Queen Victoria Hospital
NHS Foundation Trust

Business Meeting of the Board of Directors

Thursday 09 January 2019

Session in public
10:00 to 13:00

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

Queen Victoria Hospital
NHS Foundation Trust

MEETINGS OF THE BOARD OF DIRECTORS: 09 January 2020

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 *(apologies)*
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
Deputy Director of nursing	-	Nicky Reeves
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	Visiting professor, school of nursing, Kingston University & St Georges, University of London Visiting professor, Doctorate in management programme, complexity and management group, business school, University of Hertfordshire	Nil	Nil	Nl
Steve Jenkin Chief Executive	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Keith Altman Medical Director	Director, Maxfacs Medical Ltd	Director, Maxfacs Medical 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

Business meeting of the Board of Directors
Thursday 09 January 2020
10:00 – 13:00
Education Centre, Queen Victoria Hospital RH19 3DZ

Agenda: session held in public			
Welcome			
01-20	**Welcome, apologies and declarations of interest** *Beryl Hobson, Chair*		
Standing items		**Purpose**	**Page**
02-20	**Patient story** *Jo Thomas, Director of nursing*	*assurance*	-
03-20	**Draft minutes of the meeting held in public on 07 November 2019** *Beryl Hobson, Chair*	*approval*	1
04-20	**Matters arising and actions pending** *Beryl Hobson, Chair*	*review*	9
05-20	**Chair's report** *Beryl Hobson, Chair*	*assurance*	10
06-20	**Chief executive's report** *Steve Jenkin, Chief executive*	*assurance*	13
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services			
07-20	**Board Assurance Framework** *Nicky Reeves, Deputy Director of nursing, and* *Keith Altman, Medical director*	*assurance*	25
08-20	**Quality and governance assurance** *Karen Norman, Non-executive director*	*assurance*	27
09-20	**Corporate risk register (CRR)** *Nicky Reeves, Deputy Director of nursing*	*review*	32
10-20	**Quality and safety report** *Nicky Reeves, Deputy Director of nursing and* *Keith Altman, Medical director*	*assurance*	38
11-20	**EPRR core standards & statement of readiness** *Nicky Reeves, Deputy Director of nursing*	*assurance*	68

Key strategic objectives 3 and 4: operational excellence and financial sustainability			
12-20	**Board Assurance Framework** *Abigail Jago, Director of operations and* *Michelle Miles, Director of finance*	*assurance*	85
13-20	**Financial, operational and workforce performance assurance** *Paul Dillon-Robinson, Committee chair*	*assurance*	87
14-20	**Operational performance** *Abigail Jago, Director of operations*	*assurance*	90
15-20	**Financial performance** *Michelle Miles, Director of finance*	*assurance*	125
Key strategic objective 5: organisational excellence			
16-20	**Board assurance framework** *Geraldine Opreshko, Director of workforce and OD*	*assurance*	137
17-20	**Workforce monthly report** *Geraldine Opreshko, Director of workforce and OD*	*assurance*	138
Governance			
18-20	**Audit committee update** *Kevin Gould, Committee chair*	*assurance*	152
Any other business (by application to the Chair)			
19-20	*Beryl Hobson, Chair*	*discussion*	-
Questions from members of the public			
20-20	*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**: 05 March 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 7 November 2019, 10:00 – 13:00, Education Centre, QVH site**	
Present:	Beryl Hobson, (BH)	Trust chair (voting)
	Keith Altman (KA)	Medical director (voting)
	Paul Dillon-Robinson	Non-executive director (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)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
	Jo Thomas (JMT)	Director of nursing (voting)
In attendance:	Hilary Saunders (HS)	Deputy company secretary (minutes)
	Sheila Perkins (SP)	Freedom to speak up guardian **[items: 171-177]**
	Nicky Reeves (NR)	Deputy director of nursing
	Peter Shore (PS)	Lead governor
Apologies:	None	
Public gallery:	2 (both public governors)	

Welcome	
171-19	**Welcome apologies and declarations of interest** The Chair opened the meeting and welcomed members in the public gallery. She went on welcome the new medical director, Keith Altman and new non-executive director, Paul Dillon-Robinson who had both taken up post on 01 October, and Nicky Reeves, deputy director of nursing (who would be presenting items 189 and 190). There were no apologies and no new declarations of interest.
Standing items	
172-19	**Patient story** A patient who had been treated recently for hand trauma joined the meeting to describe his experience. Whilst satisfied with the clinical outcome, the patient raised concerns regarding poor communication and delays throughout his treatment pathway. He also expressed concern that he had been asked to repeat the same information at each meeting with a new clinician. The Board apologised to the patient for his poor experience and agreed they would take details of this case away to see how processes could be better streamlined. The medical director reassured the patient that it was standard medical practice to ask a patient to reiterate details of his case to ensure nothing could be missed; however, the Board agreed that clinicians might in future explain this rationale prior to the start of each consultation to avoid unnecessary concerns. The Board closed by thanking this patient for taking the time to attend today's meeting and providing such useful feedback. There were no further comments.
173-19	**Draft minutes of meeting held in public on 5 September 2019** The draft minutes of the meeting held in public on 5 September were **APPROVED** as a correct record,

	subject to the following amendments: • Item 133-19 be updated to make explicit that it had not been possible to identify a patient for the patient story session • Additional clarification to the wording of item 144-19 • Additional clarification to item 141-19 to read: '*Open pathway performance trajectory had in July fallen behind plan for the first time in year. Although August was on track there remained ongoing challenges including Ophthalmology'.* • 157-19 to read:'*…. whole time equivalent now at highest level to date*.'
174-19	**Matters arising and actions pending** The Board received and approved the current record of matters arising and actions pending.
175-19	**Chair's report** The Chair presented her report. There were no comments and the Board **noted** the update.
176-19	**Chief executive's report** SJ presented his regular update comprising: • <u>Overall Board Assurance Framework (BAF)</u> Changes, as a result of improved position of workforce, included reduced risk ratings for KSO1 (Outstanding patient experience) and KSO5 (Organisational excellence); the Board congratulated GO and her team for their efforts, noting that these results bucked the current national trend. • <u>CEO report:</u> Highlights included: • The appointment of KA as new medical director; SJ also thanked the previous medical director, Dr Ed Pickles, who had stepped down at the end of September. • Emma Worrell, principal maxillofacial prosthetist at QVH has been shortlisted for an Our Health Heroes award as clinical support worker of the year. • The NHSE national cancer inpatient experience survey; QVH had once again been rated highly by its patients. • The Sussex Health and Care Plan was now available for public comment for two weeks, (ahead of the submission deadline of 15 November). The Board **noted** its contents and BH asked that details of this also be forwarded to the Council of Governors. **[Action: CP]** • Publication of national Freedom to Speak up reviews showing that QVH had scored well with regard to FTSU culture (achieving 80%, against a national average of 78%). • Publication of the CQC report on state of health and social care in England; this highlighted system pressures, particularly as we move towards winter. • <u>Dashboard</u> The Board noted that on this occasion, the dashboard's RAG ratings showed more green (improved performance) than any other colour. Whilst acknowledging that the Trust was still not where it wanted to be, the overall trajectory was in the right direction and challenges appear to be well managed. • <u>Media</u> SJ welcomed the Communications manager back from maternity leave and commended the good quality media coverage the Trust had received. There were no further comments and the Board **noted** the contents of the CEO's update.

177-19	**Freedom to speak up (FTSU)** Whilst there was no statutory requirement to receive an annual FTSU report, SP had joined today's meeting to present a summary of events in the last year. A total of seven FTSU approaches had been made, a fall since the previous year; however, SP noted that (excluding the flurry of activity after the FTSU initial launch), both the demographic of staff and reasons for speaking up were comparable. Early speak ups in 2018 had centred on HR processes, in particular inconsistencies around how these were applied; however, there were now fewer such referrals. SP reminded the Board of additional ways in which staff could flag concerns. At monthly Trust induction new staff were advised of all options available, and the raising concerns culture appeared well embedded. The Board sought and received assurance of the ways in which the Trust actively promoted a culture of transparency. These included a right to an exit interview; regular Friends and Family surveys, compliance in practice inspections, learning from investigations and results of the staff survey. Mediation training would be introduced across the organisation in the near future. In response to a query, GO explained that staff survey questions relating to FTSU had been altered slightly over the last couple of years, so it was difficult to make any direct comparisons; however, the Trust's FTSU index was 80 (with 87 being the highest rating). In response to a question, the lead governor was assured that SP received feedback as to how issues had been resolved and confirmation that action was taken where appropriate. There were no further questions and the Board **noted** the contents of the report.
Key strategy objectives 3 and 4: operational excellence and financial sustainability	
178-19	**Board assurance framework** <u>KSO3</u> Recent changes included staff vacancies in theatres, and capacity in theatres and orthodontics, which remained a challenge despite mitigations. The current risk rating would remain the same until the 52 week waiting list position had further improved. <u>KSO4</u> There were no material changes to report this month. MM noted that it would not be possible to revise the risk rating until the Board had agreed a plan for reducing the overall deficit. There were no further comments and the Board **noted** the contents of the update.
179-19	**Financial, operational and workforce performance assurance** PD-R presented his assurance report following the recent Finance and performance committee (F&PC) meeting. On this occasion, discussions had focused predominantly on finance, but the Committee had also recognised achievements within the Workforce directorate. The Board expressed concern that NHSI's proposed trajectories for QVH (£200k deficit for 2019/20 and a break-even position for the following years) were not in line with Trust planning assumptions. The Trust would be unable to meet its targets within the wider Sussex Health and Care Partnership and would not benefit from any Financial Recovery Funds. SJ explained that this anomaly had occurred because trajectories were based on this year's Control Total, which the Trust had not accepted. Whilst NHSI had acknowledged this, it had not reviewed the current position. The Board strongly expressed its concerns at this inequity and it was **AGREED** that the Chair should write directly to Anne Eden at NHSI, requesting a reassessment of the position to support the Trust achieving a sustainable break-even position in 2023/24.**[Action: BH]** The Board noted that the cost improvement planning needed management capacity and while

	significant work is underway, external support would have been appreciated. SJ highlighted reference to the potential impact of personal tax charges on medical and dental staff, and the disincentive that this might have on delivering additional clinical services. He noted that recent performance review meetings indicated this was already impacting on our ability to run additional lists to address RTT issues; this had already affected 5 plastic consultants and work was underway on understanding further implications. There were no further comments and the Board **noted** the contents of the update.
180-19	**Operational performance** AJ presented an update on current operational performance. This report had previously been reviewed by F&PC, and the Board sought additional clarification on the following: • Percentages were based on the total number of treatments carried out (not the number of patients). It was noted that the Trust had missed the 31-day performance target by only 1% • Noting that elective activity was 829 cases below plan YTD, the Board asked what this would have equated to in revenue terms. MM concurred this level of understanding was key to recovering performance, and noted that case mix was better than originally planned, with the Trust broadly on track to achieve income. • Assurance of processes in place to mitigate risks as a result of diagnostic waits. The Board was also reminded that the most significant delays related to prosthetic and dental implant work (not diagnostics). There were no further comments and the Board **noted** the contents of the update.
181-19	**Financial performance** The Board received the latest financial performance update noting that this report had been carefully scrutinised by the F&PC. Work was continuing to identify ways in which to reduce expenditure whilst driving up income. It was noted that the current run rate would put the Trust in deficit worse than plan. Recognising the various work streams underway to address this, the Board also debated the longer term strategic approach to financial recovery. This included a focus on how services are currently delivered and the options for a different approach. Clinical leads were currently developing proposals. However, it was clear that changes were not just in the gift of this Board but would need to align with the wider healthcare community. Reverting to the current position, MM explained that although the gap had decreased significantly in recent months it was still too early to know if the Trust would have to reforecast. Challenges around Electronic Document Management (EDM) and pensions remained, and the gap currently stood at around £600k. The detail of the transformational programme of work, aligned to cost improvement plans (CIPs), was included in the board papers. The Finance and performance committee would continue to look at all opportunities available to achieve forecast, whilst remaining mindful of significant challenges. Despite the risks associated with missing financial targets, the Board was clear in its determination that patient safety would always take the highest priority. There were no further comments and the Board **noted** the contents of the update.
Key strategy objective 5: organisational excellence	
182-19	**Board assurance framework** Following recommendation by the executive management team and finance and performance committee, 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 well led organisation delivering safe, effective and compassionate care through an engaged and motivated workforce GO also reported that the F&PC had recently considered whether the current risk rating should be reduced. The Board asked EMT to review this and make its recommendation to the next board meeting in January **[Action: GO].** There were no further comments and the Board **noted** the contents of the update.
183-19	**Workforce monthly report** The Board received the latest workforce update, noting in particular: • Whilst 'staff in post' numbers were the highest on record, reconciliation work between Workforce and Finance teams now showed a slight decline in the overall reported vacancy position. • The international recruitment campaign continued to progress well. • The latest pension tax guidance (offering flexibility options) had been circulated. • Appraisal compliance rates were currently the highest on record at 89.0%. • The staff survey was out at present; staff friends and family scores for the last quarter maintained the progress achieved in the previous two quarters. The Board considered the update, commending in particular: • The excellent progress made on recruitment, (and the substantial assurance rating achieved following the recent internal audit on recruitment). • The work around the staff health and wellbeing initiative, presented recently to the Council of Governors. There were no further comments and the Board **noted** the contents of the update.
184-19	**Equality and diversity annual report** GO presented the annual equality and diversity report for 2018/19 reminding the Board that due to the size of our organisation, it was difficult to draw any statistically valid conclusions in some areas. The Board considered the report and sought assurance as follows: • Whilst initial data is taken from job applications, staff do have the option to update their records throughout the year; regular prompts to do so are provided via ESR. • Criteria for disability are published on the NHS website. This is the first year that disability has been included in the report and the Trust is still awaiting comparator data to enable it to draw any meaningful conclusions. • The percentage of staff categorised as LGBT was very small compared to other local trusts. Whilst recognising that staff would have been less likely to disclose their sexuality in the past, the Board queried whether we were providing enough support to this this cohort. GO assured the Board that in recent years QVH has worked directly with BSUH to link with their LGBT staff support group. • Data indicated that the workforce has become more diverse in the last year, showing a trend in the right direction. The lead governor queried the report's reference to unconscious bias and suggested it might better read *'further work may be needed **to understand whether there is** unconscious bias about age in the workplace'.* There were no further queries and the Board **approved** the report for publication.
Key strategy objectives 1 and 2: outstanding patient experience and world-class clinical services	

185-19	**Board assurance framework** KSO1 The Board **noted** the detail of the latest BAF for KSO1. KSO2 KA reported that there were no changes to the BAF for KSO2, which was **noted** by the Board.
186-19	**Quality and governance assurance** KN presented her report and asked the Board to note that in addition the Quality and governance committee (Q&GC) had also received a report on the 7 Days Services (7DS) Board Assurance Framework which had drawn attention to compliance with 7DS, with caveats of local standards and networked care. The committee had noted the Trust's compliance position and the CCG's assurance surrounding processes and caveats in place which mitigates the Trust from fully meeting the above standards. Subsequent to the meeting, an additional audit had taken place, which identified the above position had changed. The Board **noted** that an update on this item was included under item 191-19 which would be presented by the Medical Director. KN also asked the Board to note that a discussion around medication errors had taken place and the management of medication audits would be reviewed. There were no further comments and the Board **noted** the contents of the update.
187-19	**Corporate risk register (CRR)** JMT reported that the latest CRR had been subject to a robust and frank discussion at Q&GC, with new committee members seeking explanation around key risks and rationale for current ratings. JMT reminded the Board that the CRR had been subject to many changes over the years, and the latest iteration now included colour coding of RAG ratings. The Board commended the current version. Assurance was provided that the fire risk assessment (1152) had now addressed. There was also a discussion around risk ratings, noting that risk scoring was not an exact science. A red rating was an indication that objectives were not being met, thus prioritising the issue. The Board expressed disappointment that the Trust had not met criteria to bid for funding to replace its ageing fluoroscopy equipment. AJ was currently exploring managed equipment options. There were no further comments and the Board **noted** the contents of the update.
188-19	**Quality and safety report** JMT presented the latest quality and safety report, highlighting in particular: • Sustained performance in the 2018 National Cancer Experience Survey published in September 2019; actions to improve care would be monitored through the Patient experience group and Q&GC to ensure the Board remained apprised of progress. • One C.Diff positive result was reported in August and learning had been identified from the subsequent investigation. A further result had been recorded in October, (for reporting in January board papers) but there was no identified learning from this. KA reported that the second joint BSUH/QVH head and neck cancer post had not appointed to, and a further advert went out in October. Recruitment to the lower limb orthoplastics consultant posts (jointly with BSUH) was progressing. The Board received the update, commenting as follows: • Commendation for the results of the National Cancer Experience Survey, noting that areas where the Trust scored less well related to elements of the patient pathway outside its control. • Assurance that the agreed threshold of 50% for agency staff in the Critical care unit was safe and had been approved by the Hospital Management Team.

	There were no further comments and the Board **noted** the contents of the update.
189-19	**6-monthly nursing workforce review** The Board received the six-monthly nursing workforce review, which showed that there had been significant improvement in many clinical areas since the last report, although challenges remained in theatres and critical care, mirroring national trends. The Board considered the report, noting: • Satisfaction at the measures in place to ensure patients safety, despite the many challenges. • Benchmarking data is not particularly helpful because of the specialist nature of our work; however, model hospital data will be included next time this report comes to Board. • Although patient numbers were higher than in previous years, staff had noted that despite current financial challenges, the Board had refused to compromise on staffing numbers; staff were also assured that the Board was taking safety and quality very seriously. There were no further comments and the Board **noted** the contents of the update.
190-19	**Flu vaccination of healthcare workers** NR reminded the Board that QVH had not met national targets for staff uptake last year. This year, changes aimed at improving access and incentivising the vaccination were key additions; already a great improvement in uptake had been noted, with 41% of front line staff now vaccinated. This put QVH on a par with surrounding trusts. The Chair sought additional detail regarding the percentage of doctors being vaccinated. JMT explained that 'frontline staff' covered all clinical groups, but could look into the feasibility of reporting this through Q&GC if required. The Board noted that the real issue was ensuring all front line staff were vaccinated where possible; it was given assurance that the Trust followed up directly with staff where appropriate.
191-19	**7-day services bi-annual update** KA presented the mandatory six-monthly report to Board to provide assurance on seven day services. Whilst the last report in May had shown the Trust to be compliant, on this occasion it had failed to achieve clinical standards 2 and 8. KA was confident that the Trust was meeting all clinical requirements, but processes had not been documented correctly making it difficult to track for audit purposes. Jeremy Collyer had recently been appointed deputy medical director and would take on responsibility for capturing data for 7DS compliance; KA also assured the Board that once EDM was fully implemented, future audits would show compliance. The Board sought and received additional assurance that despite lack of 7DS documentation, there was clear management of patient records, and an escalation process to flag concerns. Serious incidents, near miss investigations etc. would also warn if protocols had been bypassed. KA would report the findings to NHSI shortly and he agreed to provide a verbal update on any outcome at the next board meeting **[Action: KA]**
Governance	
192-19	**Audit committee assurance** KG presented his assurance report following the September meeting. He asked the Board to note that, contrary to his report, he had now been notified that KPMG would be unable to undertake the interim audit until after MO09. KG would be seeking additional information and apprise the Board of any developments. There were no further comments and the Board noted the contents of the update.

193-19	**Update to Constitution** The Board **approved** a minor amendment to the Constitution replicating some wording in a separate section to enable easier identification in future. This change would now be put to Council at its meeting in January and if approved take immediate effect.
194-19	**Annual seal report** The Board **received** a report on the use of the Trust seal **noting** that this had not been required in the last twelve months.
Any other business	
195-19	There was none.
Questions from members of the public	
196-19	There were none.

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	Nov 2019	176-19	CEO report	Standing items	Link to Sussex Health and Care Plan to be forwarded to Council of Governors for information/input.	CP	ASAP	Circulated 8 November 2019	Closed
2	Nov 2019	179-19	Financial, operational and workforce performance assurance	KSO4	Chair to write to NHSI, requesting reassessment which would support Trust in achieving sustainable break-even position in 2023/24	BH	ASAP	Letter sent 14 November and copied to all board members	Closed
3	Nov 2019	182-19	BAF	KSO5	Board to receive recommendation as to whether current risk rating can be reduced	GO	Jan-20		Pending
4	Nov 2019	191-19	7-Day services	KSO2	Feedback to be provided following submission of 7DS data to regulator	KA	Jan-20		Pending
5	Sept 2019	139-19	BAF	KSO3	Controls assurance relating to spoke sites to be added to BAF	AJ	Nov-19	Will be completed by January board meeting	Closed

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**09/01/2020**		**Agenda reference:**	**05-20**	
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: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	NA				

Report to:	**Board of Directors**
Meeting date:	Thursday 9 January 2020
Agenda item reference no:	05-20
Report from:	Beryl Hobson, Chair
Date of report:	19 December 2019

Chairs Report

1. **Overview**

For some time the Board has been working to secure the long term future of QVH through partnership working. We have begun to discuss the possibility of joining a hospital group with Brighton and Sussex University Hospitals (BSUH) and Western Sussex Hospitals Foundation Trust (WSHFT). This is the next step in an evolving process through which we plan to achieve the benefits of collaboration. We are considering becoming part of this hospital group because we believe it will help us to do even better for our patients and our staff. We also believe that being part of a larger hospital group will give us more influence and voice in national and regional policy, shaping and delivering national service standards, making the best use of investment and ensuring we have the resilience to respond to future change. We are in the process of setting up a joint programme board to consider the potential benefits, opportunities and risks associated with joining a hospital group.

2. **Chair's activities**

Since the last board meeting, I have attended a number of meetings and walk rounds including:

a. Informal walkabouts to:
   - Discharge lounge
   - Gardening team

b. More formal visits to
   - Outpatient huddle (where I could see in action why the matron won the prize for inspirational leader at the staff awards)

c. Meetings with the clinical director or leads for
   - Anaesthetics
   - Corneo
   - Strategy
   - Medical education

d. Observing in theatres a feminisation procedure by our Medical Director, Keith Altman

e. Chair and CEO breakfast - in addition to our normal breakfasts/ afternoon tea in the Spitfire, we also held a breakfast session in theatres for theatre staff who cannot attend our other sessions

One of the sad roles I undertake is to write condolence letters on behalf of QVH following the death of a member of the Guinea Pig Club. In the last month we have lost two more club members, Maurice Mounsdon and Eric Pearce. I received a charming response from a relative of Mr Mounsdon:

> 'I believe he was member number 8 of the Guinea Pig Club. Although he was very badly burned and required extensive pioneering surgery, it was so effective that, even in his old age his injuries were not evident – a marvellous testament to Sir Archibald and the QVH'.

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

I attended the December Chairs oversight group which included an update from the SRO Adam Doyle regarding the CCG re-configuration. There was also a discussion between the Chairs and the Independent SHCP Chair, Bob Alexander, about the particular challenges facing our organisations.

4. Staff Long Service Awards

In December the CEO and I presented 10 and 15 years long services awards to 42 staff including our Deputy Company Secretary, Hilary Saunders. Congratulations to all who have given outstanding service to the NHS over many years.

5. Governor Activity

In November we held our annual Governors Forum. This is an opportunity for Governors to meet informally, get to know each other, learn about the Governor lead roles and hear from the Trust about current issues. At this meeting Steve Jenkin talked about the options the board was considering regarding future partnership working. We were grateful for the interest and support of our governors for our direction of travel.

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 (23/12/19) alongside the corporate risk register and also at hospital management team (16/12/19) meeting to facilitate prioritisation of 2020/21 business planning. KSO 3 was rescored to 16 from 20 due to sustained progress re RTT. KSO 1 and 2 were also reviewed at the Quality and Governance Committee, 23/12/19. KSO 3, 4 and 5 were reviewed 23/12/19 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 January 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	**16**	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:	**09/01/2020**	**Agenda reference:**			
Report title:	**Chief Executive's Report**				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Steve Jenkin, Chief Executive				
Appendices:	1) Integrated Performance Dashboard Summary 2) QVH media update				
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	• Care Quality Commission (CQC) 2018 Children and Young People's Patient Experience Survey • Partnership working with Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospital Trust • Integrated Performance Dashboard Summary • New Government following General Election on 12 December 2019				
Recommendation:	For the Board to **NOTE** the report				
Action required	Approval **Y/N**	**Information Y/N**	Discussion **Y/N**	Assurance **Y/N**	Review **Y/N**
Link to key strategic objectives (KSOs):	KSO1: **Y/N**	KSO2: **Y/N**	KSO3: **Y/N**	KSO4: **Y/N**	KSO5: **Y/N**
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:					
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	EMT				
	Date:	19/08/19	Decision:	Review BAF	
Next steps:					

CHIEF EXECUTIVE'S REPORT
JANUARY 2020

TRUST ISSUES

Care Quality Commission (CQC) 2018 Children and Young People's Patient Experience Survey

The 2018 children and young people's patient experience survey collected feedback on the experiences of 33,179 children and young people who received care in 129 NHS acute trusts during November and December 2018. A total of 10,927 young patients aged 8 to 15 told CQC directly about their experiences through questionnaires designed specifically for them, with additional feedback provided by their parents and carers. For children aged 0 to 7, feedback was provided entirely by their parent or carer.

National results are published on the CQC website. A separate outliers report identifies trusts where patients' experiences of care are either better, or worse, than expected when they compare survey results across trusts. Each trust has been categorised into one of five bands: 'much worse than expected', 'worse than expected', 'about the same', 'better than expected' or 'much better than expected'. There are two bands for each trust, one for experiences of children aged 15 days to 7 years and another for children and young people aged 8 to 15.

As in 2016 (this survey is carried our every other year), Queen Victoria Hospital NHS Foundation Trust was the only trust to be categorised in the highest band of 'much better than expected' for both age groups as shown below:

Results

Trusts achieving 'much better than expected' results

Queen Victoria Hospital NHS Foundation Trust, was classed as 'much better than expected' for experiences of both 0 to 7 and 8 to 15-year-olds. Royal Brompton & Harefield NHS Foundation Trust was classed as 'much better than expected' for experiences of 0 to 7-year-olds.

	Aged 0-7				Aged 8-15				Overall CQC rating	Core service rating Site 1
	Band	Most Negative (0/10)	Middle	Most Positive (10/10)	Band	Most Negative (0/10)	Middle*	Most Positive (10/10)		
Trust average		**7**	**20**	**73**		**6**	**18**	**76**		
Queen Victoria Hospital NHS Foundation Trust	MB	3	12	86	MB	2	9	89	G	G
Royal Brompton and Harefield NHS Foundation Trust	MB	3	8	88	B	3	14	83	G	G

Key:						
	Trust performance	Much worse (MW)	Worse (W)	About the same (S)	Better (B)	Much better (MB)
	CQC rating	Inadequate (I)	Requires improvement (RI)	Good (G)	Outstanding (O)	No rating (NR)

Partnership working

In a joint statement from Queen Victoria Hospital (QVH) Brighton and Sussex University Hospitals (BSUH) and Western Sussex Hospitals Foundation Trust (WSHFT) last month we reported we have been working for some time in partnership across a range of specialties and have an existing memorandum of understanding around working together to provide improved services for patients in Sussex.

The three trusts are now starting work on jointly assessing the potential benefits, opportunities and risks associated with furthering collaboration on a 'hospital group' basis to strengthen and build on current benefits.

Steve Jenkin, QVH chief executive has led a number of staff briefings at the end of the year with over 200 staff attending the seven sessions including one in theatres.

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 executive management meeting (23/12/19) alongside the corporate risk register and also at hospital management team (16/12/19) meeting to facilitate prioritisation of 2020/21 business planning. KSO 1 and 2 were also reviewed at the Quality and Governance Committee, 23/12/19. KSO 3, 4 and 5 were reviewed 23/12/19 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 January board.

Media
Appendix 2 shows a summary of QVH media activity during October and November 2019.

SECTOR ISSUES
Sussex Health and Care Partnership
The NHS Long-Term Plan sets an expectation for health and care partners to work more collaboratively across local systems and, as far as possible, across local authority areas, assuming a collective responsibility for the populations they serve.

Providers and commissioners have met regularly to discuss the Partnership's long-term plan submission and further meetings with NHSEI are planned for later this month. There has also been a very keen focus on winter pressures across the systems with joint objectives to ensure patient safety as paramount, in particular in Accident and Emergency departments and to ensure people get home from hospital settings safely. Providers are also very keen to ensure as many of their staff as possible receive the flu vaccination.

NATIONAL ISSUES
The Queen's Speech – 19 December 2019
The Government has set out its legislative programme in the second Queen's speech of the year, with Brexit and the NHS featuring heavily. The recent election has given the Conservative Government an 80 seat majority, so it is almost certain the bills outlined will get through Parliament with relative ease.

The Queen's speech has introduced three bills directly related to health and social care: the NHS Funding Bill, the Health Service Safety Investigations Bill and the Medicines and Medical Devices Bill. The government has also signalled it will introduce draft legislation to implement the NHS long term plan. NHS Providers suggest that the bills will likely be introduced after Christmas, potentially in early February following the UK's exit from the EU. The draft legislation to implement the recommendations of the NHS long term plan is currently expected to be published in January for pre-legislative scrutiny.

We will of course update the Board should any of these bills have specific impacts for QVH.

Brexit
The government's Brexit bill means that,. assuming the European Parliament gives the green light, the UK will formally leave the EU on 31 January with a withdrawal deal - and it will then go into a transition period that is scheduled to end on 31 December 2020.

2020 - Year of the Nurse and Midwife
The World Health Organization (WHO) has designated the year 2020 as the "Year of the Nurse and midwife", in honour of the 200th anniversary of the birth of Florence Nightingale.

The Government has announced additional support of at least £5,000 a year for nursing students to help with living costs. The funding will be given to all new and continuing degree-level nursing, midwifery and many allied health students from September 2020. It is expected to benefit more than 35,000 students every year. The announcement of the funding came ahead of the UCAS university application deadline of 15 January. The funding comes as part of the government's pledge to increase nurse numbers by 50,000 over the next 5 years.

Steve Jenkin
Chief Executive

Integrated Dashboard Summary
Key indictators at a glance - January 2020

NHS
Queen Victoria Hospital
NHS Foundation Trust

KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services	
C-Diff	0
MRSA	0
E-coli	0
Gram-negative BSI	0
Serious Incidents	1
Never Events	0
No of QVH deaths	0
No of off-site deaths (within 30 days)	2
Contacts	18394
Complaints	0
Closed <30 days	4
FFT	
In-patient	98%
Day surgery	95%
MIU	98%
Trauma	95%
O/Ps	94%

KSO 3 Operational Excellence	
MIU <4hrs	99.47%
RTT 18 weeks	82.90%
Cancer 2ww	88.90%
Cancer 62 day	85.70%
Diagnsotics <6weeks	99.61%
52ww	19
(patient choice)	13
Outpatients utilisation	92.30%

KSO4 Financial Sustainability	
Financial plan YTD	(£5582K)
Variance to plan YTD	(£823k)
Patient activity income YTD	(£1294k)
CIP delivery YTD	£785k
Agency spend % of pay bill in month	5.22%

KSO5 Organisational Excellence	
Vacancy rate	10.89%
Turnover rate	14.55%
Sickness rate	3.25%
Appraisal rate	87.34%
MAST	91.75%
Q2 Staff FFT (work at QVH)	71.73%
Q2 Staff FFT (care at QVH)	97.35%

Activity - M8	Plan	Actual	2018/19
MIU attendances	944	**950**	954
Elective (day case)	1,215	**1,113**	1,084
Elective	353	**320**	359
Non-elective	395	**345**	379
Critical care	81	**92**	57
O/P first attendance	4,135	**3,692**	3,748
O/P follow up	11,067	**10,317**	10,696
O/P procedures	2,611	**2,177**	2,331
Other	4,103	**2,592**	3,404

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 –November 2019

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

Cancer care rated highly by patients

The latest National Cancer Patient Experience Survey, which showed patients rate highly the care they receive at Queen Victoria Hospital, achieved front page billing in the East Grinstead Gazette.

The survey, undertaken by Quality Health on behalf of NHS England, is designed to monitor national progress on cancer care and provide information to drive quality improvements to support cancer patients.


East Grinstead Gazette
FREE
Cancer care at hospital is rated highly by patients in latest survey


East Grinstead Gazette
FREE
Fed up of online dating?
Why not come and meet the love of your life at our Speed Dating Night!
Tania and Gill earn award for going the extra mile at hospital

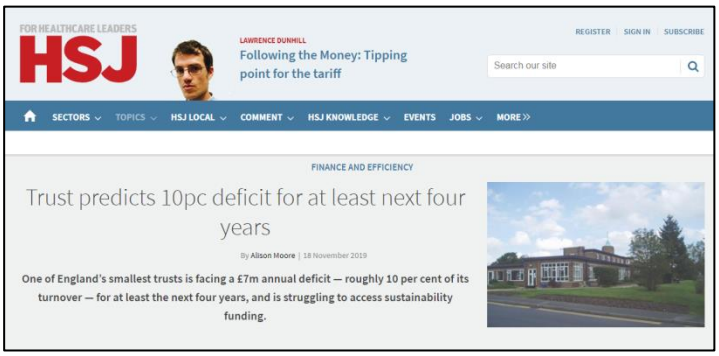
Recognising our outstanding staff

The East Grinstead Gazette also featured our recent staff awards on its cover. The article recognises the winners of our outstanding patient experience award, nominated by our patients, who this year were Consultant Plastic Surgeon, Tania Cubison, and Emergency Nurse Practitioner, Gill McMurdie.

Two of our patients who nominated Tania and Gill helped us create short films where, in their own words, they explain why each is a worthy winner. You can watch these via links on our website.

QVH's financial position featured in the HSJ

The HSJ ran an article regarding our expected financial position for the next four years, based on information included within our public board papers. The article recognises that we do not have an agreed control total with NHS Improvement for this year making us ineligible for provider sustainability funding.


HSJ
Following the Money: Tipping point for the tariff
Trust predicts 10pc deficit for at least next four years
One of England's smallest trusts is facing a £7m annual deficit — roughly 10 per cent of its turnover — for at least the next four years, and is struggling to access sustainability funding.

It also states how Steve Jenkin our chief executive is working with the Sussex sustainability and transformation partnership to recognise the position of QVH and provide realistic support.

Warnings to parents about Halloween costume fire risk

Published by Ryan Burrows at 5:13am 31st October 2019.

West Sussex's senior burns unit is issuing warning to parents about their children's Halloween costumes.

Experts say some fancy-dress items don't meet fire safety standards and can go up in flames in seconds, causing potentially life-changing injuries.

The Queen Victoria Hospital in East Grinstead has put out this advice to parents about the dangers of wearing costumes around lit pumpkins and candles while trick-or-treating on Thursday night.

- Check the labelling on Halloween costumes to see if it meets the requirements for stricter testing of the British Retail Consortium guidelines.
- Use battery powered LED tea lights rather than candles
- Do not leave children alone with candles or lanterns

"Injuries sustained from burns can be life changing, particularly for children.

"We're encouraging parents and adults to think twice before allowing children to wear Halloween costumes near candles and fires and also to ensure children are fully supervised when using sparklers or at firework displays."

Julie Baker, paediatric matron, Queen Victoria Hospital

Burns safety advice

Following on from the public safety messaging we issued to coincide with the national burns awareness day last month (16 October), we provided further advice around the importance of burns prevention and first aid.

This time it was in relation to potentially flammable Halloween costumes and the dangers of fireworks. This was based on admissions we had received last year, with our messaging centered on encouraging adults to take care of children going trick or treating or watching firework displays. This was covered by radio station Spirit FM on air and on its website for Halloween, with our first aid for burns video featuring in a follow-up piece by the station for fireworks night (the video was also promoted by SECAmb in its own fireworks safety advice.

Mum calls for a ban on the sale of fireworks

We were mentioned in a piece in the Burnley Express where mum Nicola Sayers is calling for a ban on the sale of fireworks to the public.

Her son Tyler has received treatment here at QVH including stem cell surgery, following significant injuries he sustained to his eye after he was hit by a firework at a display.

Mum of Burnley schoolboy left blind after freak firework accident calls for them to be banned from sale to public

Healthcare Heroes Celebrated at National Awards

by Skills for Health

Published: 20 November 2019 Hits: 506

QVH prosthetist is regional winner of a national award

Emma Worrell, our principal maxillofacial prosthetist was named this month as South East winner of the clinical support worker of the year category at the Our Health Heroes awards. She was mentioned in an article on the FEnews.co.uk website by Skills for Health who sponsored the awards.

Supporting QVH Charity

The East Grinstead Gazette devoted a column to the East Grinstead Bowling Club which mentioned a donation of £350 it has made towards our Peanut ward.

Bowls finals raises funds for hospital

East Grinstead Bowling Club has concluded its 2019 season with a successful finals day.

Ad hoc media coverage

QVH was mentioned in a varied range of ad hoc media this month. This included being named in a piece in the East Grinstead Gazette about the McIndoe Centre, stating the private hospital is within our grounds.

We were also mentioned on Polish website Biznes Alert in an article about the use of the term 'guinea pig.' The author discusses how whilst he used the term assuming the meaning was a "group of people subjected to not always clearly defined experiments", when none of his students understood him he delved into the term further and discovered references to Archibald McIndoe and our hospital.

Continuing on the international theme we were also mentioned on the Italian 'gossip' website Spettegolando.it in an article about Roy De Vita, an Italian plastic surgeon. In the piece charting his career, it explains how he worked at our hospital calling it "one of the most prestigious plastic surgery centres in the world" before he returned to Italy.


Roy De Vita biografia: età, altezza, peso, figli, moglie e vita privata

Roy De Vita chirurgo plastico italiano, è nato a Napoli il 16 Novembre 1957 sotto il segno zodiacale dello scorpione, altezza e peso non disponibile, ed ha occhi azzurri e capelli grigi brizzolati.

Roy è uno dei chirurghi più noti. Laureatosi in Medicina e Chirurgia con voti 110 e lode, si è poi specializzato in Chirurgia Plastica nel 1986 con voti 70 e lode. Dopo le lauree, Roy ha iniziato a ricoprire il ruolo di assistente alle cattedre della facoltà partenopea e della Sapienza di Roma.

Trasferitosi per qualche periodo all'estero, Roy prende poi servizio presso il Queen Victoria Hospital di East Greansted, uno dei più prestigiosi Centri di Chirurgia Plastica del mondo. Tornato nuovamente in Italia, nel 2002, diventa primario presso l'Istituto dei Tumori di Roma "Regina Elena".

Press releases

We issued three press releases in November which you can read via these links:

- Patients rate Queen Victoria Hospital for cancer care
- Outstanding staff recognised for changing the lives of patients
- QVH gets top scores from some of its youngest patients in national survey

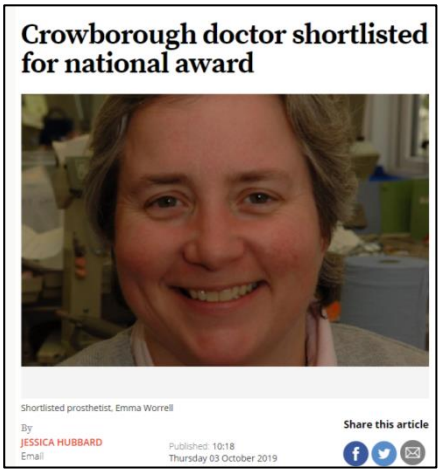
For more information…

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

If you use social media, please follow us on Facebook, Twitter and our new Instagram page

QVH media update –October 2019

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


Crowborough doctor shortlisted for national award

Shortlisted prosthetist, Emma Worrell

By JESSICA HUBBARD
Email

Published: 10:18
Thursday 03 October 2019

Share this article

QVH prosthetist shortlisted for national award

Following the news that QVH maxillofacial prosthetist Emma Worrell has been shortlisted for the Our Health Heroes awards in the category of clinical support worker of the year, we issued a press release to encourage people to vote for her. This was picked up by the Sussex Express, Susie Radio and Crowborough Life (Emma's local media outlet).


Specialists at Sussex hospital issue warning after rise in number of children and older people suffering scalds

Treat burns with cool running water for 20 minutes

Burns awareness day

To coincide with this year's national burns awareness day (16 October), we did our annual reminder of the importance of burns prevention and first aid. This year we focused on the potential danger hot drinks pose to young children and people aged 65+ as our hospital has seen an increase in referrals in both age groups. Our safety message was featured in the West Sussex County Times (pictured) and also the East Grinstead Courier (pictured below).


Hospital's warning as number of burns rises

Burns specialists at Queen Victoria Hospital are warning about the danger of hot drinks around children and older people.

To coincide with this year's national burns awareness day, which took place on Wednesday (October 16), the hospital's experts want to remind people of the importance of prevention and also effective first aid if you are first at the scene. They are supporting the UK-wide SafeTea campaign and calling on adults to be aware of the potential danger hot drinks pose.

Queen Victoria Hospital has seen a year-on-year increase in referrals to its paediatric burns unit. Between April 2018 and April 2019, 479 children were treated for scalds, the majority of which happened in the child's own home. Tea and coffee scalds were the main cause. National research shows more than 50,000 children attend healthcare settings with burns each year, with a peak age for infants and toddlers being between eight and 18 months old.

The hospital has also seen an increase in tea and coffee scalds sustained by people aged over 65. In the same period, 30 per cent of the burns it assessed were as a result of tea and coffee. Kettle spills are also a contributing factor in this age group, resulting in an average of just over one admission to the hospital a month.

Nora Nugent, consultant plastic surgeon and burns lead at Queen Victoria Hospital, said: "Each year we treat hundreds of children with scalds and burns injuries which are avoidable, many of which will leave life-changing scarring. Prevention and good first aid are key in reducing the number of burns and scalds that occur each year. Acting quickly, whether it's a child or adult who has been burnt, can reduce immediate pain and long-term scarring. If the unthinkable does happen, remember the mantra 'cool, call and cover'. This immediate first aid can help make all the difference."

The hospital is supporting the British Burns Association's 'cool, call and cover' first aid guidance: Cool the burn with running cool tap water for 20 minutes and remove all clothing and any jewellery.

Call for help – 999, 111 or your local GP for advice.

Cover with cling film while transferring to a hospital/GP surgery. The hospital/GP should apply a sterile dressing. Cling film should not be left on a burn for more than a few hours and only until wounds are assessed by health professionals.

Treat burns with cool running water for 20 minutes

The British Burns Association guidance is 'cool, call and cover'

Our first aid for burns cool, call, cover YouTube video gains interest from different media outlets each year and this year was referenced on the ITV website.

We carried a series of first aid messages and information across all of our social media channels on the day too – linking in with the UK-wide SafeTea campaign.

