

Business Meeting of the Board of Directors

Thursday 05 March 2020

**Session in public
10:00 – 13:00**

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



MEETINGS OF THE BOARD OF DIRECTORS: March 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 (<i>apologies</i>)
Director of Nursing	-	Jo Thomas
Director of Finance and performance	-	Michelle Miles (<i>apologies</i>)
Director of Finance and Performance (<i>interim</i>)	-	Lucy Owens

In full attendance (non-voting):

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



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	<ul style="list-style-type: none">Director: Professional Governance Services LtdDirector, 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	<ul style="list-style-type: none">Trustee of Hurstpierpoint CollegeTrustee of the Association of Governing Bodies of Independent SchoolsChurchwarden and Trustee of the Parish of Buxted and Hadlow DownNon-Executive Director (interim) of the Rural Payments AgencyNon-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	<ul style="list-style-type: none"> Director, Sharpthorne Services Ltd. Director CIEH Ltd 	Nil	Nil	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<p>Visiting professor, school of nursing, Kingston University & St Georges, University of London</p> <p>Visiting professor, Doctorate in management programme, complexity and management group, business school, University of Hertfordshire</p>	Nil	Nil	NI
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
Lucy Owens Director of Finance (interim)	Director and 50% shareholder of LEO Enterprises Ltd, providing consultancy to NHS trusts.	Director and 50% shareholder of LEO Enterprises Ltd, providing consultancy to NHS trusts	Director and 50% shareholder of LEO Enterprises Ltd, providing consultancy to NHS trusts	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
Lucy Owens Director of Finance (interim)	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 05 March 2020
10:00 – 13:00
Education Centre, Queen Victoria Hospital RH19 3DZ

Agenda: session held in public			
Welcome			
33-20	Welcome, apologies and declarations of interest <i>Beryl Hobson, Chair</i>		
Standing items		Purpose	Page
34-20	Patient story <i>Jo Thomas, Director of nursing</i>	<i>assurance</i>	-
35-20	Draft minutes of the meeting held in public on 09 January 2020 <i>Beryl Hobson, Chair</i>	<i>approval</i>	1
36-20	Matters arising and actions pending <i>Beryl Hobson, Chair</i>	<i>review</i>	9
37-20	Chair's report <i>Beryl Hobson, Chair</i>	<i>assurance</i>	10
38-20	Chief executive's report <i>Steve Jenkin, Chief executive</i>	<i>assurance</i>	13
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services			
39-20	Board Assurance Framework <i>Jo Thomas, Director of nursing, and</i> <i>Jeremy Collyer, Deputy Medical director</i>	<i>assurance</i>	28
40-20	Quality and governance assurance <i>Karen Norman, Non-executive director</i>	<i>assurance</i>	30
41-20	Corporate risk register (CRR) <i>Jo Thomas, Director of nursing</i>	<i>review</i>	34
42-20	Quality and safety report <i>Jo Thomas, Director of nursing, and</i> <i>Jeremy Collyer, Deputy Medical director</i>	<i>assurance</i>	41

Key strategic objectives 3 and 4: operational excellence and financial sustainability			
43-20	Board Assurance Framework <i>Abigail Jago, Director of operations and Lucy Owens, Director of finance (interim)</i>	<i>assurance</i>	54
44-20	Financial, operational and workforce performance assurance <i>Paul Dillon-Robinson, Committee chair</i>	<i>assurance</i>	56
45-20	Operational performance <i>Abigail Jago, Director of operations</i>	<i>assurance</i>	59
46-20	Financial performance <i>Lucy Owens, Director of finance (interim)</i>	<i>assurance</i>	95
Key strategic objective 5: organisational excellence			
47-20	Board assurance framework <i>Geraldine Opreshko, Director of workforce and OD</i>	<i>assurance</i>	110
48-20	Workforce monthly report <i>Geraldine Opreshko, Director of workforce and OD</i>	<i>assurance</i>	111
49-20	Best Place to Work - staff survey results <i>Geraldine Opreshko, Director of workforce and OD</i>	<i>assurance</i>	125
Governance			
50-20	QVH Partnership Development Board terms of reference <i>Steve Jenkin, Chief executive</i>	<i>approval</i>	136
51-20	Board effectiveness review <i>Clare Pirie, Director of communications and corporate affairs</i>	<i>assurance</i>	142
52-20	Nomination and remuneration committee assurance <i>Beryl Hobson, Trust and Committee Chair</i>	<i>assurance</i>	185
Any other business (by application to the Chair)			
53-20	<i>Beryl Hobson, Chair</i>	<i>discussion</i>	-

Questions from members of the public			
54-20	<p>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.</p> <p>Beryl Hobson, Chair</p>	discussion	-
Date of the next meetings			
Board of directors: Public: 07 May 2020 at 10:00		Council of governors Public: 02 April 2020 at 16:00	

Document: Minutes (Draft & Unconfirmed)	
Meeting:	Board of Directors (session in public) Thursday 9 January 2020, 10:00 – 13:00, Education Centre, QVH site
Present:	Beryl Hobson (BH) Trust Chair (voting)
	Keith Altman (KA) Medical director (voting)
	Paul Dillon-Robinson (PD-R) 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)
In attendance:	Hilary Saunders (HS) Deputy company secretary (minutes)
	Nicky Reeves (NR) Deputy director of nursing
	Peter Shore (PS) Lead governor
Apologies:	Jo Thomas (JMT) Director of Nursing
Public gallery:	One member of the Council of Governors
Standing items	
01-20	Welcome, apologies and declarations of interest The Chair opened the meeting and welcomed the member of the public. Apologies were noted as above. There were no new declarations of interest.
02-20	Patient story Although a patient had been due to present to the Board this month, the Patient experience manager had been unable to contact her during the Christmas break, and so this story would be scheduled for a later date. The Director of operations also reported that following the November meeting at which a patient treated for hand trauma had expressed concerns regarding poor communication and delays throughout treatment, a strategic priority under consideration for the 2020/21 Quality report was effective communication during outpatient clinics. There were no further questions and the Board noted the contents of the update.
03-20	Draft minutes of the meeting held in public on 07 November 2019 The draft minutes of the meeting held on 7 November were approved as an accurate record, subject to the following amendments: <ul style="list-style-type: none"> • 180-19 would include additional clarification to indicate that cases within theatres related to activity on the QVH site only. • 180-19 would be expanded to reflect that whilst MM had reported the Trust to be broadly on track to achieve income YTD, the plan was set to increase in the final 6 months of the year, which was a risk. • 184-19 to be amended to read that this was the first year that the Workforce Disability Equality Standard (WDES) has been included in the report
04-20	Matters arising and actions pending The Board received the latest version of the matters arising and actions pending.
05-20	Chair's report The Board received the Chair's report. As an aside, BH noted that of the original members of the Guinea Pigs Club' only nine now remained, (with six in the UK).

	There were no further questions and the Board noted the contents of the update.
06-20	<p>Chief executive's report</p> <p>SJ began by directing the Board to the contents of the overall Board Assurance Framework (BAF) reminding members that this was regularly reviewed by the executive management team and the hospital management. Some changes had been made to individual KSO scores, the specific detail of which would be provided by the respective director later in the meeting.</p> <p>Highlights of the CEO report included:</p> <ul style="list-style-type: none"> • The outcome of the Care Quality Commission (CQC) 2018 Children and Young People's Patient Experience Survey, where QVH was the only trust to be rated much better than expected. This was a testament to the hard work of the teams involved and mirrored the results of the recent adult inpatient survey. • An update on partnership working with Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospital Trust. Feedback following the recent series of chief executive staff briefings had been positive with the majority of staff understanding the rationale and appreciating the openness. • A summary of the three bills introduced recently in the Queen's speech, which directly related to health and social care. SJ also noted that 2020 had been designated the year of the nurse and midwife; this would be an opportunity to raise the profile of the important work undertaken at the Trust and a number of events were planned to celebrate this. • The latest version of the integrated performance dashboard presented for information. • A summary of media coverage, with QVH again making the front page of the local paper with some good news stories. <p>The Board discussed the response to the release of the recent joint press statement with BSUH/Western. This had reported that the three trusts were starting work on jointly assessing potential benefits, opportunities and risks associated with furthering collaboration on a 'hospital group'. Stakeholders, including governors, had been contacted directly and there now appeared to be a good level of understanding. The Chair and CEO would be meeting with the local MP shortly and a full briefing session with governors was scheduled for next week.</p> <p>The Board endorsed the hard work that had resulted in positive outcome of the Children and Young People's Patient Experience Survey; however, it noted that choice of food had again been highlighted as a concern and it was important not to lose sight of this.</p> <p>The Chair welcomed the year of the nurse and midwife, and asked all Board members to be given an opportunity to participate in events to celebrate this.</p> <p>The Chair also reminded the Board that the Charity committee had expressed concern at the diminishing funds and urged board members to use their influence to improve current fundraising potential.</p> <p>The Board commended the presentation of the dashboard, which was directly correlating with issues raised under KSOs 3 and 4 (operational excellence and financial sustainability).</p> <p>The Board sought and received clarification as to 'other' categories of activity, which were shown as significantly below plan.</p> <p>There were no further questions and the Board noted the contents of the update.</p>

