing orders, approved by the Board in July 2018			
Legal:	None			
Resources:	None			
Assurance route				
Previously considered by:	NA			
	Date:		Decision:	
Previously considered by:				
	Date:		Decision:	
Next steps:	NA			

Report to:	Board of Directors
Meeting date:	07 November 2019
Agenda item reference no:	194-19
Report from::	Clare Pirie, Director of communications and corporate affairs
Author:	Hilary Saunders, Deputy Company Secretary
Date of report:	09 October 2019

Annual seal report

Purpose
1. The purpose of this paper is to comply with section 10 of the Trust's Standing Orders by providing an annual report of all sealings made since the last report on 01 November 2018

Background
2. The Trust's Standing Orders, approved by the Board of Directors in July 2019 state:

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

3. The last annual report of sealing was made to the board of directors at its meeting held in public on 01 November 2018.

Annual report
4. Since 01 November 2018 there have been no resolutions to fix the seal of the Trust to a document.

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

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