Everybody needs outstanding neighbours


FOR HEALTHCARE LEADERS
HSJ
BEN CLOVER
London Eye: On sovereignty south of the river
SECTORS TOPICS HSJ LOCAL COMMENT HSJ KNOWLEDGE EVENTS JOBS
DAILY INSIGHT
Daily Insight: Everybody needs 'outstanding' neighbours
17 October 2019

The HSJ ran an insight piece on 17 October entitled 'Everybody needs outstanding neighbours' which mentioned QVH. The piece about the management agreement between "outstanding" Western Sussex Hospitals Foundation and Brighton and Sussex University Hospital Trust references BSUH's 'good' CQC rating and another neighbour who should be watched with interest – us. It questions whether we could fit into a ready-made structure of the two other hospitals in the future if we gave up our independence.

Teacher scarred in garage blast 'hates face so much' she struggles to leave house

EXCLUSIVE: Zoe Eleftheriou, 22, suffered burns to 40 per cent of her body following a gas explosion in Cambodia, and says she feels 'upset' by people's reaction to her when she summons up courage to go out

Patient treated following explosion in Cambodia

The media interest surrounding QVH patient Zoe Eleftheriou who sustained significant burns following a petrol station explosion in Cambodia has continued. Zoe was exclusively interviewed by The Mirror (pictured) explaining how the extent of her burns have left her struggling to leave the house, a theme also mentioned in coverage on the Kent Online website and Kent Live website. QVH is referenced as the hospital she attended once she returned to the UK.

Support for the QVH Charity

Camilla Slattery, Head of Fundraising and Voluntary Services for the QVH Charity was interviewed by local radio station Meridian FM, talking about the National Elf Service Christmas appeal the hospital's charity is running on 13 December.

Support for the charity by the staff and shoppers of Sainsbury's East Grinstead was recognised on the cover of the East Grinstead Gazette (pictured), following the end of a year-long partnership.

East Grinstead Gazette

Queen Victoria Hospital staff thank store for support

Sainsbury's

Burns patient raising money for hospital ward

Finn Darrington from Crowborough is undertaking a Commando Series Obstacle Run to raise money for the hospital ward which treated him for a burn injury he suffered as a baby.

Finn with some of the staff on Peanut Ward

Former patient Finn Darrington was featured by Crowborough Life (pictured) in relation to him taking on the Commando Series Obstacle Run to raise money for QVH Charity. He received treatment at our hospital for burns he sustained as a baby. He is pictured returning to visit our Peanut Ward.

Ad hoc media

QVH was also referenced on the Newsaffinity.com website in an article entitled 'Top UK based software companies'. Ballard Chalmers based in East Grinstead made number two on the list and mentions our hospital as a former client.

Press releases

We issued three press releases in October which you can read via these links:

- Experts warn of the dangers of hot drink burns
- East Grinstead customers raise £6,000 for our QVH Charity
- Safety first this Halloween and fireworks night say burns experts

For more information…

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

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KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality
Committee: Quality & Governance
Date last reviewed 03 December2019

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 continues~~15 staff are in post.~~
- ~~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.
- 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 HSS 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 Q3and Q4 2019/20 Links to CRR 1094,1077,1035,
- Increase in negative FFT and PALS contacts re appointments/waiting times Links to CRR 1125,
- 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: 29th November 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.

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

Rationale for current score

- Adult burns ITU and paediatric burn derogation
- Paediatric inpatient standards and co-location
- 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 (shortly to make joint sleep/respiratory physician appointment). Mitigation of ward cover by physician 5 days per week.
- Histopathology medical staffing.
- Radiology 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

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:	**9.12.19**		**Agenda reference:**	08-20	
Report title:	**Quality and governance assurance**				
Sponsor:					
Author:	Karen Norman, Chair of Quality and governance committee				
Appendices:	None				
Executive summary					
Purpose of report:	To update the board on quality and governance assurance issues arising since the last Board meeting on 7 November 2019.				
Summary of key issues	Report of findings of a Formal Internal Investigation (FII) report into an incident in which the wrong patient received a CT scan. Report of findings of a Serious Incident Investigation Report which involved the commencement of the fixation of a fractured finger on the wrong digit. Note the Risk Exception Report of 211 reported patient safety incidents, 174 graded as no harm/near miss and 26 graded as 'minor. Update on assurance with respect to the Corporate Risk Register, Infection Prevention & Control, Quality & Safety, The NICE and Clinical Audit Programme, Clinical Audit and Quality Improvement, Safe Working Hours and Learning from Deaths and End of Life.				
Recommendation:	The Board is asked to **NOTE** this report and ratify the change in frequency of reporting for Guardian Of Safe Working report.				
Action required	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:	Q&GC received updates on relevant BAF summaries and assured of appropriate revisions to the Corporate Risk Register and the BAF reviews, in line with assurance issues raised within the reporting period.				
Corporate risk register:	As above				
Regulation:	Compliance with regulated activities in Health and Social Care Act 2008 and the CQC essential standards of quality and safety.				
Legal:	As above				
Resources:	As documented in paper.				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	NA				

Report to:	Board Directors
Agenda item:	08-20
Date of meeting:	09 January 2020
Report from:	Karen Norman, Chair of Quality and governance committee
Report author:	Karen Norman, Chair of Quality and governance committee
Date of report:	28 December 2019
Appendices:	NA

Quality and governance assurance

Introduction

This report updates the board on quality and governance assurance issues arising since the last Board meeting on 7 November 2019. In this period, Keith Altman, our new Medical Director and Jeremy Collyer, Deputy Medical Director, were welcomed as members to the Quality and Governance Committee (QGC).

The summary below notes issues raised at the QGC meeting on 23 December 2019.

QGC were pleased to receive assurance with respect to our strategic priorities: *Caring* and *Responsive* in the form of reports of the Friends and Family Test, the Children and Young People's Patient Experience Survey Results 2018, and the National Cancer Patient Experience Survey Results, 2018. These all evidenced high levels of satisfaction that compared extremely favourably with other participating NHS Trusts. QGC commended those involved, noting submitted action plans for continued improvement.

Executive summary

Patient and Staff Safety

The committee received and reviewed one **Formal Internal Investigation** report into an incident in which the wrong patient received a CT scan. The patient was advised of the error. The investigation concluded this was an avoidable incident and it was reported to the CQC. QGC noted with concern the unsatisfactory combination of systemic and human factors that led to the mistake. It sought assurance on lessons learned and actions taken to avoid the likelihood of this happening again. Evidence was provided that relevant staff are undertaking reflexive practice with the Clinical Director. Changes have been made to the referral process, with a dated action place in place, named individuals responsible for their completion and a follow up audit in one year to ensure these are embedded practice.

The committee received and reviewed one **Serious Incident Investigation Report** which involved the commencement of the fixation of a fractured finger on the wrong digit. The mistake was realised, corrected and operation completed. QGC received assurance that the mistake had been explained and apologies given to the patient. QGC reviewed the submitted action plan and received assurance on steps taken to ensure lessons had been learned and noted the audit and follow up planned to ensure these are embedded in practice.

The **Risk Exception Report** advised that there were 211 reported patient safety incidents, 174 were graded as no harm/near miss, 26 graded as ‘minor,’ and the remainder will be graded once the investigation is complete. This is an increase from the last report (181). QGC questioned whether the increase was significant in terms of patient safety, or if this reflected the

efforts the safety team to encourage the reporting of incidents. Taking assurance from the latter, it was further agreed it would be helpful to consider data presentation with a view to introducing statistical process control techniques (SPC) to assist QGC in assessing whether monthly trends are statistically significant or fall within limits of normal process variation.

Three Formal Investigations were commenced: the CT scan as detailed above; a pressure ulcer category 2; a tooth extraction incident. It was also reported that the Formal Internal Investigation category 2 pressure ulcer in C Wing (reported in the last meeting) had since been discussed at Clinical Governance Group. Assurance was received that this had been addressed at the anaesthetic governance meeting, with agreement to a change in the siting of ECG dots to reduce the likelihood of this recurring.

Corporate Risk Register
There was one new risk added: Inadequate Consultant Radiologist cover.
Two risks were re-scored:
1) Inability to provide full pharmacy services due to vacancies and sickness was reduced as vacancies currently being covered by a locum.
2) Referral to Treatment (RTT) delivery and performance score reduced, due to improvement of RTT position.

Infection Prevention & Control report
This comprehensive report advised QGC of the mechanisms in place for effective infection prevention and control arrangements in place to protect patients, staff and visitors. Items scrutinised for assurance included:

- A **positive clostridium difficile (CDiff) result.** A full investigation has been completed and learning needs identified. This requires improvement in relation to antibiotic prescribing, which members discussed at length, noting actions to be undertaken the **audit report: 'Does Antibiotic prescribing meet Antibiotic stewardship standards?'** Whilst there is some progress, further assurance was sought on actions planned to improve compliance with prescribing guidelines. QGC agreed keep this item under review.
- A **Carbapenemase Producing Enterobacteriaceae (CPE) positive** patient admitted to the Trust during quarter 2. The patient was treated as per policy. Learning needs were identified during the investigation process and these will be monitored to ensure future compliance.
- **Compliance with MRSA screening for elective patients is marginally below target at 94%.** The MRSA screening policy and current practice is currently being reviewed in line with national guidance.

QGC were pleased to receive the cleaning audit report, noting high scores in many areas and seeking additional assurance where further improvement was needed. The poor quality of the older part of some of the estate was noted as problematic. The planned capital investment priorities were noted and welcomed.

EFFECTIVE: GOVERNANCE
The visits to the 12 subgroups of the QGC is back on plan, providing useful assurance and the opportunity to identify areas for further improvement to benefit both QGC and the respective sub groups. These will be reviewed in the QGC annual seminar.

The **Quality & Safety Board Report** drew attention to new medical staffing appointment and new nursing workforce metrics. QGC appreciated the ongoing revisions to improve safety metrics to evidence safe staffing levels. It was agreed to consider whether statistical process control charts may aid further in prioritising areas of concern.

The **NICE and Clinical Audit Programme** provided assurance on the Trust's progress with implementing clinical guidelines produced by the National Institute for Heath and Care Excellence's (NICE) within QVH. The number and percentage of recommendations still requiring further work in order to achieve compliance was noted, along with the planned audit schedule against NICE Clinical Guidelines. QGC requested further details in future reports on the process and sign off responsibilities for this work.

The **Clinical Audit and Quality Improvement Biannual Update Report** confirmed progress against the Clinical Audit & Quality Improvement strategy, the impact of SMART action plans in the provision of continuous quality improvement and the number of audits to be completed by March 2020.

The **Guardian of Safe Working Hours Report:** submitted by the Guardian of Safe Working Hours (GOSW) provided a six-month summary of junior doctor working hours and safety issues raised concerns with respect to:

1) Improving the educational experience of the plastic specialty rota
2) Ensuring that the rota continues to be compliant with the new Contract.
3) Need to define the support given to the GOSW. The Director of Workforce will follow up on this and other related issues with GOSW.

Recommendations included:

1) A review of the Maxillofacial rota scheduled for January - noting all rota slots are now filled for February. The Deputy Medical Director will follow up with GOSW and new Training Programme Co-ordinator.
2) Continued review of plastics exception reports.
3) Further work on the Allocate inputs for new Contract revision compliance.

QGC commended GOSW on progress made, noted areas of concern and the importance of maintaining progress. It approved in principle the request to amend the report frequency to bi-annually, subject to ratification at the January board meeting.

The **Clinical Audit Strategy** provided assurance on how this strategy intends to develop and support clinical audit in QVH in 2019-2021, in line with the Trust's wider governance and assurance mechanisms. It set out how this will inform and enhance the process of improving clinical services. QGC commended work done, welcomed the emphasis on multidisciplinary quality improvement and clinical audit participation at QVH. QGC ratified the strategy.

QGC received the **Learning from Deaths and End of Life Report,** a mandatory Report for NHSI, providing information of numbers of deaths on-site, off-site within 30- days of treatment, and reviews of quality of care, for the previous 12 months. This confirmed no significant change to numbers of deaths on-site (5) or within 30 days of QVH treatment. Structured Judgement Reviews (SJR's) of case notes demonstrated good or excellent quality of care. There were no Learning Disability Mortality Review (LeDeR) reportable deaths and no paediatric deaths to report.

WELL-LED: Reports received from sub-committees.

Clinical Governance Group Minutes – October and November 2019
Health and Safety Group Summary Report
Infection Prevention & Control Group Summary Report
Patient Experience Group Summary Report

Medicines Management & Optimisation Governance Group Summary Report
Strategic Safeguarding Group Summary Report

Recommendations
The Board is asked to **NOTE** this report and ratify the change in frequency of reporting for GOSW report.

The Board is also asked to note that the terms of reference for the QGC are due for review at its February meeting.

Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**09/01/2020**		**Agenda reference:**	**09-20**	
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	There were two key changes to the CRR this period: ➢ One new risk added ➢ Two risk scores reviewed: one remained on CRR, one moved from CRR to LRR ➢ No corporate risks closed				
Recommendation:	Quality & Governance Committee is asked to note the Corporate Risk Register information and the progress from the previous report.				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	The entire BAF has been reviewed by EMT alongside the CRR, The corresponding KSOs have been linked to the corporate risks.				
Corporate risk register:	This document				
Regulation:	All NHS trust are required to have a corporate risk register and systems in place to identify & manage risk effectively.				
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
Resources:	Actions required are currently being delivered within existing trust resources				
Assurance route					
Previously considered by:	The Corporate Risk Register is considered monthly by the EMT and at HMT 16/12/19 to facilitate business planning funding review				
	Date:	16.12.19	Decision:	Reviewed and updated	
Previously considered by:	Q&GC				
	Date:	23/12/19	Decision:	For assurance	
Next steps:	For Trust Board				

Corporate Risk Register Report
October and November 2019 Data

Key updates

Corporate Risks added between 01/10/2019 and 30/11/2019: 1

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
4x3=12	1163	Inadequate Consultant radiologist cover	Director of Operations

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
1133	Inability to provide full pharmacy services due to vacancies and sickness	4x3=12	4x2=8	Vacancies currently being covered by locum or bank staff	R/V by Chief Pharmacist
1125	RTT Delivery and Performance	4x5=20	4x4=16	Ongoing improvement of RTT position	R/V by DOO

No Corporate Risks were closed this period

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

Risk Register management

There are 68 risks currently on the Trust Risk Register as at 9th December 2019, of which 18 are corporate, with the following modifications occurring during this reporting period (Oct / Nov):

- Three new risks added: 1 corporate, 2 local
- Six risks closed: all local
- Two corporate risk scores reviewed: one score reduction remaining on CRR and one score decreased moving onto local 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 68 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					
Unlikely 2		**1**	**8**	**3**	**1**
Possible 3		**4**	**28**	**4 ID: 968, 1059, 1152, 1163**	
Likely 4		**4**	**10 ID: 1035 1040, 1077, 1094, 1117, 1122, 1136, 1139, 1148, 1149,**	**1 ID: 1125**	**0**
Certain 5		**1**	**2 ID1140, 1147,**	**0**	**1 ID: 877**

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

Recommendation: Q&GC is asked to **note** the contents of the report.

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1163	06/11/2019	Inadequate Consultant radiologist cover	- As of the beginning of December, there will be 1 radiologist covering the entire department for both on-call and business as usual work□ - There will be no radiologist cover for MSK/Neuro CT/MRI□ - OOH is a patient and staff safety risk as 1 consultant cannot cover on-call alone	- outsourcing CT/MRI for neuro/MSK□ - Agency Reporting radiographer to report chest imaging□ - Bank MSK sonographer to aid service provision□ □ OOH remains the largest risk	Abigail Jago	Sarah Solanki	Patient Safety	12	8	To support current radiologist, we have a bank consultant sonographer to support the MSK US service. □ MRI/CT reporting normally covered by LC will be outsourced. On-call doctor has agreed to cover weekend on call to help support for the interim period until the beginning of January.□ □ There is a residual risk to the service if our only consultant has sickness.	KSO1 KSO3 KSO5
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	Phil Montague	Estates Infrastructure & Environment	12	6	**06/11/2019** All FRA's now up to date and progressing. □ October:□ Update of all FRA's: □ Start: 1/5/19□ Due: 1/11/19□ Completed: 22/10/19□	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	**04/11/2019** - Recruited a new member of staff due to start 05/11/2019 - 0.46 WTE. One staff member remains on secondment until March 2020, unable to recruit in to post due to short secondment time. Assessing internal interest.□ 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	**06/11/19** Quotes obtained for AC installation, this cost approved and AC being installed to the area Nov-Dec 2019 which will address and close the risk. □ October update: Estates scoping installation of air-con; planned to be completed by end of 2019□ 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	**06-11-2019** - PACS meeting 16th Oct and 30th Oct. VNA is not included in the contract extension proposal by Phillips. VNA end of life. Critical that decision amongst consortium is timely in terms of VNA solution. QVH keen to not do extension for 12-18 and feel that 5-10 year VNA contract could progress separately to PACS extension. Hyland presented - 50% cheaper than Phillips for VNA work.□ 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
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	October: awaiting update from BSUH □ 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 the log on times to system being reduced by the use of single sign on in "kiosk mode" plus the roll out of faster pc to clinical areas and the upgrade of operating system to windows 10.□ □ -Eform instability: It is possible for a user to finalise the living form at the end of a treatment episode. The Trust has worked closely with Kainos the provider of the EDM software to develop fixes for the Eform instability. The fixes have been tested and have been uploaded to the live environment. Testing being completed to verify instability issues have been addressed	Michelle Miles	Jason Mcintyre	Patient Safety	12	6	October update: Trust reporting on a monthly basis to NHS digital as part of the TSSM (trust system support model) process.□ Partial deployment remains the single biggest risk: significant progress towards resolving this. □ Go live in plastics: planned for November 18. Prior to this rollout, evolve is to be upgraded to the latest available version in preparation for trust deployment of Windows 10.□ E-form instability issues resolve; completed rollout of iPads to clinical areas.□ Daily pickup of event packs now place.□ □ 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
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 specialty□ - 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)	16	9	**22/11/19**: remain behind trajectory with ongoing improvement of RTT position including reduction in numbers of 52ww patients and patients waiting over 18wks; ongoing challenges with patients deferring treatment through choice - score reviewed with Exec Lead and amended□ 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
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	**22/11/19**: referrals continue to increase, sustainable skin-service review in progress - cases continue to be outsourced to support capacity□ 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

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
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	11/10/19 JAC upgrading 16th Oct 2019. Will be able to start working towards FMD compliance once complete□ 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	**04/11/2019** - Vacancy improved further with an additional international nurse - 1.05 WTE registered nurses. HCA vacancy of 5.83WTE, continued efforts to recruit to.□ 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: another 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	Mr Jeremy Collyer	Patient Safety	12	10	**Nov**: working group QVH / BSUH to consider options; adult burns service aligned to provision of MTC at BSUH□ October: nil to update□ 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 installment September□ 14/5/2018 (CGG): some progress re: discussions between sites - joint (BSUH & QVH)programme board established and CT procurement process underway	KSO1 KSO2 KSO4
1040	13/02/2017	Age of X-ray equipment in radiology	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	**22/11:** submission for emergency capital made□ 01-11-2019 - LOF not going to fund Fluoroscopy. MRI contract - cannot go out for same as current provision. Decision to investigate MES for a total radiology long term solution for all equipment.□ □ 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	**Nov 19:** □ B6 = 0.84wte□ B5 = 0.95wte□ X 3 international nurses (B4) awaiting OSCE's□ Oct: Band 6: vacancy 2.05 WTE□ Band 5: 5.22 WTE in post and 3 full time international nurses joining who have not yet arrived, passed OSCEs or are ready to work clinically. □ 1 international nurse has passed OSCE, NMC registered currently working supernumerary to achieve the initial 6 week competencies.□ 1 international nurse working towards passing OSCE 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	**Nov**: interim inpatient paeds burns divert continues - no reported issues. Update on number of diverts requested from commissioners.□ 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 discussions planned once respective Directors briefed.□ July update: KSS HOSC Chairs meeting (10/7) to share interim divert plans - QVH patient pathway continuing to follow established larger burns protocol with patients being treated 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	**November** 2019/20 Performance M6: deficit of £4.1m YTD; £61k better than plan. Clinical income under-recovery has been partially offset by expenditure underspends.□ Full year forecast deficit of £8.1m; £0.6m worse than plan □ Cost savings of £1.2m identified; £0.5m less than plan□ Finance & Use of Resources – 3 (Planned 4)□ □ August □ 2019/20 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 □ 2019/20 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□	KSO4

Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**09/01/2020**		**Agenda reference:**	**10-20**	
Report title:	**Quality & Safety Board Report**				
Sponsor:	Jo Thomas, Director of Nursing and Quality; Keith Altman, Medical Director				
Author:	Kelly Stevens, Head of Quality and Compliance				
Appendices:					
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: • New medical staffing appointments • Sustained performance in 2018 Children and Young People's Patient Experience Survey • New nursing workforce metrics				
Recommendation:	The Board is asked to be assured that the contents of the 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: ***Outstanding patient experience***	KSO2: ***World-class clinical services***	KSO3: ***Operational excellence***	KSO4: *Financial sustainability*	KSO5: ***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:	Q&GC				
	Date:	23/12/19	Decision:	Complaints per contact data added	
Next steps:	For Trust Board				

Executive Summary - Quality and Safety Report, January 2020

Domain	Highlights
Director of Nursing and Quality	Executive Summary: 2018 Children and Young People's Patient Experience Survey The CQC asked children and young people's and their parents and carers to answer questions about different aspects of care and treatment. Based on their responses each NHS trust receives a score out of 10 (the higher the better). The survey looked at the experiences of children and young persons who were admitted in November and December 2018 with a maximum of 1250 questionnaire sent to recent patients at each trust. **Respondents and response rate** • 202 Queen Victoria Hospital NHS Foundation Trust patients responded to the survey • The response rate for Queen Victoria Hospital NHS Foundation Trust was 40.89% **Banding** The Trust's results were better than most trusts for 50 questions. The Trust's results were worse than most trusts for 0 questions. The Trust's results were about the same as other trusts for 13 questions. The Trust has sustained its better than expected' for both the experiences of children aged 0 to seven and children and young people aged 8 to 15 and remains one of the best trusts in England for children and young people's experience of care.

Medical Director	GIRFT Implementation Plan for Imaging & Radiology is underway. Deep dive completed and recommendations made to improve service. Diane Gilmour, Implementation Manager, (GIRFT - South East Hub) met with MD, Radiology Service Manager to review deep dive report and support action plan. Last visit was 8th November 2019. Action progress rated green. Medical Director & Operational Structure was ratified by EMT. Medical Director structure includes two Deputy Medical directors, one Associate Medical Director (currently Dr Ian Francis; Cancer and strategy), Director of Medical Education (Dr Chet Patel) and Research & Development Lead (Dr Julian Giles). Three Clinical Directors: Anaesthetics and Clinical Support Services all with their respective clinical leads. Some of these posts will be out for advert and appointment or re-appointment shortly. Ms Tania Cubison started as Deputy Medical Director in December 2019 and she is also acting as the Safeguarding Lead for the trust. New consultant Head & Neck Radiologist appointments will now not join the Trust in January 2020 and a MSK Radiology appointment may take place shortly. Histopathology 10 January 2020. (National reduction in radiology consultants of 25%) We now have 18 appraisers (6 appraisals per year) – Ms Tania Cubison becomes Lead for Revalidation and Appraisal, replacing Dr Lekha Chandrasekharan who has now left the Trust. Ms Cubison is replaced as an appraiser by Mr Asit Khandwala, Consultant Plastic Surgeon. Current Trust Appraisal rate at 01st December 2019 = 87.3%.

Report by Exception - Key Messages

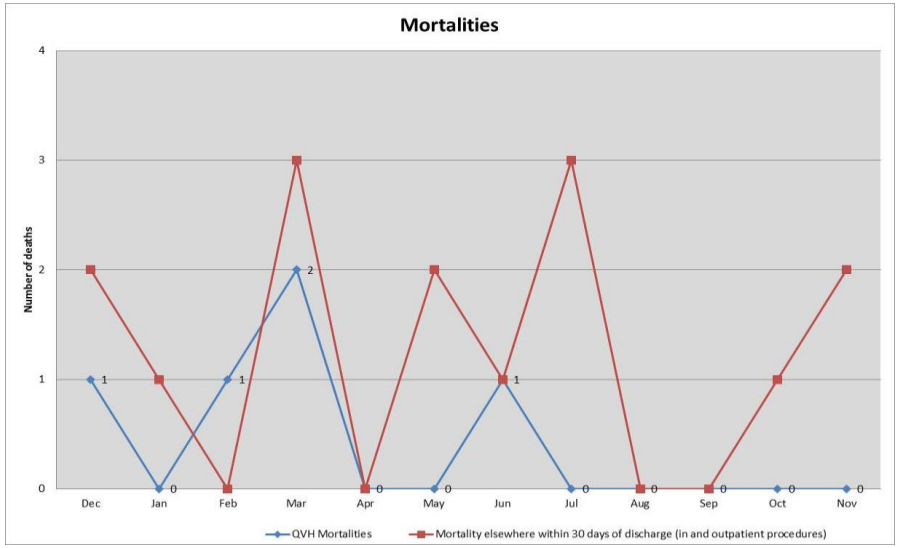
Domain	Issue raised	Action taken
Safe: clinical harm reviews	Clinical Harm Review meetings: Trust continues to reduce the 52 week breaches against an agreed trajectory with regulators and commissioners to achieve zero 52 week breaches by September 2019.	Clinical Harm Review meetings were established 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 November 597 reviews have been undertaken: July: 40 – MaxFac and plastics; Aug: 129 – MaxFac and plastics; Sept: 75 – plastics / Corneo / H&N plus Medway MaxFac; Oct: 35 – MaxFac / H&N / plastics and skin; - Nov: 30 – plastics, MaxFac and Corneo; Dec / Jan: 36 – MaxFac and plastics; Feb: 53 - MaxFac and plastics; March: 32 – plastics; April / May: 10 – MaxFac and plastics; June / July: 55 – MaxFac and plastics (incl. D Valley); August / September: 65; October / November: 37 Patients have been under surveillance as follows: 31 Plastics: all no harm and 17 MaxFac: all no harm; there are two patients currently under surveillance - one plastics and one MaxFac. The Head of Risk & Patient Safety meets monthly with the CCG to discuss the cases reviewed for assurance purposes.

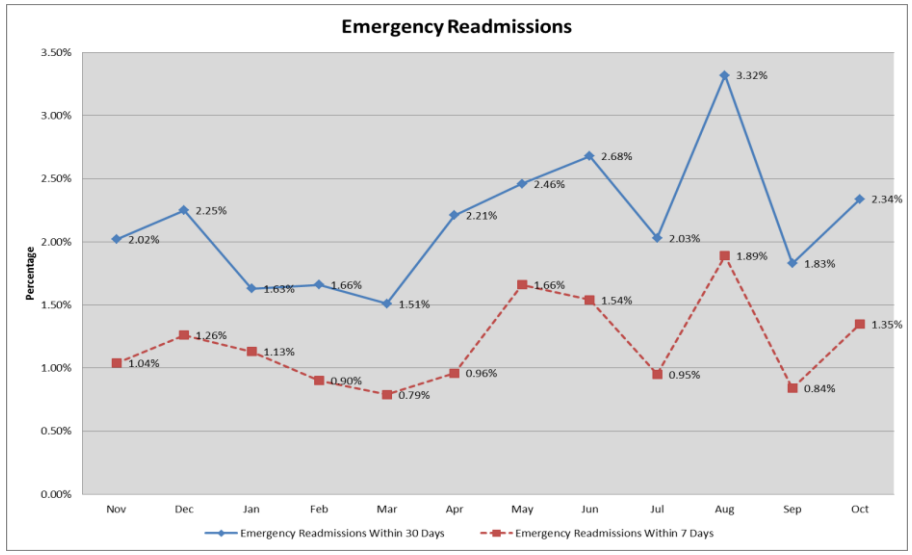
Well-Led	NHS England's 2081 Children and Young Peoples Survey: sustained position as better than expected	Executive Summary: 2018 Children and Young People's Patient Experience Survey The CQC asked children and young people's and their parents and carers to answer questions about different aspects of care and treatment. Based on their responses each NHS trust receives a score out of 10 (the higher the better). The survey looked at the experiences of children and young persons who were admitted in November and December 2018 with a maximum of 1250 questionnaire sent to recent patients at each trust. Respondents and response rate • 202 Queen Victoria Hospital NHS Foundation Trust patients responded to the survey • The response rate for Queen Victoria Hospital NHS Foundation Trust was 40.89% Banding The trust's results were better than most trusts for 50 questions. The trust's results were worse than most trusts for 0 questions. The trust's results were about the same as other trusts for 13 questions. Comparisons with last year's survey The trust's results were significantly higher this year for 2 questions. X15. Did a member of staff agree a plan for your child's care with you? X55. When the hospital staff spoke with you, did you understand what they said? The trust's results were significantly lower this year for 0 questions. There were no statistically significant differences between last year's and this year's results for 55 questions. The Trust has sustained its performing 'much better than expected' for the experiences of both children aged 0 to 7 and children and young people aged 8 to 15. This is because, for both age groups, the proportion of respondents who answered positively to questions about their care, across the entire survey, was significantly above the trust average. The report is being reviewed by the paediatric team to identify areas for further improvements and an action plan will be completed and monitored at the trust Patient Experience Group.

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			Quarter 3		12 month total/ rolling average
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	
Infection Control																
MRSA Bacteraemia acquired at QVH post 48 hrs after admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA hospital acquired								1	1	0	0	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	0	2
Gram negative bloodstream infections (including E.coli)	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
MRSA screening - elective	>95%	98%	99%	96%	96%	97%	97%	94%	95%	96%	94%	95%	92%	94%	98%	96%
MRSA screening - trauma	>95%	95%	96%	95%	96%	96%	96%	98%	94%	94%	98%	97%	94%	98%	94%	96%
Incidents																
Never Events	0	0	1	0	0	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	0	1	2
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	0	0	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	0	0
WHO quantitative compliance		99%	98%	99%	98%	99%	99%	99%	99%	98.7%	99.3%	98.1%	99%	99%	99%	99%
Non-clinical cancellations on the day		22	14	18	22	22	11	19	17	7	31	29	15	12	14	253
Needlestick injuries		4	2	1	1	3	3	2	0	1	1	1	3	1	2	25
Pressure ulcers (all grades)		0	1	0	1	0	0	0	0	1	0	1	2	0	0	6
Paediatric transfers out (<18 years)		0	2	0	1	0	1	2	0	1	0	0	0	1	0	8
Medication errors																
Total number of incidents involving drug / prescribing errors		16	13	9	7	16	10	7	8	13	21	23	26	21	30	220
No & Low harm incidents involving drug / prescribing errors		16	13	9	7	16	10	7	8	13	21	23	26	21	30	220
Moderate, Severe or Fatal incidents involving drug / prescribing errors		0	0	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	2.1	0	1.0
Harm free care rate (QVH)	>95%	100%	100%	100%	96%	97%	100%	97%	100%	97%	100%	97%	96%	95%	TBC	98.1%
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%	93.9%	94.0%	TBC	94%
Pressure Ulcers																
Hospital acquired - category 2 or above	15	0	1	0	1	0	0	0	0	1	0	1	1	1	0	6
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%	97.0%	100.0%	99.1%
Patient Falls																
Patient Falls assessment completed within 24 hrs of admission	>95%	97%	100%	100%	100%	89%	100%	100%	92%	100%	100%	100%	100%	100%	96%	98.0%
Patient Falls resulting in no or low harm (inpatients)		4	5	2	3	3	2	0	2	2	3	3	1	6	4	31
Patient Falls resulting in moderate or severe harm or death (inpatients)		0	0	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%	1.65	1.73	2.51	2.41	0.82	4.52	3.53	2.25

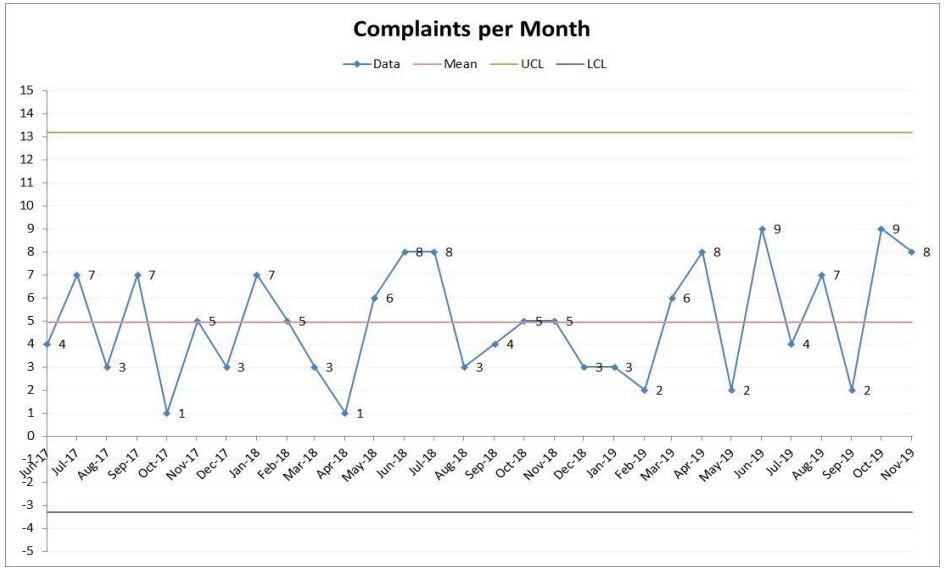
Effective - Performance Indicators

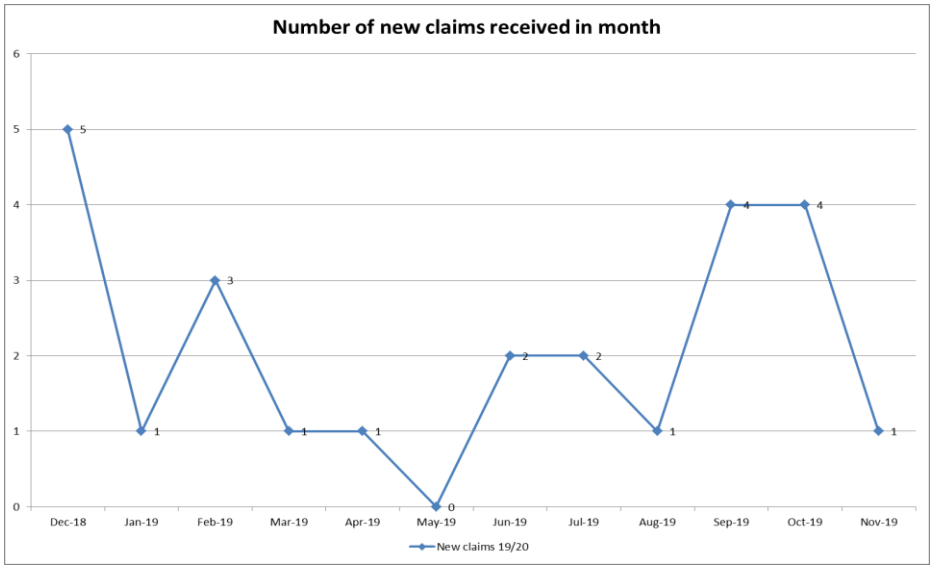




	Quarter 3 2018/19	Quarter 4			Quarter 1 2019/20			Quarter 2			Quarter 3	
	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Number of deaths on QVH site	1	0	1	2	1	0	1	0	0	0	0	0
Number of deaths off- site within 30 days of IP or OP procedure	2	1	0	3	0	2	1	3	1	0	1	2
No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

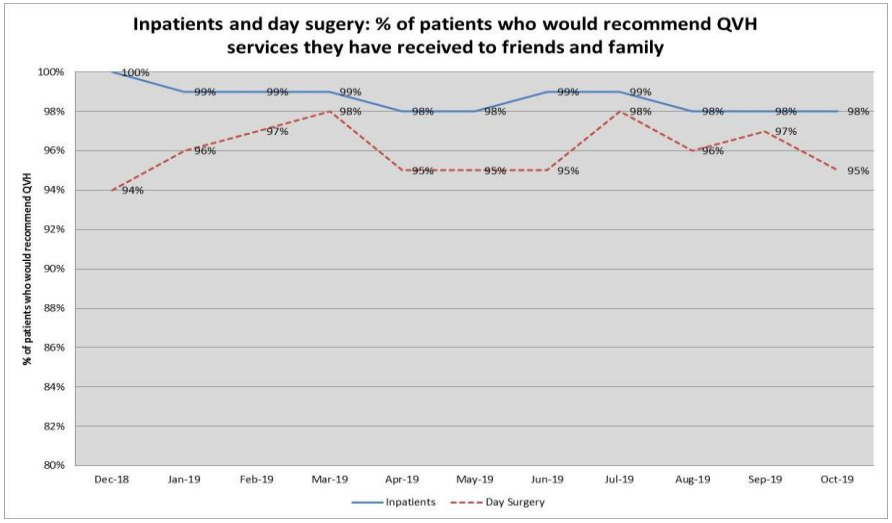
Caring - Current Compliance - Complaints and Claims

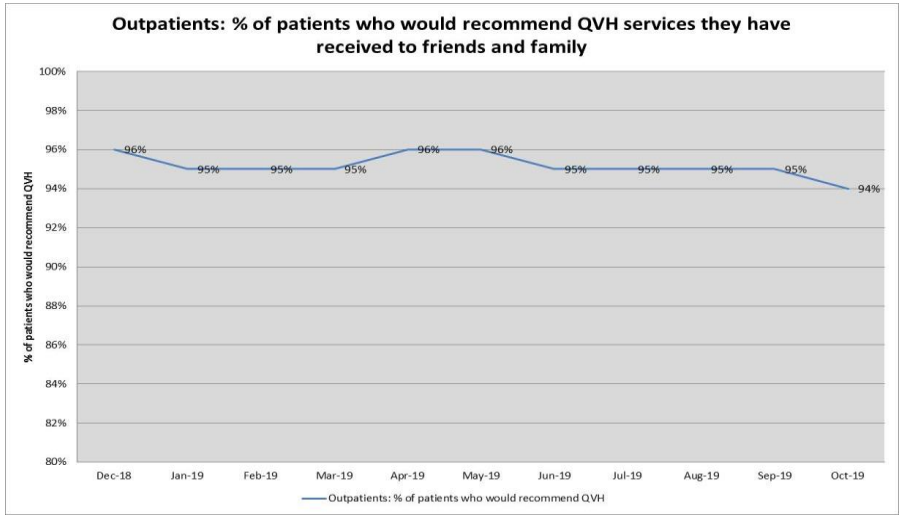


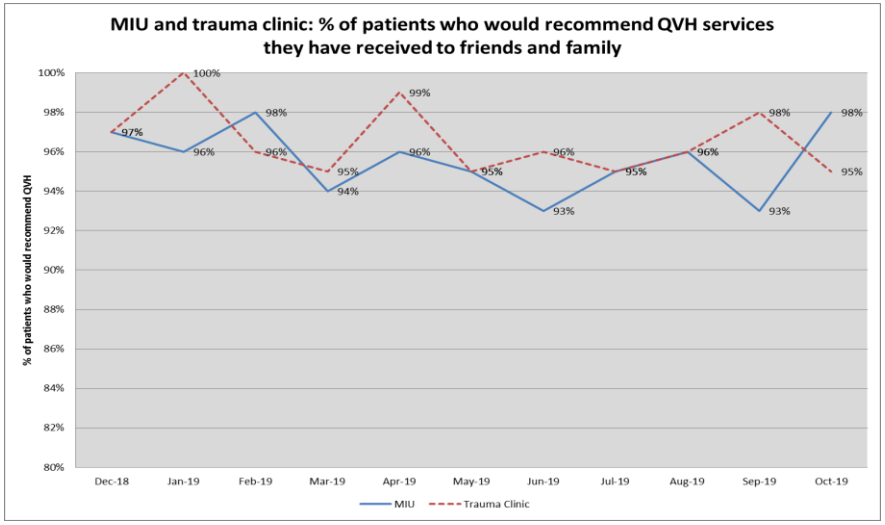


	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Complaints	3	3	2	6	8	2	9	4	7	2	9	8
Complaints per 100 contacts	0.018	0.015	0.011	0.033	0.042	0.01	0.049	0.019	0.038	0.011	0.038	0.048
Number of complaints referred to the Ombudsman for 2nd stage review	0	0	0	0	0	0	0	0	0	0	0	0
Number of complaints re-opened	0	0	1	0	0	0	0	1	1	1	0	0

Caring - Current Compliance - FFT







Nursing Workforce - Performance Indicators

Safe staffing data

In October the actual care hours on shift was 207 hours less than planned which equates to 18 shifts. Peanut ward and critical care account for the majority of less than planned hours due to capacity and demand in these areas. 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. Decrease in nursing agency usage continues.