Key strategic objectives 1 and 2: outstanding patient experience and world class clinical services	
07-20	<p>Board Assurance Framework</p> <p>KSO1: NR noted that scores remained the same, with international recruitment going well and a good level of patient experience maintained.</p> <p>KSO2: KA highlighted changes to the BAF since the last board meeting. These included:</p> <ul style="list-style-type: none"> • Risks around compliance with 7-day services standards, as highlighted at the previous Board meeting • The Trust was shortly to make a joint sleep/respiratory physician appointment; this would be a useful appointment; in addition to Sleep, it would be beneficial to have a consultant physician on wards available for plastics and maxfac patients. • The Trust was hoping to interview, via Skype, a consultant histopathologist candidate later this week. • Risks around radiology medical staffing, reflecting the current national position. The Board discussed briefly options for addressing these and noted that whilst succession planning had been in place, the appointed candidate withdrew at short notice. The Board was reminded that, in addition to radiology, there were a number of areas with small teams which could quickly lose resilience should circumstances change. Whilst the Trust worked hard to fill gaps, evidenced by high agency bills, it had to balance this against the current deficit. Should the position change and the Trust be successful in securing funding for an MRI scanner, SJ agreed this would be reviewed. SJ noted that one of the themes to be raised at the forthcoming meeting with the new MP for Mid Sussex would be the Trust's failed bid for the Prime Minister's scanner money last October and the case for a full time MRI scanner, which would support QVH in collaborative partnership working and existing diagnostic pathways to improve outcomes. In the meantime, the Board expressed its thanks to Ian Francis for the additional workload he was undertaking during this time. <p>There were no further questions and the Board noted the contents of the update.</p>
08-20	<p>Quality and governance assurance</p> <p>The Board received an assurance report from KN, who drew particular attention to findings of a Formal Internal Investigation and a Serious Incident Investigation; the Board was invited to raise any specific questions to these reports under part 2.</p> <p>The Board sought assurance as to the increase in reporting, as highlighted in the current risk exception report. The Quality and governance committee (Q&GC) had also considered data interpretation and difficulties in identifying its significance. KN had recently attended a conference on statistical control process, and the speaker had agreed to attend the Board seminar in April. It was suggested that the increase in reporting reflected increased awareness, driven by teams and professional bodies, and management assured the Board of the transparency around reporting and the scrutinising of action plans following lessons learned.</p> <p>The Board considered the Committee's request to amend the Guardian of Safe Working (GoSW) reporting frequency; this would in future be delivered bi-annually, to align to the reporting cycle. KA agreed to confirm dates so that these could be built into the Board's work programme. [Action: KA]</p> <p>There were no further questions and the Board noted the contents of the update, and approved the request to amend GOSW reporting frequency to bi-annually.</p>
09-20	<p>Corporate risk register (CRR)</p>

	<p>The Board received the latest corporate risk register, noting one new risk relating to inadequate consultant radiologist cover, and two rescored risks relating to pharmacy services and RTT delivery and performance.</p> <p>The Board commended the good level of assurance and high quality of the risk team.</p>
10-20	<p>Quality and safety report</p> <p>NR presented the latest Quality and safety report, highlighting in particular:</p> <ul style="list-style-type: none"> • Sustained performance in the 2018 Children and Young People's patient experience survey • Additional nursing workforce metrics, now incorporating theatres and trauma • The Head of Risk & Patient Safety meets monthly with the CCG to discuss the clinical harm review outcomes; to date, 597 reviews have been undertaken, with only one patient currently under surveillance. • Eight complaints had been recorded in November, five of which related to communication. The Patient experience manager was working to see how to address this particular area. <p>NR advised that flu percentage uptake currently stood at 59.8%. Whilst there had been a positive uptake in nursing, the Board discussed at length why there appeared to be a lack of medical engagement, despite clear messaging throughout the Trust. The idea of applying sanctions to increase uptake was dismissed. The consensus was to continue administering the vaccine in a variety of ways, whilst continuing with the high profile campaigning. The deadline for uptake was March and there was still time for staff to either have the vaccine, or opt out.</p> <p>There was a further discussion as to whether this was a cultural, rather than logistical, issue as non-compliance was also evident in areas such as hand hygiene and wearing of lanyards, despite clear guidance to the contrary.</p> <p>In the meantime, KA agreed to raise the matter at the next consultants' meeting and apprise the Board of the response [Action: KA]. NR offered to undertake further analysis on reasons for opt-out; this would also be reported back to the Board [Action: JMT]</p> <p>The Board commended new formatting of nursing metrics. Additional areas where assurance was provided included:</p> <ul style="list-style-type: none"> • Assurance as to why the rate of falls had increased on Margaret Duncombe ward. Q&GC had highlighted the same concerns and whilst the significance was not clear, the Board would receive feedback at its next meeting as to whether fall patients had been appropriately supervised. • In September, new dental core trainees had rated their three-day induction as excellent and assurance was sought as to the evaluation process. GO confirmed that this was carefully monitored as it was key to delivery of the GMC action plan. • Despite an increase in reporting of medication errors, SJ reported that the Chief Pharmacist had no particular concerns in this area and felt assured this was largely because of heightened awareness and transparency. <p>The Board was gratified that KSS Dental Deanery had agreed to fund the installation of a Dental Skills Lab at QVH; this would be used by KSS Dental Foundation trainees but could also be utilised by our own staff.</p> <p>The Board was reminded that in November it received an update on adult burns in the closed session, as the meeting had taken place during the pre-election period. For the record, KA reminded the Board of the adult burns active programme of work, noting that one potential option would be for the service to move to Brighton dependant on Phase 1 of 3Ts. A further report would follow in March [Action: KA]</p>

	There were no further questions and the Board noted the contents of the update.
11-20	<p>EPRR core standards and statement of readiness</p> <p>The Board received a report on the results of the external assessment by the CCG and NHSE of our preparedness against the common NHS Emergency, Preparedness, Resilience and Response (EPRR) Core Standards.</p> <p>NR highlighted the key issue, which was the disparity between the CCG which had assessed QVH as having substantial assurance, and NHSE which had assessed QVH as only partial.</p> <p>NR was currently awaiting confirmation from NHSE and CCG on the discrepancies so that actions could be agreed to address this. As an aside, the Board also noted the core standard figures in one of the tables were incorrect, which NR agreed to investigate and an update will be provided in March. [Action: JMT]</p>
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
12-20	<p>Board assurance framework</p> <p>KSO3: Considerable progress had been made over the last 12 months, and following discussion at F&PC, the current risk rating had been reduced. There were no further changes but AJ highlighted the vacancy for the post of access and performance manager.</p> <p>KSO4: MM asked the Board to note that certain gaps in controls had been removed as ESR could now be reconciled with the ledger, finance training was embedded, and enhanced pay and establishment controls were fully implemented.</p> <p>There were no further comments and the Board noted the contents of the latest update.</p>
13-20	<p>Financial, operational and workforce performance assurance</p> <p>The Board received a report from the Chair of the finance and performance committee following the last meeting. In particular, he drew the Board's attention to:</p> <ul style="list-style-type: none"> • Continue improvement in workforce, particularly recruitment. • Operational performance, which showed improvement in many areas, but still behind trajectory on some areas; principally due to patient choice. • Focus continued to be on Finance this month with the Committee keen to understand how much of the variance from plan was due to incorrect planning assumptions at the start of the year, or unexpected variants during the year. MM reminded the Board that all activity plans had been signed off by the relevant manager. Looking to the future, concern remained whether the Trust could continue to deliver activity knowing the constraints. The Committee had requested additional analysis with regard to casemix and volume. • Cost improvement plans continued to be reviewed and it was likely the Trust would be short of the target by £600k, which would have a significant impact on our financial position. <p>The Board noted the contents of the update.</p>
14-20	<p>Operational performance</p> <p>AJ presented the latest operational performance report. Whilst activity reporting had previously been part of the finance report, it would in future be included in the operational report. Highlights of today's report included:</p> <ul style="list-style-type: none"> • The 52-week trajectory had been revised following discussions with commissioners and regulators; the Trust was still on track to deliver, but this was not entirely without risk. • An update on the new 28-day Faster Diagnosis Standard which comes into effect in April; the Trust was making good progress, with shadow reporting showing performance of 84.4% against the 85% target.

	<ul style="list-style-type: none"> Staffing had improved but there were still material gaps in key areas. Despite a fragile service, Sleep was currently managing to deliver the activity plan. The plastic service continued to underperform. The Trust had been unable to recruit to the locum breast post and the situation had been exacerbated by maternity and parental leave within the service. The Board sought additional information concerning the impact of the pension tax issue. Whilst the Government had agreed a solution with the NHS for this year, doctors were sceptical around any binding legal agreement. Although the Trust had made direct assurances to Consultants affected, most had decided to take time out, which had affected waiting lists and was one of the reasons why the Trust was not meeting the activity plan. The Board asked how this level of lost activity could be attributed to the pension position. CCGs have also asked QVH to quantify the challenge, and AJ concurred that an informed estimate of what was under our control, or otherwise, would be helpful. She reminded the Board that there were many factors responsible for longer waiting times, including rising demand, workforce shortages and staff sickness, but the pension tax issue was certainly playing a role. Strategic work on reviewing priorities and care pathways continued. The gap in clinical fellows had severely affected activity in April, and additional sessions were being scheduled in order to catch up. Two-week activity meetings continued, where an understanding as to case mix changes could be identified early on. Trust continued to mobilise as much activity as possible but this was difficult due to the challenges already outlined. SJ reminded the Board that most trusts were seeing an increase in waiting lists, whilst QVH has seen a 30% decrease this year. He also noted that although QVH was still identified as an outlier, there is a recognition from the regulator that we are had a good operational grip and were doing everything possible under the circumstances. <p>There were no further comments and the Board noted the contents of the update.</p>
15-20	<p>Financial performance</p> <p>The Board received the latest report on financial performance. MM noted a significant deterioration in coded income, whilst the Trust was still managing the impact of the coding backlog. For this reason, it would not be possible to consider a reforecast today and a discussion would be postponed until w/c 20 January. In the meantime, MM assured the Board that plans were in place to outsource provision for coding. Other highlights of the report included:</p> <ul style="list-style-type: none"> Income was under plan by £1.3m, £700k of which was non-PbR, in effect equating to £2m income activity behind plan. The Trust is currently £600k behind on delivery of CIPP. A reminder that phasing of unidentified CIPP for the rest of the financial year presents a substantial increase to the target. The Trust was broadly on plan to achieve the capital plan. <p>The Board expressed limited assurance on coding and a genuine concern as to the accuracy of activity. MM felt the situation was improving, but due to the unique nature of QVH, concerns remained that outsourcing might not provide robust data.</p> <p>The Board reviewed the capital programme. Due to constraints on funding, it was hoped that the League of Friends might provide financial support to address some of air handling and air conditioning issues. It was also noted that there had been considerable improvement in the delivery of the capital programme in 2019/20 compared to recent years. Whilst this year's programme was smaller, the Estates teams had worked hard to deliver on time and on budget.</p>

	<p>The cost improvement plan indicated that the Trust would be short of the target by £600k; this directly correlated to income surrendered for procurement savings. The Board again expressed disappointment with regard to the lack of central support, despite this being a condition upon which the revised operating plan had been agreed. It was agreed that a non-traditional approach to CIPs should be considered in the future.</p> <p>The Board discussed the service line report (SLR), developed in recent months and noted the importance of identifying those services, which provided a contribution. It was felt that commissioners were starting to have a better understanding of services provided by QVH, with Kent in particular aware of the need to work with the Trust to support patients in its own area. The SLR was also crucial to inform the partnership working with Western and BSUH.</p> <p>The Board was aware that NHSI/E's financial trajectories for 2020/21 to 2023/24 had not reflected the Trust's current position; this in turn had adversely affected our access to financial recovery funds. Following an exchange of correspondence between the Trust Chair and the South East regional director with regard to this inequality, this matter would be included as part of the broader strategic partnership discussions scheduled later this month.</p> <p>There were no further comments and the Board noted the contents of the latest update.</p>
Key strategic objective 5: organisational excellence	
16-20	<p>Board assurance framework</p> <p>GO reminded the Board that following review by EMT and F&PC, both the current risk rating and the risk appetite had now been reduced. The Board queried whether this was consistent with other BAFs and asked for this to be further reviewed by EMT. [Action: GO]</p> <p>There were no further comments and the Board noted the contents of the latest update.</p>
17-20	<p>Workforce monthly report</p> <p>GO presented the latest workforce report asking the Board to note in particular:</p> <ul style="list-style-type: none"> Improvements in a number of workforce metrics over the last 12 months with performance remaining stable in most areas. The vacancy rate in November was now 10.89%, with rolling turnover the lowest compared to November 2018. This was a credit to operational teams and business managers. There was a slight increase in the rate of sickness absence, but in line with what would be expected seasonally. Managers are encouraged not to use the category 'unknown' for sickness. The team was also reviewing trends around medical sickness, which had challenges within activity. Our overseas nursing partnership has had a positive impact, resulting in some staffing areas being removed from the risk register. Whilst mindful of natural turnover, the Trust was likely to continue with the Yeovil partnership given the high quality of service. There had been a significant reduction in the numbers of temporary staff although this would not be reflected in our finances due to the high cost of medical locum staff. <p>The Board commended GO on the success of the international recruitment programme, noting both the high quality and successful integration of staff and asked that thanks be conveyed to the Deputy director of workforce and the team. There was a short discussion as to whether international recruitment could be adopted for medical staff but GO explained some of the significant challenges this would create, including high costs.</p> <p>The Board had a short discussion around the results of the internal audit into rostering and workforce planning which was subject to considerable scrutiny at the Audit committee. GO concurred that annual leave was currently better managed within nursing than medical, mainly because the software had been in use for longer and was better embedded. The</p>

	<p>Trust's recent focus had been on job planning; it would not have been possible to address issues with annual leave until this had been completed, but was now an area of major focus.</p> <p>There were no further comments and the Board noted the contents of the update.</p>
Governance	
18-20	<p>Audit committee update</p> <p>KG presented his assurance report following the December audit committee, highlighting the following:</p> <ul style="list-style-type: none"> • The Committee had received the latest external audit plan for 2019/20 noting that it had not been possible to move the interim audit to December 2019. This would now take place in February 2020. A discussion had taken place around key risks identified, including valuation on land and buildings. • The internal audit into financial management had shown only partial assurance with one high priority action; however, the Board was assured that this was technical relating to the financial position, rather than process. • The Committee, together with the Deputy director of workforce and the medical director, had reviewed the internal audit into rostering and workforce planning (noting again this had received only partial assurance, with seven high priority actions). • Assurance had been provided in respect of the Trust's management of conflicts of interest and of the effectiveness of processes. <p>There were no further comments and the Board noted the comments of the report.</p>
Any other business (by application to the Chair)	
19-20	None
Questions from members of the public	
20-20	None

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	Jan 2020	08-20	MD report	KSO2	KA to confirm schedule of GoSW reporting so details may be built into the Board's work programme.	KA	ASAP	GoSW reports are scheduled to come to board in March and November with immediate effect	Closed
2	Jan 2020	10-20	Q&S report	KSO2	KA to raise with consultants concerns re lack of engagement in flu vaccination programme and update board of response.	KA	Mar-20	KA raised with consultants at consultants meeting 13 Jan, and also at JHGM on 13 Jan.	Closed
3	Jan 2020	10-20	Q&S report	KSO2	Further analysis on reasons for flu opt-out to be reported back to the Board	JMT	Mar-20	This information has been included in the Quality and Safety report	Closed
4	Jan 2020	10-20	Q&S report	KSO2	Board to receive written update on adult burns service	KA	March 2020 May 2020	Nothing further to report at present. Will be returned to May Board with update after start of talks with BSUH.	Pending
5	Jan 2020	11-20	EPRR core standards and statement of readiness	KSO2	Board to receive update as to accuracy of core standard figures shown in January EPRR report	JMT	Mar-20	Trust EPRR lead re-escalated this to CCG EPRR lead meeting postponed by CCG due to coronavirus incident	Pending
6	Jan 2020	16-20	BAF	KSO5	Following changes to both current risk rating and risk appetite, Board have sought assurance that this is consistent with other BAFs. EMT to review.	GO	Mar-20	EMT reviewed this action at their meeting on 17/02/20 and agreed that this risk rating represents the current status of the Trust and continues to be reviewed monthly	Closed
7	Nov 2019	182-19	BAF	KSO5	Board to receive recommendation as to whether current risk rating can be reduced	GO	Jan-20	On agenda	Closed
8	Nov 2019	191-19	7-Day services	KSO2	Feedback to be provided following submission of 7DS data to regulator	KA	Jan-20	No feedback since submission. Deputy medical director Jeremy Collyer has oversight and any feedback will be included in MD report to BoD. BoD reminded that QVH is treated differently to other trusts as many of the standards do not apply.	Closed

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	05/03/2020	Agenda reference:	37-20		
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:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	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 5 March 2020
Agenda item reference no:	37-20
Report from:	Beryl Hobson, Chair
Date of report:	Monday 24 February 2020

Chair's Report

1. Chair's activities

- a. The CEO and I meet once or twice a year with the MP for Mid-Sussex whose constituency includes QVH. At the December election our long-standing MP Sir Nicholas Soames retired and was replaced by Mims Davies, Minister for Employment. Steve Jenkin and I met with Mims in January and updated her on developments at QVH, particularly with regard to partnership working. Mims showed a particular interest in obtaining funding for QVH for a MRI scanner and we are currently awaiting the outcome of her discussions with the Secretary of State on this matter.
- b. On 14 February, we held a coffee morning to say thank you to the volunteers and governors who support the hospital. In addition to the governors, we now have 64 volunteers across 18 departments, which represents over 150 hours of support per week. There have been some fantastic developments in our volunteer programme over the last year and we have seen an increase in the number of applications for volunteer roles, so that we are now at the stage where all of the current roles are filled. The team will be working with department across the hospital to identify any new possible roles. With thanks to Camilla and Emily for making this such a good event (and for the wonderful cakes!)
- c. I visited a breast reconstruction 'show and tell' event – these are organised one Saturday morning (every two months) on QVH premises by the charity Restore. The charity was set up by a group of ex QVH patients who wanted to help women going through breast cancer and reconstruction by sharing their own experiences. The events are led by QVH staff and volunteers and it was a very powerful example of our teams going above and beyond what is required of them to ensure patients receive outstanding care. At the other end of the patient journey I also observed a nipple tattoo clinic. It is clear that the service QVH provides to these patients at a difficult time of their lives is outstanding and we really are 'rebuilding lives'.
- d. I attended a dinner hosted by NHS Providers (our membership body) for CEOs and Chairs of provider trusts. The dinner gave attendees an opportunity to meet with the Chair of NHSI, Baroness Dido Harding, and to discuss the issues facing trusts. Baroness Harding subsequently called me and I was able to update her on developments regarding our strategic direction and also our financial position, particularly the proposed financial trajectory and lack of Financial Recovery Funding.
- e. Together with the Chair, CEO and executive colleagues from BSUH / WSHFT Steve Jenkin, Suzanne Cliffe and I met with Anne Eden the Regional Director to talk about the partnership programme (more detail in the CEO report).