Combined Staffing exc. Site	OCTOBER 2019					Target 95%				
	Planned staff		Actual staff				Planned staff		Actual staff	
	RN	HCA	RN	HCA			RN	HCA	RN	HCA
DAY	5670	2507	5543	2438	Total Hrs Planned and Actual	NIGHT	4221	702	4163	684
			97.8%	97%	% Planned Hrs Met				98.6%	97.5%
		8177		7981	Total Hrs Planned & Actual - Combined reg & support			4922		4847
				97.6%	% Planned Hrs Met - Combined reg & support					98.5%

In November the actual care hours on shift was 610 hours less than planned which equates to 53 shifts. Peanut ward and critical care account for the majority of less than planned hours due to capacity and lack of demand in these areas, however there were 12 shifts in the other ward areas were actual was less than planned which was not due to reduced demand. 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. Decrease in nursing agency usage continues

Combined Staffing exc. Site	NOVEMBER 2019					Target 95%				
	Planned staff		Actual staff				Planned staff		Actual staff	
	RN	HCA	RN	HCA			RN	HCA	RN	HCA
DAY	5520	2001	5417	1783	Total Hrs Planned and Actual	NIGHT	4382	621	4140	575
			98.1%	89%	% Planned Hrs Met				94.5%	92.6%
		7521		7199	Total Hrs Planned & Actual - Combined reg & support			5003		4715
				95.7%	% Planned Hrs Met - Combined reg & support					94.3%

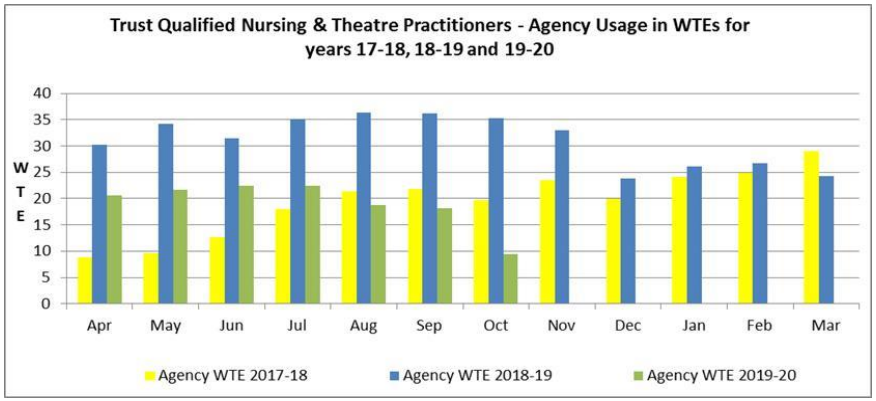
**Data extracted from score card in appendix 1*

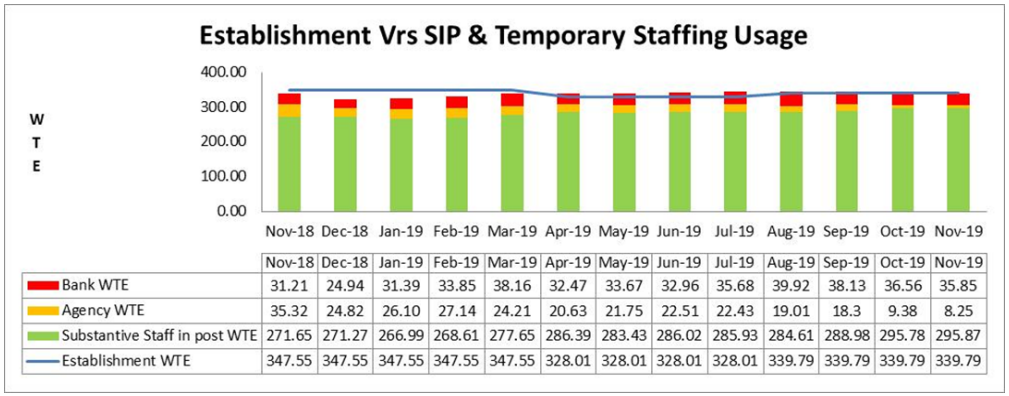
Nursing Workforce - Performance Indicators

ALL QUALIFIED & UQUALIFIED NURSING

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2018-19 & 2019-20			Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-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	328.01	328.01	328.01	328.01	339.79	339.79	339.79	339.79	◄►
Staff In Post WTE				271.65	271.27	266.99	268.61	277.65	286.39	283.43	286.02	285.93	284.61	288.98	295.78	295.87	▲
Vacancies WTE				75.90	76.28	80.56	78.94	69.90	41.62	44.58	41.99	42.08	55.18	50.81	44.01	43.92	▼
Vacancies %	>18%	12%<> 18%	<12%	21.84%	21.96%	23.18%	22.71%	20.11%	12.69%	13.59%	12.80%	12.83%	16.24%	14.95%	12.95%	12.93%	▼
STARTERS WTE (Excluding rotational doctors)				6.70	5.81	1.41	4.44	7.61	10.94	2.00	2.56	2.00	4.64	7.43	6.00	2.00	▼
LEAVERS WTE (Excluding rotational doctors)				2.43	6.42	2.00	1.64	1.00	3.08	2.00	4.51	3.00	3.47	2.00	2.00	1.76	▼
Starters & Leavers balance				4.27	-0.61	-0.59	2.80	6.61	7.86	0.00	-1.95	-1.00	1.17	5.43	4.00	0.24	
Agency WTE (Data From Healthroster)				35.32	24.82	26.10	27.14	24.21	20.63	21.75	22.51	22.43	19.01	18.30	9.38	8.25	▼
Bank WTE (Data From Healthroster)				31.21	24.94	31.39	33.85	38.16	32.47	33.67	32.96	35.68	39.92	38.13	36.56	35.85	▼
Trust rolling Annual Turnover %	>=12%	10%<> 12%	<10%	19.63%	18.79%	17.96%	16.02%	14.45%	14.53%	14.68%	15.90%	16.20%	15.22%	12.52%	15.15%	12.46%	▼
Monthly Turnover				0.75%	1.94%	0.77%	0.63%	0.38%	1.12%	0.72%	1.63%	1.08%	1.26%	0.71%	1.51%	0.60%	▼
Sickness Absence %	>=4%	4%<> 3%	<3%	4.39%	3.45%	4.45%	4.42%	4.23%	4.60%	4.24%	4.24%	3.66%	1.86%	2.04%		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, HCAs,Student OPD's, Trainee Nurse Associates/Practitioners,Nurse Associates, Play Specialists, Oversea's Nursing awaiting PIN.
Staff Excluded are Dental Nurses





	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Bank WTE	31.21	24.94	31.39	33.85	38.16	32.47	33.67	32.96	35.68	39.92	38.13	36.56	35.85
Agency WTE	35.32	24.82	26.10	27.14	24.21	20.63	21.75	22.51	22.43	19.01	18.3	9.38	8.25
Substantive Staff in post WTE	271.65	271.27	266.99	268.61	277.65	286.39	283.43	286.02	285.93	284.61	288.98	295.78	295.87
Establishment WTE	347.55	347.55	347.55	347.55	347.55	328.01	328.01	328.01	328.01	339.79	339.79	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			Quarter 3		Year to date actual/ average
			Dec	Jan	Feb	Mar	April	May	June	Jul	Aug	Sep	Oct	Nov	
Medical Workforce															
Turnover rate in month, excluding trainees	21.63% 12Mth rolling	<1%	1.16%	3.44%	0.96%	3.97%	0%	1.15%	0.78	1.16%	1.16%	1.54%	1.18%	1.15%	17.59% 12 mth Rolling
Turnover in month including trainees 9%	45.43% 12Mth rolling		2.79%	2.77%	8.85%	2.46%	6.81%	2.53%	0.49	1.45%	12.42%	6.08%	2.82%	1.39%	51.16% 12 mth rolling
Management cases monthly		0	1 ongoing	0	0	0	0	0	0	0	0	0	0	0	1
Sickness rate monthly on total medical/dental headcount	1.43%		1.09	1.19%	1.59%	1.99%	2.25%	0.88	1.46	0.89%	1.07%	2.34%	1.5%	Not Available until Jan 20	1.49%
Appraisal rate monthly (exclude deanery trainees)	88.96% Mar 18		88.13%	84.62%	79.73%	85.16%	82.67	80.77%	83.77%	79.35%	81.62%	86.00%	83.66%	85.53%	85.53%
Mandatory training monthly		95%	84%	84%	87%	87%	88%	87%	88%	89%	88.50%	84.81%	84.99%	85.93%	85.93%
Exception Reporting – Education and Training			0	1	0	0	4	1	5	8	2	5	2	1	29
Exception Reporting – Hours			0	0	0	1	0	0	2	0	0	5	1	1	10

Medical & Dental Staffing

In the September doctors' induction, we had a cohort of new Dental Core Trainees, who were given an excellent three day induction, with contributions from the pharmacy team and the simulation faculty as well as the OMFS department, to ensure that they are confident working in the hospital environment.

At the end of September OMFS and Plastic Surgery held a joint teaching session on facial palsy, an area where the two specialties overlap.

In October, our final rotation of the year, we welcomed new Specialty Registrars in Plastic Surgery. The next doctors' induction will be in February.

Education

Medical Education and the simulation team were delighted that the League of Friends has agreed to fund works to develop a proper simulation suite at QVH and a new junior manikin which has already arrived and been used for training. The bid was a joint effort between Helen Moore (Medical Education Manager), Niamh Gavin (Simulation Lead) and Jo Davis (Clinical Practice Development Lead), with valuable support from Geraldine Opreshko.

In addition, the KSS Dental Dean has agreed to fund the installation of a Dental Skills Lab at QVH, which will be used by KSS Dental Foundation trainees but which will also be a great new training space that we can make use of for staff.

NURSING METRICS - 12 MONTH ROLLING
BURNS WARD

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No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2018/19 Nov	Quarter 3 2018/19 Dec	Quarter 4 2018/19 Jan	Quarter 4 2018/19 Feb	Quarter 4 2018/19 Mar	Quarter 1 2019/20 Apr	Quarter 1 2019/20 May	Quarter 1 2019/20 June	Quarter 2 2019/20 July	Quarter 2 2019/20 Aug	Quarter 2 2019/20 Sep	Quarter 3 2019/20 Oct	Quarter 3 2019/20 Nov	Rolling Year to Date Actual	Trend	Comments
SAFE																				
1	**Incidents**	Total reported - All incidents	106	_	9	8	6	6	3	6	10	6	14	12	9	7	10	77		
2		Total reported - Patient safety	53	_	6	3	5	3	2	5	7	3	8	8	4	4	5	46		
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	1	1	0	0	0	1	0	1	0	0	2	4		: Minor Harm (Please see below) I Minor Harm (Please see below). **NB-RTW was the location of this fall.** The patient was a Burns patient who had left the Burns unit with another patient and fell in RTW.
6		Falls - With harm	3	0	0	0	0	1	0	0	0	1	0	0	0	0	2	3		: Minor Harm. Fall from zimmer frame. Small skin tear around right forearm : Minor Harm. Burns patient had left the Burns unit with another patient and fell in RTW sustaining a scratched wound to (L) cheek.
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	0	0	0	0	0	0	0	0	0	0	0	0	1	1		Splash Incident. Local anaesthetic from used hypo/syringe squirted into left eye of reporter. Inoculation Policy followed.
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%	88%	100%	100%	100%	100%	100%	100%	100%	91%	100%	92%	100%	94%	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%	95%	100%	100%	100%	100%	100%	100%	N/S	99%		
14		Bare below the elbows	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/S	100%		
15	**Drug Assessments**	% staff compliant	92%	100%	92%	90%	80%	90%	100%	100%	100%	100%	100%	87%	87%	93%	100%	96%		Awaiting update from matron.
16	**Medication Audit**	Number Charts Reviewed														0	1	1		New audit being completed by pharmacy, it is a 24hr snapshot.
17		Number of Missed/Omitted doses															0	0		
18	**Medication Errors**	Reported errors	8	0	2	1	1	0	0	0	2	0	2	4	1	0	1	10		Mediaction administration issue
19	**Safety Thermometer**	Harm Free Care %	97.0%	95%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%	100%	94%		
20		New Harm Free %	99%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
21	**VTE** (Venous thromboembolism)	Assessment of patients (S. Therm)	96%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
23		Monthly screening % (Informatics)	99%	95%	100%	100%	88%	100%	100%	93%	100%	100%	97%	93%	92%	67%	91%	93%		Discussed with Matron - Deputy Matron to take responsibility to ensure this is completed
24	**Shift meets requirement** Day %	RN	97.0%	95%	101%	99%	98%	96%	91%	95%	100%	100%	99%	95%	97%	96%	100%	97%		
25		HCA	94.0%	95%	94%	95%	100%	100%	103%	100%	100%	97%	100%	98%	100%	96%	95%	99%		
26	**Shift meets requirement** Night %	RN	98.0%	95%	100%	97%	100%	96%	98%	100%	100%	100%	100%	97%	100%	100%	100%	99%		
27		HCA	105.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
EFFECTIVE																				
28	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	99%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
29		7 day review (Safety Thermometer)	100%	95%	100%	100%	100%	100%	100%	100%	100%	na	100%	100%	100%	100%	50%	94%		Staff reminded to complete 7 day review. 1 patient
30	**Compliance in Practice** (CiP)	Inspection score	92%	80%	Reported 1/4ly	eported 1/4ly												#DIV/0!		

CARING																				
31	**Friends & Family Test**	Patient numbers (eligible to respond)	433	_	20	24	30	24	19	13	29	21	38	39	27	40	43	269		
32		% return rate	60%	40%	100%	100%	60%	75%	47%	100%	90%	67%	74%	69%	82%	50%	37%	68%		Staff reminded to hand out FFT on discharge.
33		% recommendation (v likely/likely)	98.0%	90%	100%	100%	95%	100%	100%	100%	100%	100%	100%	96%	100%	100%	94%	99%		
34		% unlikely/extremely unlikely	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	4%	0%	0%	6%	1%		
RESPONSIVE																				
35	**Complaints**	No. recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
WELL-LED																				
36	**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	29.5	29.5	30		
37		Vacancy WTE	8.1	10%	8.12	9.02	9.3	9.86	9.25	8.34	8.34	8.34	7.34	7.34	6.74	4.74	5.16	7		
38		Vacancy (hrs)	1311.1	10%	1319.5	1465.8	1511.25	1602.3	1503.12	1355.25	1355.25	1355	1192.8	1193	1095.3	770.25	838.5	1184		
39	**Temporary Staffing** excluding RMN	Agency Use	301.8	10%	346.75	382.25	406.75	324.75	200.5	179	162	113	186	253	138	52.5	46	148		
40		Bank Use-all staff	465.98	10%	373.75	418.25	592.5	746.15	923	613.75	530.35	494.5	745	632.25	447	510.5	558.75	606		
		Bank Use-non-clinical									60.26	116.5	159.75	102.75	60.5	124.25	57.25			
42	**Sickness-all staff**	Hours	79.65		154	36.5	170	5	22.25	23	93.5	38	199	55.5	46	320.25	219	113		
43		%	1.6%	3%	3.2%	0.7%	3.5%	0.1%	0.5%	0.5%	1.9%	0.8%	4.1%	1.1%	0.9%	6.7%	4.6%	2%		All managed within policy
44	**Sickness non clinical**	Hours								0	7.5	7.5	11	0	0	7.5	0			
45		%								0.0%	0.2%	0.2%	0.2%	0.0%	0.0%	0.2%	0.0%			
46	**Maternity**	Hours					0	0	0	0	0	0	0	0	0	0	0	0		
47	**Budget Position**	YTD Position	-86992	>0	-10195	354	-49955	5311	105659	-147240	-87633	-64118	-57532	129247	145922	180089				
48	**Statutory & Mandatory**	Mandatory training	93.0%	90%	97%	94%	94%	95%	94%	93%	95%	94%	95%	97%	96%	92%	95%	95%		
49		Appraisal	89.0%	95%	79%	92%	88%	100%	96%	96%	92%	85%	86%	78%	79%	87%	97%	88%		Some staff sickness which has meant apprasisals have been postponed.
50	**Uniform Audit**	Compliance with uniform policy %	98%	95%	100%	100%	100%	100%	90%	95%	90%	80%	100%	90%	100%	100%	N/S	93%		

NURSING METRICS - 12 MONTH ROLLING
CORNEOPLASTIC OPD

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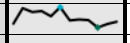
No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2018/19		Quarter 4 2018/19			Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20		Rolling Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	April	May	Jun	July	Aug	Sep	Oct	Nov			
SAFE																				
1	**Incidents**	Total reported - All incidents	71	_	11	2	5	2	5	8	3	7	7	5	7	8	9	68		
2		Total reported - Patient safety	30	_	2	1	3	2	2	5	2	4	3	0	6	5	3	36		
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	1	0	0	0	0	0	0	0	1	1	0	0	0	2		
6		Falls - With harm	1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	1		
7	**Pressure Damage**	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%		Medical staff at 86%. Nursing staff at 100%. Reminded nurses to challenge Doctors on non compliance.
12		Bare below the elbows	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%		Medical staff at 86%. Nursing staff at 100%. Reminded nurses to challenge Doctors on non compliance.
13	**Medication Audit**	Missed dose			Reported 1/4ly		ported 1/4ly											0		
14		Omitted dose			Reported 1/4ly		ported 1/4ly											0		
15		Total doses			Reported 1/4ly		ported 1/4ly											0		
16	**Medication Errors**	Reported errors	16	0	1	1	1	1	1	1	1	2	1	0	4	2	3	18		ID23083 (13/11/2019): Prescribing Error ID23177 (19/11/2019): Prescribing Error ID23220 (29/11/2019): Prescribing Error
EFFECTIVE																				
17	**Compliance in Practice** (CiP)	Inspection score	91%	80%	Reported 1/4ly		ported 1/4ly											0%		
CARING																				
18	**Friends & Family Test**	Patient numbers (eligible to respond)	24297	_	2262	1830	2218	1541	1784	1855	2144	1864	2075	2073	2252	2451	2392	24479		
19		% return rate	21.0%	20%	19%	26%	21%	19%	22%	13%	5%	4%	5%	17%	19%	21%	19%	16%		Reminded staff to prompt patients to fill out FFT
20		% recommendation (v likely/likely)	93.0%	90%	95%	95%	93%	92%	96%	95%	93%	92%	90%	90%	91%	93%	92%	93%		
21		% unlikely/extremely unlikely	3.0%	0%	1%	2%	3%	3%	3%	2%	4%	4%	7%	4%	4%	3%	4%	4%		
RESPONSIVE																				
22	**Complaints**	No. recorded	6	0	1	0	0	0	0	0	0	0	1	1	0	2	1	5		Recent complaints relate to cancellation of appointments/ Although not directly nursing relating has an impact on patient experience.

	WELL-LED																			
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	18.11	18.11	18		
24		Vacancy WTE	2.8	10%	3.69	3.69	2.5	2.5	2.5	2.5	2.5	2.7	2.27	2.15	2.15	1.29	3.09	2		
25		Vacancy (hrs)	456.4	10%	599.62	599.6	406.25	406.3	406.25	406.3	406.3	438.75	368.88	349.37	349.4	209.62	502.12	404		
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%	275	182	312	281.25	288.25	245	320.5	209.25	216.5	213	149	178.75	198	235		
		Bank Use non-clinical									0	0	0	0	0	0	0			
29	**Sickness-all staff**	Hours	67.38		163.5	46.5	85	40	97.5	124	69.5	120	142	0	7.5	121	170	82.6		
30		%	2.2%	3%	5.2%	1.5%	2.9%	1.4%	3.3%	4.2%	2.4%	4.1%	4.8%	0.0%	0.3%	4.1%	5.8%	2.7%		Sickness absence all currently managed through Trust policy
31	**Sickness-non-clinical**	Hours								0	0	0	0	0	0	0	0			
32		%								0.0%	0.0%	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	30917	44629	50376	25393	50721	-38974	4906	-17366	-25686	-27333	-2737	-10624				
35	**Statutory & Mandatory**	Mandatory training	96%	90%	96%	97%	99%	100%	99%	94%	97%	94%	93%	93%	91%	94%	94%	95%		
36		Appraisal	97%	95%	100%	100%	89%	100%	95%	100%	100%	100%	95%	100%	100%	89%	100%	97%		Matron emailed and dates in place for appraisals.
37	**Uniform Audit**	Compliance with uniform policy %	82%	95%	95%	85%	45%	85%	100%	100%	100%	100%	94%	100%	94%	100%	100%	92%		

NURSING METRICS - 12 MONTH ROLLING
CRITICAL CARE UNIT

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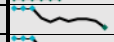
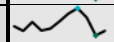
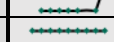
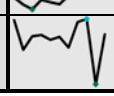
No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2018/19 Nov	Quarter 3 2018/19 Dec	Quarter 4 2018/19 Jan	Quarter 4 2018/19 Feb	Quarter 4 2018/19 Mar	Quarter 1 2019/20 Apr	Quarter 1 2019/20 May	Quarter 1 2019/20 June	Quarter 2 2019/20 July	Quarter 2 2019/20 August	Quarter 2 2019/20 Sep	Quarter 3 2019/20 Oct	Quarter 3 2019/20 Nov	Dec	Rolling Year to Date Actual	Trend	Comments
SAFE																					
1	**Incidents**	Total reported - All incidents	181	_	15	7	15	16	17	11	11	18	13	17	6	6	16		146		9 x Unplanned Admissions, 0 x Transfers Out
2		Total reported - Patient safety	145	_	12	7	10	16	12	9	10	16	12	11	3	4	14		117		
3		Formal internal investigation	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0		1		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	**Falls**	Falls - All	5	0	2	0	0	0	0	0	0	0	0	0	0	0	0		0		
6		Falls - With harm	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0		0		
7	**Pressure Damage**	G2 or above (hospital acquired)	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0		2		
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	100%	95%	n/a	n/a	100%	n/a	n/a	n/a	100%	n/a	n/a	100%	n/a	na	n/a		100%		
10		Trauma patients	99.0%	95%	100%	100%	n/a	89%	100%	100%	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		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	97.0%	95%	100%	100%	92%	87%	100%	100%	100%	100%	100%	100%	100%	N/S	83%		96%		Medical staff at 63%, reminded about lanyards but still a few choose to be non-compliant
14		Bare below the elbows	97.0%	95%	89%	100%	100%	89%	100%	100%	100%	100%	100%	100%	100%	N/S	100%		96%		
15	**Drug Assessments**	% staff compliant	98.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	85%	100%	94%		98%		17 out of 18 compliant. 1 retaking this week.
16	**Medication Audit**	Number Charts Reviewed															3		3		New audit being completed by pharmacy, it is a 24hr snapshot.
17		Number of Missed/Omitted doses															0		0		
18	**Medication Errors**	Reported errors	6	0	0	0	0	1	1	0	1	1	1	1	3	2	2		13		ID23030 (06/11/2019): Prescribing Error ID23156 (18/11/2019): Prescribing Error
19	**Safety Thermometer**	Harm Free Care %	96.0%	95%	100%	100%	50%	100%	100%	100%	100%	67%	100%	100%	100%	100%	100%		92%		
20		New Harm Free %	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
21	**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%		
23		Monthly screening % (Informatics)	99%	95%	100%	100%	100%	88%	100%	na	100%	100%	100%	100%	100%	100%	100%		99%		
24	**Shift meets requirement** Day %	RN	96.0%	95%	100%	90%	100%	99%	100%	98%	98%	100%	101%	98%	100%	99%	97%		99%		
25		HCA	98.0%	95%	105%	96%	100%	91%	100%	96%	100%	100%	95%	96%	97%	97%	87%		96%		Two shifts where planned didn't meet actual due to sickness (same HCA)
26	**Shift meets requirement** Night %	RN	94.0%	95%	93%	87%	100%	100%	100%	99%	100%	100%	100%	100%	98%	100%	95%		99%		
27		HCA	115.0%	95%	100%	88%	91%	87%	100%	100%	100%	100%	85%	100%	91%	100%	100%		96%		HCA shifts not required for all shifts, dependant upon patient acuity, managed appropriately, safe staffing maintained
EFFECTIVE																					
28	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	97.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
29		7 day review (Safety Thermometer)	83.0%	95%	100%	100%	100%	100%	na	na	na	na	100%	na	100%	na	na	100%	100%		
30	**Compliance in Practice** (CiP)	Inspection score		80%	Reported 1/4ly		Reported 1/4ly												#DIV/0!		
CARING																					
RESPONSIVE																					
31	**Complaints**	No. recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		

	WELL-LED																				
32	**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	27.79	27.79		28		
33		Vacancy WTE	10.5	10%	11.73	10.73	9.44	9.44	9.44	7.1	6.19	7.13	6.35	6.92	6.92	6.46	4.86		7		
34		Vacancy (hrs)	1699	10%	1906	1743	1534	1534	1534	1153.8	1005.87	1158.6	1031.9	1124.5	1124.5	1049.8	789.75		1186		
35	**Temporary Staffing** excluding RMN	Agency Use	751.7	10%	828	218	347.5	437	520.5	259.5	237.5	224	230	282.8	149.5	9.5	60.5		251		
36		Bank Use-all staff	414.4	10%	691.05	667.25	591.75	499.5	677.75	510.5	549.75	694.5	847	954.25	767.5	409	501.5		637		We are 720 hrs under our vacancy, maternity and sickness hrs.
		Bank Use-non-clinical									0	0	0	0	0	0	0				
38	**Sickness-all staff**	Hours	301.4		357	362.5	416.5	400.5	366	314	438	212	39	169	131	89.5	239.5		256		
39		%	6.5%	3%	7.5%	7.6%	9.3%	8.9%	8.2%	7.0%	9.8%	4.7%	0.9%	3.7%	2.9%	2.0%	5.3%		6%		
40	**Sickness non clinical**	Hours								0	0	0	0	0	53	0	148				
41		%								0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	53.0%				Two non-clinical staff - One staff member on long term sickness
42	**Maternity**	Hours							0	0	0	0	0	0	0	0	0		0		
43	**Budget Position**	YTD Position	-217834	>0	-2451	-118838	30575	16517	-78903	-50761	(75,608)	-146624	-128989	-120493	-115961	-159802			-62872		
44	**Statutory & Mandatory**	Mandatory training	89%	90%	84%	90%	96%	96%	94%	93%	94%	91%	97%	97%	94%	93%	95%		95%		
45		Appraisal	83.0%	95%	80%	89%	90%	81%	75%	87%	84%	81%	92%	92%	92%	100%	97%		88%		
46	**Uniform Audit**	Compliance with uniform policy %	76%	95%	64%	91%	92%	50%	69%	71%	64%	68%	53%	90%	94%	ns	72%		72%		Competed at the same time as hand hygiene and there were no patients at time of audit. Matron informed that the audit must be complete each month.

NURSING METRICS - 12 MONTH ROLLING

Day Surgery, Theatres & Recovery

No.	Indicator	Description	2018/19 total/ average	Target	Quarter 2 2019/20			Quarter 3 2019/2020		Year to Date Actual	Trend	Comments
					July	Aug	Sept	Oct	Nov			
SAFE												
1	**Incidents**	Total reported - All incidents			24	28	23	28	21	182		
2		Total reported - Patient safety			13	18	13	12	11	98		
3		Formal internal investigation			0	2	0	0	0	4		
4		Serious incidents and Never Events			0	0	1	0	0	1		
5	**Falls**	Falls - All			0	1	1	1	1	6		ID23029 (06/11/2019): Staff Fall - Minor Harm (Please see below)
6		Falls - With harm			0	1	1	1	1	5		ID23029 (06/11/2019): Staff Fall - Minor Harm: Empty boxes left stacked on the floor behind the Pharmacy room door. Boxes fell and on trying to avoid slipping, reporter twisted their knee and back.
7	**Pressure Damage**	G2 or above (hospital acquired)			0	0	0	1	0	1		
8	**Inoculation Injury**	Reported incidents			1	1	1	1	2	7		ID23016 (04/11/2019) Th3: NSI - Sharps Injury Protocol Followed ID23215 (29/11/2019) Burns Theatre: Splash Inicdent. Local anaesthetic from used hypo/syringe squirted into left eye. Policy followed
9	**MRSA Screening**	Elective patients			ND	ND	ND	ND	98%	98%		Data collected from Nov 2019
10		Trauma patients			ND	ND	ND	ND	93.0%	93%		Data collected from Nov 2020
11		Reported cases			ND	ND	ND	ND	0	0		Data collected from Nov 2021
12	**C Difficile**	Reported cases			ND	ND	ND	ND	0	0		Data collected from Nov 2022
13	**Hand Hygiene**	Hand hygiene			ND	ND	ND	ND	58%	58%		audit undertaken by new auditors. Training to ensure it is being carried out accuratly underway,
14		Bare below the elbows			ND	ND	ND	ND	98%	98%		audit undertaken by new auditors. Training to ensure it is being carried out accuratly underway,
19	**Medication Errors**	Reported errors			1	1	2	2	0	8		
EFFECTIVE												
22	**Compliance in Practice** (CiP)	Inspection score	88%	80%						#DIV/0!		
CARING												
23	**Friends & Family Test**	Patient numbers (eligible to respond)			583	552	553	625	558	6960		
24		% return rate			43%	40%	44%	52%	49%	40%		
25		% recommendation (v likely/likely)			98%	96%	97%	95%	98%	96%		
26		% unlikely/extremely unlikely			1%	3%	2%	1%	0%	2%		
RESPONSIVE												
27	**Complaints**	No. recorded			ND	ND	ND	ND	3	3		
WELL-LED												
41	**Uniform Audit**	Compliance with uniform policy %	95%	95%	ND	ND	ND	ND	60%	60%		

NURSING METRICS - 12 MONTH ROLLING
MAIN OUTPATIENTS

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No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2018/19 Nov	Quarter 3 2018/19 Dec	Quarter 4 2018/19 Jan	Quarter 4 2018/19 Feb	Quarter 4 2018/19 Mar	Quarter 1 2019/20 Apr	Quarter 1 2019/20 May	Quarter 1 2019/20 Jun	Quarter 2 2019/20 July	Quarter 2 2019/20 Aug	Quarter 2 2019/20 Sep	Quarter 3 2019/20 Oct	Quarter 3 2019/20 Nov	Year to Date Actual	Trend	Comments
SAFE																				
1	**Incidents**	Total reported - All incidents	155	_	18	10	20	12	19	21	15	13	11	18	11	6	12	168		
2		Total reported - Patient safety	42	_	5	5	2	6	5	10	6	5	5	9	2	2	10	67		
3		Formal internal investigation	2	0	1	0	0	0	1	0	0	0	0	0	0	0	1	2		ID23027 (01/11/2019): Wrong patient received a CT Scan. (Referred from Main OPD)
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	1	1	1	0	0	0	0	3		
6		Falls - With harm	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	2		
7	**Pressure Damage**	G2 or above (hospital acquired)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
8	**Inoculation Injury**	Reported incidents	3	0	0	1	1	0	0	0	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		
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	89.0%	95%	80%	60%	N/S	100%	100%	90%	100%	100%	N/S	100%	100%	100%	100%	95%		
12		Bare below the elbows	100.0%	95%	100%	100%	N/S	100%	100%	100%	100%	100%	N/S	100%	100%	100%	100%	100%		
13	**Medication Audit**	Missed dose			Reported 1/4ly		ported 1/4ly											0		
14		Omitted dose			Reported 1/4ly		ported 1/4ly											0		
15		Total doses			Reported 1/4ly		ported 1/4ly											0		
16	**Medication Errors**	Reported errors	2	0	0	0	0	1	0	0	0	2	0	0	1	0	0	4		
EFFECTIVE																				
17	**Compliance in Practice** (CiP)	Inspection score	90%	80%	90.4%		ported 1/4ly											#DIV/0!		
CARING																				
18	**Friends & Family Test**	Patient numbers (eligible to respond)	136854	_	13846	11143	14050	10465	12252	12085	13435	11721	14122	12332	12358	14301	12676	150940		
19		% return rate	17.0%	20%	16%	17%	18%	16%	17%	12%	8%	9%	9%	16%	15%	18%	17%	14%		Staff reminded to prompt patients to fill in FFT.
20		% recommendation (v likely/likely)	95.0%	90%	95%	96%	95%	95%	95%	96%	96%	95%	95%	95%	95%	94%	95%	95%		
21		% unlikely/extremely unlikely	2.0%	0%	2%	2%	2%	2%	2%	2%	2%	3%	3%	2%	2%	2%	2%	2%		
RESPONSIVE																				
22	**Complaints**	No. recorded	2	0	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	16.38	16.38	15.8		
24		Vacancy WTE	1.4		1.32	1.25	1.25	1.25	1.6	1.6	2.56	2.56	2.57	2.57	2.95	2.9	2.9	2.2		
25		Vacancy (hrs)	232.5		214.5	203.12	203.1	203.1	260	260	416	416	417.63	417.6	479.37	471.25	471.25	351.5		
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	201.9		120.25	91.95	94.95	165	175.9	150	193.05	91.5	122.25	170.65	104	228.95	162	145.85		
		Bank Use-non-clinical									0	0	0	8	7.5	8	0			
29	**Sickness-all staff**	Hours	75.7		236.5	38	37.5	32	50	79	81.5	7.5	69.5	31.5	19	180	227.75	71.104		
30		%	3.6%	3%	9.5%	1.5%	1.5%	1.3%	2.0%	3.2%	3.3%	0.3%	2.6%	1.2%	0.7%	6.8%	8.6%	2.74%		2 staff had long term sickness. Managed within policy.
	Sickness-non-clinical	Hours									0	0	0	0	0	0	0			
		%									0.0%	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	0	0		
34	**Budget Position**	YTD Position	-130815	>0	-15901	-6350	-25810	-23590	-24185	-47561	6442	7998	753	-10007	2501	-1680		-112380		
35	**Statutory & Mandatory**	Mandatory training	94%	90%	92%	96%	98%	94%	93%	92%	98%	97%	97%	97%	96%	94%	93%	95%		
36		Appraisal	96%	95%	100%	100%	100%	100%	100%	95%	95%	100%	89%	94%	95%	89%	94%	96%		Matron emailed and booking dates for all outstanding appraisals.
37	**Uniform Audit**	Compliance with uniform policy %	76%	95%	80%	90%	N/S	70%	70%	93%	70%	90%	N/S	100%	100%	100%	100%	88%		

NURSING METRICS - 12 MONTH ROLLING
MARGARET DUNCOMBE

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No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2018/19		Quarter 4 2018/19			Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20		Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov			
SAFE																				
1	**Incidents**	Total reported - All incidents	180	_	20	17	17	19	12	3	14	7	18	15	13	20	26	164		
2		Total reported - Patient safety	118	_	15	11	10	13	9	3	9	4	14	12	10	17	24	125		
3		Formal internal investigation	5	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
5	**Falls**	Falls - All	14	0	1	1	1	2	0	0	1	1	1	0	0	4	2	12		ID23058 (09/11/2109): Fall by bedside. Minor Harm (Please see below). ID23175 (25/11/2019): Fall by bedside cabinet. Minor Harm (Please see below).
6		Falls - With harm	4	0	0	1	0	0	0	0	0	0	1	0	0	1	2	4		ID23058 (09/11/2109): Fall by bedside. Minor Harm - Patient reported discomfort to her right hip and right upper arm. ID23175 (25/11/2019): Fall by bedside cabinet. Minor Harm - Skin tear
7	**Pressure Damage**	G2 or above (hospital acquired)	1	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 Screening**	Elective patients	97.4%	95%	98%	98%	96%	94%	97%	94%	92%	100%	96%	100%	100%	98%	100%	97%		
10		Trauma patients	95.4%	95%	93%	95%	96%	100%	95%	96%	97%	94%	98%	96%	98%	96%	87%	96%		Meeting with Matron and Deputy matron as sudden drop in screening. Plan to re-audit on a daily basis.
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	0	0	0		
13	**Hand Hygiene**	Hand hygiene	100%	95%	100%	100%	90%	90%	80%	100%	90%	100%	100%	100%	100%	100%	100%	95%		
14		Bare below the elbows	94.7%	95%	80%	90%	85%	80%	80%	100%	90%	100%	100%	100%	90%	90%	100%	92%		
15	**Drug Assessments**	% staff compliant	99.7%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
16	**Medication Audit**	Number Charts Reviewed															14	14		New audit being completed by pharmacy, it is a 24hr snapshot.
17		Number of Missed/Omitted doses															0	0		
18	**Medication Errors**	Reported errors	32	0	4	5	1	3	1	1	2	1	5	4	8	8	12	46		: Administratrion Error. 2 x IV doses of Co-Amoxiclav not signed for on medication chart. - Reported 07/11/2019): Prescribing Error.): Prescribing Error. - Reported 20/11/2019): Prescribing Error. l: Prescribing Error. : Prescribing Error.): Prescribing Error. Adminstration Error: Medication chart was unsigned for the required dose of Doxycycline.): Prescribing Error.): Prescribing Error. - Reported 28/11/2019): Prescribing Error. Reported 28/11/2019): Prescribing Error.
19	**Safety Thermometer**	Harm Free Care %	97.0%	95%	100%	100%	100%	86%	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%		
20		New Harm Free %	99%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
21	**VTE** (Venous thromboembolism)	Assessment of patients (S. Therm)	98.0%	95%	100%	100%	100%	100%	100%	88%	100%	100%	100%	100%	100%	94%	100%	98%		
22		Monthly screening % (Informatics)	97.0%	95%	93%	96%	92%	95%	100%	92%	89%	91%	87%	92%	98%	90%	88%	92%		Staff reminded to complete this assessment.
23	**Shift meets requirement** Day %	RN	98.0%	95%	97%	101%	100%	96%	99%	99%	99%	100%	97%	99%	99%	99%	100%	99%		
24		HCA	99.0%	95%	93%	96%	100%	100%	98%	100%	96%	95%	94%	100%	98%	100%	86%	97%		short notice sickness
25	**Shift meets requirement** Night %	RN	99.0%	95%	100%	100%	98%	97%	98%	99%	100%	100%	100%	99%	100%	99%	100%	99%		
26		HCA	92.0%	95%	88%	90%	100%	90%	91%	86%	93%	93%	91%	100%	100%	98%	96%	94%		

EFFECTIVE																						
27	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	97%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
28		7 day review (Safety Thermometer)	92.0%	95%	100%	100%	100%	93%	100%	100%	100%	100%	na	100%	0%	100%	100%	86%		1 patient missed
29	**Compliance in Practice** (CiP)	Inspection score		80%	Reported 1/4ly		ported 1/4ly											#DIV/0!		
CARING																						1
30	**Friends & Family Test**	Patient numbers (eligible to respond)	1624	_	147	159	144	132	139	144	138	154	155	131	145	146	128	1556		
31		% return rate	55.0%	40%	41%	47%	61%	49%	60%	51%	50%	49%	56%	49%	43%	61%	57%	53%		
32		% recommendation (v likely/likely)	99.0%	90%	100%	100%	100%	100%	98%	100%	100%	100%	99%	100%	98%	99%	99%	99%		
33		% unlikely/extremely unlikely	0.0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%		
RESPONSIVE																						
34	**Complaints**	No. recorded	6	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
WELL-LED																						
35	**Vacancy** Establishment=	Full Team WTE	49.2		49.54	49.54	48.66	48.66	48.66	48.66	48.66	48.66	53.66	53.66	52.42	52.42	52.42	50.6		
36		Vacancy WTE	11		13.22	10.67	9	7.16	7.16	7.08	6.08	4.08	8.78	9.78	10.13	9.43	10.43	8.1		
37		Vacancy (hrs)	1784		2148.3	1733.9	1462.5	1163.5	1164	1150.5	988	663	1426.8	1589.3	1646.1	1532.4	1694.9	1316.4		
38	**Temporary Staffing** excluding RMN	Agency Use	1258		1566.5	814	369.5	713.5	994	670.5	709	766	636	625	585.5	402.5	218.5	608.2		
39		Bank Use-all staff	856		847.3	717	794.75	970.2	1119	985	1053.7	948.25	847	1355.2	1278.5	1191.4	1051.7	1054.1		We are 871 hrs under our vacancy, maternity and sickness hours.
		Bank Use-non-clinical									27.25	17.5	0	9	9	9	33			
41	**Sickness-all staff**	Hours	216.2		180.5	310.5	261.5	177.75	277	481.5	417.5	374.5	311.5	113.5	363.25	290	446.5	319.5		
42		%	2.7%	3%	2.2%	3.9%	3.3%	2.3%	3.5%	6.1%	5.3%	4.7%	3.6%	1.3%	4.3%	3.4%	5.2%	3.9%		High sickness this month particularly amongst HCA staff. All dealt with as per policy.
43	**Sickness-non-clinical**	Hours								21	10	0	37	0	27	42	21			
44		%								0.3%	0.1%	0.0%	0.4%	0.0%	0.3%	0.5%	0.2%			
45	**Maternity**	Hours			0	0	0	150	150	150	150	150	150	150	150	0	0	10909.1%		
46	**Budget Position**	YTD Position		>0	-391542	-419366	-420659	-450392	-515942		17061	11641	-9153	-12783	-26765	-51939		-1458931		
47	**Statutory & Mandatory**	Mandatory training	94%	90%	94%	96%	95%	96%	96%	95%	93%	95%	94%	95%	96%	96%	96%	95%		
48		Appraisal	93%	95%	90%	98%	98%	98%	98%	96%	85%	96%	96%	91%	89%	87%	91%	93%		Some imorvement from last month, Matron, Deputy Matron and Clinical Educator booking appraisals.
49	**Uniform Audit**	Compliance with uniform policy %	87%	95%	80%	80%	95%	90%	87%	100%	100%	100%	20%	90%	90%	100%	0%	79%		Meeting with Matron as unacceptable level. Matron is meeting with the staff member that completes the audit to undertsand what is the cause of this.