- f. The annual HFMA conference for Chairs was a good opportunity to hear about future developments in the NHS and healthcare and also to spend time with other Chairs reflecting on the issue facing all trusts, CCGs and ICS/STPs.
- g. Since the last board meeting, I have attended a number of meetings and walk rounds including:
 - Informal walkabouts to:
 - Minor Injuries Unit
 - Theatres
 - C-wing
 - The trustees of EG museum who were holding an away day in the Surgeons mess
 - More formal visits:
 - Compliance in practice visit to main outpatients
 - Morning in the Day treatment Centre observing skin grafts
 - Visit to the 8am trauma meeting
 - Visit to the daily bed meeting
 - Chair and CEO afternoon tea

2. Governor Activity

At the January meeting of the Council of Governors, Steve Jenkin updated the Council on the ongoing work towards partnership working. We continue to be 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 BAF and CRR was reviewed at executive management meeting (24/02/20) and also at hospital management team (17/02/20) meeting to facilitate prioritisation of 2020/21 business planning. KSO 1 and 2 were also reviewed at the Quality and Governance Committee, 20/02/20. KSO 3, 4 and 5 were reviewed 24/02/20 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 March trust board.

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Target risk
KSO 1	15	15	12	12	9
KSO 2	13	12	12	12	8
KSO 3	20	20	16	16	9
KSO 4	25	25	25	25	16
KSO 5	20	20	16	16	9

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	05/03/2020	Agenda reference:		38-20	
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	<ul style="list-style-type: none"> 2019 NHS Staff Survey Estates challenges Partnership working with Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospital Trust Coronavirus NHS Providers report - Specialised services: transforming delivery for patients 				
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
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:					
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	EMT				
	Date:	24/02/20	Decision:	Review BAF	
Next steps:					

CHIEF EXECUTIVE'S REPORT JANUARY 2020

TRUST ISSUES

2019 NHS Staff Survey findings

Last month saw the publication of 2019 NHS Staff Survey findings. This year saw nearly 600 (58%) QVH employees complete the survey, an increase of some 6% on 2018. Three key messages from staff are:

- 72% would recommend our organisations as a place to work
- 92% would be happy with standard of care provided by the organisation if friend/relative needed treatment
- 88% believe care of patients/service users is organisation's top priority

Finance

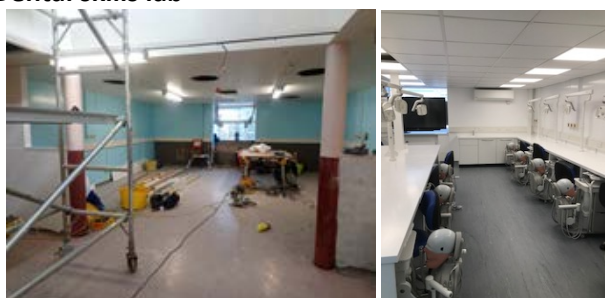
The trust has welcomed Lucy Owens as Interim Director of Finance for a period of six weeks to cover the absence of Michelle Miles for that time. Lucy joins us as we approach year-end and at a very challenging time with our reduced income. A significant challenge has been the lower number of additional theatre sessions we have been able to manage; last year we fulfilled 708 extra sessions whilst this year to the end of January the figure was just 372. This is because of the ongoing pensions tax issue impacting on our consultant workforce.

New Zealand support

Lucy Hall, deputy matron of our burns unit, has flown out for a month to help her fellow nurses in New Zealand who continue to treat patients severely injured in the volcanic eruption. Back in December, New Zealand's White Island volcano erupted, killing 18 people. It also left a number of people with burns to 90-95 per cent of their body and an estimated 27 people with burns to more than 30 per cent of their body. Nurses in New Zealand have been working around the clock to continue to treat the most severely injured and now the country's government has requested international support from burns nurses to fly over and assist. Speaking before she went Lucy said: "I'm a nurse first and foremost and want to be there to help and make a difference. When the request came through for burns nurses to travel out I was intrigued to know how they were working with their patients – as a small island there are definitely similarities to the UK. The nurses have been working flat out with their patients so much of my role will be to support them and hopefully help relieve some of the pressure."



Dental skills lab



Health Education England (HEE) provided £450,000 to QVH to set up a dental skills lab for up to 16 dental core trainees. Having scoped the work near the end of last year, building works were completed on time and on budget at the end of February.

(Pictures show before and after)

Estates

The recent storms have created challenges for our estates team on our aging hospital site although the most significant concern has been on the roof of the main theatres. This theatre block was completed seven years ago and officially opened in October 2013. In early January, the fire service pumped 30 tonnes of water from the flat roof in one day. Since then we have been discussing remedial works with the contractor under warranty and works are scheduled for completion in early March.

Commissioners Day

During the autumn months, we have been discussing our future clinical strategy with our commissioners and delighted that 15 representatives will be attending an open morning at QVH on Friday, 6 March.

QVH Charity



Congratulations to consultant Andrew Mellington, head of nursing David Johnston and biomedical scientist from histopathology Charlotte Sinden who have all secured their place in the Ride 100 London-Surrey for QVH Charity. The 2020 Prudential Ride London-Surrey 100 will take place on Sunday 16 August, starting at 05:45 in Queen Elizabeth Olympic Park.

Partnership working

The first meeting of the newly established QVH Partnership Development Board took place during February to start exploring the benefits, opportunities and risks of being part of a hospital group with Brighton and Sussex University Hospitals (BSUH) and Western Sussex Hospitals Foundation Trust (WSHFT). The Terms of Reference are included in the Board papers for approval.

Steve Jenkin, QVH chief executive has held additional staff briefings since our last Board meeting to ensure staff are kept informed of progress with our partnership, and it is the main focus of the March cascade Team Brief process.

Integrated Performance Dashboard Summary

Our Integrated Performance Dashboard summary (Appendix 1) highlights at a glance the key indicators from all areas within the Trust including safety and quality, finance and operational performance, and workforce, against each Key Strategic Objective.

Board Assurance Framework (BAF)

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

The entire BAF was reviewed at the executive management meeting (24/02/2020) alongside the corporate risk register and also at the hospital management team (17/02/2020) meeting to facilitate prioritisation of 2020/21 business planning. KSOs 1 and 2 were reviewed at the Quality and Governance Committee, 20/02/2020. KSOs 3, 4 and 5 were reviewed 24/02/20 at the Finance and Performance Committee. Changes since the last report are shown in underlined type on the individual KSO sheets.

The key risk to financial sustainability is underperformance against income plan, cost improvement plan and the underlying financial deficit. 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 this Board.

Media

Appendix 2 shows a summary of QVH media activity during December 2019 and January 2020.

SECTOR ISSUES

East Sussex Healthcare NHS Trust

Dr Adrian Bull, Chief Executive of East Sussex Healthcare NHS Trust (ESHT) is to retire in September 2020 after four years in charge, having overseen significant improvement and progress at the Trust. Adrian joined the trust in April 2016, having previously worked as managing director of Imperial College Health Partners and led Queen Victoria Hospital Foundation Trust for five years between 2008 and 2013.

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. Integrated care systems (ICSs) have been proposed as the future model for the health and care system in England. Their development represents a fundamental and far-reaching change in how the NHS works across different services and with external partners.



The Sussex Health and Care Partnership (SHCP) has been working to become an ICS from April 2020 in line with the Government's Long Term Plan. SHCP has co-designed and agreed a set of design principles that are established to support the delivery of the Long Term Plan and describe the values and principles of how we will operate as a partnership for the benefit of our population and workforce.

SHCP guiding principles:

- We are here for our communities, our patients and population, staff and other stakeholders and we will be ambitious for all.
- We will work together to benefit our population and partners, while also supporting the accountabilities of individual organisations.
- We will collectively manage our system and hold ourselves to account to ensure we deliver safe and sustainable health and care that leads to better outcomes for the population.
- We will provide and champion compassionate, collaborative and inclusive multi-professional leadership, ensuring the most appropriate people are involved at the right time.
- We will use our collective resources efficiently and responsibly.
- We will avoid duplication.
- We will work together to understand challenges and use best practice and evidence as the basis for taking action.
- We will make decisions where they will deliver the greatest positive impact to achieve our ambition

For systems to be regarded as an ICS, they will need to meet the core requirements in NHSEI's national ICS maturity matrix which includes effective joint working across all partners to drive system improvement and resolve performance challenges. Discussions will take place between the SHCP Executive Group and NHSEI Executive Group during the next few months to determine progress.

NATIONAL ISSUES

Coronavirus (COVID-19)

A fast-moving virus originating in China and known as the "new coronavirus" has infected tens of thousands of Chinese citizens and, at the time of writing, spread to about 30 countries. The respiratory infection has claimed more than 2,000 lives so far - many more than the 774 killed in the 2003 Sars epidemic - and has been declared a global emergency by the World Health Organisation (WHO).

The first confirmed cases of coronavirus in England were in Brighton and partners within Sussex Health and Care Partnership worked collaboratively to support patients and primary care.

QVH continues to receive national and regional updates, is communicating with all staff, particularly around patient pathways and the developing picture around travel advice and self-isolation instructions. Patients are encouraged to phone NHS111 not attend any health service site, but we are following national instructions to ensure we have appropriate facilities for patient assessment if needed.

Specialised services: transforming delivery for patients

A new publication from NHS Providers, explores the role of specialised services in helping to deliver the ambitions of the long-term plan through interviews with eight leaders with a range of perspectives on the challenges and opportunities facing specialised services. This year, the NHS is expected to spend around £20bn on specialised services commissioned by NHS England, which is around 17% of the total NHS budget, and this covers a very wide range of treatments.

The following points are worth highlighting with reference to QVH's strategic thinking:

- The relationship between specialist services and system working – recently the NHS policy landscape has been dominated by the need to bring together health and social care services in local areas and systems, but the geographic spread of the patient population for specialist services means we need a nuanced approach to this complexity. Mark Brandreth, Chief Executive of Robert Jones and Agnes Hunt Orthopaedic Hospital NHS FT says, "I'm a massive supporter of the ICS process. I think it's completely the right thing to do, but if the paradigm we're moving to is 'competition is dead and it's all about collaboration', we need a much stronger collaborative network between providers of specialised services and commissioners of specialised services."
- Making commissioning work - In recent years, specialised commissioning arrangements have felt transactional to many providers, but in the context of system working there may be an opportunity through consideration of appropriate commissioning footprints, payment reform and governance to change the landscape in order to take a more strategic approach and make it work better for patients and service users. The contributors to the report discuss integrated care systems taking on specialist commissioning and whether the scale of NHSE/I regions gives a more appropriate footprint for collaboration.
- Improving the patient experience – Often specialised services are at the forefront of the latest clinical developments, treating patients with rare and complex conditions, and this can also mean treatment pathways are not well established or well joined up with local services. The report argues for the importance of patient engagement and staff engagement to ensure quality outcomes.
- Invest in capacity to meet demand – like the rest of the NHS, with a constrained financial envelope and workforce challenges, providers of specialised services are struggling to create additional capacity. Mark Brandreth neatly expresses concerns about the ongoing pension issue undermining the long-term workforce strategy for specialised surgeons: "About 30% of

our work is done on an out-of-job plan basis above what's in our contracts of employment. The pensions issue has been totally devastating ... These are senior experienced consultants that we need to look after, and get them to train and develop others through the ranks. It takes a good surgeon seven to ten years to get up to this standard – you can't fast track that ... I have to take a long-term view."

- Research, innovation and technology – report contributors are positive about the opportunities to improve provision but also clear that these opportunities depend on access to sufficient capital funding to invest in new technologies and innovations.

The report concludes that in the world of system thinking change is happening organically. Specialised services are vital for patients and provide fantastic opportunities for talented staff. We need to address the challenges of variation of outcomes or access across the country and drive innovation and transform delivery.

I recommend the full report to Board members.

Steve Jenkin
Chief Executive

Integrated Dashboard Summary
Key indicators at a glance - March 2020

KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services		
C-Diff	0	→
MRSA	0	→
E-coli	0	→
Gram-negative BSK	0	→
Serious Incidents	2	→
Never Events	0	→
No of QVH deaths	0	→
No of off-site deaths	1	↑
(within 30 days)		
Contacts	18394	→
Complaints	2	→
Closed <30 days	4	↑
FFT		
In-patient	98%	→
Day surgery	95%	→
MIU	96%	→
Trauma	99%	↑
O/Ps	94%	→

KSO3 Operational Excellence		
MIU <4hrs	99.89%	→
RTT 18 weeks	82.10%	→
Cancer 2ww	96.00%	↑
Cancer 62 day	80.00%	↓
Diagnostics <6weeks	98.23%	→
52ww	19	→
(patient choice)	13	→
Outpatients utilisation	92.30%	→

KSO4 Financial Sustainability		
Financial plan YTD	(£7983K)	↓
Variance to plan YTD	(£1825k)	↓
Patient activity income YTD	(£2394k)	↓
CIP delivery YTD	£996k	→
Agency spend % of pay bill in month	3.63%	↑

KSO5 Organisational Excellence		
Vacancy rate	11.55%	→
Turnover rate	13.75%	↑
Sickness rate	3.45%	↓
Appraisal rate	87.05%	→
MAST	92.11%	↑
Q2 Staff FFT (work at QVH)	71.73%	→
Q2 Staff FFT (care at QVH)	83.20%	→

Activity - M10	Plan	Actual	2018/19
MIU attendances	1,012	984	1,023
Elective (day case)	1,246	1,035	1,176
Elective	365	306	303
Non-elective	359	318	352
Critical care	79	63	52
O/P first attendance	4,267	3,875	3,847
O/P follow up	11,418	10,642	11,154
O/P procedures	2,715	1,885	2,697
Other	4,027	2,663	2,373

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 –December 2019

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

Expert opinion on burns

Sky News filmed an interview with Paul Drake, our consultant burns and plastic surgeon, as part of their coverage of the New Zealand volcanic explosion. Given the hospital's heritage in pioneering burns treatments, they were interested to know what types and the potential extent of injuries those involved in the tragedy might have sustained. They also used Paul's expertise to fact-check some elements of the story. The piece aired every hour from the 7pm news on 11 December.



Hospital car parking charges

A variety of national and regional media outlets ran a story about a study produced for the PA news agency which found that many patients and visitors “felt ripped off” by the cost of hospital parking. Queen Victoria Hospital was cited in the article in a list of the cheapest hospital trusts in England for a one hour car park stay (£1).

The survey was based on responses from 7,883 patients and visitors who had used a hospital car park in the last two years and financial data gathered from 144 NHS trusts.

Outlets to run the story included Sky News ([including its website](#) - pictured); [Wales Online website](#); [Which News](#); [Hartlepool Mail](#); [Hereford Times](#); [CoventryLive website](#); and Eagle Radio.

Specialist burns treatment following accident with a candle

Our burns unit is referenced in a range of media including a piece in [The Mirror](#) (pictured) following patient Emily Fairbrass speaking about how her hair caught alight after leaning over a candle. The story, initially broken by [Wales Online](#), says "Emily was later transferred to a specialist unit in East Grinstead, West Sussex to be treated for second and third degree burns to her face, neck and head."





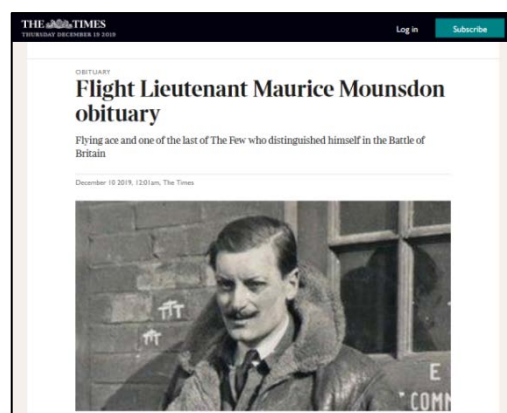
Emily's story was also picked up by [The Metro](#) (pictured); [Daily Mail Online](#); [KentOnline](#); the [Herald Publicist](#); [The Digital Wise website](#) (as a top trending story); and syndicated to regional press such as the [Derby Telegraph](#). [The Sun](#) also ran the story, referencing us as a "specialist burns unit in Sussex".

The story received some international attention too with the [New York Post](#) covering it although QVH is not named directly, only as "another facility" and Fox News who did not name either of the hospitals Emily attended.

Maurice Mounsdon obituary

A range of national media outlets featured the news that Maurice Mounsdon, one of the last surviving Battle of Britain pilots, died aged 101. Flight Lieutenant Maurice Mounsdon sustained serious burns after being shot down in 1940, and became a member of the Guinea Pig Club after receiving pioneering treatment at our hospital.

Mentions that include a reference to QVH include [The Times](#) (pictured); [The Telegraph](#); [inews](#); the [Daily Mail](#); [The Herald Scotland](#); and the [War History Online website](#). The news also made the international press with a mention in [The Sydney Morning Herald](#).



South East clinical support worker of the year

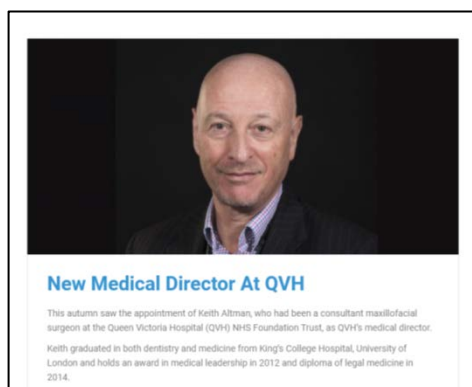
Dr Emma Worrell, our principal maxillofacial prosthetist, who was recently named South East clinical support worker of the year at the national Our Health Heroes awards, gained a series of local media interest. This includes the covers of both the East Grinstead Gazette (pictured right) and the East Grinstead Courier (a teaser on the cover and full article inside – both pictured below).



Emma was also interviewed by Sarah Gorrell for the drive time show on [BBC Radio Sussex](#) on 10 December about her achievement. We have also had interest from BBC South East Today to do something in the New Year.

QVH Charity's National Elf Service Day

Camilla Slattery, head of fundraising for the QVH Charity, was interviewed by Mark Carter on the **BBC Radio Sussex** Saturday breakfast show on 7 December about the charity's festive fundraiser – the National Elf Service Day. The interview encouraged people to do something festive such as donning a Christmas jumper in aid of the charity to coincide with our own onsite fundraiser on 13 December. Mark followed-up the interview by tweeting his own 'elfie-selfie' from the set of the pantomime he is in to promote the event.

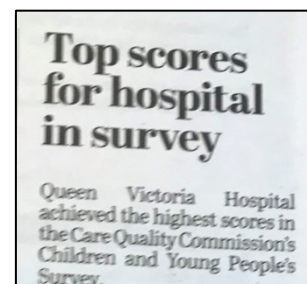


Keith Altman appointed as new medical director

RH Uncovered magazine featured the appointment of Keith Altman as our new medical director on its website just before the end of the month.

Top marks from our youngest patients

Our hospital gaining the highest scores in the country according to the full results of the Care Quality Commission's Children and Young People's Survey was featured on the cover of the East Grinstead Gazette. The launch of the outlier report confirming the top performing hospitals was postponed by CQC until after the general election.



Ad hoc media coverage

This month QVH was also mentioned on the [In Your Area website](#) (pictured), and the [West Sussex County Times](#) in a piece about the Centre for Sight celebrating its 10th anniversary. The piece explains how it was founded by Sheraz Daya at our hospital before opening independently.