NURSING METRICS - 12 MONTH ROLLING
MAX FAC OUTPATIENTS

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No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2018/19		Quarter 4 2018/19			Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20		Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov			
SAFE																				
1	**Incidents**	Total reported - All incidents	50	_	4	3	5	7	6	4	2	4	6	2	9	5	2	55		
2		Total reported - Patient safety	19	_	1	2	1	2	4	3	0	0	5	0	3	2	1	23		
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	1	0	0	0	0	0	1	0	0	0	0	1	3		ID23014 (04/11/2019): NSI. Reporter punctured left index finger with saliva contaminated ligature while untying an orthodontic appliance. Hospital protocol followed, contacted site practitioner. Attended Occupational Health for blood test
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%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
12		Bare below the elbows	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
13	**Medication Audit**	Missed dose			Reported 1/4ly		ported 1/4ly											0		
14		Omitted dose			Reported 1/4ly		ported 1/4ly											0		
15		Total doses			Reported 1/4ly		ported 1/4ly											0		
16	**Medication Errors**	Reported errors	3	0	0	0	0	0	1	0	1	0	1	0	2	0		5		
EFFECTIVE																				
17	**Compliance in Practice** (CiP)	Inspection score		80%	Reported 1/4ly		ported 1/4ly											#DIV/0!		
CARING																				
18	**Friends & Family Test**	Patient numbers (eligible to respond)	17136	_	1524	1107	1464	1191	1368	1476	1437	1328	1347	1300	996	1184	1098	15296		
19		% return rate	18.0%	20%	17%	17%	17%	18%	18%	12%	7%	11%	9%	16%	17%	18%	18%	15%		Changes to trust data capture due to IG concern in April and May
20		% recommendation (v likely/likely)	93.0%	90%	93%	95%	96%	92%	93%	95%	97%	94%	96%	93%	98%	95%	96%	95%		
21		% unlikely/extremely unlikely	2.0%	0%	2%	1%	3%	4%	4%	1%	2%	4%	3%	2%	0%	3%	2%	2%		
RESPONSIVE																				
22	**Complaints**	No. recorded	8	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0		
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	20.21	20.21	20.21	20.21	20.21	20.9		
24		Vacancy WTE	1.9		2.42	2.42	3.22	1.72	0.72	0.92	0.92	1.12	-0.64	-0.64	-0.44	-0.64	-0.44	0.7		
25		Vacancy (hrs)	311.2		393.25	393.25	523.25	279.5	117	149.5	149.5	182	-104	-104	-71.5	-104	-71.5	111.58		
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		117.9	76.75	149.55	140.15	158.75	158.45	154.5	124.8	120.25	191.75	114.5	128.5	163.5	140.12		
		Bank Use-non-clinical									0	0	0	0	0	0	0			
29	**Sickness-all staff**	Hours	139.7		171.25	62	219.25	313.67	89.25	95.5	87.5	58.75	43	93.25	188.5	449.5	304.5	167.06		
30		%	3.9%	3%	4.9%	1.8%	6.3%	9.0%	2.6%	2.8%	2.5%	1.7%	1.3%	2.8%	5.7%	13.7%	9.3%	5.0%		Two staff members on long term sick.
31	**Sickness-non-clinical**	Hours								0	0	0	0	0	0	0	0			
32		%								0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
33	**Maternity**	Hours	12.5%		0	0	0	0	150	150	150	150	150	150	150	150	150	112.5		
34	**Budget Position**	YTD Position		>0	17258	27014	37739	44777	31684	-47246	8125	12742	12799	14037	18396	20832		180899		
35	**Statutory & Mandatory**	Mandatory training	92%	90%	93%	97%	96%	94%	93%	95%	98%	99%	98%	98%	96%	95%	98%	96%		
36		Appraisal	97%	95%	100%	100%	100%	96%	100%	100%	96%	100%	100%	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%	100%		

NURSING METRICS - 12 MONTH ROLLING
PEANUT WARD

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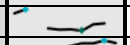
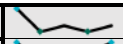
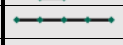
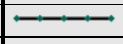
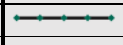
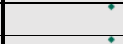
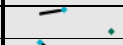
No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2018/19		Quarter 4 2018/19			Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20		Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov			
SAFE																				
1	**Incidents**	Total reported - All incidents	179	_	10	11	13	8	9	21	22	16	19	10	5	9	11	130		NB: Includes 5 x Child Safeguarding Incidents
2		Total reported - Patient safety	20	_	1	1	1	4	1	4	2	1	3	6	1	1	1	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	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1		
6		Falls - With harm	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1		
7	**Pressure Damage**	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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%	90%	90%	80%	90%	80%	100%	100%	70%	90%	100%	90%	90%	100%	91%		Staff encouraed to challenge staff to wash hands
12		Bare below the elbows	97.0%	95%	90%	90%	100%	100%	100%	100%	100%	70%	100%	100%	90%	100%	100%	96%		
13	**Drug Assessments**	% staff compliant	93.0%	100%	93%	84%	85%	87%	87%	93%	93%	100%	100%	100%	100%	100%	100%	96%		
14	**Medication Audit**	Missed dose			Reported 1/4ly		ported 1/4ly									0		0		New audit being completed by pharmacy, it is a 24hr snapshot.
15		Omitted dose			Reported 1/4ly		ported 1/4ly											0		
16		Total doses			Reported 1/4ly		ported 1/4ly									0		0		
17	**Medication Errors**	Reported errors	4	0	1	0	0	1	0	2	0	0	1	2	0	0	0	6		
18	**Safety Thermometer**	Harm Free Care %	100%	95%	100%	100%	100%	100%	100%	100%	na	na	na	na	na	na	na	100%		
19		New Harm Free %	100%	95%	100%	100%	100%	100%	100%	100%	na	na	na	na	na	na	na	100%		
20	**BMI Monthly**	Total no. of ward patients	2398	_	199	165	217	199	215	236	237	212	221	206	189	206	183	2104		
21		No. patients screened & documented	2263	_	194	151	210	168	205	217	221	188	210	191	173	197	176	1946		
22		Patients with documented BMI %	94%	95%	97%	92%	96%	93%	97%	92%	93%	89%	95%	93%	92%	96%	96%	92%		Staffed reminded to complete this.
	VTE (Venous Thrombo Embolism)	Assessment of patients (S. Therm)		95%						100%	na	na	na	na	na	na	na			
		Monthly screening % (Informatics)		95%							17%	82%	100%	50%	0%	17%	40%			Slight improvement, matron reminds staff members in ward meetings, has it written on the patient board and meets with staff individually. She will continue to do this.
25	**Shift meets requirement** Day %	RN	98.0%	95%	98%	97%	98%	97%	96%	99%	97%	100%	97%	98%	98%	95%	100%	98%		
26		HCA	98.0%	95%	97%	97%	95%	97%	88%	103%	100%	100%	100%	100%	100%	97%	100%	99%		
27	**Shift meets requirement** Night %	RN	86.0%	95%	70%	81%	97%	100%	95%	88%	89%	92%	66%	75%	62%	95%	92%	85%		Two TW were not covered with staff due to sickness.
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%	Reported 1/4ly		ported 1/4ly								89%			89%		
CARING																				
30	**Friends & Family Test**	Patient numbers (eligible to respond)	2242	_	185	152	189	170	187	206	223	178	182	177	149	176	148	1796		
31		% return rate	34.0%	40%	32%	36%	49%	23%	17%	34%	20%	15%	30%	21%	22%	28%	40%	25%		Staff are regularly reminded regularly to give out FFT.
32		% recommendation (v likely/likely)	98.0%	90%	100%	98%	99%	100%	100%	97%	97%	100%	98%	100%	100%	100%	95%	99%		
33		% unlikely/extremely unlikely	0.0%	0%	0%	2%	0%	0%	0%	1%	1%	0%	0%	0%	0%	0%	0%	0%		

RESPONSIVE																					
34	**Complaints**	No. recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
WELL-LED																					
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	21.46	21.46	20.9		
36		Vacancy WTE	0.6		-0.08	-1.08	0.38	0.3	0.94	0.94	0.94	0.54	1.63	1.63	1.63	0.63	0.63	1.0		
37		Vacancy (hrs)	92.11		-13	-175.5	61.75	48.75	152.75	152.75	152.8	87.75	264.87	264.9	264.87	102.37	102.37	159.42		
38	**Temporary Staffing** excluding RMN	Agency Use	60.52		69.5	0	48.5	41.5	53.25	73.5	89	100.25	110	99.75	60.25	51	59.75	73.825		We are 133 hours below our vacancy, sickness and maternity rates.
39		Bank Use-all staff	309.8		321.25	223	189	238.75	189.5	214.25	227.4	191.15	329.5	200	209.3	154.75	154.5	210.91		
		Bank Use-non-clinical									4	0	0	7	7.5	0	9			
41	**Sickness-all staff**	Hours	130.1		181	76	220.25	205.95	212	266.5	112.5	247.5	486.5	240.5	9	143.5	245	216.9		
42		%	3.7%	3%	5.7%	2.4%	6.7%	6.2%	6.4%	8.1%	3.4%	7.5%	14.0%	6.9%	0.0%	4.1%	7.0%	6.4%		Managed as per policy.
43	**Sickness non clinical**	Hours								45	65	37	165.5	67.5	9	39	0			
44		%								1.3%	2.0%	1.1%	4.7%	1.9%	0.3%	1.1%	0.0%			
45	**Maternity**	Hours								0	0	0	0	0	0	0	0	0		
46	**Budget Position**	YTD Position		>0	17375	11940	30457	33223	43873		-7044	-10519	-9153	-12783	4346	6881		48824		
47	**Statutory & Mandatory**	Mandatory training	93%	90%	94%	94%	93%	92%	91%	89%	92%	93%	94%	95%	95%	96%	95%	93%		
48		Appraisal	88%	95%	92%	92%	83%	92%	71%	80%	80%	76%	76%	72%	96%	100%	100%	84%		
49	**Uniform Audit**	Compliance with uniform policy %	88%	95%	100%	90%	70%	80%	90%	90%	100%	100%	100%	100%	100%	100%	100%	96%		

NURSING METRICS - 12 MONTH ROLLING

Pre-assessment

No.	Indicator	Description	2018/19 total/ average	Target	Quarter 2 2019/20			Quarter 3 2019/20			Trend	Comments
					July	Aug	Sep	Oct	Nov	Dec		
SAFE												
1	**Incidents**	Total reported - All incidents			5	1	2	1	2			
2		Total reported - Patient safety			2	0	0	1	2			
3		Formal internal investigation			0	0	0	0	0			
4		Serious incidents and Never Events			0	0	0	0	0			
5	**Falls**	Falls - All			0	0	0	0	0			
6		Falls - With harm			0	0	0	0	0			
7	**Pressure Damage**	G2 or above (hospital acquired)			0	0	0	0	0			
8	**Inoculation Injury**	Reported incidents			0	0	0	0	0			
11	**Hand Hygiene**	Hand hygiene							100%			
12		Bare below the elbows							100%			
EFFECTIVE												
13	**Compliance in Practice** (CiP)	Inspection score	%									
25	**Sickness-all staff**	Hours					6.78		6.65			
26		%										
31	**Statutory & Mandatory**	Mandatory training				96%	97%		92%			
32		Appraisal				80%	70%					
33	**Uniform Audit**	Compliance with uniform policy %							100%			

NURSING METRICS - 12 MONTH ROLLING
ROSS TILLEY

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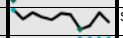
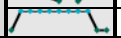
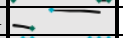
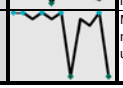
No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2018/19		Quarter 4 2018/19			Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 19/20		Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov			
SAFE																				
1	**Incidents**	Total reported - All incidents	155	_	12	12	9	13	13	5	7	10	16	20	15	24	16	148		
2		Total reported - Patient safety	96	_	8	8	7	10	7	4	4	5	11	18	13	18	13	110		
3		Formal internal investigation	1	0	0	0	0	0	1	0	0	0	0	0	1	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		
5	**Falls**	Falls - All	12	0	2	0	1	0	2	0	1	1	0	2	1	1	0	9		
6		Falls - With harm	1	0	0	0	0	0	0	0	1	0	0	1	1	1	0	4		
7	**Pressure Damage**	G2 or above (hospital acquired)	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1		
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%	97%	97%	98%	97%	100%	100%	95%	96%	98%	100%	100%	97%	100%	98%		
10		Trauma patients	96.0%	95%	94.7%	92.9%	98.0%	95.0%	97.0%	98.0%	94.0%	96.0%	100.0%	97.0%	96.0%	98.0%	98.0%	97%		
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	1	0	1	0	2		
13	**Hand Hygiene**	Hand hygiene	97%	95%	90%	90%	100%	100%	90%	100%	90%	100%	100%	100%	100%	100%	100%	98%		
14		Bare below the elbows	93.0%	95%	70%	90%	100%	100%	100%	100%	90%	100%	100%	100%	80%	100%	100%	97%		
15	**Drug Assessments**	% staff compliant	100.0%	100%	100%	100%	100%	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%	99%		
16	**Medication Audit**	Number Charts Reviewed															4	4		New audit being completed by pharmacy, it is a 24hr snapshot.
17		Number of Missed/Omitted doses															0	0		
18	**Medication Errors**	Reported errors	31	0	4	3	0	2	3	2	0	0	5	9	8	11	8	48		ID23011 (04/11/2019) Security (NC Drugs): Patient meds found in bedside locker after patient had been discharged. ID23100 (15/11/2019): Security (Controlled Drugs): Oromorph dose had not been signed by person who had administered it. (Witness signature present). ID23116 (29/10/2019 - Reported 18/11/2019): Prescribing Error. ID23136 (20/11/2019) Administration Error: Nasal Drops picked up to apply to patients eye. Error immediately realised. Eye was closed, one drop landed on eye-lid. ID23141 (24/10/2019 - Reported 20/11/2019): Prescribing Error. ID23145 (20/10/2019 - Reported 20/11/2019): Prescribing Error. ID23161 (20/11/2019): Supply (Non-Pharmacy) Issue: Patient e-mailed a complaint. They were discharged with a bag of medications - some contained "Do Not Send Home" stickers. Others had no labels on at all and the patient was no longer on some of the medicines. ID23224 (30/11/2019) Supply (Non-Pharmacy) Issue: No Levobupivacaine in ward cupboard, none was ordered on the Friday. 2 patients on nerve block infusing that were due to run out later that day. At least 6 bags required for the weekend. No option but to call Chief Pharmacist on their day off.
19	**Safety Thermometer**	Harm Free Care %	100.0%	95%	100%	100%	100%	95%	100%	100%	100%	100%	100%	94%	93%	89%	100%	97%		
20		New Harm Free %	100.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
21	**VTE** (Venous thromboembolism)	Assessment of patients (S. Therm)	98.0%	95%	100%	94%	100%	95%	100%	94%	100%	100%	100%	100%	100%	100%	100%	99%		
22		Monthly screening % (Informatics)	95.0%	95%	94%	92%	97%	91%	97%	96%	93%	92%	95%	91%	98%	92%	91%	94%		Staff reminded to complete this assessment.
23	**Shift meets requirement** Day %	RN	98.0%	95%	97%	99%	100%	97%	98%	100%	100%	98%	97%	95%	97%	98%	97%	98%		
24		HCA	98.0%	95%	98%	100%	98%	98%	102%	100%	102%	98%	94%	96%	96%	96%	83%	97%		short notice sickness
25	**Shift meets requirement** Night %	RN	95.0%	95%	98%	98%	94%	97%	93%	96%	96%	97%	96%	98%	96%	99%	99%	96%		
26		HCA	92.0%	95%	100%	68%	100%	100%	89%	90%	96%	92%	93%	96%	96%	96%	92%	95%		short notice sickness

EFFECTIVE																						
27	**Nutrition Assessment** (MUST)	Initial (Safety Thermometer)	100.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
28		7 day review (Safety Thermometer)	97.0%	95%	100%	100%	100%	95%	100%	100%	100%	100%	100%	50%	100%	100%	100%	87%		1 /1 not rescreened
29	**Compliance in Practice** (CiP)	Inspection score	88%	80%	88.2%		ported 1/4ly											#DIV/0!		
CARING																						
30	**Friends & Family Test**	Patient numbers (eligible to respond)	2254	_	173	184	166	199	178	203	228	221	210	199	193	218	195	2210		
31		% return rate	40.0%	40%	39%	40%	48%	35%	44%	38%	34%	43%	41%	21%	26%	44%	31%	37%		Staff reminded to hand out FFT forms.
32		% recommendation (v likely/likely)	99.0%	90%	100%	100%	97%	99%	99%	97%	97%	98%	99%	100%	100%	100%	100%	99%		
33		% unlikely/extremely unlikely	0.0%	0%	0%	0%	1%	0%	0%	0%	0%	1%	1%	0%	0%	0%	0%	0%		
RESPONSIVE																						
34	**Complaints**	No. recorded	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
WELL-LED																						
35	**Vacancy** Establishment=	Full Team WTE	49.2		49.54	49.54	48.66	48.66	48.66	48.66	48.66	48.66	53.66	53.66	52.42	52.42	52.42	50.6		
36		Vacancy WTE	11	10%	13.22	10.67	9	7.16	7.16	7.08	6.08	4.08	8.78	9.78	10.13	9.43	10.43	8.1		
37		Vacancy (hrs)	1784	10%	2148	1734	1463	1164	1163.5	1150.5	988	663	1426.8	1589.3	1646	1532	1694.9	1316.4		
38	**Temporary Staffing** excluding RMN	Agency Use	1258	10%	1566.5	814	369.5	713.5	994	670.5	709	766	636	625	585.5	402.5	218.5	608.18		
39		Bank Use-all staff	856	10%	847.3	717	794.75	970.2	1118.5	985	1053.7	948.3	847	1355.2	1278.5	1191.4	1051.7	1054		We are 871 hrs under our vacancy, maternity and sickness hours.
		Bank Use-non-clinical									27.25	17.5	0	9	9	9	33			
41	**Sickness-all staff**	Hours	216.2		180.5	310.5	261.5	177.75	277	481.6	417.5	374.5	311.5	113.5	363.3	290	446.5	319.51		
42		%	2.7%	3%	2.2%	3.9%	3.3%	2.3%	3.5%	6.1%	5.3%	4.7%	3.6%	1.3%	4.3%	3.4%	5.2%	3.9%		High sickness levels in HCAs. All managed as per policy.
43	**Sickness-non-clinical**	Hours								21	10	0	37	0	27	42	21			
44		%								0.3%	0.1%	0.0%	0.4%	0.0%	0.3%	0.5%	0.2%			
45	**Maternity**	Hours	50.6%		0	0	0	150	150	150	150	150	150	150	150	0	0	109.09		
46	**Budget Position**	YTD Position		>0	-391542	-419366	-420659	-450392	-515942		17061	11641	-9153	-12783	-26765	-51939		-1458931		
47	**Statutory & Mandatory**	Mandatory training	94.0%	90%	94%	96%	95%	96%	96%	95%	93%	95%	94%	95%	96%	96%	96%	95%		
48		Appraisal	93.0%	95%	90%	98%	98%	98%	98%	96%	85%	96%	96%	91%	89%	87%	91%	93%		Ward matron, deputy and clinical educator providing latest appraisal dates for staff.
49	**Uniform Audit**	Compliance with uniform policy %	95%	95%	90%	90%	100%	100%	90%	100%	90%	100%	0%	90%	80%	100%	0%	77%		Meeting with Matron as unacceptable level. Matron is meeting with the staff member that completes the audit to undertsand what is the cause of this.

NURSING METRICS - 12 MONTH ROLLING

SLEEP DC

Contact Nicky Reeves on 6607 for any formatting queries

No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2018/19		Quarter 4 2018/19			Quarter 1 2019/20			Quarter 2 2019/20			Quarter 3 2019/20		Year to Date Actual	Trend	Comments
					Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov			
SAFE																				
1	**Incidents**	Total reported - All incidents	25	_	2	4	1	1	5	2	3	0	1	6	5	10	1	35		
2		Total reported - Patient safety	9	_	1	2	1	1	1	1	3	0	1	2	2	4	1	17		
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%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
12		Bare below the elbows	100.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
13	**Medication Errors**	Reported errors	4	0	1	1	0	0	1	0	0	0	0	0	0	0	0	1		
14	**VTE**	Monthly screening % (Informatics)	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
EFFECTIVE																				
15	**Compliance in Practice** (CiP)	Inspection score	91%	80%	90.6%		ported 1/4ly						87.0%					87%		
CARING																				
16	**Friends & Family Test**	Patient numbers (eligible to respond)	10086	_	907	559	939	794	867	837	935	877	770	685	748	831	926	9209		
17		% return rate	19.0%	20%	16%	22%	22%	16%	19%	13%	14%	15%	15%	19%	20%	23%	20%	18%		
18		% recommendation (v likely/likely)	97.0%	90%	97%	95%	96%	98%	98%	99%	97%	97%	96%	97%	95%	94%	97%	97%		
19		% unlikely/extremely unlikely	1.0%	0%	2%	2%	2%	1%	0%	0%	3%	1%	2%	2%	3%	4%	1%	2%		
RESPONSIVE																				
20	**Complaints**	No. recorded	1	0	1	0	0	0	0	0	0	1	0	0	1	0	0	2		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	31.61	31.61	32.9	32.9	32.9	32.3		
22		Vacancy WTE		10%	7.46	6.86	6.65	5.72	6.52	6.38	6.17	9.04	9.04	8.04	7.93	8.09	7.27	7.4		
23		Vacancy (hrs)		10%	279.75	257.25	249.37	214.5	244.5	239.25	231.37	339	339	301.5	297.37	303.3	272.62	275.62		
24	**Temporary Staffing** excluding RMN	Agency Use		10%	13	0	0	0	0	0	0	0	0	0	0	0	0	0		
25		Bank Use		10%	3.67	2.51	2.49	3.55	2.86	3.27	4	4.31	5.74	5.72	3.67	3.96	3.67	3.9309		
26	**Sickness**	Hours			0	0	86	44	92	191.25	77.5	81.5	68.5	8.5	42.5	124	17.5	75.75		
27		%		3%	0.0%	0.0%	12.3%	6.4%	13.1%	27.3%	11.0%	11.7%	13.3%	1.6%	6.4%	16.0%	3.0%	11.1%		
28	**Sickness non clinical**	Hours			190.5	157.5	180	165.5	174.5	165	120.5	0	0	7.5	0	21	14.5			
29		%			45.6%	37.7%	43.1%	39.6%	41.8%	39.0%	28.8%	0.0%	0.0%	1.7%	0.0%	4.0%	3.0%	18.3%		
30	**Maternity**	Hours			330	315	345	300	240	165	60	0	0	0	0	0	0	100.91		
31	**Budget Position**	YTD Position		>0	201	181	27	254	106	230	120	310	314	309	378	435	453	2936		
32	**Statutory & Mandatory**	Mandatory training		90%	100%	100%	100%	94%	90%	87%	93%	90%	91%	93%	95%	94%	94%	93%		
33		Appraisal		95%	90%	92%	91%	94%	91%	93%	81%	88%	94%	97%	94%	91%	94%	92%		
34	**Uniform Audit**	Compliance with uniform policy %	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		

NURSING METRICS - 12 MONTH ROLLING

Trauma Clinic

No.	Indicator	Description	2018/19 total/ average	Target	Quarter 2 2019/20			Quarter 3 2019/20			Trend	Comments
					July	Aug	Sep	Oct	Nov	Dec		
SAFE												
1	**Incidents**	Total reported - All incidents			12	6	13	7	15			
2		Total reported - Patient safety			3	2	2	1	7			
3		Formal internal investigation			0	1	0	0	0			
4		Serious incidents and Never Events			0	0	0	0	0			
5	**Falls**	Falls - All			0	0	0	0	0			
6		Falls - With harm			0	0	0	0	0			
7	**Pressure Damage**	G2 or above (hospital acquired)			0	0	0	0	0			
8	**Inoculation Injury**	Reported incidents			0	0	0	0	0			
11	**Hand Hygiene**	Hand hygiene							100%			
12		Bare below the elbows							100%			
13	**Medication Errors**	Reported errors		0	0	0	1	0	1			ID23171 (25/11/2019): Prescribing Error
EFFECTIVE												
14	**Compliance in Practice** (CiP)	Inspection score	%									
CARING												
15	**Friends & Family Test**	Patient numbers (eligible to respond)			776	339	359	357	397			
16		% return rate			12%	30%	37%	64%	33%			
17		% recommendation (v likely/likely)			96%	95%	96%	95%	97%			
18		% unlikely/extremely unlikely			4%	1%	0%	3%	1%			
RESPONSIVE												
19	**Complaints**	No. recorded			0	0	0	0	0			
WELL-LED												
20	**Vacancy** Establishment=	Full Team WTE				6.07	6.07	6.07	6.07			
21		Vacancy WTE				4	4	4	4			
22		Vacancy (hrs)				650	650	650	650			
23	**Temporary Staffing** excluding RMN	Agency Use						0	0			
24		Bank Use-all staff			119.5	113.33	194.75	123.25	171.75			
		Bank Use-non-clinical			23.16	1.25	22.5	23	15			
26	**Sickness-all staff**	Hours			0	0	0	0	126			
27		%			0.0%	0.0%	0.0%	0.0%				
	Sickness-non-clinical	Hours			0	15	0	0	0			
		%				1.3%						
30	**Maternity**	Hours			0	0	0	0	0			
31	**Statutory & Mandatory**	Mandatory training				9219%	9375%	98%	98%			
32		Appraisal				80%	100%	80%	100%			
33	**Uniform Audit**	Compliance with uniform policy %							100%			

Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**09/01/2020**		**Agenda reference:**	**11-20**	
Report title:	**Emergency Planning Assurance Board Report 2019**				
Sponsor:	Jo Thomas, Director of Nursing				
Author:	Nicky Reeves, Deputy Director of Nursing & Emergency Planning Lead				
Appendices:	Four				
Executive summary					
Purpose of report:	To provide assurance of the effectiveness of emergency planning and business continuity systems at QVH.				
Summary of key issues	To inform the Board of the results of the external assessment by the CCG and NHSE of our preparedness against the common NHS Emergency, Preparedness, Resilience and Response (EPPR) Core Standards. Key issue is the CCG assessed QVH as substantial assurance and NHSE has assed QVH as partial. Awaiting confirmation from NHSE and CCG on the discrepancies so the actions can be agreed to address this or consider the option that QVH may never meet the substantial assurance criteria. The work plan is reviewed via the Clinical Governance Group with a six monthly update to Q&GC.				
Recommendation:	The Board is requested to note the initial substantial compliance rating and the contents of this report and appendices.				
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:	Current status regarding EPPR does not impact on the KSOs				
Corporate risk register:	Current risk status for EPPR does not demonstrate a corporate risk				
Regulation:	National requirement working with NHSE and local CCG				
Legal:	The Civil Contingencies Act 2004 places a number of duties on responding agencies in the event of a Major Incident				
Resources:	None new resources identified to complete this work				
Assurance route					
Previously considered by:	Q&GC				
	Date:	23/12/19	Decision :	Awaiting detailed reasons for NHSE changing the assessment of substantial assurance to partial assurance	
Next steps:	For Board approval				

2019/20 Emergency Preparedness, Resilience and Response (EPRR) Assurance

Document Control

Executive Sponsor: Jo Thomas, Director of Nursing and Quality

Author: Nicola Reeves, Deputy Director of Nursing

Date: December 2019

Version: 2

Pages: 1-16

Status: Public. Written and prepared for Trust Board

Circulation: QVH Trust Board, Quality and Governance Committee

Purpose of Report

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

Background to EPPR requirements

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

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

Assurance

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

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

2019 Assurance Process

The deputy director of nursing has undertaken a self-assessment against the core standards for emergency planning and this assessment has then been reviewed with our lead commissioner. Following this assessment and review the Trust compliance rating was recorded as “Substantial” (appendix 2).

There are 55 core standards applicable to QVH and we can demonstrate full compliance in 49 of these (green). Six standards are rated as partially compliant (amber), and one is non-compliant (red) this relates to non-compliance with the data protection tool kit specifically regarding information governance training. A summary of the assessment is contained in the table below and QVH was able to demonstrate and overall compliance of **“Substantial”.**

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	14	14	0	0
Command and control	2	1	1	0
Training and exercising	3	3	0	0
Response	5	4	1	0
Warning and informing	3	3	0	0
Cooperation	4	3	1	0
Business Continuity	9	7	1	1
CBRN	7	6	2	0
Total	55	49	6	1

In addition to the core standards, the Trust was also assessed on a “deep dive” item, this year was the severe weather response and the assessment was carried out in conjunction with the Associate Director of Estates. A summary of the assessment is contained in the table below. It should be noted this does not contribute to the Trusts overall score.

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Severe Weather response	15	10	5	0
Long Term adaptation planning	5	0	5	0
Total	20	10	10	0

Following the CCG review, as per process, NHSE review the QVH assurance self-assessment document and disappointingly the Trusts score was amended from **substantial** to **partial**. At the time of writing this report, other than verbal feedback from the CCG, QVH has not received a detailed report from NHSE as to the rationale for this reduction in score. The DoN has written to the CCG requesting the reasons for the change.

This result was discussed during the November joint assurance presentation by the CCG and DDN at the Local Health Resilience Partnership meeting.

Below are the national organisational assurance rating definitions and as stated above, QVH is now rated as Partial Compliance.

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

Attached to this report is the 2019/20 slide (appendix 3) which formed the basis of the discussion at the Local Heath Resilience Partnership meeting. The EPPR template initially submitted to the CCG for review highlighting the amber and red standards, the severe weather deep dive and the EPRR work plan can be viewed in appendix 4.

Conclusion and recommendations

The current self -assessment identifies six cores standards as amber and one red which require focussed work over the next 12 months. This gives a current compliance level of substantial whilst we await detailed feedback from NHSE regarding the revised assessment.

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

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

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

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

Appendix 1

NHS England & NHS Improvement
Skipton House
80 London Road
SE1 6LH

To: NHS Accountable Emergency Officers
NHS England and NHS Improvement:
Regional Directors
Regional Directors of Performance and Improvement
Regional Directors of Performance
Regional Heads of EPRR
LHRP Co-chairs

8 July 2019

Publishing Approval Reference: 000719

Dear colleague

Emergency Preparedness, Resilience and Response (EPRR) annual assurance process for 2019-20

I would like to thank you for your continued support during what has been another busy year for the emergency preparedness community. The time and effort that has been invested in preparing for emergencies has certainly paid off as we have delivered an excellent response to a number of issues.

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

This letter notifies you of the start of stage one, the EPRR self assessment, which initiates the 2019-20 EPRR assurance process. We have produced a self assessment tool that organisations should use to complete this stage.

Core standards

The NHS Core Standards for EPRR are the basis of the assurance process. These have remained as they were in the 2018-19 assurance, with only minor clarifications made.

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

Deep dive

The 2019-20 EPRR annual assurance deep dive focusses on severe weather and climate adaptation. This is as a result of a request from the Government's Environment Audit Committee (which has responsibility for assessing adaptation to climate related issues). The self assessment of these deep dive statements does not

contribute to the organisation's overall EPRR assurance rating, and these should be reported separately.

NHS Ambulance Services should also complete the new Ambulance Resilience standards. These have been agreed by the Association of Ambulance Chief Executives (AACE) to ensure the recommendations made by Lord Carter's review (https://improvement.nhs.uk/about-us/corporate-publications/publications/lord-carters-review-unwarranted-variation-nhs-ambulance-trusts) are met. These standards have been included in the deep dive and should be fully met by summer 2020. The results will be reported to AACE, but do not form part of the overall EPRR assurance rating.

Organisational assurance rating

The number of Core Standards applicable to each organisation type is different. To account for this difference, the overall EPRR assurance rating is based on the percentage of Core Standards the organisations assesses itself as being 'fully compliant' with. This is explained in more detail in the attached EPRR annual assurance guidance.

Site assurance visits

Regional teams will be conducting visits to selected sites using a standardised list of questions to assess preparedness. This builds on the visits made in previous years to major trauma centres, high secure mental health facilities, burns centres and high consequence infectious disease units. The regional office will confirm in due course if your organisation is to be visited.

National reviews

Organisations which operate across multiple regions will be approached following the assurance where significant disparity in scores are identified across their operating areas.

Care Quality Commission (CQC)

For organisations subject to a CQC inspection, NHS England and NHS Improvement will share the final agreed version of an organisation's EPRR self assessment if requested by the CQC.

Summary

You are asked to ensure EPRR staff are aware of the contents of this letter to support the submission of the EPRR self assessment.

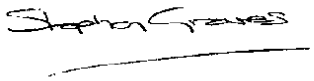
Please note the following deadlines:

- 31 October 2019: assurance returns should be made to Regional EPRR.

- 31 December 2019: regions to have completed confirm and challenge meetings and submitted their Regional EPRR assurance report using the Regional return template.
- 31 December 2019: organisations to have shared their board report with Regional EPRR
- 28 February 2020: national EPRR to have completed confirm and challenge meetings with Regional EPRR.
- 31 March 2020 - national EPRR assurance reported to the NHS England and NHS Improvement Board.

If you have any further queries, please do not hesitate to contact me, or your Regional EPRR contact.

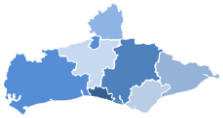
Yours sincerely



Stephen Groves
National Head of EPRR

CC NHS England and NHS Improvement Business continuity team
CCG Accountable Officers
CCG Clinical Leads
CSU Managing Directors
Emergency Preparedness, Resilience and Response Officers
Clara Swinson, Director General for Global and Public Health, Department of Health and Social Care
Emma Reed, Director, Emergency Preparedness and Health Protection Policy Global and Public Health Group, Department of Health and Social Care

Appendix 2



Sussex and East Surrey
Clinical Commissioning Groups

NHS

Nicola Reeves
Deputy Director of Nursing
Queen Victoria Hospitals NHS Foundation Trust

Via Email nicola.reeves2@nhs.net

Terry Willows
Executive Director of Corporate Governance
Sussex CCGs

E-mail:Terry.willows@nhs.net

05 November 2019

Dear Nicky,

EPRR Assurance 2019 – Queen Victoria Hospital NHS Foundation Trust

Thank you for meeting with Owen and Michele on 24 July 2019 and 25 September 2019 to discuss the EPRR arrangements for the Trust and its submission against the EPRR core standards.

Further to EPRR Assurance review meeting, and on assessment of the evidence presented, the CCG considers the Trust's overall position to be **Substantially Compliant** with this year's NHS England EPRR core standards, subject to the outcome of our forthcoming review meeting with NHS England and NHS Improvement.

NHS England define substantial compliance as: *The organisation is 89-99% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.*

The rationale for this assessment is contained in the table below for those standards that were assessed to be partially compliant (please note the deep dive standards do not form part of the overall assessment of compliance):

Ref	Standard	Rating	Commentary
25	Command and Control: Trained on-call staff		QVH on-call managers receive 1:1 training from EPRR lead. Training analysis to be undertaken and identify on call staff requiring Strategic Leadership in a Crisis training
33	Response: Loggist		QVH to secure local training for loggists and recruit loggists
41	Cooperation: LRF and BRF attendance		QVH designated staff to attend on regular basis
49	Business Continuity: Business Impact Analysis		QVH BIAs to be reviewed and updated over the next six months.

Ref	Standard	Rating	Commentary
50.	Business Continuity: Data Protection and Security Toolkit		QVH did not meet the standard in 2018/19 due to not meeting the 95% IG training compliance. Information Governance lead taking forward for 2019/20
66.	CBRN: Training Programme		QVH to source and provide external training for CBRN.
68	CBRN: Staff training - decontamination		QVH to source and provide external training for CBRN.
Deep Dive			
DD9	Severe Weather response: flood response		QVH to review its arrangements with reference to its roles and responsibilities in relation to the Multi Agency Flood plan and ensure on call/response staff are clear how to obtain the plan.
DD11	Severe Weather response: flood response		QVH to review and regularly risk assess its site against flood risk.
DD12	Severe Weather response: risk assess		QVH to risk assess and regularly review severe weather
DD14	Severe Weather response: Exercising		QVH estates team to lead on testing severe weather arrangements and document any learning from the exercises.
DD16	Long Term adaption planning: Risk Assess		QVH estates team to risk assess and regularly review risks in relation to climate change
DD17	Long Term adaption planning: Overheating risk		QVH estates team to risk assess and regularly review areas of the estate exceeding 27 degrees.
DD18	Long Term adaption planning: Building adaptations		QVH estates team to develop an adaptation plan that includes building modifications or infrastructure changes in the future.
DD19	Long Term adaption planning: Flooding		QVH estates team to identify areas in the organisation that might benefit drainage surfaces.
DD20	Long Term adaption planning: New build		QVH estates team to document it is including adaptation plans for all new builds.

I will be meeting with NHS England and Improvement to discuss assessments on 7 November 2019. Following that meeting we will confirm if they have identified any areas where they would like further assurance. The Local Health Resilience Partnership will then meet on 12 November 2019 for the final assurance meeting.

If you have any questions around our assessment, or have any points requiring clarification, please contact the EPRR team (owen.floodgate@nhs.net or michele.newman@nhs.net).

I would like to thank you and your team for the hard work and commitment that you have made to this process.

Yours sincerely,

Terry Willows,
Executive Director of Corporate Governance
(Accountable Emergency Officer – Sussex CCGs)
On behalf of the Sussex and East Surrey Clinical Commissioning Groups

Appendix 3

Sussex Local Health Resilience Partnership
EPRR Assurance 2019/20

Organisation	Queen Victoria Hospital
AEO	Nicky Reeves

Compliance rating 2018/19	Compliance rating 2019/20
Partially Compliant	Partially Compliant

Ref	Core Standard	Assessment 2018/19	Assessment 2019/20
50	Data Protection and Security Toolkit	Partially Complaint	Non Compliant
5	EPRR Resource	Partially Complaint	Compliant
22	Protected Individuals	Partially Compliant	Compliant
41	LRF / BRF attendance	Non Compliant	Partially Compliant

Top three reasons for change e.g. challenges, enablers, support, involvement	
1	IG toolkit compliant in 18/19 mandatory assertions – IG training compliance below expectation
2	Support to identify additional resource to cover the meetings and the administrative burden
3	Support with reviewing Businesscontinuity plans and policy

Appendix 4
EPPR Summary of Core Standards Partial and non-compliant

Ref	Domain	Standard	Detail	Specialist Providers	Evidence - examples listed below	Organisational Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.
25	Command and control	Trained on-call staff	On-call staff are trained and competent to perform their role, and are in a position of delegated authority on behalf of the Chief Executive Officer / Clinical Commissioning Group Accountable Officer. The identified individual: • Should be trained according to the NHS England EPRR competencies (National Occupational Standards) • Can determine whether a critical, major or business continuity incident has occurred • Has a specific process to adopt during the decision making • Is aware who should be consulted and informed during decision making • Should ensure appropriate records are maintained throughout.	Y	• Process explicitly described within the EPRR policy statement	On call rota and Training records	Partially compliant
33	Response	Loggist	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards.	Y	• Documented processes for accessing and utilising loggists • Training records	EPRR policy. Additional traingin required for this role. Local for a local solution	Partially compliant
41	Cooperation	LRF / BRF attendance	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	Y	• Minutes of meetings • Governance agreement if the organisation is represented		Partially compliant
49	Business Continuity	Business Impact Assessment	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Y	Documented process on how BIA will be conducted, including: • the method to be used • the frequency of review • how the information will be used to inform planning • how RA is used to support.	Being reviewed	Partially compliant
50	Business Continuity	Data Protection and Security Toolkit	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Y	Statement of compliance	standard not met 18/19. 99/100 mandatory assetions met, failed to meet 95% IG traingin compliance	Non compliant
66	CBRN	Training programme	Internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programmes should include training for PPE and decontamination.	Y	Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • A range of staff roles are trained in decontamination techniques • Lead identified for training • Established system for refresher training	Training programme to be developed	Partially compliant
68	CBRN	Staff training - decontamination	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Y	Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011). Found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf • A range of staff roles are trained in decontamination technique	Training programme to be developed	Partially compliant

Deep Dive Severe Weather

Ref	Domain	Standard	Detail	Specialist Providers	Evidence - examples listed below	Organisational Evidence	Self assessment RAG **Red (not compliant) =** Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. **Amber (partially compliant) =** Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. **Green (fully compliant) =** Fully compliant with core standard.
Deep Dive - Severe Weather							
Domain: Severe Weather Response							
9	**Severe Weather response**	**Flood response**	The organisation is aware of, and where applicable contributed to, the Local Resilience Forum Multi Agency Flood Plan. The organisation understands its role in this plan.	Y	The organisation has reference to its role and responsibilities in the Multi Agency Flood Plan in its arrangements. Key on-call/response staff are clear how to obtain a copy of the Multi Agency Flood Plan		Partially compliant
10	**Severe Weather response**	**Warning and inform**	The organisation's communications arrangements include working with the LRF and multiagency partners to warn and inform, before and during, periods of Severe Weather, including the use of any national messaging for Heat and Cold.	Y	The organisation has within is arrangements documented roles for its communications teams in the event of Severe Weather alerts and or response. This includes the ability for the organisation to issue appropriate messaging 24/7. Communications plans are clear in what the organisations will issue in terms of severe weather and when.		Partially compliant
11	**Severe Weather response**	**Flood response**	The organisation has plans in place for any preidentified areas of their site(s) at risk of flooding. These plans include response to flooding and evacuation as required.	Y	The organisation has evidence that it regularly risk assesses its sites against flood risk (pluvial, fluvial and coastal flooding). It has clear site specific arrangements for flood response, for known key high risk areas. On-site flood plans are in place for at risk areas of the organisations site(s).		Partially compliant
12	**Severe Weather response**	**Risk assess**	The organisation has identified which severe weather events are likely to impact on its patients, services and staff, and takes account of these in emergency plans and business continuity arrangements.	Y	The organisation has documented the severe weather risks on its risk register, and has appropriate plans to address these.		Partially compliant
14	**Severe Weather response**	**Exercising**	The organisation has exercised its arrangements (against a reasonable worst case scenario), or used them in an actual severe weather incident response, and they were effective in managing the risks they were exposed to. From these event lessons were identified and have been incorporated into revised arrangements.	Y	The organisation can demonstrate that its arrangements have been tested in the past 12 months and learning has resulted in changes to its response arrangements.		Partially compliant

Ref	Domain	Standard	Detail	Specialist Providers	Evidence - examples listed below	Organisational Evidence	Self assessment RAG **Red (not compliant) =** Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. **Amber (partially compliant) =** Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. **Green (fully compliant) =** Fully compliant with core standard.
Deep Dive - Severe Weather							
Domain: long term adaptation planning							
16	**Long term adaptation planning**	**Risk assess**	Are all relevant organisations risks highlighted in the Climate Change Risk Assessment are incorporated into the organisations risk register.	Y	Evidence that the there is an entry in the organiations risk register detailing climate change risk and any mitigating actions		Partially compliant
17	**Long term adaptation planning**	**Overheating risk**	The organisation has identified and recorded those parts of their buildings that regularly overheat (exceed 27 degrees Celsius) on their risk register. The register identifies the long term mitigation required to address this taking into account the sustainable development commitments in the long term plan. Such as avoiding mechanical cooling and use of cooling higherachy.	Y	The organisation has records that identifies areas exceeding 27 degrees and risk register entries for these areas with action to reduce risk		Partially compliant
18	**Long term adaptation planning**	**Building adaptations**	The organisation has in place an adaptation plan which includes necessary modifications to buildings and infrastructure to maintain normal business during extreme temperatures or other extreme weather events.	Y	The organisation has an adaptation plan that includes suggested building modifications or infrastructure changes in future		Partially compliant
19	**Long term adaptation planning**	**Flooding**	The organisations adaptation plans include modifications to reduce their buildings and estates impact on the surrounding environment for example Sustainable Urban Drainage Systems to reduce flood risks.	Y	Areas are identified in the organisations adaptation plans that might benefit drainage surfaces, or evidence that new hard standing areas considered for SUDS		Partially compliant
20	**Long term adaptation planning**	**New build**	The organisation considers for all its new facilities relevant adaptation requirements for long term climate change	Y	The organisation has relevant documentation that it is including adaptation plans for all new builds		Partially compliant

EPRR Work Plan

Overall assessment:									
Ref	**Domain**	**Standard**	**Detail**	**Evidence - examples listed below**	**Organisation Evidence**	**Self assessment RAG** **Red (not compliant) =** Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. **Amber (partially compliant) =** Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. **Green (fully compliant) =** Fully compliant with core standard.	**Action to be taken**	**Lead**	**Timescale**
33	**Response**	**Loggist**	The organisation has 24 hour access to a trained loggist(s) to ensure decisions are recorded during business continuity incidents, critical incidents and major incidents. Key response staff are aware of the need for keeping their own personal records and logs to the required standards.	• Documented processes for accessing and utilising loggists • Training records	EPRR policy. Additional traingin required for this role. Local for a local solution	Partially compliant	To arrange local training and externaltrainign as rquired	Executive Admin Team Lead	Dec-19
41	**Cooperation**	**LRF / BRF attendance**	The organisation participates in, contributes to or is adequately represented at Local Resilience Forum (LRF) or Borough Resilience Forum (BRF), demonstrating engagement and co-operation with partner responders.	• Minutes of meetings • Governance agreement if the organisation is represented		Partially compliant	To ensure attendance is robust	EPO	Dec-19
49	**Business Continuity**	**Business Impact Assessment**	The organisation annually assesses and documents the impact of disruption to its services through Business Impact Analysis(s).	Documented process on how BIA will be conducted, including: • the method to be used • the frequency of review • how the information will be used to inform planning • how RA is used to support.	Being reviewed	Partially compliant	Review	EPO	Apr-20
50	**Business Continuity**	**Data Protection and Security Toolkit**	Organisation's Information Technology department certify that they are compliant with the Data Protection and Security Toolkit on an annual basis.	Statement of compliance	standard not met 18/19. 99/100 mandatory assetions met, failed to meet 95% IG traingin compliance	Non compliant	IG traingin needs to be prioritised	Trust IG Lead	Jan-20
66	**CBRN**	**Training programme**	Internal training is based upon current good practice and uses material that has been supplied as appropriate. Training programmes should include training for PPE and decontamination.	Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • A range of staff roles are trained in decontamination techniques • Lead identified for training • Established system for refresher training	Training programme to be developed	Partially compliant	Access training	EPO	Apr-20

68	**CBRN**	**Staff training - decontamination**	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.	Evidence training utilises advice within: • Primary Care HAZMAT/ CBRN guidance • Initial Operating Response (IOR) and other material: http://www.jesip.org.uk/what-will-jesip-do/training/ • Community, Mental Health and Specialist service providers - see Response Box in 'Preparation for Incidents Involving Hazardous Materials - Guidance for Primary and Community Care Facilities' (NHS London, 2011). Found at: http://www.londonccn.nhs.uk/_store/documents/hazardous-material-incident-guidance-for-primary-and-community-care.pdf • A range of staff roles are trained in decontamination technique	Training programme to be developed	Partially compliant	Access training	EPO	Apr-20

KSO3 – Operational Excellence

Risk Owner – Director of Operations
Date last reviewed : 19 December 2019

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	4(C) x 4 (L) =16 moderate
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]
- RTT performance challenges across orthodontics, plastics and corneo
- Vacancy levels in theatre staffing and theatre capacity – mitigated yet remain a challenge in some areas [CRR 1077]
- Anaesthetic cover
- Vacancy levels in sleep [CRR 1116]
- Specialist nature / complexity of some activity
- Variable trust wide processes including booking and scheduling
- Late referrals from referring organisations
- Vacancies in non consultant level medical staff in corneo plastics and OMFS [CRR 1143]
- Breast capacity
- Ongoing medical vacancies in corneo [CRR 1143]
- Sentinel Lymph Node demand [CRR 1122]
- Pension rules impacting medical staff willing to provide additional capacity
- Orthodontic workforce vacancies
- Vacant Access and Performance Manager post

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 access and cancer policies
- IST regular visits in place to support 52 week position
- 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 ongoing
- Outpatient improvement programme ongoing
- Corneo plastic service review underway
- OMFS capacity and demand analysis underway
- Recent recruitment of corneo fellows
- Temporary cover in place for Access and Performance Manager role

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
- Gaps in theatre staffing
- 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

KSO 4 – Financial Sustainability

Risk Owner: Director of Finance & Performance | **Committee: Finance & Performance** | **Date last reviewed 19th November 2019**

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

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

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

Initial Risk 3 (C) x 5(L) = 15, moderate
Current Risk Rating 5 (C) x 5(L)= 25, catastrophic
Target Risk Rating 4(C) x 3(L) = 12, moderate

Rationale for current score (at Month 7)

- Month 7 position YTD £450k behind plan due to clinical income shortfall partially offset by expenditure underspends
- Current forecast deficit of c£8.1m ; £0.7m adverse variance to plan of £7.4m (**CRR877)**
- CIP performance £636k/£581k for YTD Month 7 ; 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 and constraints within the Contracting team are causing reporting issues for financial and audit. An external company has been instructed to assist with additional onsite resources and agency staff employed.