We were mentioned as “the hospital in East Grinstead” in a piece on the [KentOnline website](#) about Oakley Orange, who visited QVH and Medway Maritime Hospital to give gifts to the children's wards. Oakley's annual trip is as a thank you for the lifesaving care he received after a severe allergic reaction to medication, leading to a diagnosis of the genetic condition Stevens-Johnson Syndrome.

QVH media update – January 2020

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

Where art meets science – showcasing prosthetics

BBC South East Today ran a piece on its lunchtime and evening news on Tuesday 14 January about the work of Emma Worrell and our onsite prosthetics team.

The piece featured an interview with patient Chris Cook who, although blind, explains the difference having a prosthetic eye and shell made by our team has made.



Emma, who was named South East clinical support worker of the year at the end of 2019, explains what the team does, the difference they can make, and demonstrates how art meets science as she is shown painting a prosthetic eye.

Memory of Guinea Pig Club member will live on in our hospital

The poignant return to QVH of the son of a member of the Guinea Pig Club, 75 years after his father was first treated here, received a series of local media coverage. The piece about Peter Morgan and the donation of a IV drip stand inscribed with his dad Alan Morgan's name was featured on the cover of the [East Grinstead Courier](#) (pictured right), with longer piece inside, and the [East Grinstead Gazette](#) (pictured below).



It also appeared on the websites of the [West Sussex County Times](#) and the [Crawley Observer](#). Alan was involved in a flying incident in 1944 whilst returning from a mission with the 49 Squadron to Stuttgart on his 21st birthday. He received five operations carried out by Sir Archibald McIndoe.

Partnership working

The HSJ ran an article this month about how we will be working with Brighton and Sussex University Hospitals Trust and Western Sussex Hospitals FT to assess the “potential benefits, opportunities and risks” of greater collaboration on a “hospital group” basis.

Steve Jenkin, our chief executive, is quoted explaining the exploration of greater collaboration is “the next step in an evolving process which we believe could help us to do even better for our patients and our staff.

The news was also covered by HSJ in an [insight piece](#) on the same day.



Hot winter drinks safety warning



[RH Uncovered magazine](#) ran a piece on its website at the start of the month with a warning from our burns experts about the dangers of hot drinks. It follows on from the release we issued in October for burns awareness day, but a helpful reminder during the winter months. It quotes Nora Nugent, our burns lead.

The magazine also cited the increase in burns referrals we have received because of hot drinks, in an article again on its website, about [Krissie Styles](#) who previously worked at QVH, and a children's book she has written to promote burns awareness.

Change to our Parkinson's Disease nurse specialist service



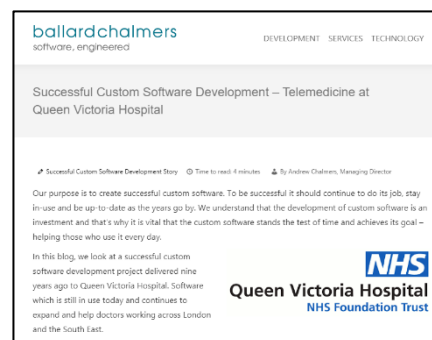
The [West Sussex County Times](#) ran an article regarding a change we are taking to our Parkinson's Disease nurse specialist service, whereby from 31 January we will no longer see patients from Horsham. We took the difficult decision with our commissioners because the number of patients we are working with in the East Grinstead and Crawley areas has increased, meaning our Parkinson's Disease specialist nurse practitioner cannot provide the high level of care and support needed to everyone.

The article includes a statement from our local commissioners explaining that patients will now be seen by neurological specialist therapists as part of a multi-disciplinary team from Sussex Community NHS Foundation Trust.

Ad hoc media coverage

Nora Nugent was also cited in an article in [The Sunday Times](#) regarding cosmetic surgery for young Muslim women. It mentions QVH although it is not something we carry out here.

Software engineers [Ballard Chalmers](#) featured QVH as a case study on its website, referencing the telemedicine project they worked on with us nine years ago and how the system continues to expand.



Press releases

We issued the following press release in January that you can read via this link:

- [Memory of WWII airman will live on in hospital theatres](#)

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.

KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality
Committee: Quality & Governance
Date last reviewed 26th Feb 2020

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

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 continues19 staff registered and inducted
- 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
- Picker 2019 inpatient survey data received

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

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 March 2020
- meeting / communication with SE burns network, COG, regulators and Healthwatch July 2019
- Compiling Burn Case for Change in collaboration with BSUH AND NHSE

Gaps in controls / assurance

- International recruitment material benefits to workforce anticipated in Q3 and 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: 10th February 2020

Strategic Objective

We provide world class services, evidenced by clinical and patient outcomes. Our clinical services are underpinned by our high standards of governance, education research and innovation.

Risk

Patients, clinicians & commissioners lose confidence in services due to inability to show external assurance by outcome measurement, reduction in research output, fall in teaching standards., or lack of effective clinical governance.

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

Rationale for current score

- Adult burns ITU and paediatric burn derogation
- Paediatric inpatient standards and co-location
- 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. (Posts about to be advertised).
- CCU – network arrangements for CPD and support require further development
- Pension and taxation arrangements threatening work above 10PA contracts

Initial Risk Rating 5(C)x3(L) =15, moderate

Current Risk Rating 4(C)x3(L)=12, moderate

Target Risk Rating 4(C)x2 L) = 8, low

Future Risks

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

Future Opportunities

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

Controls and assurances:

- Clinical governance leads and reporting structure
- Clinical indicators, NICE reviews and implementation
- Relevant staff engaged in risks OOH and management
- Networks for QVH cover-e.g. burns, surgery, imaging
- Training and supervision of all trainees with deanery model
- Creation of QVH Clinical Research strategy
- Local Academic Board, Local Faculty Groups and Educational Supervisors
- Electronic job planning
- Harm reviews of 52+ week waits
- Temporary diversion of inpatient paediatric burns patients to alternative network providers

Gaps in controls and assurances:

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

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	05.03.20	Agenda reference:		40-20	
Report title:	Quality and governance assurance				
Sponsor:	Karen Norman, committee chair				
Author:	Karen Norman, committee chair				
Appendices:	None				
Executive summary					
Purpose of report:	To update the board on quality and governance assurance issues arising since the last Board meeting on 09.01.20.				
Summary of key issues	<p>Risk Exception Report of 154 reported patient safety incidents, including 2 Serious Incidents and the commencement of 3 Formal Internal Investigations</p> <p>Update on quality and governance assurance with respect to the Corporate Risk Register, Board Assurance Framework, Infection Prevention & Control, Antimicrobial stewardship, Patient experience report, Quality report priorities update, Quality & Safety updates on: Coronavirus planning, Flu vaccination, Safe staffing and Medical examiner guidance. Summary of CQUIN, CQC action plan, Q&GC sub group assurance visits, and research and development assurance. Confirmation of reports received, and policies approved since the last board meeting.</p>				
Recommendation:	The Board is asked to NOTE this report				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <i>[Tick which KSO(s) this recommendation aims to support]</i>	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	Committee 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:	N/A				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	For presentation to board on 05.03.20				

Report to: Board Directors
Agenda item: 40-20
Date of meeting: 5 March 2020
Report from: Karen Norman
Report author: Karen Norman
Date of report: 25 February 2020
Appendices: None

Quality and governance assurance

1. Introduction

This report updates the Board on key issues from the Quality and Governance Committee on 20 February 2020.

2. Governance of quality and governance committee

The committee completed the annual review of its terms of reference and a self-assessment review has been circulated to members. The chair of the committee and the director of nursing and quality met with staff responsible for compiling the reports for the committee, reviewing the data provided and considering how this could best be presented to provide the necessary assurance. A number of suggestions were made and will be worked on in coming months. The director of nursing will also seek to secure an additional session for these staff on the NHSI programme 'Making Data Count.'

3. Patient safety summary exception report: December 2019 - January 2020

154 patient safety incidents were recorded within this reporting period, compared with 211 incidents in the last reporting period. Two of these were categorised as serious incidents and both are currently being investigated. The findings will be reported to the relevant teams and clinical governance forums to ensure appropriate actions are taken and lessons learned.

Three formal internal investigations were commenced within this reporting period. The findings will be reported to the relevant teams and clinical governance forums to ensure appropriate actions are taken and lessons learned.

The main categories of incidents reported were: i) medication incidents (37, against 50 in previous report), ii) communication (14), cardiac arrest/MET call (13), iii) soft tissue damage (9) iv) delay of investigation, treatment or diagnosis (12), v) documentation (20).

Clinical harm review meetings for patients waiting over 52 weeks and cancer patients waiting over 104 days continue in line with national guidance. There has been nil harm identified thus far.

208 patient safety incident investigations have been completed since the last report. The committee discussed the incidents raised and were assured that robust investigations were in place/ remedial actions taken, and will await the final reports.

4. Corporate risk register

The committee reviewed in detail changes to the risk register between 1 October 2019 and 30 November 2019 and were assured of actions in train to deal with new and increased risks.

5. Infection Prevention and Control report, Quarter 3

The committee was pleased to note an increase in staff attendance at infection control training, with the infection control team offering flexible teaching to ensure mandatory training targets are met. A close working relationship with the estates and facilities team has led to a more robust programme of repair work to ensure compliance with infection control standards. A robust infection control audit programme has continued through the quarter, with results fed back to appropriate departments and relevant actions identified.

The committee reviewed the reporting of Clostridium Difficile and E.coli bacteraemia infections and was assured by actions taken.

The committee noted with concern that compliance with MRSA screening for both trauma and elective cases has fluctuated throughout the quarter. This will be reviewed in the next meeting.