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.
- Spoke site, Service line reporting and service review information widely circulated

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

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**9 January 2020**		**Agenda reference:**	**13-20**	
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 on matters discussed at the F&P meeting on 23rd December 2019				
Summary of key issues	The financial position remains behind plan and the "most likely" year-end forecast is an £8.4m deficit (£1m worse than plan). The timeliness and accuracy of income reporting is not fully assured, the CIP will fall short and executive management are not assured that performance in the rest of the financial year will be optimised. Operational performance shows improvements in many areas, but still behind trajectory on some areas; principally due to patient choice, but some capacity issues. Workforce shows ongoing improvement.				
Recommendation:	The Board is asked to **NOTE** the contents of the report, the **ASSURANCE** (where given) and the ongoing concerns.				
Action required	~~Approval~~	~~Information~~	~~Discussion~~	**Assurance**	~~Review~~
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: x *Operational excellence*	KSO4: x *Financial sustainability*	KSO5: x *Organisational excellence*
Implications					
Board assurance framework:	KS04 – Financial Sustainability – remains at "catastrophic" and there is little assurance that this can be addressed in the short term without external support KS03 – Operational Excellence – has had its score reduced to reflect progress				
Corporate risk register:	Reflected in BAF scores				
Regulation:	All areas are subject to some form of regulation – none specific				
Legal:	All areas are subject to some form of legal duty – none specific				
Resources:	Performance is dependent, to a large extent, on availability of staff in various areas of the Trust				
Assurance route					
Previously considered by:					
	Date:		Decision:		
Next steps:					

Report to: Board of Directors
Meeting date: 9 January 2020
Reference no: 13-20
Report from: Paul Dillon-Robinson, Committee Chair
Report date: 30 December 2019

Financial, operational and workforce performance assurance

1. Financial performance

The committee's focus this month continued to be on finances.

The Trust's deficit to month 8 was £5.6m, £0.8m worse than plan. Patient activity income continues to be behind plan (£1.3m), offset by underspending on Pay (£0.8m) but with an overspend on Non-Pay (£0.3m). £0.7m of excluded PBR devices in both income and non-pay impacts on the gross figures.

The year-end forecast deficit ranges from a "best case" of £7.5m to a "worse case" of £8.9m, with a "most likely" of £8.4m. The "most likely" forecast has deteriorated by £0.3m in the last two months. There was some good news, that initial feedback on the CCG review of procedures of low clinical value suggested the impact of this was likely to be well below the "most likely" assumption, but the committee was keen that all opportunities were taken to improve on the "most likely" forecast and "non-recurrent" opportunities.

The committee was keen to understand how much of the variance from plan was, with hindsight, due to incorrect planning assumptions at the start of the year, or due to unexpected variants during the year. This will come back to the next meeting.

The committee discussed the reporting of patient activity income, both in light of known delays in coding activity, a £200k adverse adjustment to M07 income when fully coded and the current approach to estimating income. The committee sought further assurance on this area in the future.

The delivery of activity for the rest of the year was discussed, and management were probed on the likelihood of delivering the planned / needed level. There are known risks around capacity, both in terms of vacancies, willingness of key staff to undertake additional clinics and planning for leave. Further assurance was required that line management had ownership of the future delivery needed, and the next set of performance review meetings were regarded as important.

The cost improvement plan was discussed and it remains expected that the Trust will be short of the target by £600k. There was continuing concern that top-sliced income, that had been surrendered to the centre for procurement savings, was not seeing a return.

The committee remains keen to see a clear pathway of how the Trust will achieve a financially sustainable position in the medium-term future (whilst maintaining clinical and organisational excellence), and the key determinants of this – both internally and externally. It notes the process in place, but is keen to see some outcomes of the work, including a full range of options.

2. Workforce performance

Key metrics continue to show an improving position, but with an appreciation that there is no room for complacency.

We are awaiting the results of the latest staff survey, and are hopeful for a high level of responses.

Take up of the staff flu campaign, despite all the promotion, is still some way off target.

The success of the recruitment of overseas nurses was discussed and the impending decision as to whether to continue with the Yeovil option also covered.

3. Operational performance

RTT performance is improving slowly, but not yet at the level of trajectory agreed with the commissioners. The main reason for this is patient choice, although there are some issues with delayed referrals and our own capacity issues. Actions are in place to continue to address these areas.

Similar issues are found in other areas (for instance 2 week waits), but often it can be a couple of patients that make all the difference. The committee was re-assured that the number of delays due to the Trust were minimal – albeit not desirable.

4. Other

The committee reviewed its Terms of Reference and had no significant changes to suggest.

There was agreement that, in the next couple of months, a review of the volume of papers provided would be undertaken by the Chair to ensure that there was a proportionate balance between comprehensive oversight, the time taken by Executives to produce them, and the timescale to absorb the papers before the meeting.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**09 January 2020**		**Agenda reference:**	**14-20**	
Report title:	**Operational Performance**				
Sponsor:	Abigail Jago, Director of Operations				
Authors:	Operations Team				
Appendices:	NA				
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) and reporting turnaround times • Recovery in place to address histology turnaround • RTT pathway performance improvement in month although behind improvement trajectory • 2ww cancer standard not met due to patient choice delays and capacity challenges • 62 day performance met • 31 day standard not met • Delivery of MIU 4 hour standard Key items for focus: • Revised 52 week trajectory • Faster Diagnosis shadow reporting position • Reduced BAF risk score				
Recommendation:	The Board is asked to note the contents of this report				
Action required				Assurance	
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	**KSO3:** ***Operational excellence***	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	As described on the BAF KSO3				
Corporate risk register:	Risk described on the BAF KSO3 and CRR				
Regulation:	CQC – operational performance covers all 5 domains				
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:	23.12.19	Decision:	Noted	
Next steps:					

Operational Performance Report

Abigail Jago, Director of Operations

Board of Directors January 2020

Summary

Key items to note in the operational report are:

- Delivery of diagnostic waiting time standards (DM01) and reporting turnaround times
- Recovery in place to address histology turnaround
- Revised 52 week trajectory
- RTT pathway performance improvement in month although behind improvement trajectory
- 2ww cancer standard not met due to patient choice delays and capacity challenges
- 62 day performance met
- 31 day standard not met
- Delivery of MIU 4 hour standard

Key items for focus:

- 52 week trajectory
- Faster diagnosis standard (FDS) shadow reporting position

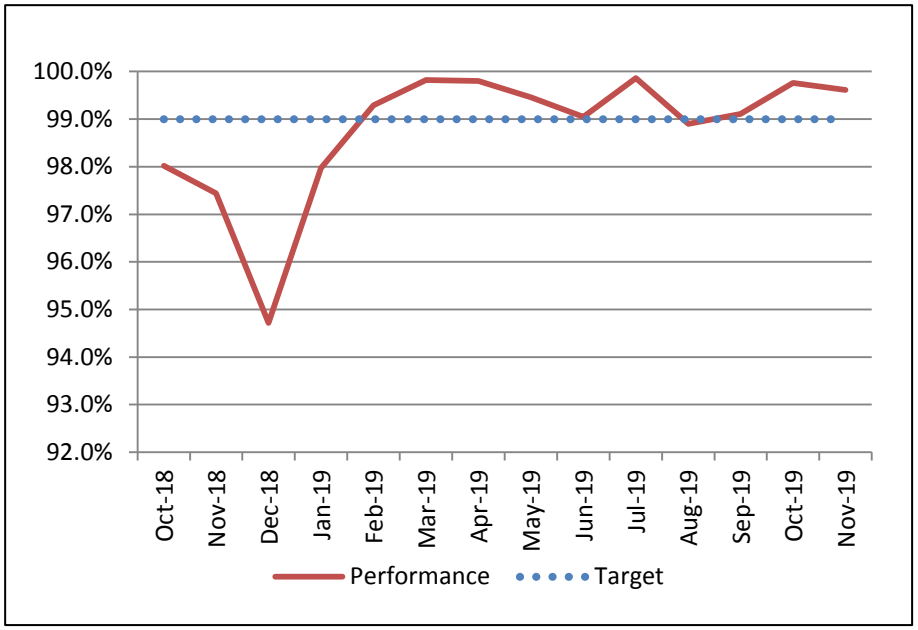
Performance summary – 1920 YTD

Queen Victoria Hospital
NHS Foundation Trust

KPI	TARGET / METRIC	TARGET SOURCE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
DMO1 Diagnostic waits	99% < 6 weeks	National	99.8%	99.46%	99.05%	99.86%	98.9%	99.11%	99.76%	99.61%
Histology Turnaround Time	90% < 10 days	Local	89%	95%	86%	70%	82%	76%	38%	59%
Imaging reporting	% < 7 days		87.47%	95.47%	96.66%	97.41%	98.42%	97.98%	98.75%	95.8%
RTT – % patients <18 week	Agreed commissioner trajectory	National	79.51%	81.11%	80.90%	80.63%	81.3%	81.62%	82.28	82.9%
RTT52	Agreed commissioner trajectory	National	47	42	39	37	29	25	22	19
Total waiting list size	Reduction in waiting list size	National	12204	11723	11309	10902	10966	10516	10663	10529
Minor injuries unit - % patients treated/ discharged in 4 hours	95%	National	99.6%	99.91%	99.80%	99.6%	100%	99.26%	99.7%	99.47%
Cancer 2WW	93%	National	86.2%	97.8%	94%	94.9%	93.1%	89.3%	88.9%	
Cancer 62 day	85%	National	89.3%	85%	81.5%	85.2%	91.2%	82.9%	85.7%	
Cancer 31 day	96%	National	94.8%	93.7%	96.1%	95.8%	95.9%	94.9%	93.0%	
Faster Diagnosis Shadow Reporting	85%	National from April 2020					70.7%	81.5%	84.4%	
Theatre utilisation	% total lists >85%	Updated target					79%	78%	83%	83%
Theatre on the day cancellations	<8% quarter 2	Local	8.54%	6.36%	5.45%	7.98%	7.81%	7.06%	4.63%	5.64%

Diagnostic Waits (DM01)

Queen Victoria Hospital
NHS Foundation Trust



(Last reporting period – Oct19) 99.76%			(This reporting period – Nov19) 99.61%		
Modality / test	Breaches	Perf.	Modality / test	Breaches	Perf.
CT	0	100%	CT	0	100%
ECHOCARDIOGRAPHY	0	100%	ECHOCARDIOGRAPHY	0	100%
MRI	1	99%	MRI	1	99%
NON-OBSTETRIC ULTRASOUND	0	100.00%	NON-OBSTETRIC ULTRASOUND	0	100.00%
SLEEP STUDIES	1	98.55%	SLEEP STUDIES	2	97.87%

PERFORMANCE COMMENTARY

Diagnostic Imaging

- MRI breach due to outsourced open magnet
- Substantive 0.7 ultrasound vacancy filled and in post

Sleep Studies

- 2 breaches in November – one due to administrative delays in contacting patient and second due to patient having complex needs.

FORWARD LOOK / PERFORMANCE RISKS

Diagnostic imaging

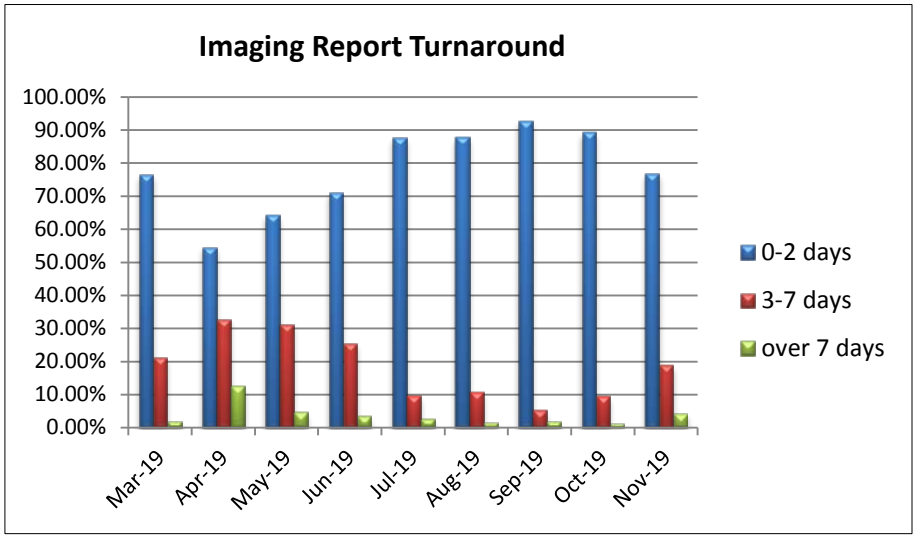
- 2 radiographer vacancies, 1 appointed
- 3 MRI/CT rotational radiographer posts, Superintendent interview on the 20th Dec and band 6 interviews in the new year
- 2 radiologist vacancies from December.

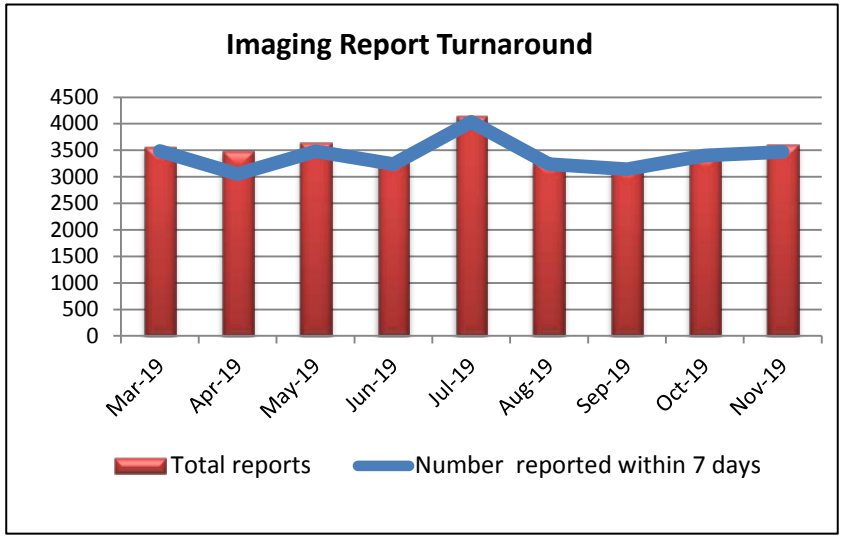
Sleep Studies

- Currently expect 8 week breaches for end December due to Christmas period.

Diagnostic Imaging – Reporting turnaround times

Queen Victoria Hospital
NHS Foundation Trust



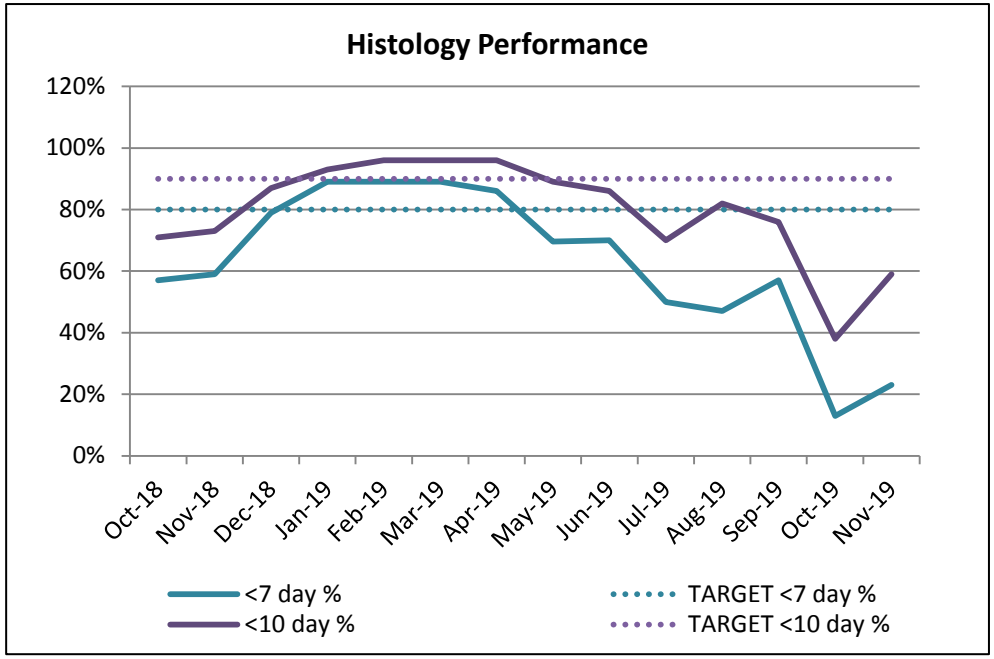


PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
• Sustained delivery of target turnaround times (95.8% reported in 7 days)	• Risk re turnaround time performance going forward due to two radiologist vacancies • Head and neck consultant post appointed but now withdrawn • Service mitigation in place including outsourcing • Ultrasound support in place through bank Consultant Sonographer and bank consultant

Histology Turnaround Time (TAT)

Queen Victoria Hospital
NHS Foundation Trust

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
Sep-19	1275	955
Oct-19	1683	1210
Nov-19	1466	1059



PERFORMANCE COMMENTARY

- Reduction in performance following the departure of two Consultant Histopathologists.
- Previous consultant has been delivering additional ad hoc reporting activity to support the position.
- In addition an agency locum histopathologist has been in place since 10th October 2019. Workload has focused on the reduction in backlog activity, hence continued deterioration in TATs whilst this was addressed.
- Situation exacerbated by highest ever number of monthly specimens received in October 2019.
- There were no breaches of trust access targets as a result of the above. Urgent specimens continued to be treated as such.

FORWARD LOOK / PERFORMANCE RISKS

- As at 1st December 2019 all backlog activity had been cleared and reporting capacity is in place to meet turnaround times, except for limited availability over last week of December.
- Risk of failure to meet turnaround times for December lies primarily with admin support for typing reports due to unexpected leave in December. Mitigated through bank and additional hours use.
- Trajectory to reach full compliance by January/February 2020, which may be improved if number of specimens received is lower than conservative estimate.
- Recruitment panel for additional consultant planned for January 2020, but dependence on agency likely to remain for the next few months.

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%	82.28%	82.9%				
52 week plan	91	68	60	50	40	30	20	10	0	0	0	0	0	0	0
Revised plan											19	17	15	10	5
52 week actual (total)	81	68	62	47	42	39	37	29	25	22	19				
52 week patient deferred					17	20	15	**17**	**22**	17	13				
Corneo plastic	**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%**	76.02%	75.8%				
52 weeks plan	6	0	0	**0**	0	0	0	0	0	0	-				
52 weeks actual (total)	5	2	0	2	7	10	4	0	3	5	2				
52 week patient deferred					3	5	3	**0**	**2**	4	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%**	82.81%	84.86%				
52 weeks plan	45	34	30	25	20	15	10	5	0	0	-				
52 weeks actual	42	32	32	25	18	8	10	11	4	5	6				
52 week patient deferred					2	4	2	**5**	**3**	4	1				
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%**	**81.75%**	81.32%				
52 week plan	36	32	28	25	20	15	10	5	0	0	-				
52 weeks actual	34	34	30	20	17	21	23	18	18	11	11				
52 week patient deferred					11	11	10	**12**	**17**	10	10				
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%**	93.15%	93.76%				
52 weeks plan	0	0	0	0	0	0	0	0	0	0	0				
52 weeks actual	0	0	0	0	080	0	0	0	0	1	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%**	96.94%	96.95%				
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	0	0				

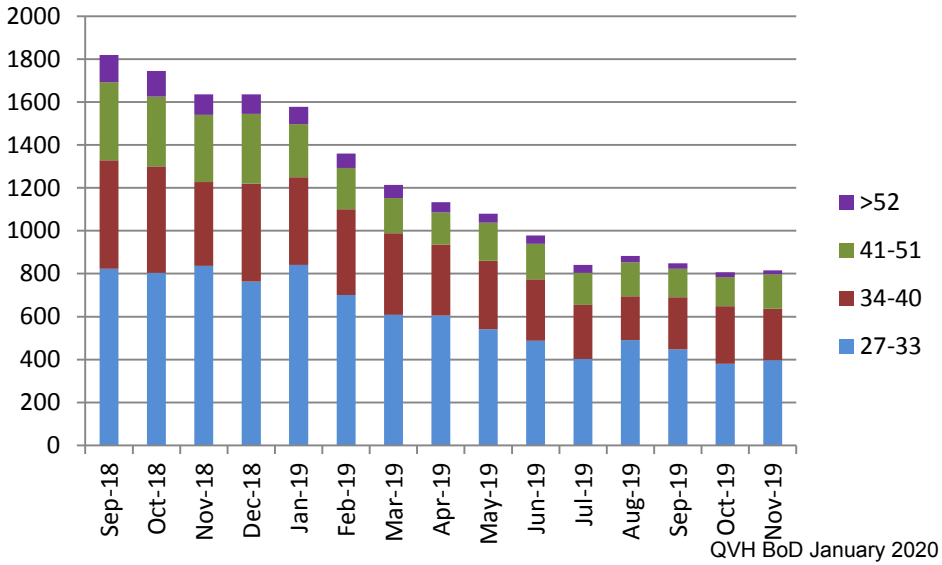
RTT18 – Incomplete pathways

Trust level performance

Queen Victoria Hospital
NHS Foundation Trust

Weeks wait	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	Oct-19	Nov-19
0-17 (<18)	10823	11389	11078	10401	10056	9621	9895	9704	9508	9149	8790	8915	8583	8774	8729
18-26	1975	1934	1890	1927	1620	1577	1501	1367	1136	1182	1271	1169	1085	1083	984
27-33	823	803	836	763	841	701	609	606	542	488	402	490	447	380	397
33-40	506	497	391	456	408	400	379	331	319	286	253	205	243	269	240
41-51	363	325	313	325	248	191	164	149	176	165	149	158	133	135	160
>52	127	120	95	92	81	68	62	47	42	39	37	29	25	22	19
Total Pathways	14617	15068	14603	13964	13254	12558	12610	12204	11723	11309	10902	10966	10516	10663	10529
Breaches	3794	3679	3525	3563	3198	2937	2715	2500	2215	2160	2112	2051	1933	1889	1800
Performance	74.04%	75.58%	75.86%	74.48%	75.87%	76.61%	78.47%	79.51%	81.11%	80.90%	80.63%	81.30%	81.62%	82.28%	82.9%
Clock starts	3132	3870	3272	2493	3395	2849	3349	2929	3291	2993	3240	2923	2947	3152	3099

Patients waiting > 26 weeks



Total breaches continued to fall in month at trust level across all services.

Patients waiting > 26weeks increased by 10 patients in month.

Patients over 40 weeks increased in corneo plastics and orthodontics. Action underway to address.

RTT18 – Incomplete pathways

Specialty Breakdown

PLASTICS															
Open Pathways	**201809**	**201810**	**201811**	**201812**	**201901**	**201902**	**201903**	**201904**	**201905**	**201906**	**201907**	**201908**	**201909**	**201910**	**201911**
0-17 weeks	3215	3253	3233	3033	2945	2908	3033	2894	2900	2821	2836	2979	2805	2930	2831
18-26 weeks	474	422	406	436	406	385	401	364	303	336	354	349	344	369	355
27-33 weeks	202	193	178	135	167	167	166	184	158	138	111	153	140	139	140
34-40 weeks	125	112	95	102	88	80	108	82	94	89	80	58	72	87	85
41-51 weeks	83	74	91	91	81	61	51	59	65	71	64	67	51	48	59
52+ weeks	51	45	41	39	34	34	30	20	17	21	23	18	18	11	11
Total Open Pathways	**4150**	**4099**	**4044**	**3836**	**3721**	**3635**	**3789**	**3603**	**3537**	**3476**	**3468**	**3624**	**3430**	**3584**	**3481**
Total 18 week breaches	935	846	811	803	776	727	756	709	637	655	632	645	625	654	650
Clock starts in month	**917**	**1066**	**971**	**810**	**1038**	**925**	**1015**	**919**	**1072**	**963**	**1093**	**966**	**943**	**1002**	**928**
Admitted Clock Stops	369	519	491	445	565	503	359	459	499	529	494	474	424	563	479
Non admitted Clock Stops	381	434	485	354	461	356	368	430	451	365	425	362	388	368	431
Total Stops in month	**750**	**953**	**976**	**799**	**1026**	**859**	**727**	**889**	**950**	**894**	**919**	**836**	**812**	**931**	**910**

Corneo															
Open Pathways	**201809**	**201810**	**201811**	**201812**	**201901**	**201902**	**201903**	**201904**	**201905**	**201906**	**201907**	**201908**	**201909**	**201910**	**201911**
0-17 weeks	2014	2038	1994	1920	1884	1838	1928	1985	1928	1906	1892	1942	1877	1899	1827
18-26 weeks	372	372	369	341	300	298	359	379	383	390	397	375	345	323	282
27-33 weeks	108	120	157	149	166	133	123	150	143	168	161	152	137	120	146
34-40 weeks	44	54	51	82	81	92	82	76	90	79	77	95	100	100	91
41-51 weeks	19	14	23	26	33	34	40	31	31	17	27	39	45	51	62
52+ weeks	12	14	8	8	5	2		2	7	10	4		3	5	2
Total Open Pathways	**2569**	**2612**	**2602**	**2526**	**2469**	**2397**	**2532**	**2623**	**2582**	**2570**	**2558**	**2603**	**2507**	**2498**	**2410**
Total 18 week breaches	555	574	608	606	585	559	604	638	654	664	666	661	630	599	583
Clock starts in month	**530**	**581**	**546**	**408**	**567**	**457**	**523**	**535**	**492**	**467**	**575**	**494**	**508**	**591**	**502**
Admitted Clock Stops	240	224	213	221	298	301	213	153	199	216	265	260	278	289	266
Non admitted Clock Stops	111	103	103	91	175	113	103	130	176	155	211	150	216	234	223
Total Stops in month	**351**	**327**	**316**	**312**	**473**	**414**	**316**	**283**	**375**	**371**	**476**	**410**	**494**	**523**	**489**

RTT18 – Incomplete pathways

Specialty Breakdown

Queen Victoria Hospital
NHS Foundation Trust

OMFS (exc OD)															
Open Pathways	**201809**	**201810**	**201811**	**201812**	**201901**	**201902**	**201903**	**201904**	**201905**	**201906**	**201907**	**201908**	**201909**	**201910**	**201911**
0-17 weeks	3529	3645	3439	3159	2985	2749	2874	2748	2677	2463	2325	2279	2256	2259	2353
18-26 weeks	988	965	932	961	741	715	580	483	339	303	354	296	233	236	208
27-33 weeks	474	457	459	417	446	334	251	212	173	125	82	113	104	71	54
34-40 weeks	320	308	228	250	215	189	165	143	105	88	62	37	40	34	32
41-51 weeks	249	227	190	198	125	86	61	52	71	62	42	32	21	20	17
52+ weeks	64	60	46	43	41	30	31	23	17	8	9	7	3	4	2
Total Open Pathways	**5624**	**5662**	**5294**	**5028**	**4553**	**4103**	**3962**	**3661**	**3382**	**3049**	**2874**	**2764**	**2657**	**2624**	**2666**
Total 18 week breaches	2095	2017	1855	1869	1568	1354	1088	913	705	586	549	485	401	365	313
Clock starts in month	**956**	**1204**	**881**	**631**	**830**	**716**	**1017**	**834**	**918**	**724**	**657**	**552**	**562**	**560**	**973**
Admitted Clock Stops	179	228	274	178	296	275	299	234	217	218	208	162	178	178	187
Non admitted Clock Stops	767	764	681	559	848	745	758	758	776	710	661	631	572	588	629
Total Stops in month	**946**	**992**	**955**	**737**	**1144**	**1020**	**1057**	**992**	**993**	**928**	**869**	**793**	**664**	**766**	**816**

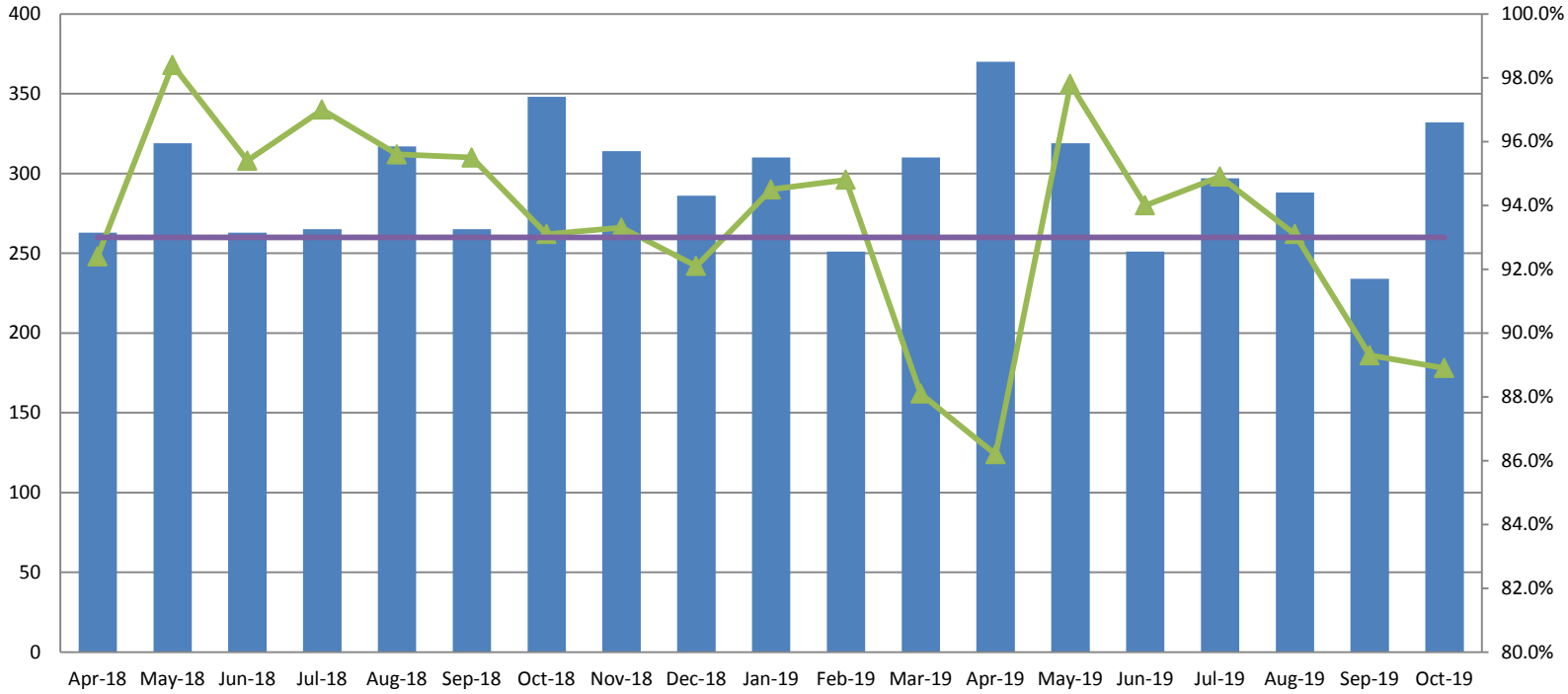
Orthodontics (OD)															
Open Pathways	**201809**	**201810**	**201811**	**201812**	**201901**	**201902**	**201903**	**201904**	**201905**	**201906**	**201907**	**201908**	**201909**	**201910**	**201911**
0-17 weeks	378	384	290	277	394	467	421	444	405	374	340	366	413	403	439
18-26 weeks	51	51	60	77	85	74	80	88	73	95	110	90	94	98	91
27-33 weeks	28	21	27	37	39	44	53	44	50	49	40	59	51	36	43
34-40 weeks	15	19	14	21	18	27	18	28	28	24	30	13	29	38	26
41-51 weeks	9	10	9	9	9	10	12	5	7	15	16	16	15	15	21
52+ weeks		1		2	1	2	1	2	1		1	4	1	1	4
Total Open Pathways	**481**	**486**	**400**	**423**	**546**	**624**	**585**	**611**	**564**	**557**	**537**	**548**	**603**	**591**	**624**
Total 18 week breaches	103	102	110	146	152	157	164	167	159	183	197	182	190	188	185
Clock starts in month	**116**	**102**	**79**	**50**	**172**	**175**	**110**	**121**	**113**	**98**	**94**	**100**	**118**	**98**	**132**
Admitted Clock Stops		2	4	3	7	12	11	2	8	9	5	9	6	8	7
Non admitted Clock Stops	52	95	124	46	90	87	101	93	128	91	91	77	76	81	92
Total Stops in month	**52**	**97**	**128**	**49**	**97**	**99**	**112**	**95**	**136**	**100**	**96**	**86**	**82**	**89**	**99**

Specialty RTT performance narrative

SPECIALTY	CURRENT CHALLENGES	ACTION UNDERWAY TO ADDRESS CHALLENGES	FORWARD LOOK
Corneo plastics	• Lack of admitted capacity in ocular plastics and glaucoma resulting an increase in 40 week plus position. • National shortage of Mitomycin resulting in inability to operate on a cohort of long waiters	• Additional capacity through independent sector and weekend capacity are being planned subject to staffing • Alternative to Mitomycin sourced and patients booked dates for surgery in January • Possible offsite additional theatre lists subject to anaesthetic availability	• Continued difficulties predicted with ocular and glaucoma, however additional independent sector and Saturday capacity will if mobilised mitigate risk • Total number of total breaches expected to continue to decrease.
Plastic surgery	• Capacity issues within breast and hands service lines • General anaesthetic (GA) to Local anaesthetic (LA) list conversions over recent months due to anaesthetic gaps	• Extension agreed for Breast consultant (4 months capacity from Feb) and exploring further recruitment • Additional micro fellow supported.	• New breast appointment(s) reliant on identifying additional theatre capacity. • Consultant parental leave having potential further impact before year end.
OMFS	• Issues remain within Orthodontics due to current clinical vacancy challenges	• Team continue to work with Business Manager and Service Manager to manage the Patient Tracking List (PTL). • Clinician vacancy within Orthodontics due to improve in new year • Additional orthodontic evening clinics continue	• Trainee and 1 post CSST post now filled in orthodontics, await start dates for all early 2020.
All specialties	• Anaesthetic provision • Surgical gaps at Consultant and non consultant level • Revised 52 week trajectory in place	• Ongoing grip of Patient Tracking List management • Efficiency workstreams for theatres and outpatients to maximise throughput • Pathway redesign in high risk areas – breast , hands and orthodontics • Revision of recovery to sustainability plan	• Working with STP re 26 week opportunities • Revision of Access and Performance Manager role

Two Week Wait Performance

Queen Victoria Hospital
NHS Foundation Trust



	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	Sep-19	Oct-19
Total Number of Referrals	263	319	263	265	317	265	348	314	286	310	251	310	370	319	251	297	288	234	332
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%	89.3%	88.9%
National Standard	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

Performance under target for 2WW referrals – 88.9%

Two Week Wait Performance

Queen Victoria Hospital
NHS Foundation Trust

SKIN 2WW PERFORMANCE							
Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Total Number of Referrals	145	142	117	144	145	137	152
Total Number of Breaches	8	1	5	3	8	10	11
Performance	94.7%	99.3%	95.9%	97.9%	94.4%	92.7%	92.7%
National Standard	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

Commentary

Skin did not meet the 2WW target for October, breaching a total of 11 patients, all 11 breaches were due to patient choice; 6 patients cancelled a appointment booked within 14 days and 5 patients declined an appointment within 14 days due to holiday/work commitments.
The 2WW hub are continuing to focus on booking all skin referrals within 7 days, escalating if they do not have the capacity. As of 2nd Dec the team have started to use the booking script to ensure that patients who are delaying their first outpatient appointment are aware of the urgency of the referral.

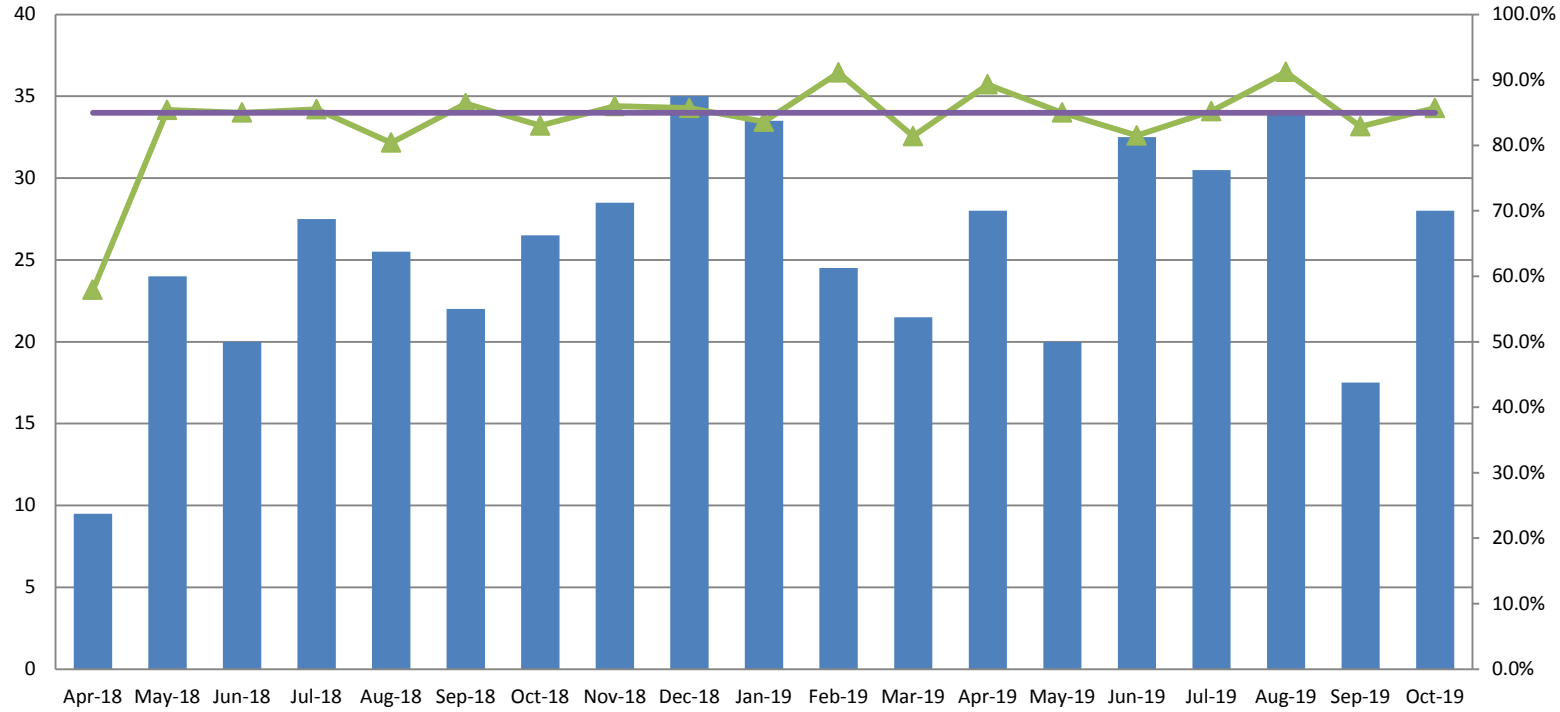
HEAD AND NECK 2WW PERFORMANCE							
Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Total Number of Referrals	166	167	113	136	141	96	177
Total Number of Breaches	43	6	9	12	11	14	26
Performance	79.4%	96.5%	92.6%	91.8%	92.1%	85.4%	85.3%
National Standard	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

Commentary

Head and Neck did not meet the 2WW target for October, breaching a total of 26 patients; 12 due to patient choice and 14 due to capacity. Of the 12 patient choice, 8 patients declined an appointment within 14 days due to holiday/work commitments and 4 patients cancelled an appointment booked within 14 days. The 14 breaches due to off site (DVH) clinic capacity which was due to 1 consultant being off sick. The patient's were offered appointments at Medway and QVH but all declined due to the travel distance.

62 Day Performance

Queen Victoria Hospital
NHS Foundation Trust



	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	Sep-19	Oct-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	17.5	28
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%	82.9%	85.7%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Performance over target for 62Days - 85.7%

62 Day Performance

Queen Victoria Hospital
NHS Foundation Trust

SKIN 62 DAY PERFORMANCE												
Month	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Total Number of Treatments	19.5	26	23.5	17	15.5	25	16	26	23	27	12.5	25.5
Total Number of Breaches	2.5	3	3.5	1.5	1.5	1.5	1.5	1.5	1.5	2.5	1.5	3
Performance	88.6%	89.6%	87.0%	91.8%	91.1%	94.3%	91.4%	94.5%	93.8%	90.7%	88.0%	88.2%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

HEAD AND NECK 62 DAY PERFORMANCE												
Month	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Total Number of Treatments	5	3.5	4	3	2	0	1	0.5	3	6	4.5	1.5
Total Number of Breaches	1.5	1	0	0	1	0	1	3	1.5	0	1	0.5
Performance	76.9%	77.7%	100.0%	100.0%	66.6%		50.0%	14.2%	66.6%	100%	77.7%	66.6%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

BREAST 62 DAY PERFORMANCE												
Month	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sept-19	Oct-19
Total Number of Treatments	0	0	0	0.5	0	0	0	0	0	0.5	0	0.5
Total Number of Breaches	0	1	2	0.5	0.5	0	0.5	1	1	0	0	0.5
Performance		0.0%	0.0%	50.0%	0.0%		0.0%	0.0%	0.0%	100%		0.0%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Commentary

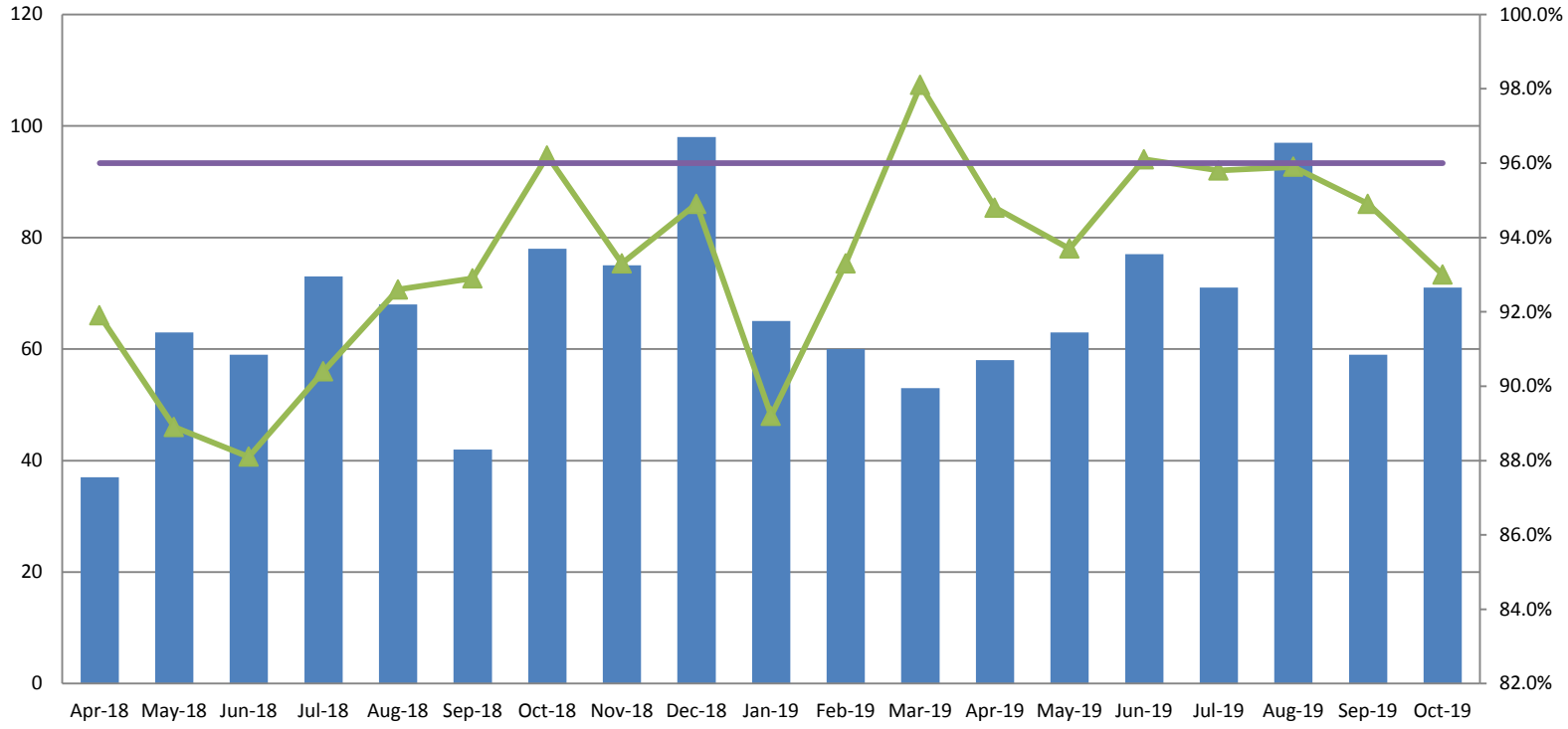
Skin delivered the 62D target for October, recording 3 breaches: referral received on day 34, unable to treat within 62 days as the patient needed a WLE and SLNB, QVH received the full breach. Referral received on day 35, unable to treat within 62 days, first excision cancelled by hospital due to REG sickness, second excision was booked past 62 days due to consultant theatre capacity, QVH received the full breach. Referral received on day 18, patient choice to delay biopsy and follow-up appointment, QVH received the full breach.

Head and Neck did not deliver the 62D target for October, reporting a 0.5 breach – QVH sent a late referral to Royal Surrey, patient choice to delay the diagnostic pathway and unsure on treatment plan, therefore needed more time to decide.

Breast did not deliver the 62D target for October, reporting a 0.5 breach – referral received on day 58 for immediate surgery, unable to treat within 24 days due to theatre capacity.

31 Day Performance

Queen Victoria Hospital
NHS Foundation Trust



	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	Sep-19	Oct-19
Total Number of Treatments	37	63	59	73	68	42	78	75	98	65	60	53	58	63	77	71	97	59	71
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%	94.9%	93.0%
National Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

Performance under target for 31D target - 93%

31 Day Performance

Queen Victoria Hospital
NHS Foundation Trust

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	Sep-19	Oct-19
Total Number of Treatments	62	55	85	49	43	40	50	47	65	59	77	47	58
Total Number of Breaches	2	5	3	5	3	1	1	4	3	2	2	1	3
Performance	96.8%	91.6%	96.5%	90.7%	93.4%	97.5%	98%	92.1%	95.5%	96.7%	97.4%	97.8%	94.8%
National Standard	96%	96%	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	Sep-19	Oct-19
Total Number of Treatments	9	10	6	4	9	9	3	7	8	6	15	12	7
Total Number of Breaches	0	0	2	1	0	0	2	0	0	0	1	1	0
Performance	100%	100%	75.0%	80.0%	100%	100%	60%	100%	100%	100%	93.3%	91.6%	100.0%
National Standard	96%	96%	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	Sep-19	Oct-19
Total Number of Treatments	3	2	2			3	2	5	1	3	5	2	6
Total Number of Breaches	1	0	0			0	0	0	0	1	1	1	2
Performance	75.0%	100%	100%			100%	100%	100%	100%	75%	80%	50.0%	66.6%
National Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

Commentary

Skin missed the 31D target for October, reporting 3 breaches for the month, 1 patient had to be cancelled due to hypertension and 2 patients were booked outside of 31 days due to consultant capacity.
Head and neck achieved the 31D target for October.
Breast missed the 31D target for October, reporting 2 breaches for the month, both breaches were the result of the visiting breast surgeon could only make this date to perform the joint surgical procedure.

Screening and upgrade performance

Queen Victoria Hospital
NHS Foundation Trust

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	Sep-19	Oct-19
Total Number of Treatments	0	0	0	0	0.5	0	0.5	0	0	1	0	0.5	0
Total Number of Breaches	1	0	0	0	0.5	0	0.5	0	0	0	0	0.5	0
Performance	0.0%				50.0%		50.0%			100.0%		0.0%	
National Standard	90%	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	Sep-19	Oct-19
Total Number of Treatments	3.5	4	3	0.5	0.5	1.5	0	1.5	6	2	16	12	6.5
Total Number of Breaches	0.5	0	0	0	0.5	0	0	0	0	0.5	1.5	3.5	3
Performance	87.5%	100.0%	100%	100%	50%	100%		100%	100%	80%	90.6%	70.8%	53.8%
National Standard	85%	85%	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	Sep-19	Oct-19
Total Number of Treatments	20	29	21	14	16	18	12	15	11	19	15	15	13
Total Number of Breaches	5	5	4	1	1	2	3	1	3	0	0	1	2
Performance	75.0%	82.8%	81.0%	92.9%	93.8%	88.9%	75.0%	93.3%	72.7%	100.0%	100.0%	93.3%	84.6%
National Standard	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

Commentary

Screening did not treat any patients for the month of October

The Consultant Upgrade missed target for October, reporting 3 breaches, 2 breaches were due to complex diagnostics required and 1 breach was due to patient choice to delay a follow-up outpatient appointment.

The 31 Day Subsequent missed target for October, reporting 2 breaches, 1 breach was due to theatre cancellation for a major case and 1 breach was due to patient illness.

Cancer Quarter Performance

Queen Victoria Hospital
NHS Foundation Trust

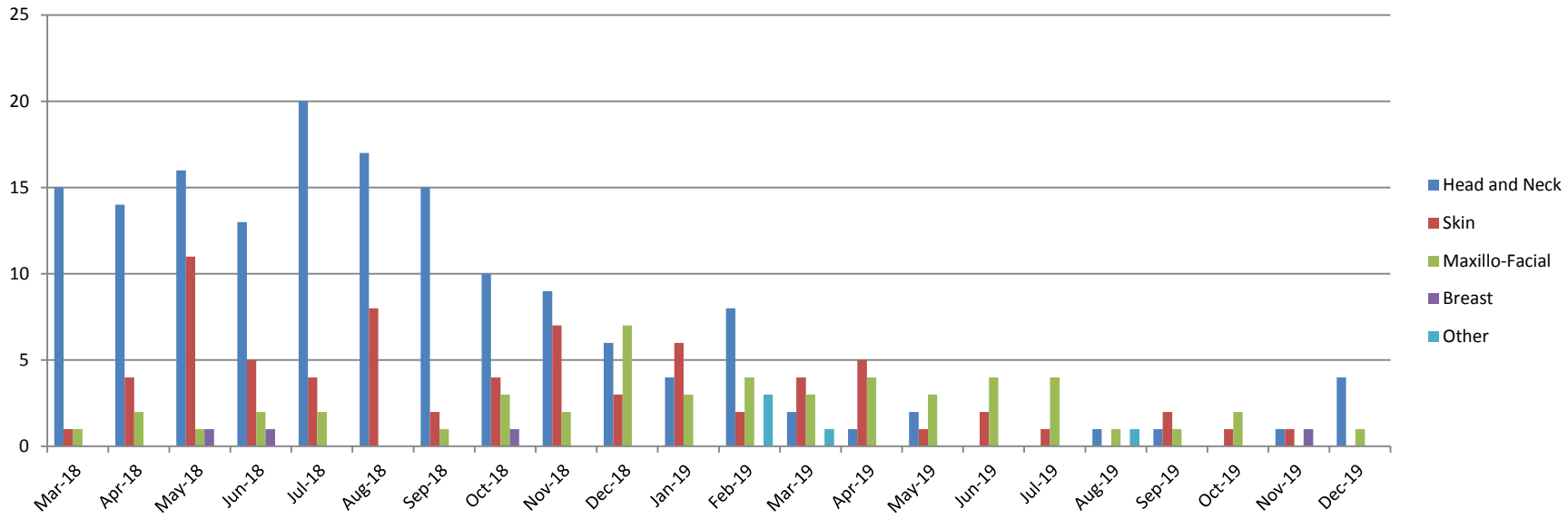
Quarter Performance	2017-18					2018-19					2019-20				
	QTR 1	QTR 2	QTR 3	QTR 4	YTD	QTR 1	QTR 2	QTR 3	QTR 4	YTD	QTR 1	QTR 2	QTR 3	QTR 4	YTD
Two Week Wait	94.3%	91.1%	94.3%	90.3%	**92.5%**	95.6%	95.9%	93.0%	92.3%	**94.1%**	92.2%	92.6%	88.9%		92.4%
62 Day Referral to Treatment	73.5%	73.7%	76.4%	77.0%	**75.0%**	80.3%	84.0%	85.0%	85.5%	**84.0%**	85.0%	87.1%	85.7%		86.1%
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%	66.6%			60.0%
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%	81.9%	53.8%		85.5%
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%	95.5%	93%		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%	97.9%	84.6%		90.8%

Commentary

For quarter 2 the 62 day target was achieved, along with the 31 day subsequent target. Due to the number of patient choice breaches the 2WW target was not achieved for quarter 2, failing by 0.4%.

104 Days

Queen Victoria Hospital
NHS Foundation Trust



Commentary

The trust is currently reporting 4 patients over 104 days.
Patients as follows:

- Head and Neck: patient is currently with Brighton, low suspicion of malignancy – MRI booked for 25-11 at Brighton, FU OPA 10.12 at Brighton.
- Head and Neck: complex pathway, numerous investigations needed, currently at SASH
- Head and Neck: FU OPA 03.12 – awaiting outcome, patient choice to delay diagnostic pathway
- Maxillo-Facial: FU OPA 05.12 – awaiting outcome, patient choice to delay diagnostic pathway

Faster Diagnosis Standard Performance – Shadow Reporting

Queen Victoria Hospital NHS Foundation Trust

QVH TRUST PERFORMANCE			
Month	Aug-19	Sep-19	Oct-19
Total Accountable	92	162	250
Total Breached	27	30	39
Performance	70.7%	81.5%	84.4%
National Standard	85%	85%	85%

QVH TRUST PERFORMANCE - RULING OUT OF CANCER			
Month	Aug-19	Sep-19	Oct-19
Total Accountable	67	141	224
Total Breached	16	26	34
Performance	76.1%	81.5%	84.8%
National Standard	85%	85%	85%

QVH TRUST PERFORMANCE - DIAGNOSIS OF CANCER			
Month	Aug-19	Sep-19	Oct-19
Total Accountable	25	21	26
Total Breached	11	4	5
Performance	56.0%	80.9%	80.8%
National Standard	85%	85%	85%

QVH SKIN PERFORMANCE			
Month	Aug-19	Sep-19	Oct-19
Total Accountable	81	123	145
Total Breached	22	22	25
Performance	72.8%	82.1%	82.8%
National Standard	85%	85%	85%

QVH SKIN PERFORMANCE - RULING OUT OF CANCER			
Month	Aug-19	Sep-19	Oct-19
Total Accountable	60	104	124
Total Breached	15	19	21
Performance	75.0%	81.7%	83.1%
National Standard	85%	85%	85%

QVH SKIN PERFORMANCE - DIAGNOSIS OF CANCER			
Month	Aug-19	Sep-19	Oct-19
Total Accountable	21	19	21
Total Breached	7	3	4
Performance	66.6%	84.2%	81.0%
National Standard	85%	85%	85%

QVH HEAD&NECK PERFORMANCE			
Month	Aug-19	Sep-19	Oct-19
Total Accountable	11	39	104
Total Breached	5	8	14
Performance	54.5%	79.4%	86.5%
National Standard	85%	85%	85%

QVH HEAD&NECK PERFORMANCE - RULING OUT OF CANCER			
Month	Aug-19	Sep-19	Oct-19
Total Accountable	7	37	99
Total Breached	1	7	13
Performance	85.7%	81.0%	86.9%
National Standard	85%	85%	85%

QVH HEAD&NECK PERFORMANCE - DIAGNOSIS OF CANCER			
Month	Aug-19	Sep-19	Oct-19
Total Accountable	4	2	5
Total Breached	4	1	1
Performance	0.0%	50.0%	80.0%
National Standard	85%	85%	85%

Commentary

The Faster Diagnosis Standard saw an improvement in performance for Oct, moving to 84.4%.
The patients who are receiving a confirmed diagnosis remains an area of focus. The 4 confirmed diagnosis skin patients, for Oct were all transfers from other trusts. This will be a challenge for the skin 28 day pathway due to the high volume of transferred patients.
The 1 Head and Neck patient was told on day 35 but was treated within 62 days.

Cancer Commentary

Queen Victoria Hospital
NHS Foundation Trust

Key challenges are:

- Pathways with multiple diagnostics
- Admitted capacity for sentinel node biopsy and immediate breast capacity
- Achieving the 38 day transfer within head and neck
- Late referrals
- Delivery of 7 day appointments for 2WW referrals.

Work underway to address challenges includes:

- Ongoing work to improve pathways and implement same day tests for biopsies and ultrasound for head and neck patients
- Tighter escalations and rigorous PTL meetings
- Ongoing clinical engagement
- Increasing see and treat capacity

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
- Implementation of 2WW script
- Training and awareness of new standard underway

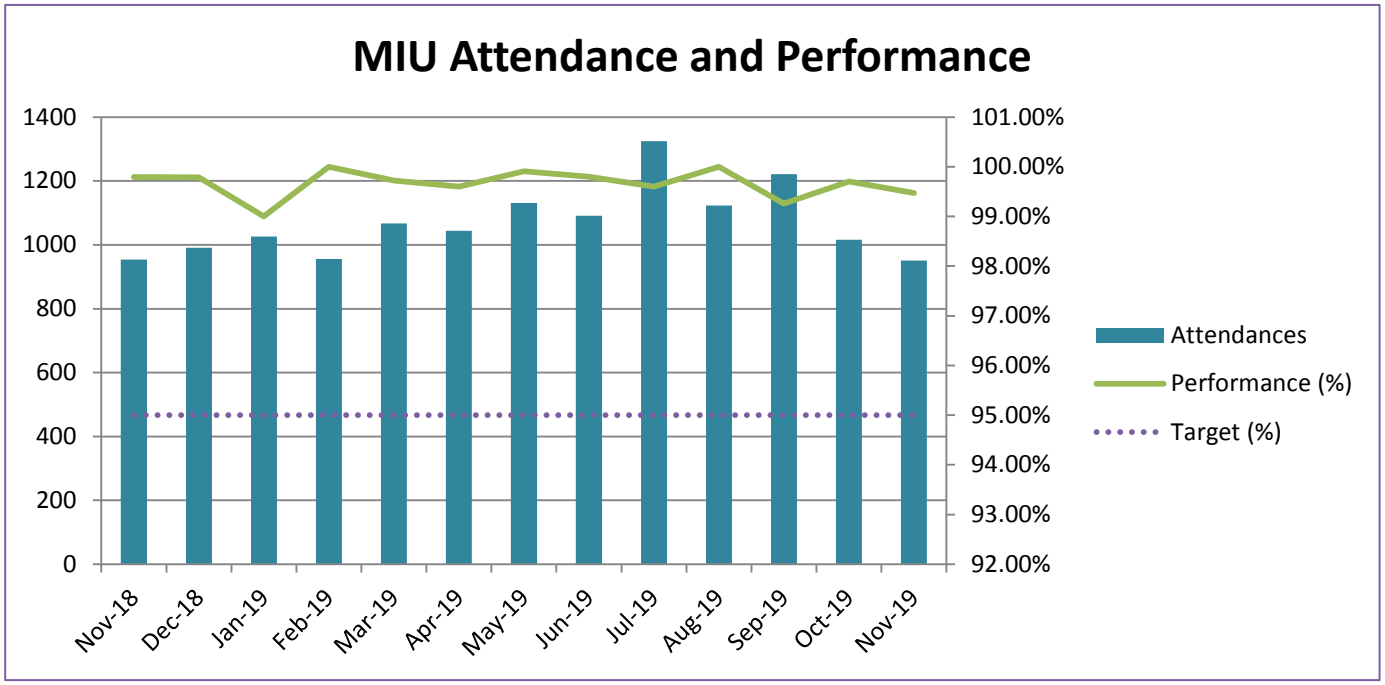
General

- The purchasing of Somerset Cancer Register us underway
- The new video conferencing equipment has been purchased from Involve, we have had an onsite visit and are working with the team to get instalment in before Christmas.

Minor Injuries Unit (MIU)

Queen Victoria Hospital
NHS Foundation Trust

MIU Performance v Target



PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
• Reduced activity October/November in line with seasonal trend	• Ongoing work towards the primary care/integrated service in line with NHSE and CCG proposals. • Direct booking to 111 under the Right Care, Right Place initiative has started with a manual system until an electronic booking diary can be used. Work with the CCG to assist with an electronic system is ongoing with the hope that this could be in place in for the 1st Quarter in 2020/21

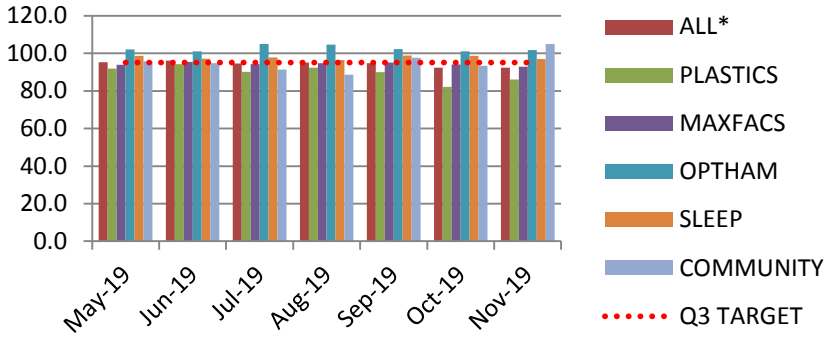
Outpatient efficiency – clinic utilisation

Queen Victoria Hospital
NHS Foundation Trust

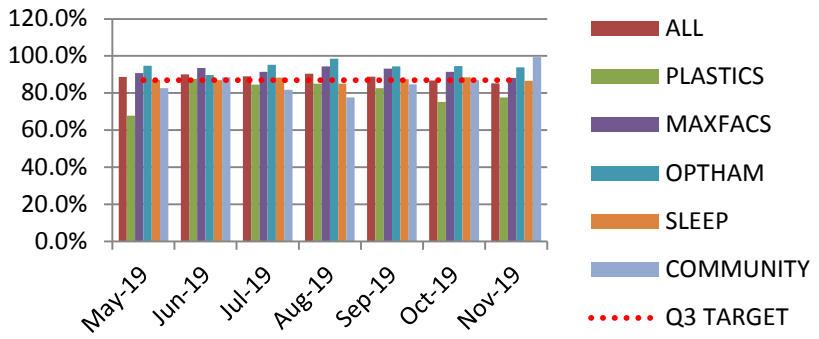
Booked	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Q3 TARGET	95	95	95	95	95	95	95
ALL	95.2	96.1	94.6	95.1	94.8	92.3	92.3
PLASTICS	91.9	94.3	90.2	92.3	90.0	82.2	86.0
MAXFACS	93.9	95.5	94.2	94.7	95.0	94.0	92.8
OPTHAM	102.0	101.0	104.9	104.6	102.3	101.0	101.8
SLEEP	98.7	97.1	97.8	96.4	98.9	98.7	97.0
COMMUNITY	95.8	94.8	91.4	88.6	97.6	93.3	105.0

Attended	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Q3 TARGET	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%
ALL	88.7%	90.1%	89.0%	90.5%	88.8%	86.8%	85.3%
PLASTICS	67.8%	87.7%	84.5%	85.1%	82.7%	75.2%	77.7%
MAXFACS	90.8%	93.6%	91.4%	94.3%	93.1%	91.4%	88.2%
OPTHAM	94.8%	89.8%	95.2%	98.6%	94.3%	94.5%	93.8%
SLEEP	87.2%	86.9%	88.3%	85.0%	87.5%	88.6%	86.7%
COMMUNITY	82.6%	88.5%	81.8%	77.7%	84.8%	87.0%	99.4%

Booking Utilisation %



Attended Utilisation %

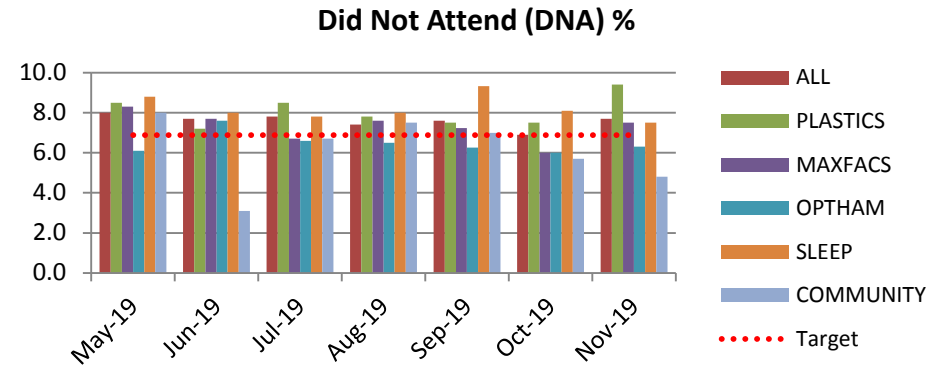


PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
Detailed review of plastics clinics complete. Issues with templates of training clinics which are being reviewed. Local anaesthetic procedures (LOPA) and therapy excluded from dataset due to variance in slot length requirement. Have added new category for Community Services	To undertake detailed review of MaxFacs.

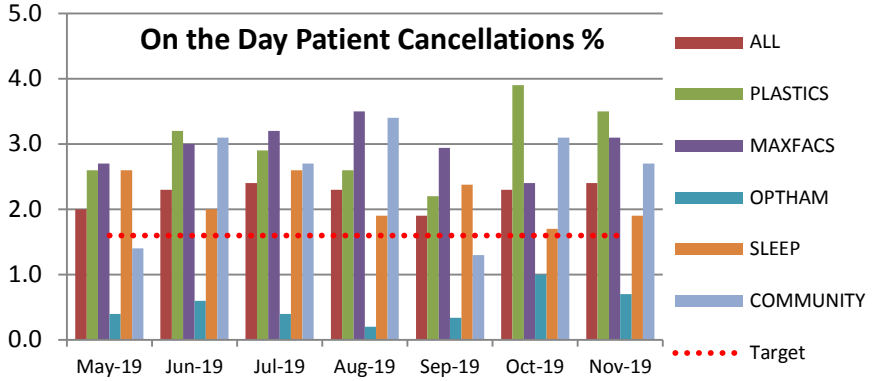
Outpatient efficiency – patient DNA and on the day cancellation

Queen Victoria Hospital
NHS Foundation Trust

	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Target	6.88	6.88	6.88	6.88	6.88	6.88	6.88
ALL	8.0	7.7	7.8	7.4	7.6	6.9	7.7
PLASTICS	8.5	7.2	8.5	7.8	7.5	7.5	9.4
MAXFACS	8.3	7.7	6.7	7.6	7.2	6.0	7.5
OPTHAM	6.1	7.6	6.6	6.5	6.3	6.0	6.3
SLEEP	8.8	8.0	7.8	8.0	9.3	8.1	7.5
COMMUNITY	8.0	3.1	6.7	7.5	7.0	5.7	4.8



	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Target	1.6	1.6	1.6	1.6	1.6	1.6	1.6
ALL	2.0	2.3	2.4	2.3	1.9	2.3	2.4
PLASTICS	2.6	3.2	2.9	2.6	2.2	3.9	3.5
MAXFACS	2.7	3.0	3.2	3.5	2.9	2.4	3.1
OPTHAM	0.4	0.6	0.4	0.2	0.3	1.0	0.7
SLEEP	2.6	2.0	2.6	1.9	2.4	1.7	1.9
COMMUNITY	1.4	3.1	2.7	3.4	1.3	3.1	2.7



PERFORMANCE COMMENTARY

- Patient Did Not Attend / Patient cancellations on the day rate remain fairly consistent for each service
- 2 way text message project ongoing

FORWARD LOOK / PERFORMANCE RISKS

- Continue 2 way text message project

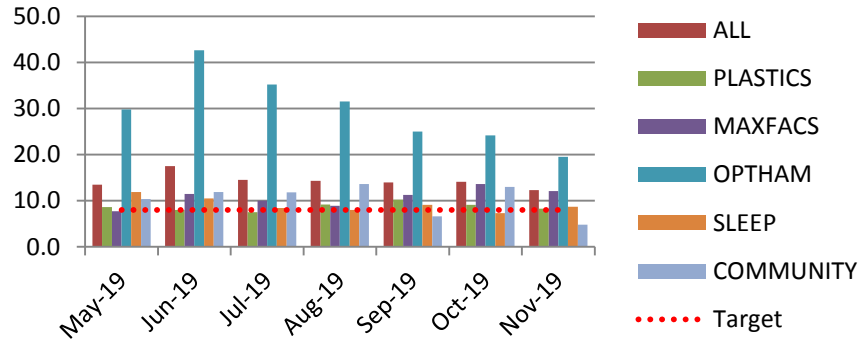
Outpatient efficiency – cancelled by hospital < 6 weeks notice

Queen Victoria Hospital
NHS Foundation Trust

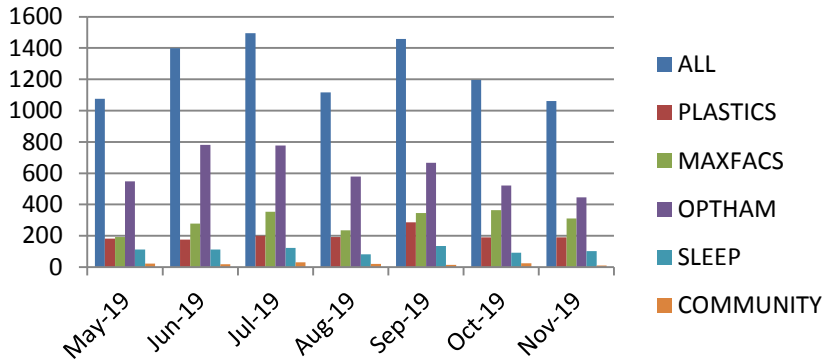
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Target	8	8	8	8	8	8	8
ALL	13.5	17.5	14.5	14.3	14.0	14.1	12.3
PLASTICS	8.6	8.0	7.5	9.2	10.2	9.1	8.3
MAXFACS	7.7	11.5	10.0	8.9	11.3	13.6	12.1
OPTHAM	29.8	42.6	35.2	31.5	25.0	24.2	19.5
SLEEP	11.9	10.5	8.4	8.0	9.1	7.3	8.7
COMMUNITY	10.4	11.9	11.8	13.6	6.6	13.0	4.8

Canc by QVH <6 weeks Count	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
ALL	1075	1399	1495	1117	1459	1196	1061
PLASTICS	182	176	200	192	286	189	190
MAXFACS	191	277	354	234	346	363	311
OPTHAM	547	781	777	578	667	522	446
SLEEP	112	112	122	82	134	91	102
COMMUNITY	22	19	30	20	15	25	9

Cancellations by QVH <6 weeks %



Cancellations by QVH <6 weeks - Count



PERFORMANCE COMMENTARY

- On-going changes in clinic templates will generate additional cancellations. Review of reporting of these underway to ensure accurate representation

FORWARD LOOK / PERFORMANCE RISKS

- Review of clinic template change reporting impact

Outpatient improvement programme – update

Queen Victoria Hospital
NHS Foundation Trust

eRS: Work ongoing to maximise benefit of eRS including

- eRS referral rates - for past 4 months we continue to receive 99.9% of GP referrals by eRS.
- Ongoing roll out of e-vetting. Corneo plastics going well and Plastics to come online after Evolve
- KPI methodology reviewed and shared at OPD Steering Group 3rd Dec. Previous stats to be recalculated once validation of new methodology complete
- Report on historic issues with triage services in October 2018 shared with risk team and will be taken to Clinical Governance Group

Digital dictation

- G2 speech upgrade project formally closed and moved to business as usual
- Generally positive feedback from clinicians and secretaries
- Analytics software installed/activated for several users – training to be completed
- Phase 2 starting in January 2020 will focus on greater use of voice recognition functionality – already used successfully by one team

2 Way Text messaging:

- Implementation Project underway with estimated implementation date of late January/early February.
- System will include choice for patients to opt-out if wished
- Wording and templates under development –shared at OPD Steering Group 3rd Dec

Outpatient improvement programme – update

Queen Victoria Hospital
NHS Foundation Trust

Virtual clinics:

- Skype and virtual glaucoma ongoing – orthodontic splint telephone clinic booking into February 2020. Highlighted within commissioning intentions discussions. Continuing to seek potential expansion in corneo plastics
- Visited South London and Audley to see their new platform for Virtual Clinics and share learning to date

Synertec:

- Finances reviewed for e-mail of GP letters only. Synertec have supplied quotation.

FFT Outpatient feedback:

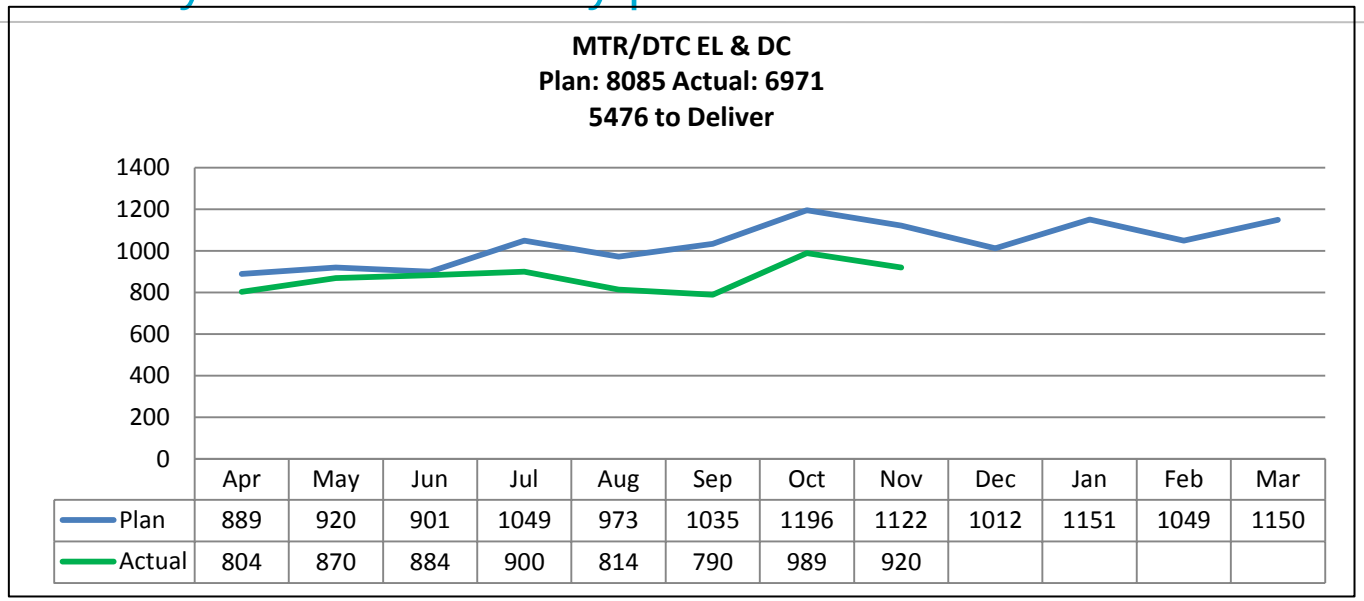
- Oct uptake was 17.5% with >2,500 responses which is highest in 12 months. 94% of outpatients would recommend QVH

6-4-2 meetings:

- Fortnightly meetings with Corneo, Sleep, Maxfacs & Plastics established
- Floorplans developed and updated
- Medical & Nursing rosters reviewed alongside appointments
- Outpatient efficiency rates reviewed as per earlier slide – similar analysis to be carried out for other services

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

Queen Victoria Hospital
NHS Foundation Trust



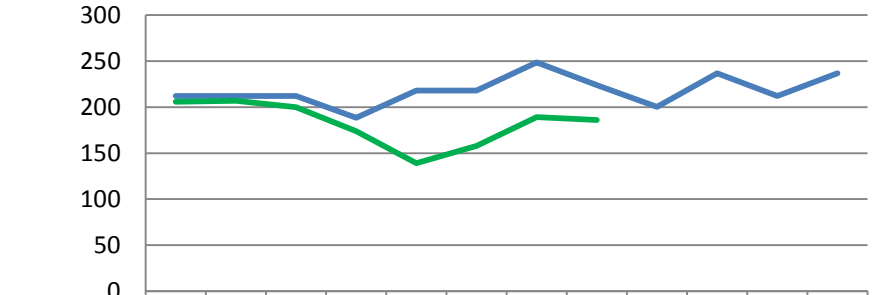
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	889	920	901	1049	973	1035	1196	1122	1012	1151	1049	1150
Actual	804	870	884	900	814	790	989	920				

Performance commentary	Forward look / performance risks
• Increase in on the day patient cancellations, review underway • Corneo fellow vacancy • Max Fac Consultant commenced in post mid month • Plastics, reduced activity but high number of major cases treated in month.	• Reduced number of sessions running due to Christmas /New Year, annual leave • Improving anaesthetic cover resulting in increased number of general anaesthetic lists being available for main theatres and Uckfield • Corneo fellow leaving post earlier than expected resulting in cancelled sessions

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

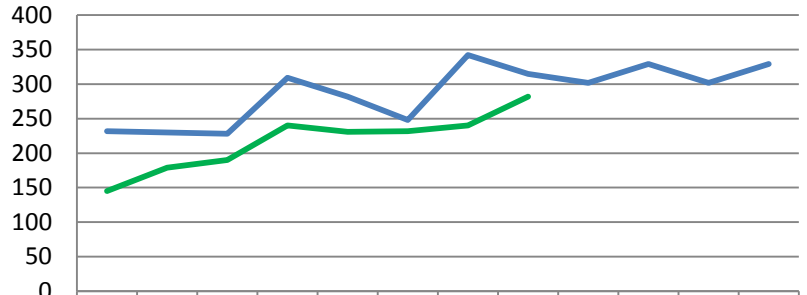
Queen Victoria Hospital
NHS Foundation Trust

Max Fac
MTR/DTC
YTD Plan 1734 V Actual 1459



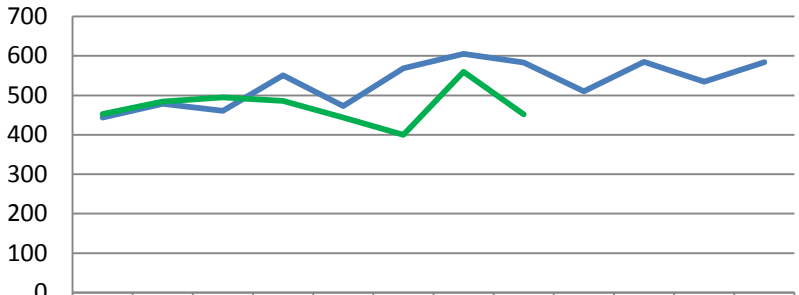
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	212	212	212	189	218	218	249	224	200	237	212	237
Actual	206	207	200	174	139	158	189	186				

Corneo plastics
MTR/DTC
YTD Plan 2186 V Actual 1739



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	232	230	228	309	282	248	342	315	302	329	302	329
Actual	145	179	190	240	231	232	240	282				

Plastics
MTR/DTC
YTD Plan 4165 V Actual 3774

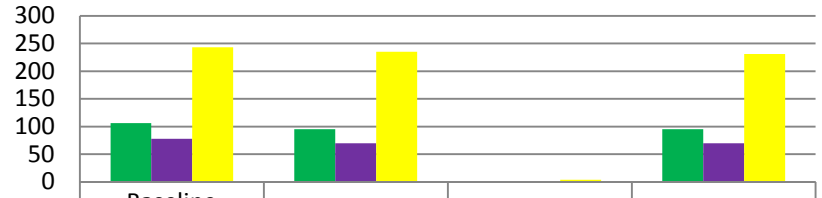


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan	444	479	461	551	473	569	605	583	510	585	535	584
Actual	453	484	495	486	444	400	560	452				

KPI 2 – Session Count November 19

Queen Victoria Hospital NHS Foundation Trust

November 19
Session Availability: 427 Sessions Delivered: 396

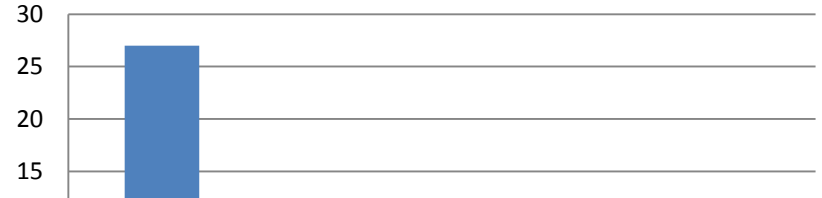


	Baseline Theatre Sessions Template	Planned Session Count (6-4-2)	Unexpected Lost Sessions	Total Delivered
Max Fac	106	95		95
Ophth	78	70		70
Plas	243	235	4	231

November 19
Session Cancellation by Specialty

	Unavailability of Surgeon	Fallow List	Cancelled for Trauma	Sat Not Utilised
Max Fac	9			2
Ophth	8			
Plas	10	7	2	2

November 19
Session Cancellation by Category



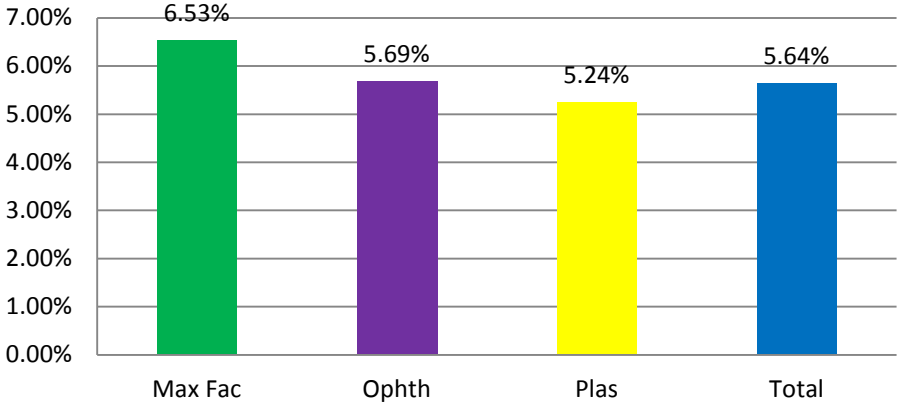
	Unavailability of Surgeon	Cancelled for Trauma	Fallow List	Sat Not Utilised
Series1	27	2	7	4

- Key performance issue relates to on-going surgeon unavailability.
- ENT Consultant commenced in post in November
- Anaesthetic Consultant appointed.
- Christmas and New Year period reviewed early to maximise use and identify potential for additional annual leave to be granted.
- 82 elective sessions running over the two week festive period, additional trauma capacity identified.
- Plastics used an additional 9 lists not used by other specialties.

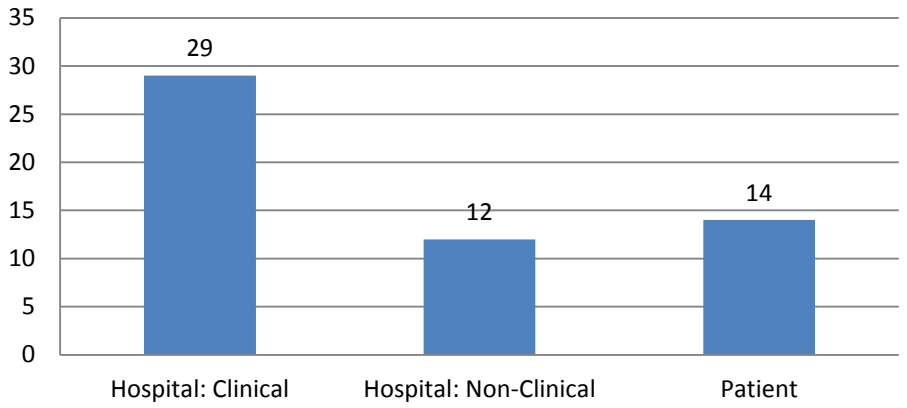
KPI 3 - Cancellations

Queen Victoria Hospital
NHS Foundation Trust

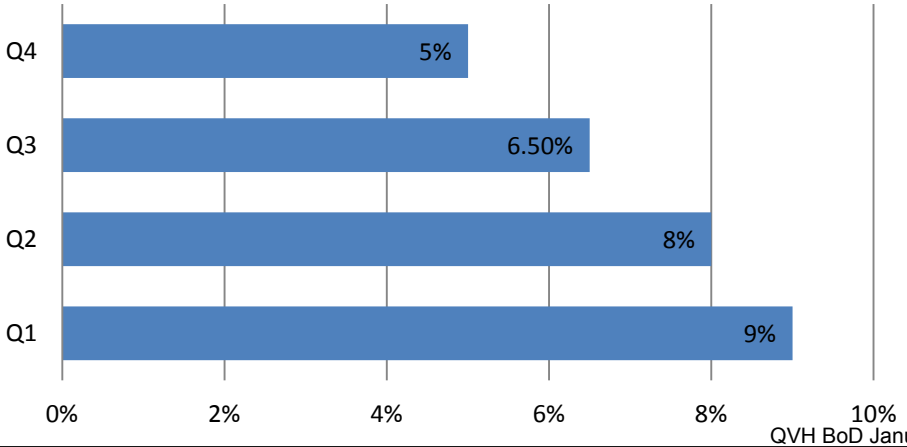
November 19
Elective surgery cancelled on the day as a percentage of booked activity



November 19
Elective Surgery On The Day Cancellations
Total: 55



2019 KPI
Reduction in On The Day Elective Cancellations

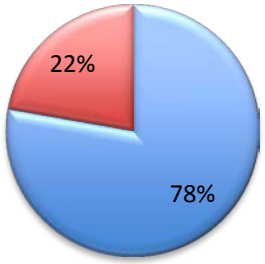


- On track to deliver Q3 target
- Estimated 75.5 hours of lost surgical time in November due to on the day cancellations
- 5 elective cases cancelled on the day to accommodate emergency trauma
- 6 patient's called on the day to cancel their surgery due to being unwell, 5.25 hours of estimated operating time lost
- Patients encouraged to notify the hospital if they are unwell prior to the day of surgery

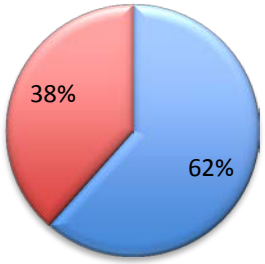
KPI 4 – Utilisation: On The Day

Queen Victoria Hospital
NHS Foundation Trust

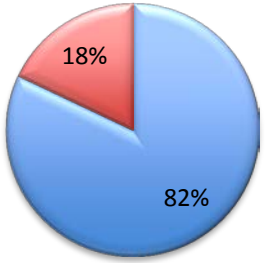
November 19
MTR TH3-TH10
On The Day Elective List Utilisation
78% of the elective lists were over 85% utilised on the day



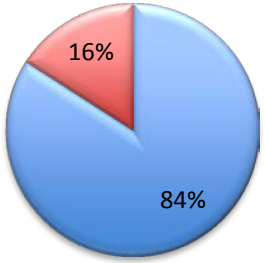
November 19
Max Fac: MTR TH3-TH10
On The Day Elective List Utilisation
62% of the elective lists were over 85% utilised on the day



November 19
Corneo plastics: MTR TH3-TH10
On The Day Elective List Utilisation
82% of the elective lists were over 85% utilised on the day



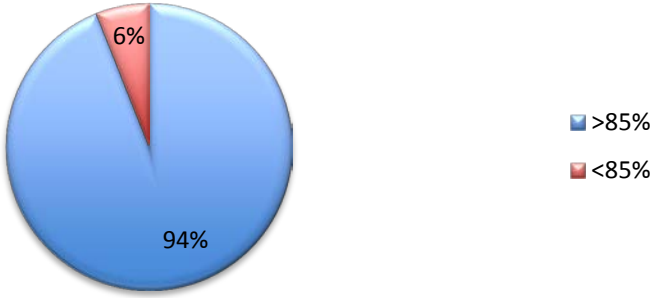
November 19
Plastics: MTR TH3-TH10
On The Day Elective List Utilisation
84% of the elective lists were over 85% utilised on the day



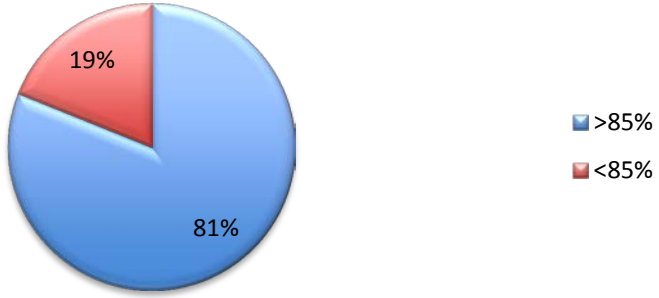
KPI 4 – Pre List Utilisation

Queen Victoria Hospital
NHS Foundation Trust

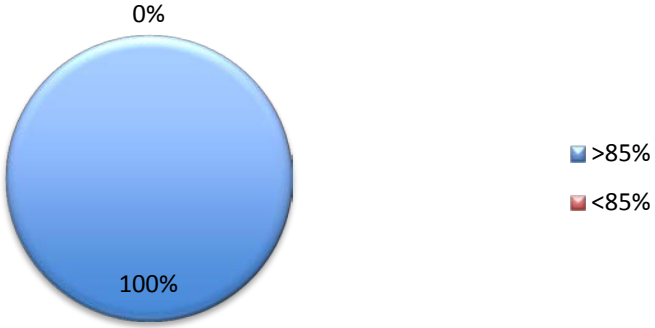
November 19
MTR TH3-TH10
Pre List Utilisation
94% of all lists were booked to more than 85%



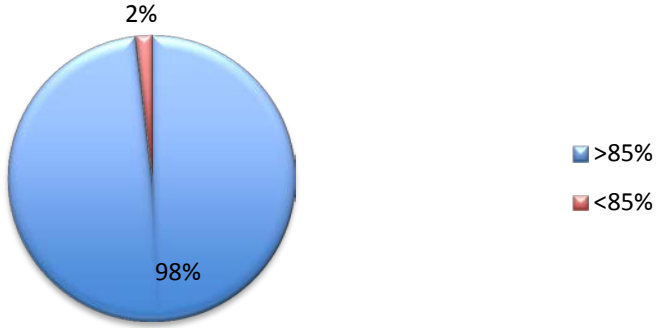
November 19
MTR TH3-TH10
OMFS Pre List Utilisation
81% of all lists were booked to more than 85%



November 19
MTR TH3-TH10
Corneo plastics Pre List Utilisation
100% of all lists were booked to more than 85%



November 19
MTR TH3-TH10
Plastics Pre List Utilisation
98% of all lists were booked to more than 85%



Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**09 January 2020**		**Agenda reference:**		**15-20**
Report title:	**Finance Report M08 November 2019**				
Sponsor:	Michelle Miles, Director of Finance & Performance				
Author:	Jason McIntyre, Deputy Director of Finance				
Appendices:	Finance Report M08				
Executive summary					
Purpose of report:	To provide the Board with an overview of the Trust financial position.				
Summary of key issues	The Trust delivered a deficit of £5.6m YTD; £0.8m worse than plan. Clinical income under-recovery has been partially offset by expenditure underspends. The use of resources score is 3, against the plan of 4, due to an improvement in the cash position compared to plan. The current run rate forecast for the year would be a deficit of £8.4m; £1.0m worse than the annual plan.				
Recommendation:	The Board is asked to **note** the contents of this report.				
Action required					**Review**
Link to key strategic objectives (KSOs):			**KSO3:**	**KSO4:**	**KSO5:**
			Operational excellence	***Financial sustainability***	***Organisational excellence***
Implications					
Board assurance framework:	The BAF has been updated to reflect the Controls / Assurance set out in this paper				
Corporate risk register:	The risk register has been updated to reflect the gaps in controls / assurance set out in this paper				
Regulation:	The Finance Use of Resources rating is 3.				
Legal:					
Resources:	Nil above current resources				
Assurance route					
Previously considered by:	Finance and Performance Committee				
	Date:	23.12.19	Decision:	N/A	
Previously considered by:					
	Date:		Decision:		
Next steps:	N/A				

Queen Victoria Hospital
NHS Foundation Trust

Trust Board Finance Report
November 2019

Executive Director: Michelle Miles

Contents

Queen Victoria Hospital
NHS Foundation Trust

2019/20 M08 Financial Performance

Queen Victoria Hospital 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	5,662	5,023	(640)	45,468	44,174	(1,294)
	Other Income	4,734	397	348	(49)	3,145	3,129	(16)
Total Income		**72,424**	**6,060**	**5,371**	**(689)**	**48,613**	**47,303**	**(1,310)**
Pay	Substantive	(51,414)	(4,322)	(3,697)	625	(34,225)	(30,220)	4,005
	Bank	(796)	(63)	(236)	(173)	(505)	(2,197)	(1,692)
	Agency	(218)	(16)	(217)	(201)	(154)	(1,644)	(1,490)
Total Pay		**(52,428)**	**(4,401)**	**(4,150)**	**251**	**(34,883)**	**(34,061)**	**822**
Non Pay	Clinical Services & Supplies	(12,961)	(1,081)	(917)	164	(8,629)	(8,995)	(366)
	Drugs	(1,532)	(128)	(138)	(11)	(1,021)	(984)	37
	Consultancy	(79)	(7)	(37)	(30)	(53)	(87)	(34)
	Other non pay	(7,862)	(603)	(659)	(56)	(5,448)	(5,406)	42
Total Non Pay		**(22,434)**	**(1,819)**	**(1,752)**	**67**	**(15,151)**	**(15,471)**	**(321)**
Financing		(5,006)	(417)	(421)	(4)	(3,338)	(3,353)	(16)
Total Expenditure		**(79,868)**	**(6,637)**	**(6,322)**	**315**	**(53,371)**	**(52,885)**	**486**
Surplus / (Deficit)		**(7,445)**	**(578)**	**(951)**	**(374)**	**(4,759)**	**(5,582)**	**(823)**

YTD performance

The Trust delivered a deficit of £5.6m YTD; £0.8m worse than the plan of a £4.8m deficit.

The income position is under plan by £1.3m within patient activity income. The key drivers are: Elective care is behind plan by £1.3m (£0.4m Plastics casemix, £0.8 m Oral casemix & volume) , Emergency behind plan by £0.7m (£0.4m Oral volume,£0.2m Plastics casemix, and critical care by £0.3m ; partially offset by overperformance within PBR exclusions of £0.7m.

The pay position is underspent by £0.82m 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 £0.3m. Clinical supplies are overspent by £0.36m. This includes £0.7m due to PBR excluded devices pass through costs (Sleep devices/ Corneo grafts/ prosthesis). When excluded, Clinical supplies show an underlying underspend of £0.3m. This is partially due to activity related underspends within clinical supplies, drugs and the impact of better than planned non pay saving schemes.

Overview

The Trust delivered a deficit of £5.6m YTD; £0.8m worse than plan.

Clinical income under-recovery has been partially offset by expenditure underspends.

The use of resources score is 3, against the plan of 4, due to an improvement in the cash position compared to plan.

The current run rate forecast for the year would be a deficit of £8.4m; £1.0m worse than the annual plan.

In month performance

The Trust delivered a deficit of £0.95m in month; £0.37m worse than plan. This is largely due to clinical income underperformance.

Clinical income is £0.6m less than plan. The in month position has been estimated based on the last 3 months adjusted for non recurrent issues. In month there has been an adjustment for M07 Clinical income which was c£0.2m less than forecast when the activity was fully coded.

Other income was below plan by £49k due to a timing issue within patient access.

The pay position is £251k favourable to plan. Both bank and agency expenditure in month is less by £50k than the YTD monthly trend due in part to increased substantive staffing in key areas.

The non-pay position is £67k less than plan. This is driven by underspends in clinical supplies (high cost consumables/ activity reduction) and supplies (reduction BSUH paediatrics SLA) offset by drugs overspends and other non-pay driven by unidentified savings.

NB – The impact of capital donation income of £0.4 for the dental skills lab has been excluded from report as it is a technical adjustment to reflect in year capital funding.

2019/20 M8 - Income and Expenditure Trend

Queen Victoria Hospital NHS Foundation Trust

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	Actual M7	Actual M8	Plan M9	Plan M10	Plan M11	Plan M12	Annual Plan
Patient Activity Income	5,792	5,120	7,458	5,006	4,992	5,621	5,961	5,572	6,200	5,798	5,023	5,275	5,736	5,333	5,856	67,689
Other Income	(5)	504	(722)	348	438	377	381	429	394	414	348	388	388	388	388	4,734
Total Income	**5,787**	**5,624**	**6,736**	**5,354**	**5,430**	**5,998**	**6,342**	**6,001**	**6,594**	**6,213**	**5,371**	**5,663**	**6,124**	**5,721**	**6,244**	**72,424**
Substantive	(3,596)	(3,660)	(3,913)	(3,869)	(3,806)	(3,761)	(3,769)	(3,686)	(3,831)	(3,802)	(3,697)	(4,280)	(4,301)	(4,280)	(4,363)	(51,414)
Bank	(161)	(117)	(346)	(219)	(212)	(300)	(330)	(249)	(418)	(233)	(236)	(41)	(41)	(41)	(41)	(796)
Agency	(185)	(250)	(216)	(186)	(175)	(225)	(248)	(224)	(141)	(225)	(217)	(20)	(20)	(20)	(20)	(218)
Total Pay	**(3,942)**	**(4,027)**	**(4,476)**	**(4,274)**	**(4,193)**	**(4,286)**	**(4,347)**	**(4,160)**	**(4,389)**	**(4,259)**	**(4,150)**	**(4,341)**	**(4,362)**	**(4,341)**	**(4,424)**	**(52,428)**
Clinical Services & Supplies	(1,204)	(1,179)	(1,175)	(794)	(1,296)	(1,156)	(1,089)	(1,317)	(1,223)	(1,203)	(917)	(1,108)	(1,108)	(1,108)	(1,108)	(12,961)
Drugs	(122)	(116)	(108)	(118)	(118)	(119)	(142)	(122)	(125)	(104)	(138)	(128)	(128)	(128)	(128)	(1,532)
Consultancy	34	(49)	(229)	(8)	7	(2)	(1)	(3)	(35)	(8)	(37)	(7)	(7)	(7)	(7)	(79)
Other non pay	(765)	(484)	(477)	(691)	(560)	(732)	(645)	(721)	(641)	(758)	(659)	(581)	(581)	(581)	(581)	(7,862)
Total Non Pay	**(2,057)**	**(1,828)**	**(1,989)**	**(1,612)**	**(1,966)**	**(2,009)**	**(1,876)**	**(2,162)**	**(2,023)**	**(2,073)**	**(1,752)**	**(1,824)**	**(1,824)**	**(1,824)**	**(1,824)**	**(22,434)**
Financing	(379)	(374)	(423)	(441)	(439)	(440)	(387)	(424)	(393)	(421)	(421)	(417)	(417)	(417)	(417)	(5,006)
Total Expenditure	**(6,378)**	**(6,230)**	**(6,887)**	**(6,327)**	**(6,598)**	**(6,735)**	**(6,609)**	**(6,746)**	**(6,805)**	**(6,753)**	**(6,322)**	**(6,582)**	**(6,603)**	**(6,582)**	**(6,665)**	**(79,868)**
Surplus / (Deficit)	**(591)**	**(606)**	**(151)**	**(972)**	**(1,168)**	**(737)**	**(267)**	**(745)**	**(211)**	**(541)**	**(951)**	**(919)**	**(479)**	**(861)**	**(421)**	**(7,445)**

Summary

- The current forecast is to deliver the operating plan of £7.4m deficit. There are significant risks to full year delivery within activity and unidentified savings. A straight-line forecast reports a deficit of £8.4m.
- Income in month was based on an average income performance for the last 3 months.
- Clinical Income for M7 was materially less than anticipated and less than trend this has directly impacted the income performance in M08 by circa £0.2m.
- Temporary staffing spend in month has reduced compared to the YTD trend.
- Non pay is less than trend in month due to non recurrent adjustments to reflect the reduced Paediatrics SLA and a reduction in high cost consumables.

2019/20 M08 Trends by Point of Delivery (POD)

ctoria Hospital NHS
NHS Foundation Trust

	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	Actual M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12
Minor injuries	798	745	863	1,042	1,128	1,088	1,319	1,123	1,220	1,016	944	980	1,012	946	1,054
Elective (Daycase)	1,107	992	905	923	1,094	1,074	1,189	1,053	1,050	1,219	1,215	1,103	1,246	1,141	1,246
Elective	284	297	317	340	347	334	315	299	309	306	353	295	365	333	365
Non Elective	418	399	386	429	440	402	461	439	424	426	395	393	359	372	404
XS bed days	33	52	98	78	82	58	133	106	102	77	107	62	70	62	71
Critical Care	126	81	49	124	40	58	132	68	158	50	81	73	79	76	80
Outpatients - First Attendance	3,763	3,153	3,644	3,825	3,952	3,777	4,006	3,505	3,637	3,909	4,135	3,729	4,267	3,895	4,265
Outpatients - Follow up	10,480	9,107	10,132	10,158	10,514	9,458	10,862	9,862	9,951	11,451	11,067	10,034	11,418	10,430	11,412
Outpatient - procedures	2,737	2,233	1,565	2,443	2,409	2,354	2,728	2,470	2,090	2,424	2,611	2,367	2,715	2,475	2,715
Other activity	4,288	3,826	3,142	3,549	3,928	3,900	4,416	3,735	3,981	2,602	4,103	3,608	4,292	3,796	4,059
	24,034	20,885	21,101	22,911	23,934	22,503	25,561	22,660	22,922	23,480	25,011	22,644	25,824	23,525	25,670

	£'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	Actual M7	Plan M8	Plan M9	Plan M10	Plan M11	Plan M12
Minor injuries	59	55	64	86	93	90	109	93	101	84	78	81	84	78	87
Elective (Daycase)	1,329	1,186	1,014	1,027	1,320	1,142	1,309	1,145	1,221	1,293	1,364	1,237	1,395	1,278	1,394
Elective	765	780	746	793	737	775	678	795	760	680	1,006	887	1,032	943	1,031
Non Elective	1,056	996	951	1,035	1,211	982	1,261	1,269	1,165	999	1,059	1,058	972	1,011	1,104
XS bed days	9	15	27	39	11	18	42	19	44	24	143	82	93	82	95
Critical Care	189	87	54	55	68	67	169	95	151	54	24	22	23	23	24
Outpatients - First Attendance	518	419	501	570	589	568	588	520	475	548	606	546	624	570	624
Outpatients - Follow up	799	691	768	753	778	716	812	735	727	835	823	744	846	773	846
Outpatient - procedures	363	300	210	349	348	342	395	361	345	359	370	335	384	350	384
Other	430	410	494	422	408	400	493	383	370	413	370	331	389	347	376
Work in progress and coding adjustment															
	5,518	4,939	4,829	5,129	5,564	5,101	5,856	5,416	5,358	5,288	5,844	5,324	5,843	5,457	5,963

Summary

- Month 08 data was unavailable when reporting completed.

2019/20 M08 : Financial Position by Business Unit

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	100	(451)	25	26	3	(34)	139	60	24,918	2,007	2,273	266	90%	16,548	16,148	(400)	72%
1.2 Oral	(747)	(1,895)	3	(51)	(17)	(21)	35	46	8,477	739	14	(725)	1%	5,638	3,718	(1,920)	36%
1.3 Eyes	(6)	(249)	9	40	(17)	(103)	(3)	(51)	4,654	464	448	(16)	76%	2,838	2,476	(363)	47%
1.4 Sleep	(87)	365	(0)	1	(9)	(12)	(16)	(390)	1,883	208	97	(111)	40%	1,271	1,236	(36)	35%
1.5 Clinical Support	68	123	28	70	37	192	(16)	273	(2,730)	(275)	(157)	118		(1,904)	(1,247)	657	
1.6 Perioperative Care	(0)	2	(1)	7	34	(102)	(37)	(175)	(12,901)	(1,073)	(1,077)	(4)		(8,609)	(8,877)	(268)	
1.7 Operational Nursing	(38)	(330)	(1)	(13)	92	197	28	75	(6,470)	(510)	(429)	81		(4,255)	(4,326)	(72)	
Operations Total	**(709)**	**(2,435)**	**64**	**80**	**123**	**117**	**131**	**(162)**	**17,832**	**1,562**	**1,170**	**(392)**		**11,527**	**9,127**	**(2,400)**	
Nursing & Clinical Infrastructure																	
2.1 Access & Outpatients	-	0	(92)	(20)	51	89	(14)	(31)	(1,197)	(100)	(155)	(55)		(798)	(760)	38	
2.5 Director Of Nursing	-	-	(18)	(80)	(10)	26	(21)	(55)	(3,340)	(277)	(327)	(50)		(2,231)	(2,341)	(110)	
Nursing & Clinical Infrastructure	**-**	**0**	**(111)**	**(100)**	**41**	**115**	**(35)**	**(87)**	**(4,537)**	**(377)**	**(482)**	**(105)**		**(3,029)**	**(3,100)**	**(72)**	
Corporate Departments																	
3.1 Non Clinical Infrastructure	-	-	(24)	67	13	24	1	(117)	(4,753)	(397)	(408)	(10)		(3,163)	(3,190)	(27)	
3.2 Commerce & Finance	-	-	(0)	(3)	(40)	(141)	(23)	(9)	(3,520)	(288)	(352)	(64)		(2,364)	(2,518)	(153)	
3.4 Finance Other	70	1,141	0	(206)	125	645	(30)	25	(9,529)	(833)	(667)	166		(5,760)	(4,154)	1,605	
4.1 Human Resources	-	-	22	142	10	35	1	11	(1,093)	(89)	(57)	33		(735)	(548)	187	
5.4 Corporate	-	-	0	5	10	59	(11)	(28)	(1,846)	(155)	(155)	(1)		(1,235)	(1,199)	36	
Corporate Total	**70**	**1,141**	**(2)**	**4**	**118**	**621**	**(62)**	**(118)**	**(20,742)**	**(1,762)**	**(1,639)**	**124**		**(13,257)**	**(11,609)**	**1,648**	
Surplus / (Deficit)	**(640)**	**(1,294)**	**(49)**	**(16)**	**251**	**822**	**63**	**(337)**	**(7,446)**	**(578)**	**(951)**	**(374)**		**(4,759)**	**(5,582)**	**(824)**	

Summary

Patient Activity Income: In month £640k less than plan - Income and activity within the current month and last month have not increased in line with plan. Patient care income is £1.3m behind plan YTD. This is mainly within Plastics (Elective- casemix with Breast and Burns specialties), Oral services (Elective – impact of Electronic triage/ less complex activity / Non elective – volume) Eyes (Daycase) partially offset by Sleep services (Daycases & Outpatients volumes, PBR exclusions).

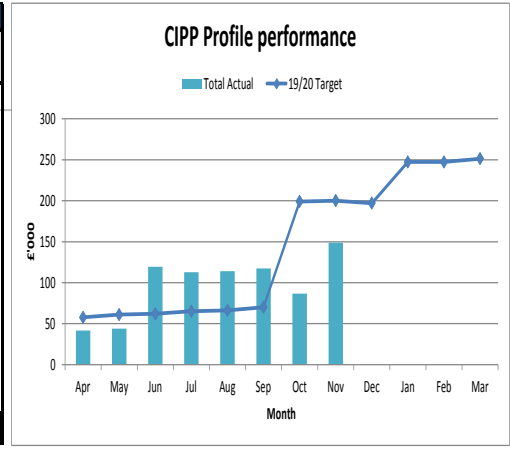
Other income: In month is below plan by £49k due to an adjustment to income within access and outpatients for income incorrectly recognised in previous periods which has been partially offset by increased income within clinical support, plastics and Human Resources.

Pay: In month is under spent £251k in month and £822 YTD. The main drivers of the in month under spend are uncovered vacancies in all staff categories with the exception of medical staff (Plastics/ Sleep/ Eyes). Commerce and finance overspend due to temporary staffing within coding and contracting. YTD underspend has been driven by vacancies within clinical support, operational nursing and corporate departments partially offset by pressures within commerce and finance.

Non Pay: In month is underspent by £63k and YTD overspent by £337k. This is largely due to PbR excluded devices of circa £0.7m YTD (Sleep/ Oral/Eyes / Theatres) which are offset by increased clinical income, and unidentified savings.

2019/20 M8 - Trust CIP Dashboard 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	18	68	0	87	(112)
Nov	200	-16	165	0	149	(51)
Dec	197					
Jan	247					
Feb	247					
Mar	251					
Total	1,724	96	689	0	785	3



Summary Identified £'000			
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	171	109
Non Clinical Infrastructure	130	127	3
Perioperative Care	328	306	22
Access & Outpatients	30	30	(0)
Corporate	49	48	1
Reserves	(40)	0	(40)
Total	1,724	1,195	530

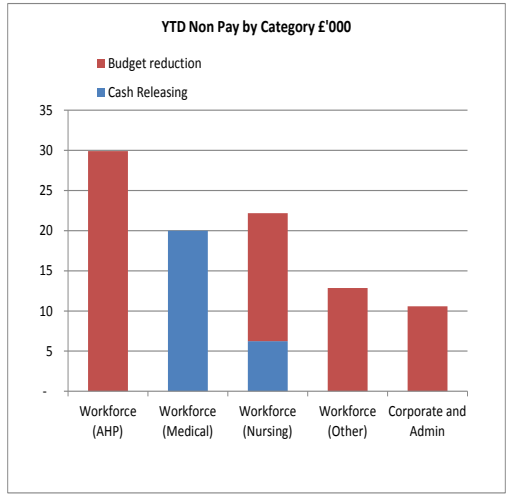
NHS Hospital NHS Foundation Trust

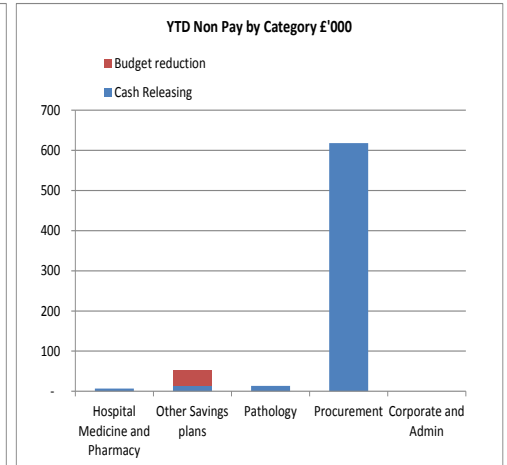
The YTD target at Month 8 stands at £781k, with over-performance standing at £3k in comparison to last month's £55k.

Whilst the review and correction of some pay schemes leads to a negative impact on delivery, the continued over-performance of the Materials Management consumables scheme helps to maintain an overall positive variance at M8.

Phasing of unidentified CIPP continues for the rest of the financial year, as well as various schemes which are scheduled to deliver in Q4. This presents a substantial increase to the target and work is ongoing to identify more schemes and to ensure their delivery.

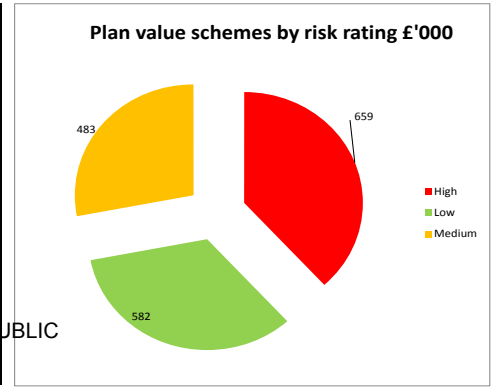
Business Unit Summary YTD £'000			
Business Units	Target	Actual	Variance
Clinical Support	144	135	(9)
Eyes	34	39	5
Plastics	48	42	(6)
Sleep	44	48	4
Commerce & Finance	35	13	(22)
Human Resources	11	0	(11)
Oral	75	61	(15)
Nursing	105	120	16
Non Clinical Infrastructure	84	85	1
Perioperative Care	204	242	37
Access & Outpatients	10	0	(10)
Corporate	0	0	(0)
Reserves	(13)	0	13
Total	781	785	3

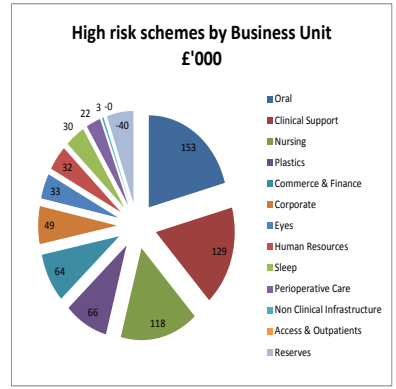




YTD Summary by Category £'000			
Category	Target	Actual	Variance
Pay (Skill mix)	47	50	3
Pay (WTE reductions)	64	46	(18)
Non pay	481	689	208
Income (Patient Care Activities)	13	0	(13)
Income (Other operating income)	0	0	0
Unidentified	177	0	(177)
Total	781	785	3

Budget Reduction - YTD Summary £'000			
Category	Target	Actual	Variance
Workforce (Other)	18	13	(5)
Workforce (AHP)	29	30	1
Workforce (Nursing)	19	16	(3)
Procurement	0	0	0
Other Savings Plans	17	37	20
Corporate and Admin	5	11	5
Total	88	107	19





Balance Sheet – M08 2019/20

Queen Victoria Hospital NHS
NHS Foundation Trust

Balance Sheet as at the end of November 2019	2018/19 Outturn £000s	Current Month £000s	Previous Month £000s
Non-Current Assets			
Fixed Assets	51,173	49,827	50,187
Other Receivables	-	-	-
Sub Total Non-Current Assets	51,173	49,827	50,187
Current Assets			
Inventories	1,275	1,183	1,191
Trade and Other Receivables	10,210	6,555	6,881
Cash and Cash Equivalents	3,944	4,767	4,902
Current Liabilities	(13,164)	(10,449)	(10,830)
Sub Total Net Current Assets	2,265	2,056	2,144
Total Assets less Current Liabilities	53,438	51,883	52,331
Non-Current Liabilities			
Provisions for Liabilities and Charges	(608)	(627)	(627)
Non-Current Liabilities >1 Year	(5,045)	(9,047)	(8,547)
Total Assets Employed	**47,785**	**42,209**	**43,157**
Tax Payers' Equity			
Public Dividend Capital	12,249	12,249	12,249
Retained Earnings	22,395	16,818	17,766
Revaluation Reserve	13,141	13,142	13,142
Total Tax Payers' Equity	**47,785**	**42,209**	**43,157**

NB Analysis is subject to rounding differences

Summary

- The capital asset net value has decreased by £0.4m in month and is down in year by £1.3m, this is due to the level and profile of this year's capital expenditure plan.
- Net current assets have decreased in year by £0.2m. A decrease in receivables is balanced by an increase in cash and a decrease in payables. The expenditure deficit is being supported by short term cash loans from DHSC.
- Inventories: A stock take assessment is completed periodically across the year
- Trade and other receivables have remained stable in month.
- Cash remained steady with a month end balance of £4.8m. This includes the receipt of a new £0.5m loan which offsets the operational cash deficit. 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 decreased by £0.4m in November, mainly due to a decrease in deferred income and accruals.
- Non current liabilities: The Trust has received revenue support loans of £4.391m in the year to date, and has a non-current balance on the theatre loan of £4,656m.

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.

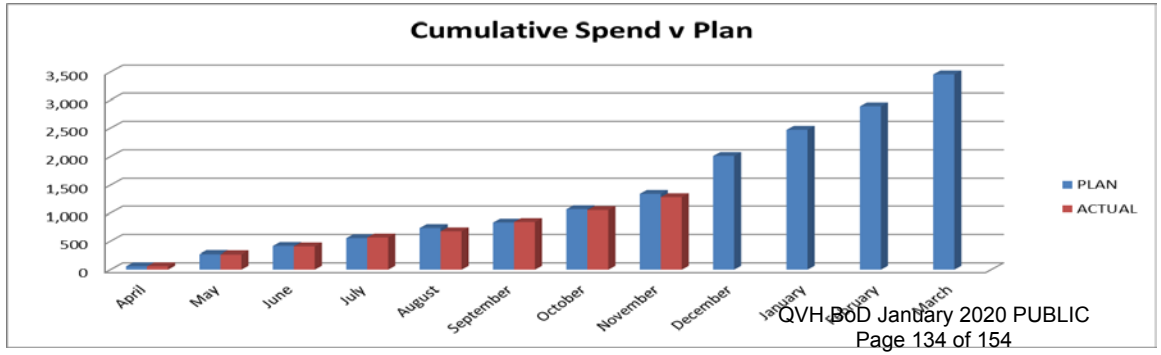
Actions

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

Capital - M08 2019/20

Queen Victoria Hospital NHS
NHS Foundation Trust

Month 8 - November 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	220	122	98	183	(3)
2019/20 projects:						
Dental skills laboratory	450		140	(140)	450	-
Air handling / air conditioning	141	49	13	36	181	(40)
Other	180	47	82	(35)	137	43
Estates projects	**1,071**	**414**	**456**	**(42)**	**1,071**	**-**
Medical Equipment	**589**	**279**	**179**	**100**	**589**	**-**
Information Management & Technology (IM&T)						
Windows 10 implementation	692	241	139	102	692	-
Electronic Observations	335	45	19	26	335	-
Electronic Document Management	200	136	126	10	184	16
IP Telephony	-	-	16	(16)	16	(16)
PAS upgrade	190	21	85	(64)	190	-
Other	380	206	261	(55)	380	-
Information Management & Technology (IM&T)	**1,797**	**649**	**646**	**3**	**1,797**	**-**
Contingency	**-**	**-**	**-**	**-**	**-**	**-**
Total	**3,457**	**1,342**	**1,281**	**61**	**3,457**	**-**



Summary

- The original 2019/20 capital plan of £2.7m was previously increased by the award of £335k additional Public Dividend Capital as part of the NHS Health System Led Investment Programme. This is to fund the Electronic Observations project. A further £450k has been allocated by Health Education England/Dental Deanery for the creation of a regional dental skills training laboratory. The total now stands at £3.5m.
- **Estates**: Commitments from the 2018/19 programme have been completed. New works in hand or in preparation relate to air handling/air conditioning in four locations and fittings in theatres and the clean room. Work on the Dental Skills Laboratory is progressing well and the facility is expected to be completed on time.
- **Medical Equipment**: Procurement is proceeding. A £100k purchase for ultrasound machine is expected to be completed soon, with other major purchases to follow. 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.
- The **IM&T** programme centres on the implementation of Windows 10 across the Trust. This is now well under way. The Electronic Observations project is also now in progress. Increased priority has been given to the upgrade of the PAS system and other projects using funding released by the postponement of the IP Telephony project.
- The funding available from NHS sources is 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 £1,.3m, 4% behind the notional plan.

Appendices

Appendix 1: Finance Score (Single Oversight Framework)

Table 1

Finance Score: November 2019						
	Metrics £k	Measure	Rating	Weight	Score	Plan
Continuity of Services:						
Capital Service Cover						
Operating surplus (Adj YTD)	(2,212)	-1.55	4	20%	0.80	4
Capital Servicing Obligation YTD	1,431					
Liquidity						
Working Capital	873	4.30	1	20%	0.20	4
Operating Costs (per day)	203					
Financial Efficiency:						
Control Total Margin (%)						
Adj. Surplus (deficit) YTD	(5,412)	-11.4%	4	20%	0.80	4
Adj. Income year to date	47,306					
Margin Variance From Plan						
Adj. Actual surplus margin	-11.4%	-1.9%	3	20%	0.60	
Adj. Plan surplus margin	-9.5%					
4						
Agency Spend	1,644	51.10%	4	20%	0.80	4
Agency Cap	1,088					
Finance Score: November 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
- Table 2 details a definition of each of the metrics and the scoring mechanism.

KSO5 – Organisational Excellence

Risk Owner: Director of Workforce & OD
Date: 23 December 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 SHCP
- managers skill set in triangulating workforce skills mix against activity and financial planning
- SHCP 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.
- 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 starting to have a positive impact

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 3(L) = 9 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 and weekly vacancy control
- 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 s
- 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, considerable 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, 2019 survey now closed

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 challenges in theatres CRR1125, 1094, 1077, 1035

Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**Thursday 9 January 2020**		**Agenda reference:**	**17-20**	
Report title:	**Workforce Report – December Report, November 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 December 2019 (November data) provides the Trust Board with a breakdown of key workforce indicators and information linked to performance.				
Summary of key issues	Key improvements in a number of workforce metrics over the last 12 months and performance remains stable in most areas. Overseas nursing partnership has had a positive impact resulting in some areas being removed from the risk register Significant reductions in the use of WTE temporary staffing.				
Recommendation:	The Board is asked to **note** the report				
Action required	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, and will impact on KSO1, 4 and 5 in particular				
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:	23/12/19	Decision	For information	
Next steps:	NA				

Queen Victoria Hospital
NHS Foundation Trust

Workforce & Organisational Development

Workforce Report – December 2019

(Data Reporting Period - November 2019)

KPI Summary

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2018-19 & 2019/20			Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Compared to Previous Month
Establishment WTE *Note 1				990.87	990.87	990.87	990.87	990.87	1000.54	1000.54	1000.54	1000.54	1000.54	1007.59	1007.59	**1007.59**	◄►
Staff In Post WTE				868.62	863.91	867.20	868.41	874.06	886.85	885.27	885.00	887.06	889.53	890.03	896.27	**897.82**	▲
Vacancies WTE				122.25	126.96	123.67	122.46	116.81	113.69	115.27	115.54	113.48	111.01	117.56	111.32	**109.77**	▼
Vacancies %	>12%	8%<>12%	<8%	12.34%	12.81%	12.48%	12.36%	11.79%	11.36%	11.52%	11.55%	11.34%	11.10%	11.67%	11.05%	**10.89%**	▼
Agency WTE				44.12	37.43	39.95	39.31	36.77	34.44	34.47	34.06	33.40	28.17	23.73	16.06	**12.88**	▼
Bank WTE *Note 2				65.64	51.69	61.66	63.57	70.70	63.85	67.29	69.22	74.90	77.85	76.20	72.24	**72.98**	▲
Trust rolling Annual Turnover % (Excluding Trainee Doctors)	>=12%	10%<>12%	<10%	19.52%	19.23%	18.73%	17.46%	17.67%	15.74%	15.67%	16.25%	16.38%	16.42%	14.94%	14.79%	**14.55%**	▼
Monthly Turnover				0.75%	1.48%	1.43%	0.64%	1.61%	0.66%	1.10%	1.28%	1.09%	1.56%	1.33%	1.22%	**0.85%**	▼
12 Month Rolling Stability % *Note 3	<70%	70%<>85%	>=85%	80.69%	81.17%	81.46%	81.86%	82.86%	83.76%	84.04%	81.12%	83.40%	83.52%	82.12%	82.25%	**81.95%**	▼
Sickness Absence %	>=4%	4%<>3%	<3%	3.16%	2.97%	3.24%	3.55%	3.30%	3.12%	2.55%	2.77%	2.58%	1.83%	2.57%	**3.25%**	*TBC*	▲
% staff appraisal compliant (Permanent & Fixed Term staff)	<80%	80%<>95%	>=95%	83.76%	85.94%	84.64%	84.91%	86.81%	86.69%	85.53%	88.19%	87.41%	88.24%	89.01%	84.62%	**87.34%**	▲
Statutory & Mandatory Training (Permanent & Fixed Term staff) *Note 4	<80%	80%<>90%	>=90%	88.31%	89.79%	90.68%	92.03%	91.96%	91.98%	92.23%	92.71%	92.88%	93.32%	92.51%	92.26%	**91.75%**	▼

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 1835responses: 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%

Goal 1: Engagement and Communication

a) 2019 Staff Survey

The annual staff survey was extensively promoted throughout November, and has now closed. It is believed that there was a final indicative response rate of **58%** *(586 respondents from an eligible sample of 1009 staff)*. Preliminary reports will be available to management in January 2020, where an assessment can be made on what additional actions should be progressed to further the work on being the 'Best Place to Work'.

b) Staff Flu Campaign

Our nurses have continued to lead the fight against flu this winter, with considerable efforts gone to engage the wider workforce in defending them and our patients. Collectively 57 per cent of nurses have now had their flu vaccination. This is closely followed by 'other health care professionals' including our colleagues in therapy, ODPs and others. Canadian Wing have so far returned the most responses – both staff having the vaccination and also those completing an opt out form. Our organisational-wide vaccination response stood at 48.9% at the end of November, some way to go to reach the 80 per cent target set by NHS England. Vaccination clinics within the occupational health department and MIU continue to be offered for those wishing to take up the vaccine.

c) National filming

QVH responded to a request from the national comms team to support recruitment filming. There would be clear benefits to QVH of our staff featuring in national adverts so we put considerable effort into this, including hosting scoping visits to the radiology and physio teams where individual staff were happy to put time into supporting this initiative. Unfortunately the national team have decided that all the filming will be in Leeds, but QVH staff were thanked for their expertise and dedication to their patients.

d) Staff Briefings

Five staff briefings were held in the week of 16 December to update staff on where we have got to with our thinking around partnership working. These also reminded staff that while we are the second smallest trust in the country, in our areas of specialist expertise we are a major player. We carry out more breast reconstructions than anywhere else in England; we are the fourth largest head and neck cancer and orthognathic (corrective jaw surgery) in the UK, the largest prosthetic centre in Europe, the most innovative ophthalmology department and the only sleep centre in the region.

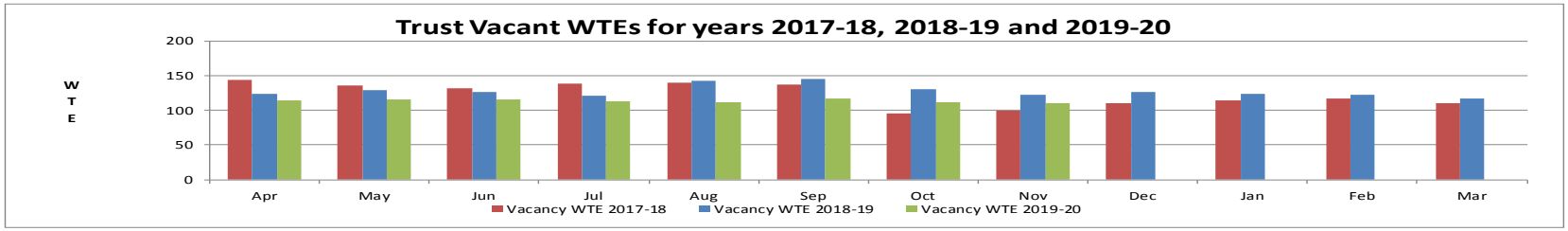
Goal 2: Attraction and Retention

a) *Vacancies*

VACANCY PERCENTAGES	Sep-19	Oct-19	Nov-19	Compared to Previous Month
Corporate	8.01%	9.10%	10.23%	▲
Eyes	15.54%	14.39%	11.53%	▼
Sleep	24.10%	24.59%	22.10%	▼
Plastics	3.89%	1.31%	2.03%	▲
Oral	12.58%	13.21%	10.63%	▼
Periop	14.87%	13.69%	12.01%	▼
Clinical Support	13.57%	13.52%	13.03%	▼
Access and Outpatients	7.97%	2.80%	3.97%	▲
Director of Nursing	-3.72%	-3.49%	-4.94%	▼
Operational Nursing	14.12%	13.24%	14.92%	▲
QVH Trust Total	11.67%	11.05%	10.89%	▼

NON-MEDICAL RECRUITMENT(WTE)	Posts advertised this month	Recruits in Pipeline
Corporate	5.00	5.80
Eyes	0.00	1.00
Sleep	1.00	0.00
Plastics	0.00	3.33
Oral	0.50	1.00
Periop	2.00	3.90
Clinical Support	5.80	5.32
Access and Outpatients	0.00	0.00
Director of Nursing	1.10	0.50
Operational Nursing	2.10	18.49
QVH Trust Total	17.50	39.34
of which Qual Nurses / Theatre Practs (external)	10.00	*12.96*
of which HCA's & Student/Asst Practs (external)	0.00	*10.88*

MEDICAL RECRUITMENT (WTE)	Posts advertised this month		Recruits in Pipeline
Clinical Support	1.00		1.25
of which are Deanery Trainees, Trust Registrars or Fellows	*0.00*		*0.25*
of which are SAS doctors	*0.00*		*0.00*
of which are Consultants (including locums)	*1.00*		*1.00*
Plastics	8.00		1.00
of which are Deanery Trainees, Trust Registrars or Fellows	*8.00*		*1.00*
of which are SAS doctors	*0.00*		*0.00*
of which are Consultants (including locums)	*0.00*		*0.00*
Eyes	2.00		3.00
of which are Deanery Trainees, Trust Registrars or Fellows	*0.00*		*0.00*
of which are SAS doctors	*2.00*		*3.00*
of which are Consultants (including locums)	*0.00*		*0.00*
Sleep	0.00		0.00
Oral	1.10	#	3.60
of which are Deanery Trainees, Trust Registrars or Fellows	*1.10*		*2.10*
of which are SAS doctors	*0.00*		*0.00*
of which are Consultants (including locums)	*0.00*		*1.50*
Periop	0.00		2.00
of which are Deanery Trainees, Trust Registrars or Fellows	*0.00*		*0.00*
of which are SAS doctors	*0.00*		*0.00*
of which are Consultants (including locums)	*0.00*		*2.00*
QVH Trust Total	12.10		10.85
of which are Deanery Trainees, Trust Registrars or Fellows	*9.10*		*3.35*
of which are SAS doctors	*2.00*		*3.00*
of which are Consultants (including locums)	*1.00*		*4.50*

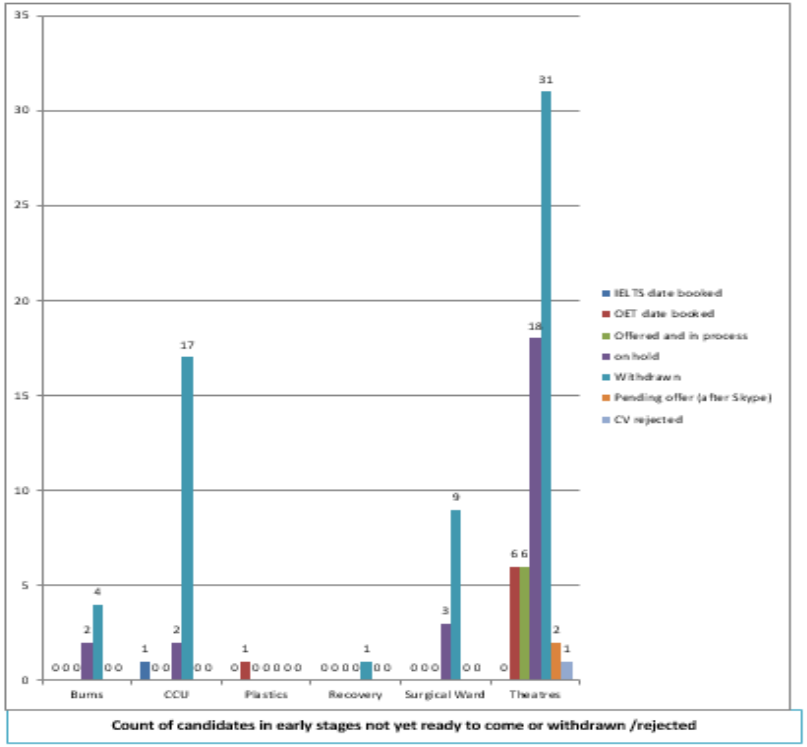


'Staff in Post' numbers have continued their increasing trend with an in month position of 897.82wte; the highest on record. Despite the Month 6 adjustment and increase to the budgeted establishment, vacancy levels have continued an improving trend with the lowest position in 2 years at in month position of 10.89%. The Sleep Disorder Centre remains a significant outlier with a 22.1% vacancy rate based on their increased establishment introduced in 2018. There were 6.43wte new starters, including 1.43wte qualified nursing/ODP staff within Theatres.

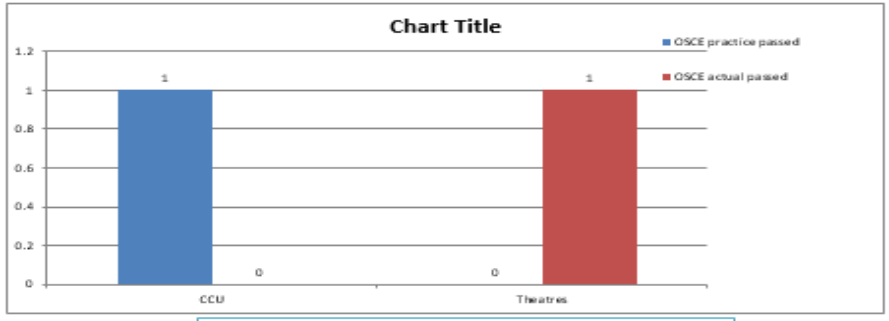
b) International Recruitment

	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)	4	0	0	0	0
Other Nurse (Yeovil)	5	0	0	0	0
Theatres / Recovery (Yeovil)	8	3	0	1	2
Theatres / Recovery (Medway)	2	3	0	1	2
Grand Total	19	6	0	2	4

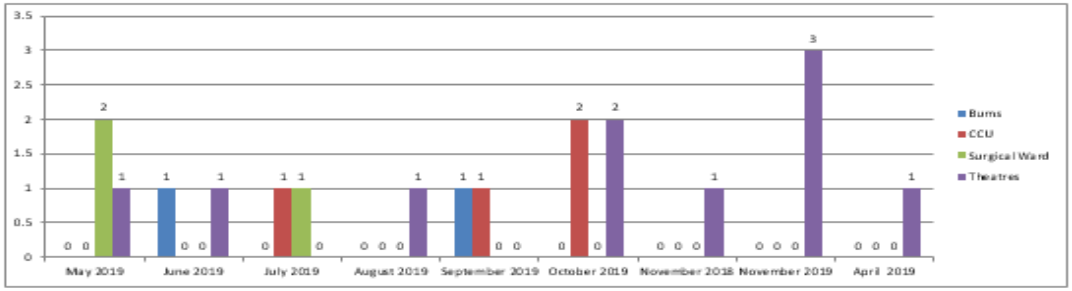
*Please note 50% of offered are expected to be unsuccessful during the international recruitment process or withdraw.
All numbers now include nurses coming from both Yeovil NHS Trust and Medway NHS Trust (Medway is recruiting to Theatres only and first arrivals at QVH will be November 2019)



Count of candidates in early stages not yet ready to come or withdrawn /rejected



Count of starters PRE OSCE and NMC



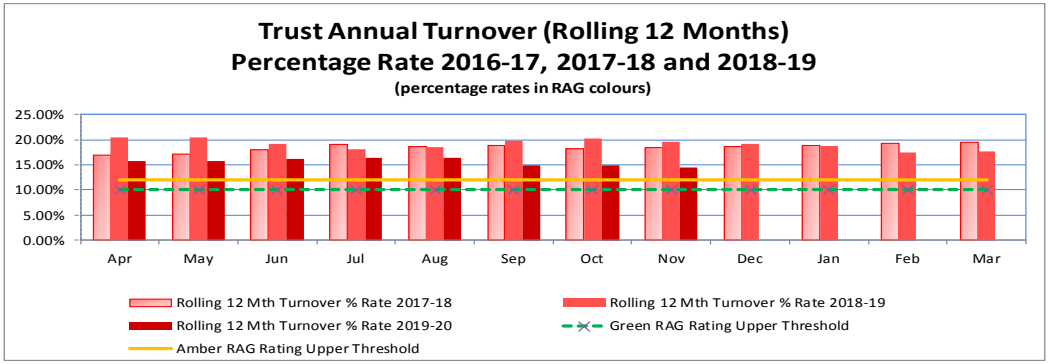
Count of nurses started in all stages over 12 month period by area /year/month

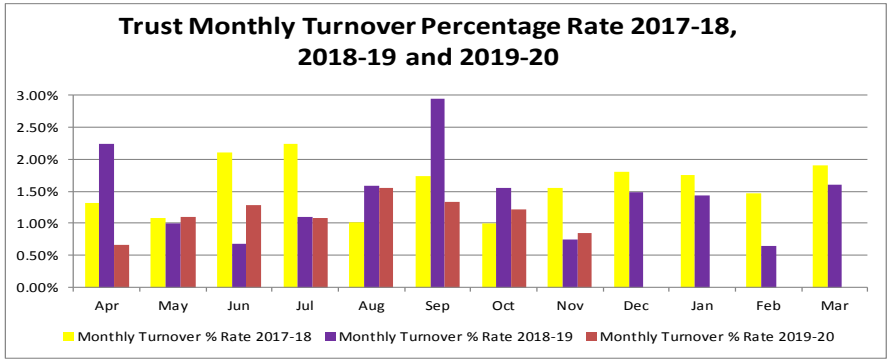
The current campaign has meant there are now 17 International Nurses working with full NMC registration at QVH, with another 2 employed working on achieving their OSCE and registration, 9 of which are within Theatres and 8 across CCU and Burns. Additionally there are a further 6 nurses who have been offered for Theatres (3 from Yeovil and 3 from Medway) and are going through the early process of checks with expected starts between February and April 2020.

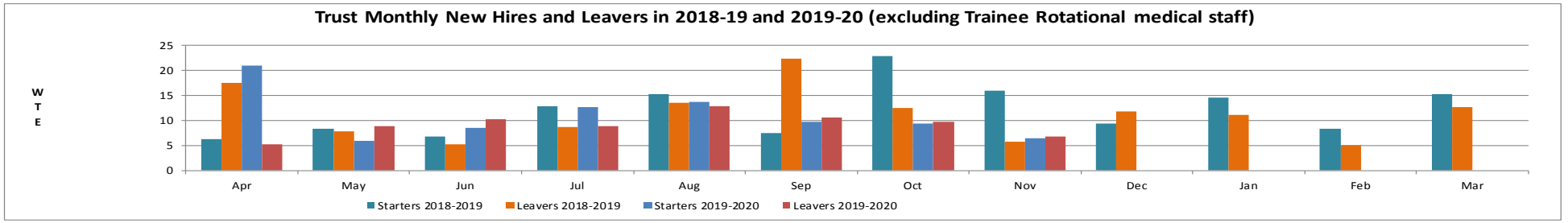
c) Turnover, New Hires and Leavers

ANNUAL TURNOVER ROLLING 12 MTHS excl. Trainee Doctors	Sep-19	Oct-19	Nov-19	Compared to Previous Month
Corporate %	17.88%	17.84%	18.70%	▲
Eyes %	39.42%	38.62%	41.77%	▲
Sleep %	19.15%	20.30%	17.95%	▼
Plastics %	11.85%	16.31%	17.34%	▲
Oral %	3.93%	6.75%	6.58%	▼
Peri Op %	13.54%	13.21%	11.53%	▼
Clinical Support %	18.19%	15.95%	15.22%	▼
Access and Outpatients %	9.14%	6.49%	5.27%	▼
Director of Nursing %	14.57%	14.53%	14.49%	▼
Operational Nursing %	10.91%	10.51%	10.40%	▼
QVH Trust Total %	14.94%	14.79%	14.55%	▼

MONTHLY TURNOVER excl. Trainee Doctors	Sep-19	Oct-19	Nov-19	Compared to Previous Month
Corporate %	1.81%	1.82%	1.83%	▲
Eyes %	0.00%	0.00%	3.24%	▲
Sleep %	0.00%	0.00%	0.00%	◄►
Plastics %	1.88%	5.41%	1.28%	▼
Oral %	0.45%	2.75%	0.00%	▼
Peri Op %	1.43%	1.00%	0.50%	▼
Clinical Support %	2.82%	0.45%	0.42%	▼
Access and Outpatients %	0.00%	0.00%	0.00%	◄►
Director of Nursing %	0.00%	0.00%	0.00%	◄►
Operational Nursing %	0.64%	0.64%	0.64%	◄►
QVH Trust Total %	1.33%	1.22%	0.85%	▼







The monthly turnover position of 0.85% is lower than normal, but consistent with the same period last year. The annualised rolling turnover position continues an improving trend, with an in month position of 14.55%; the best reported position in the last 5 years. There were 7.86wte leavers in month, including 0.76wte qualified nurse/ODP who will shortly be returning via flexible retirement. Stability remains within its normal range of 80-85% (81.95% in month), indicating that retention of staff within 12 months of appointment is not reducing at the same rate as those with longer service.

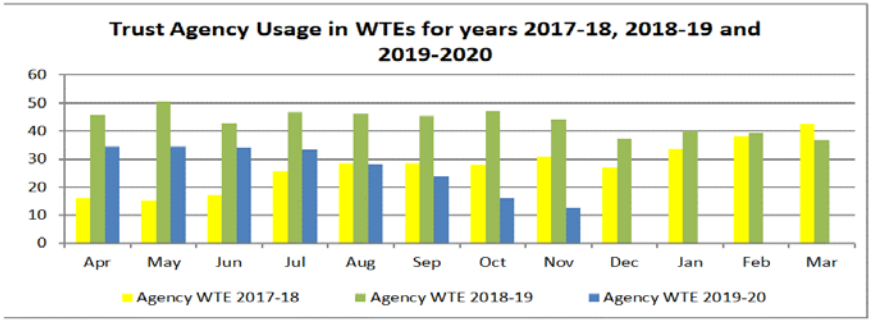
d) ***Temporary Workforce***

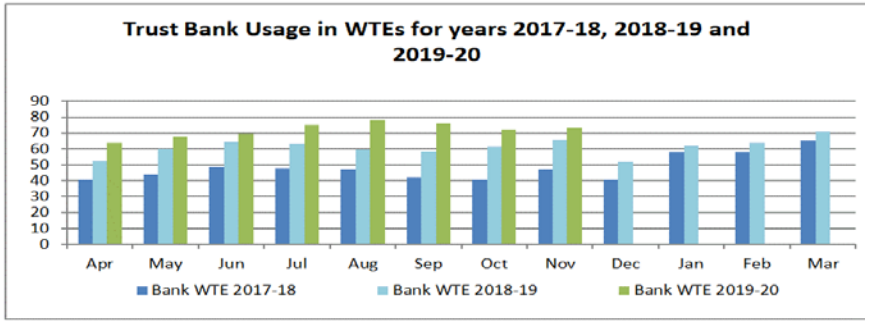
Agency				
BUSINESS UNIT (WTE)	**Sep-19**	**Oct-19**	**Nov-19**	**Compared to Previous Month**
Corporate	1.93	2.16	2.16	◄►
Eyes	1.00	1.17	0.05	▼
Sleep	0.00	0.00	0.00	◄►
Plastics	0.94	1.14	0.87	▼
Oral	0.00	0.00	0.00	◄►
Periop	12.58	7.48	5.95	▼
Clinical Support	1.56	0.94	1.49	▲
Access and Outpatients	0.00	0.00	0.00	◄►
Director of Nursing	0.00	0.00	0.00	◄►
Operational Nursing	5.73	3.16	2.36	▼
QVH Trust Total	23.73	16.06	12.88	▼

Bank				
BUSINESS UNIT (WTE)	**Sep-19**	**Oct-19**	**Nov-19**	**Compared to Previous Month**
Corporate	12.77	12.90	12.64	▼
Eyes	2.69	3.07	3.21	▲
Sleep	2.62	3.96	3.67	▼
Plastics	2.26	1.57	1.58	▲
Oral	6.20	5.49	5.66	▲
Periop	20.17	20.29	19.39	▼
Clinical Support	6.58	4.70	6.20	▲
Access and Outpatients	3.11	1.96	1.93	▼
Director of Nursing	0.95	1.05	1.57	▲
Operational Nursing	18.85	17.24	17.12	▼
QVH Trust Total	76.20	72.24	72.98	▲

Agency				
STAFF GROUP (WTE)	**Sep-19**	**Oct-19**	**Nov-19**	**Compared to Previous Month**
Qualified Nursing	18.23	9.38	8.25	▼
HCAs	0.07	0.00	0.00	◄►
Medical and Dental	1.93	3.58	0.97	▼
Other AHP's & ST&T	1.56	0.94	1.49	▲
Non-Clinical	1.93	2.16	2.16	◄►
QVH Trust Total	23.73	16.06	12.88	▼

Bank				
STAFF GROUP (WTE)	**Sep-19**	**Oct-19**	**Nov-19**	**Compared to Previous Month**
Qualified Nursing	27.59	27.68	27.50	▼
HCAs	10.54	8.88	8.35	▼
Medical and Dental	4.89	3.29	4.61	▲
Other AHP's & ST&T	1.66	1.73	2.87	▲
Non-Clinical	31.51	30.66	29.64	▼
QVH Trust Total	76.20	72.24	72.98	▲





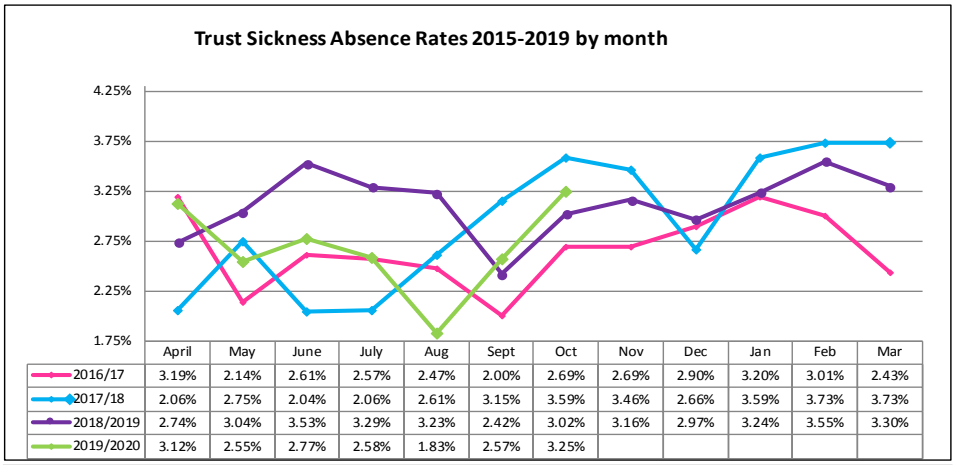
Temporary staffing reported usage in month continues to decrease, with an in-month position of 85.86wte total utilisation, the lowest since May 2017. Reported agency usage in month (12.88wte) is the lowest on record, predominantly led by continued reduction in qualified nursing agency usage within Operational Nursing and Perioperative Services. However agency WTE usage reduction is not reconciling with ongoing spend in financial accounts, which suggests that there is further utilisation not being recorded appropriately in the rostering system; this will be jointly investigated with Finance. Bank usage remains stable at total 72.98wte usage, predominately qualified nurses (27.5wte) and non-clinical staff (29.64wte).

Goal 3: Health and Well-being

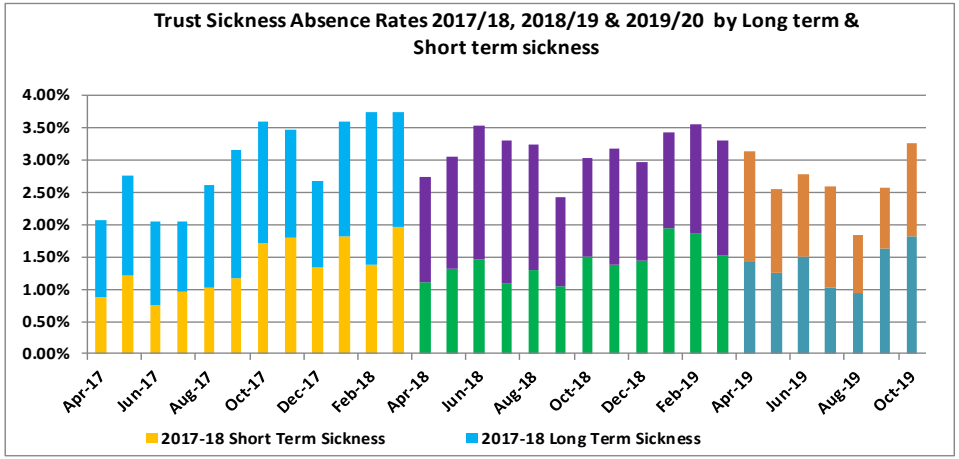
SHORT TERM SICKNESS	Aug-19	Sep-19	Oct-19	Compared to Previous Month
Corporate	0.52%	1.40%	0.97%	▼
Clinical Support	1.06%	0.99%	1.18%	▲
Plastics	1.26%	2.28%	0.83%	▼
Eyes	1.60%	0.46%	2.22%	▲
Sleep	0.27%	0.43%	2.98%	▲
Oral	0.51%	1.43%	1.68%	▲
Periop	1.09%	1.99%	2.83%	▲
Access and Outpatients	0.24%	3.42%	3.54%	▲
Director of Nursing	0.76%	0.28%	0.73%	▲
Operational Nursing	1.27%	1.95%	2.21%	▲
QVH Trust Total	0.93%	0.93%	1.81%	▲

LONG TERM SICKNESS	Aug-19	Sep-19	Oct-19	Compared to Previous Month
Corporate	1.04%	1.15%	0.48%	▼
Clinical Support	0.70%	0.94%	0.45%	▼
Plastics	0.15%	0.00%	0.89%	▲
Eyes	2.63%	0.00%	0.00%	◄►
Sleep	0.00%	0.00%	0.00%	◄►
Oral	0.00%	1.73%	2.91%	▲
Periop	2.08%	2.16%	2.46%	▲
Access and Outpatients	0.00%	0.37%	1.53%	▲
Director of Nursing	0.00%	0.00%	3.13%	▲
Operational Nursing	0.68%	0.25%	2.06%	▲
QVH Trust Total	0.90%	0.90%	1.44%	▲

ALL SICKNESS (with RAG)	Aug-19	Sep-19	Oct-19	Compared to Previous Month
QVH Trust Total	1.83%	2.57%	3.25%	▲



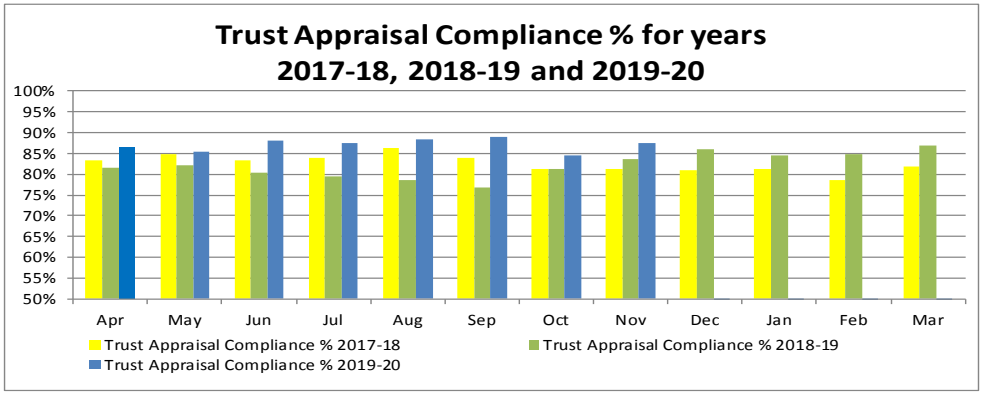
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	3.19%	2.14%	2.61%	2.57%	2.47%	2.00%	2.69%	2.69%	2.90%	3.20%	3.01%	2.43%
2017/18	2.06%	2.75%	2.04%	2.06%	2.61%	3.15%	3.59%	3.46%	2.66%	3.59%	3.73%	3.73%
2018/2019	2.74%	3.04%	3.53%	3.29%	3.23%	2.42%	3.02%	3.16%	2.97%	3.24%	3.55%	3.30%
2019/2020	3.12%	2.55%	2.77%	2.58%	1.83%	2.57%	3.25%					



Confirmed sickness levels for October shows in month absence rate of 3.25%, an expected level for the time of year with seasonal increases in cough/cold/flu (n = 81 occasions, 203 days). Gastrointestinal (n = 34 occurences, 91 days) remains high for number of occurences, but 'anxiety /stress/depression/other psychiatric illnesses' remained the highest cited reason for absence for total number of days lost (n=265, up from n = 183 the previous month and n = 90 the month prior to that). There has been some resistance in rolling out the HSE stress audit tool over recent months, so this will be a strong priority for Q4 and wider communications will be issued to highlight the importance of this area and the impact mental health absence has on both individuals and the service. Increases by business unit were mostly centred around front-line nursing services (Operational Nursing and Perioperative) in line with national benchmarking, however increases continue to also be seen in Access and Outpatients (5.07% in month) and and Oral Services (4.59% in month).

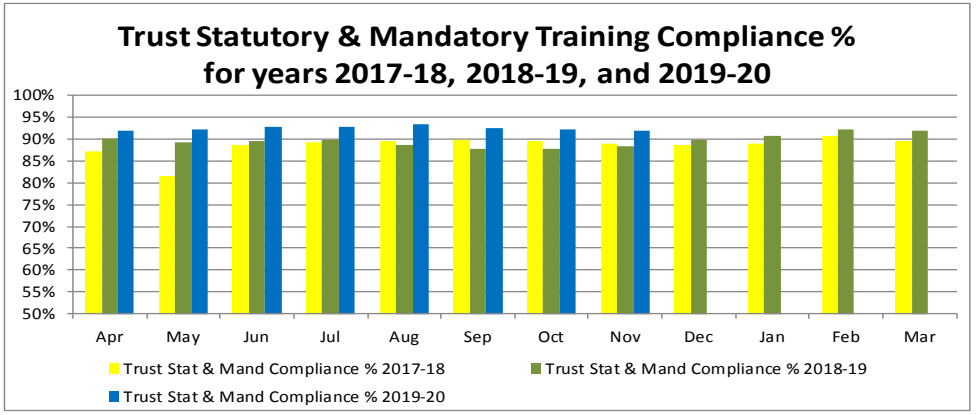
Goal 4: Learning and Education

APPRAISALS	Sep-19	Oct-19	Nov-19	Compared to Previous Month
Corporate	85.03%	73.37%	84.70%	▲
Eyes	69.70%	57.58%	51.52%	▼
Sleep	93.55%	90.63%	93.94%	▲
Plastics	88.10%	87.34%	89.41%	▲
Oral	87.30%	82.35%	81.16%	▼
Peri Op	87.36%	85.23%	88.20%	▲
Clinical Support	92.95%	90.45%	89.68%	▼
Access and Outpatients	97.73%	82.22%	71.74%	▼
Director of Nursing	91.67%	89.47%	90.00%	▲
Operational Nursing	92.23%	92.86%	96.45%	▲
QVH Trust Total	89.01%	84.62%	87.34%	▲



The appraisal compliance figure improved in month to a position of 87.34%. This is higher than the same period in previous years but is below the desired trajectory of 88.76%. Corporate Services remedied the previous month's drop, but performance continues to fall within Access & Outpatients (-10.48%) and Eyes (-6.06%). Sleep, Director of Nursing and Operational Nursing are above 90%. Strongest performance by staff group remains within the clinical staff groups at 91.57%, with medical & dental compliance improved slightly to 85.53% and non-clinical compliance at 82.56%. Particular attention should be given to the following non-clinical departments: Appointments (50%); Corneo Plastics (26.7%); Clinical Audit, Medical Photography, Contracts, IM&T (0%).

MANDATORY AND STATUTORY TRAINING	Sep-19	Oct-19	Nov-19	Compared to Previous Month
Corporate	95.88%	95.51%	94.49%	▼
Eyes	87.95%	90.23%	90.23%	◄►
Sleep	95.36%	97.12%	95.33%	▼
Plastics	85.38%	83.50%	83.76%	▲
Oral	89.06%	88.73%	87.45%	▼
Peri Op	88.26%	87.78%	88.34%	▲
Clinical Support	94.44%	94.15%	92.23%	▼
Access and Outpatients	99.07%	99.39%	98.26%	▼
Director of Nursing	96.43%	95.87%	94.40%	▼
Operational Nursing	95.23%	95.16%	95.61%	▲
QVH Trust Total	92.51%	92.26%	91.75%	▼



Mandatory and Statutory Training compliance figures reduced in month to 91.75%, but remains higher than the same period in previous years. Business Units below the revised Trust-wide compliance rate of 90% continue to be Plastics, Oral and Perioperative Services. Sleep, Access & Outpatients and Operational Nursing continue to exceed 95%. Information Governance remains the lowest performing competency at 86.1% although improved from last month's 84.1% position. Safeguarding Adults (level 1) continues above 95% compliance.

In November, our cycle of medical education governance meetings finished with the Local Aademic Board where we welcomed our new Lay Member. Plastic Surgery have held two further monthly teaching sessions, which have been well attended and well received. The final all-day OMFS teaching session for the year is planned for 17 December.

Work to install the HEE-funded dental skills lab is well underway, and work on the LoF-funded simulation suite will be starting imminently.

Medical appraisal rates by business unit shows a number of specialties are at 100% compliance:

BU			Assignment Count	Required	Achieved	Compliance %
Clinical Support	200005	SLR Rheumatology	2	2	2	100.00%
Plastics	200011	Plastic Surgery	62	62	56	90.32%
Sleep	200013	SLR Sleep Studies	3	3	3	100.00%
Eyes	200015	SLR Corneo Plastics	12	12	9	75.00%
Oral	200018	SLR Orthodontics	12	12	11	91.67%
Oral	200019	SLR Maxillofacial	33	33	27	81.82%
Clinical Support	200025	SLR Respiratory	1	1	1	100.00%
Peri-Op Services	210001	Anaesthetics	33	33	31	93.94%
Clinical Support	210006	Diagnostic Imaging	4	4	4	100.00%
Clinical Support	210008	Histopathology	3	3	3	100.00%

Goal 5: Talent and Leadership

Talent and Leadership Group:
Sussex Health and Care Partnership (HCP) Leadership Development and Talent Management Group are collaborating on a range of initiatives to support management and leadership across the integrated healthcare system (ICS) utilising resources from across the system and some funding from HEE/LWAB/Leadership Academy. Some of the current initiatives in development include:

1. A leadership programme for middle managers across the system
2. A system wide Foundation Coaching Programme and a refresher workshop for existing coaches commenced September 2019.
3. An OD Practitioners Development Programme
    - The group is currently in the early stages of looking at a development programme for people where their role includes organisational development responsibilities. This will include OD Practitioners, HR Managers, HR Business Practioners, etc.

This month we have advertised two additional management and leadership programmes at QVH, the Stepping Up Programme (BAME staff only) and the Rosalind Franklin Programme which are both fully funded by HEE/LWAB/Leadership Academy across the Sussex Health and Care Partnership. Applications are now open for staff at QVH to apply.

Leading the Way:
We have an established Leadership Programme at QVH called Leading the Way which offers a range of interventions that are delivered internally and externally for managers/leaders. This includes:

- Leadership essential skills to be delivered by NHS Elect until March 2020
- Best Practice Workshops for HR, finance and appraisal skills.

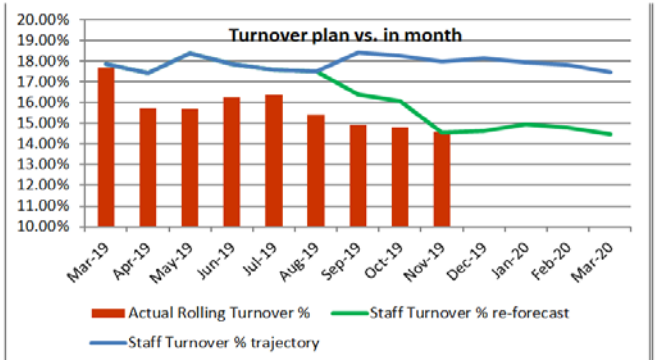
Other activities:
Apprenticeships: The East Surrey and Sussex consortium for the nursing associate apprenticeship continues to support trainee nursing associate (TNA) apprentices from across the HCP to commence at University of Brighton. QVH lead has procured for the operating department practitioner apprenticeship, which should be offered from Autumn 2020. Interest in non-clinical apprenticeships has increased this quarter including:

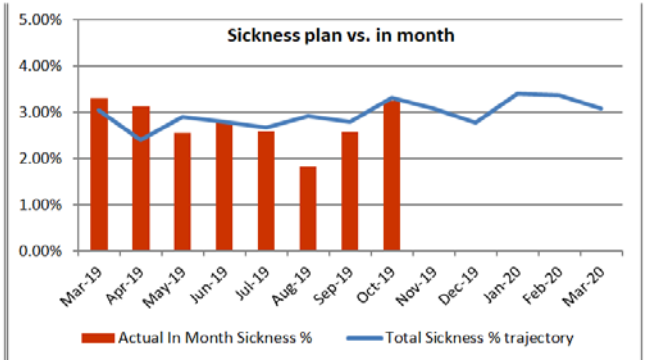
- Production chefs
- Business adminstrators
- MBA

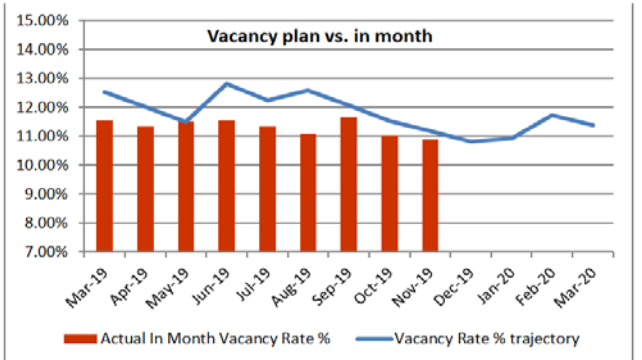
Another cohort for functional skills (maths and English) has commenced to support the apprenticeship ready pipeline for future development.

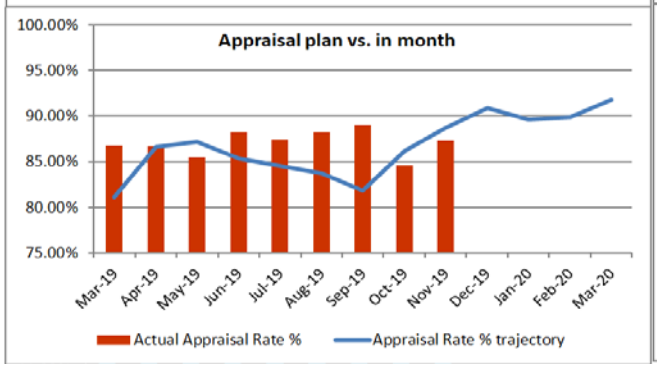
Trajectories

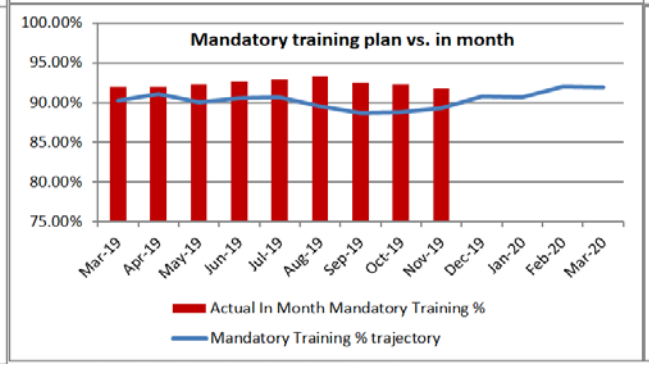
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Staff Turnover % trajectory	17.87%	17.42%	18.39%	17.86%	17.58%	17.50%	18.40%	18.26%	17.97%	18.13%	17.93%	17.80%	17.46%
Staff Turnover % re-forecast	17.87%	17.42%	18.39%	17.86%	17.58%	17.50%	16.40%	16.06%	14.55%	14.63%	14.93%	14.80%	14.46%
Actual Rolling Turnover %	17.67%	15.74%	15.67%	16.25%	16.38%	15.42%	14.94%	14.79%	14.55%				
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%	2.57%	3.25%					
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%	11.05%	10.89%				
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
Agency WTE usage re-forceast	36.8	34.4	34.5	34.1	33.4	28.2	23.7	24.9	21.6	16.8	14.6	16.5	18.9
Actual agency WTE usage	36.8	34.4	34.5	34.1	33.4	28.2	23.7	16.1	12.9				
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%	84.62%	87.34%				
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%	92.26%	91.75%				

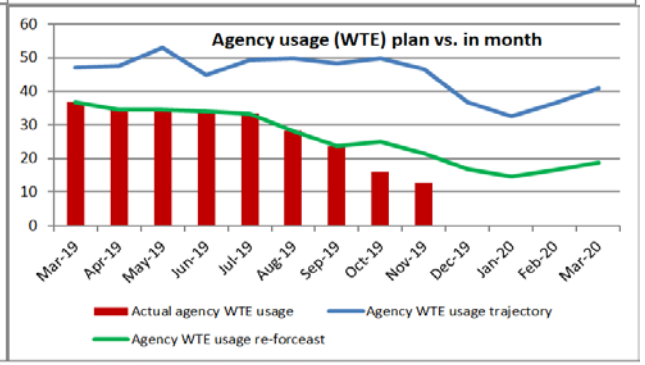












Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**9 January 2020**		**Agenda reference:**	**18-20**	
Report title:	**Audit Committee Assurance update**				
Sponsor:	Kevin Gould, Audit Committee Chair				
Author:	Kevin Gould, Audit Committee Chair				
Appendices:	NA				
Executive summary					
Purpose of report:	To provide assurance to the board in relation to matters discussed at the Audit Committee meeting on 11 December 2019				
Summary of key issues	The Committee received updated assurance on KSO5 and on estates. It also received updates on internal audit, the external audit planning process, whistleblowing arrangements, conflicts of interest and counter fraud.				
Recommendation:	The Board is asked to **NOTE** the contents of this 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:	Reviewed BAF for KSO 5				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	None				

Queen Victoria Hospital NHS
NHS Foundation Trust

Report to: Board of Directors
Meeting date: 9 January 2020
Reference number: 18-20
Report from: Kevin Gould, Chair
Author: Kevin Gould, Chair
Appendices: N/A
Report date: 30 December 2019

Audit Committee report
Meeting held on 11 December 2019

1. The Committee received an assurance update on KSO5 from the Deputy director of workforce. The Committee was assured by the actions being taken to address the risks identified, and noted the considerable progress made in the last year, particularly with regards to recruitment.

2. The Committee received its annual report on whistleblowing arrangements and was assured that appropriate arrangements are in place.

3. The Committee received an assurance update on estates, particularly regarding fire-compartmentalisation, fire risk assessments, and security. Additional risks will be covered in an upcoming internal audit on estates.

4. The Committee noted the contents of the annual assurance report on the Trust's management of conflicts of interest, and was assured of the effectiveness of processes. It noted that QVH is one of the 5% of acute trusts that are fully compliant with national guidelines.

5. The Committee received the results of the annual self-assessment review.

6. The external audit plan for 2019/20 was received, noting that the plan to move the interim audit to December 2019 had not been possible to achieve and so the interim audit will take place in February 2020. Key points are as follows:

    - Areas identified as significant audit risks are revenue recognition, valuation of land and buildings and expenditure recognition and will be reported on within the long form audit report. The audit will also report on management override of control as usual. A full buildings valuation will be undertaken in line with accounting policy. The Trust had opted to undertake this on a modern equivalent option basis; this will have to be undertaken as late in the financial year as possible.

    - A significant amount of additional work will be required both by the trust and KPMG as a result of IFRS 16, which changes accounting rules for leases

7. An update on Internal Audit progress was received from RSM. Three reports have been issued to date:

- Financial management (partial assurance, one high priority action).
- Rostering and workforce planning (partial assurance, seven high priority actions). The committee reviewed this report in some detail; this part of the meeting was joined by the Deputy director of workforce and the Medical director.
- Recruitment (full assurance, no high priority actions).

8. Further progress has been made in addressing internal audit actions, with only 5 currently overdue. These are being carefully monitored by RSM.

9. The Committee received a report on the progress of Counter Fraud activity.

10. The Committee received a report providing an overview of the waivers submitted during the financial year 2019/20 to date. The Committee expressed concern at both the volume and value of the waivers approved in the last quarter, and asked this to be included in the 2020/21 internal audit plan.

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