The committee was assured that the organisation has effective infection prevention and control arrangements in place.

6. Antimicrobial stewardship.

The committee considered the report on the current status of adherence to national antimicrobial stewardship standards. This self-assessment framework was updated by the chief pharmacist to reflect recent work undertaken and three action points relating to guidelines have been regraded from green to amber. The committee noted the actions required to address these issues and that the recent appointment of an antimicrobial pharmacist will assist with this work. There are no 'red' actions arising. This item will remain on the committee agenda as a standing item for further assurance until all actions are complete.

7. Patient experience report.

The committee noted that the Trust received eight formal complaints during this period (6 December and two in January) making a total number of 57 complaints received, as compared to 46 at the same time last year. There were no cases referred by the Parliamentary and Health Service Ombudsman for consideration during this period. There are 62 active claims, with three new claims received and one claim closed in this period.

The Friends and Family Test scores for both December and January found that 98% of our inpatients would highly recommend/recommend QVH to others.

The committee was assured of the systems in place to monitor patient experience and to take action and learn lessons where required.

8. Quality Report priorities update 2019/20 (Q3) and 2020/21 priorities

All three Quality Report priorities were achieved in Q3. These priorities were:

- Patient Safety: Implementation of an e-observation tool to collect and collate patient physiological data such as blood pressure, heart rate, respiratory rate and other clinical indices.
- Clinical Effectiveness: Outpatient improvement programme – introduction of 'virtual clinics.'
- Patient Experience: Improved clinician communication and customer care expectations

The lead governor has worked closely with the quality and operational teams to agree the 2019/20 governor selection of the quality indicator. The indicator selected for auditing this year is elective surgery: on the day cancellations by patients (including DNAs).

The quality priorities for 2020/21 recommended by clinical governance group were presented with the rationale for selection, which included trust clinical priorities and new national guidance. These priorities were supported, along with the proposal for monitoring and management. The priorities are

- Patient safety – Safety scenarios simulation training
- Clinical effectiveness – Hand trauma service referral pathway and treatment times
- Patient experience – Mental Capacity Act and patients with learning disabilities

9. Quality and safety board report

Coronavirus planning. The committee discussed Coronavirus planning, noting that the trust is working collaboratively with national teams to ensure robust processes are in place.

Flu vaccination. The committee *noted* the vaccination programme in the Trust has increased the number of front line staff receiving a vaccination by 2.6 % since concerns were expressed at the low uptake in the last report. The committee noted the improvement and efforts of staff involved in the campaign but remained concerned at the comparatively lower uptake in comparison with other trusts. Scrutiny of the reasons given by staff for opt-out generated further questions and recommendations. Efforts will continue to improve the uptake and this item will remain on the committee's agenda.

Safe care and safe staffing in clinical areas.

This report was discussed and assurance on this item was noted.

Trust approach to new medical examiner guidance.

The committee noted the report (due for presentation to Trust board) and were by assured by the proposed solution.

10. CQUIN

This report provided progress for Quarter 1 of the 2019/20 CQUIN schemes and highlighted areas of risks in achieving all the milestones by year-end. This report will be presented to the QVH Board.

11. CQC action plan

Q&GC reviewed the updated action plan, which was compiled and submitted to the CQC in response to the recommendations following the CQC inspection in 2019. This detailed progress to date against the action points raised, which the committee were pleased to note had made good progress.

12. Feedback from local governance groups

Visits by committee members to meet with and observe their twelve sub-committees continue, with reports back this month providing assurance on Joint Hospital Clinical Governance Meeting; Medicine Management Optimisation and Governance Group; Patient Experience Group.

Discussion following observation of the Research and Development Governance Group led to a number of recommendations with regard to the strategic development and governance for further consideration by the executive.

13. Policy approval/ratification

The committee ratified eight policies and recommended their presentation to the Board for information.

14. Well led reports

The following reports were received for information

- Clinical Governance Group Minutes – December and January 2020
- Health and Safety Group Summary Report
- Infection Prevention & Control Group Summary Report
- Medicines Management & Optimisation Governance Group Summary Report
- Research and Development Governance Group Summary Report

The reports and minutes were noted and no further points of assurance sought.

Report cover-page					
References					
Meeting title:	Trust Board				
Meeting date:	05/03/20	Agenda reference:		41-20	
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	<p>Key changes to the CRR this period:</p> <p>Three new risks added; i) Significantly reduced Consultant Histopathologist cover, ii) Lack of Failsafe Officer and iii) Understaffing within Appointments Team.</p> <p>Three risks rescored in this period: i) The risk rating for the Site Team staffing was reduced from 12 to 9, as only one whole time equivalent (WTE) vacancy remains. ii) The Canadian Wing staffing risk was reduced from 12 to 9 due to an increase in numbers of staff recruited iii) The risk rating for inadequate Consultant Radiologist cover was increased from 12 to 16 because planned additional cover is no longer available.</p> <p>One corporate risk closed; the problems with the environmental temperature control in the histopathology laboratory have been resolved following installation of an air-conditioning system.</p> <p>There are 69 risks currently on the Trust Risk Register as at 6th February 2020, of which 18 are corporate and the rest managed at a local level.</p>				
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: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
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:	Hospital Management Team				
	Date:	17/02/20	Decision:	Noted	
Previously considered by:	Executive management team				
	Date	24/02/20	Decision	Noted	
Previously considered by:	Quality and governance				
	Date:	20/2/20	Decision:	Reviewed no changes	

Corporate Risk Register Report December 2019 and January 2020 Data

Key updates

Corporate Risks added between 01/10/2019 and 30/11/2019: 3

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
3x4=12	1168	Significantly reduced Consultant Histopathologist cover	CSS meeting
4x4=16	1167	Lack of Failsafe Officer	Director of Operations
4x3=12	1170	Understaffing within Appointments Team	General Manager, Access and Outpatients

Corporate Risks rescored this period: 3

Risk ID	Risk Description	Previous Risk Score (CxL)	Updated Risk Score (CxL)	Rationale for Rescore	Committee where change(s) agreed/proposed
1149	Site Team Staffing	3x4=12	3x3=9	Only 1wte vacancy remains	R/V with DoN
1094	Canadian Wing Staffing	3x4=12	3x3=9	Increase in recruitment	R/V with DoN
1163	Inadequate Consultant radiologist cover	4x3=12	4x4=16	Planned additional cover no longer available	R/V with risk owner and Exec lead

One Corporate Risks were closed this period

Risk ID	Risk Description	Risk Score	Rationale for closure	Committee where closure agreed/proposed
1147	Environmental Temperature Control in Histopathology Laboratory	3x5=15	Installation completed and system fully functioning	H&SG

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 69 risks currently on the Trust Risk Register as at 6th February 2020, of which 18 are corporate, with the following modifications occurring during this reporting period (Oct / Nov):

- Seven new risks added: 3 corporate, 4 local
- Four risks closed: one corporate
- Three corporate risk scores reviewed: one increasing score remaining on CRR and two scores 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 69 risks open on the trust risk registers: risks that score 12 or more are managed via the Corporate Risk Register.

Five 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	7	3	1
Possible 3		4	30	4 ID: 968, 1059, 1152, 1170	
Likely 4		4	9 ID: 1035 1040, 1077, 1117, 1122, 1136, 1139, 1148, 1168	3 ID: 1125, 1163, 1167	0
Certain 5		1	1 ID1140	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.

5. Link to Key Strategic Objectives

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

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

Implications for BAF or Corporate Risk Register

7. Significant corporate risks have been triangulated with the Trust's Board Assurance Framework.

Regulatory impacts

8. The attached risk register would inform the CQC but does not have any impact on our ability to comply with CQC authorisation and does not indicate that the Trust is not:
- Safe
 - Effective
 - Caring
 - Well led
 - Responsive

Recommendation:

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

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1170	09/01/2020	Understanding within Appointments Team	The Plastics/Max/Facs appointments team is carrying two maternity leave posts which has now been exacerbated by several medium term absences and two resignations in quick succession around the Christmas period. □	Additional bank staffing has been sourced and will come on board asap. A wider review of the appointments/reception function is required to ensure the service is resourced and trained to meet the needs of all stakeholders, taking into account the relatively recent implementation of sRS.	Abigail Jago	Philip Kennedy	Compliance (Targets / Assessments / Standards)	12	6	4/2/20: 1xwle bank staff to cover to end of March - currently shortlisting for substantive post: Leadership/ post advertised - awaiting JD approval from HR	KS01 KS03 KS04 KS05
1169	20/12/2019	Significantly reduced Consultant Histopathologist cover	Significantly reduced Consultant Histopathologist cover causing failure to meet turn around times and national cancer targets.	Locum Consultant currently employed until mid January 2020: Previous consultant covering additional cases on bank basis: There is place for remote reporting by Skin lead at neighbouring trust for ad hoc work.	Abigail Jago	Fiona Lawson	Compliance (Targets / Assessments / Standards)	12	6	14/1/20: 1wle consultant recruited - overseas appointment, start date awaited.	KS02 KS03
1167	09/01/2020	Lack of Falsafe Officer	GIRT and HII recommendations state that every Ophthalmology Department should have a dedicated Falsafe Officer to reduce the risk of patients being lost to follow up and to reduce the risk of undue delays to follow up appointments.	Current Falsafe duties reside with Business Manager, Service Manager and Service Coordinator. However, there is insufficient resource to manage falsafe procedures adequately.	Abigail Jago	Merc Tremontin	Patient Safety	16	8	4/2/20: reviewing internal efficiencies to support post identified within Business Planning. □ HSB National report published with multiple recommendations	KS01 KS02 KS03
1162	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 MSKNeuro 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	16	8	04-02-2020: adverts are back out for the consultant posts. Global fellowship conversations on-going between the clinical lead and the programme team. □ 14.01/2020: vacancies to go back out to advert, developing SLA with Worthing for Consultant support 1 day per week. Global fellowship programme also being explored by lead clinician. □ 18-12-2019: new substantive H&N consultant now not coming. Lekha's post - candidates may not be suitable and 1 has been withdrawn. □ To support current radiologist, we have a bank consultant sonographer to support the MSK US service. □ MRCT 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.	KS01 KS03 KS06
1122	02/09/2019	Internal audit - Fire Risk Assessment reviews not taking place	Fire Risk Assessments (FRAs) 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	FRAs are reviewed on annual basis: Head of Estates working with the Fire Safety Advisor, re-writing / reviewing FRAs 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	09/11/2019 All FRAs now up to date and progressing. □ October: Update of all FRAs: Start: 1/5/19; Due: 1/11/19; Completed: 22/10/19:	KS03
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	DBRE	Finance	12	6	09/12/2019: Onsite & Remote coding support in place with external company. All untrained staff completing their training by Week Ending 15/12/2019. EDM new process implemented to reduce time from Discharge to being available on Evolve. Outlines paper being written to look at how to structure service from 2020. □ 02/08/2019: 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.	KS04
1144	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 5 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. ESHF 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 SAS 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.	ESHF 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	16	4	04-02-2020: PACS consortium meeting on 30th Jan. presentation from Hyland for the VNA extension. Trusts need to formally agree to this work by mid February at Trust board level as work needs to proceed ASAP to ensure the tight timeline. □ 14-01-2020: I raised concerns to the programme manager around the timeline as there was a lot that needed to be completed by the 20th Jan and our next meeting is the 30th Jan. I have asked DDOF and others at QVH for any updates (in case they have had meetings that I am not abreast of). I vocalised my concerns to the programme manager around resourcing, business as usual arrangements around migration. Reply sent was not really reassuring as it still had a lot of unknowns on it. Awaiting update locally and we will arrange a local meeting prior to the formal PACS meeting on the 30th. □ 18-12-2019: PACS meeting cancelled today. Call re VNA specification 19-12-2019. Timeline is incredibly tight and there are large risks around this. This may need re-scoring in January if some actions have not been completed. □ 06-11-2019: PACS meeting 16th Oct and 30th Oct. VNA is not included in the contract extension proposal by Philips. 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 Philips for VNA work. □ 19-09-19 DDOF and RSM attended the meeting. Update - All consortium trusts accepting of extension. ToR/MU 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. Philips 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: RIV 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/ test 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/T Directors imminently. □ 08-03-2019: Consortium meeting scheduled 27th March to discuss the way forward □	KS01 KS02 KS03 KS04
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 services, 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: on-site 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	January 2020: x3 post to be advertised stat □ Dec: nil further to update: 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 orthopaedics 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	KS01 KS02 KS03
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.	Michelle Miles	Mr Jeremy Golyer	Patient Safety	12	6	January 2020: Issues with scans within Max/Fax, Sleep and Orthodontics where an error screen is displayed when a user attempts to save a recently typed notation into the eForm; the technology affected is a 'middleware' application provided by a 3rd party - pre-defined escalation route is currently being followed. October update: Trust reporting on a monthly basis to NHS digital as part of the TSSM (trust system support model) process. 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 orthopaedics 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	KS03 KS04

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Status	Target Date	Progress/Updates	KSO
1120	30/08/2018	RTT Delivery and Performance	<p>The Trust's RTT position is significantly below the national standard of 30% 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.</p> <p>62 week position has deteriorated following identification of additional patients</p>	<p>July 18:</p> <ul style="list-style-type: none"> Comprehensive review of spoke site activity has taken place 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 Darford spoke site 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 Luskfield theatres). Recovery plan in place 4 additional validators to start in post 29th August. 6ST 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 Jaggi	Victoria Worrell	Compliance (Targets / Assessments / Standards)	12	9	<p>4/2/20 ongoing reduction in 52 week waits - RTT Action Plan continues; operational overview through weekly PTL meeting.</p> <p>22/7/19: remain behind trajectory with ongoing improvement of RTT position including reduction in numbers of 52week patients and patients waiting over 18weeks; ongoing challenges with patients deferring treatment through choice - score reviewed with Exec Lead and amended.</p> <p>11/9/19: ongoing delivery of RTT recovery plan. Trust open pathway performance on track; challenges remain with cones plastic trajectory due to non-consultant medical cover - full service review underway. 52WV trajectory behind plan due to high levels of patients choosing to defer treatment.</p> <p>11/9/19: Review 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.</p> <p>5/4/19: RVW with Exec Lead - capacity planning complete; activity to deliver 2019/20 plan has been signed off with Commissioners and on track with revised trajectory.</p> <p>8/3/19: 2019/20 capacity planning underway including potential independent sector activity - on track with performance plan.</p> <p>14/2/19: Exec lead r/v - RTT plan agreed with commissioners and on track re 52 wk waits and percentage performance.</p> <p>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.</p>	KS01 KS02 KS03 KS04 KS05
1122	16/08/2018	Sentinel Node Biopsy: increase in demand	<p>Rise in demand to perform Sentinel Lymph Node Biopsy for skin cancer.</p> <p>Not enough capacity in theatres & clinics to undertake them all.</p>	<p>* Extra Clinics</p> <ul style="list-style-type: none"> These procedures per week to be undertaken in the Microbe Unit from September 14th 2018. Weekly review of cancer PTL. additional capacity in place 	Abigail Jaggi	Paul Gable	Patient Safety	12	9	<p>4/2/20 BC reviewed and expanded for resubmission. Currently reviewing clinic availability exploring fringe arrangements.</p> <p>22/7/19: referrals continue to increase, sustainable skin-service review in progress - cases continue to be outsourced to support capacity.</p> <p>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.</p> <p>8/7/19: RVW with Exec Lead - additional independent sector capacity ongoing. BC for substantive consultant post in progress.</p> <p>May update: PoAP submitted to EMT - further information requested.</p> <p>8/3/19: PoAP being developed for substantive capacity.</p> <p>14/2/19: Clearly sought regarding clinical harm monitoring for these patients; advised that the melanoma has already been removed and QVH are providing the secondary surgery.</p> <p>The patients where there is a potential risk are the 'incompletely excised' ones - those are tracked and prioritised.</p> <p>February 7th update: Summary Business case to EMT for 'late skin consultant'.</p> <p>Oct update: outsourced capacity to McIndoe</p>	KS01 KS02 KS03 KS05
1117	26/06/2018	Inability to meet legislative requirements of the Falsified Medicines Directive	<p>Falsified Medicines directive due to come into force in February 2019. Trust will be unable to comply with the legislation when first in place.</p> <p>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).</p> <p>Anti-tampering device:</p> <p>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 decommmissioning scan, "at the time of supplying it to the public".</p>	<p>1. Information on actions being gathered.</p> <p>2. On-going discussions at KSS Chl Pharmacist meetings and concerns being fed back to NHS England.</p> <p>3. Nov 18 Quote has been sent from JAC regarding implementation.</p> <p>4. Planning underway for upgrade to current JAC version. Will include ability to link FMD software although may not initially be switched on.</p> <p>5. Trust incorporated best practice examples from other providers into QVH initiatives.</p> <p>6. Assessment of agency nurse skills to improve safe transition for working in QVH theatres.</p> <p>7. Management of activity in the event that staffing falls below safe levels.</p> <p>8. Sh. Act to improve recruitment time frame to reduce available delays</p>	Abigail Jaggi	Judy Busby	Compliance (Targets / Assessments / Standards)	12	2	<p>7/2/20 No change from previous update.</p> <p>2. On-going and working well. Waiting for Dm-D compliance work to be completed by JAC. Funding for JAC option for FMD compliance submitted in business plan.</p> <p>11/10/19 JAC upgrading 16th Oct 2019. Will be able to start working towards FMD compliance once complete.</p> <p>27/8/19 Still trying to move forward with JAC upgrade - delays in progress due to JAC. Looking into alternative options.</p> <p>July 2019 Meeting forward with JAC upgrade.</p> <p>May 2019 Currently working with JAC to upgrade Pharmacy IT system. FMD software still in testing so further upgrade will be needed at a later date once working fully.</p> <p>March 2019 Reviewed at Governance Meeting 18/03/2019.</p> <p>Software currently not available, this is an issue for all Trusts nationally: work underway externally to devise programme, will not be before December 2019.</p> <p>11/10/19 - Information is still being gathered. Concern by all KSS Chl pharmacists that there is not enough information available. Breast may also affect the data.</p> <p>21/11/18 - controls updated - JAC has sent quote for software. Included in business planning</p>	KS02 KS03
1077	22/08/2017	Recruitment and retention in theatres	<p>* Theatres vacancy rate is increasing.</p> <p>* Pre-assessment vacancy rate is increasing.</p> <p>* Age demographics of QVH nursing workforce: 20% of staff are at retirement age.</p> <p>* Impact on waiting lists as staff are covering gaps in normal week & therefore not available to cover additional activity at weekends.</p> <p>June 2018:</p> <ul style="list-style-type: none"> loss of theatre lists due to staff vacancies 	<p>1. HR Team review difficult to fill vacancies with operational managers.</p> <p>2. Targeted recruitment continues. Business Case progressing via EMT to utilise recruitment & retention via social media.</p> <p>3. Specialist Agency used to supply cover: approval over cap to sustain safe provision of service / capacity.</p> <p>4. Trust is signed to the NHSI nursing retention initiative.</p> <p>5. Trust incorporated best practice examples from other providers into QVH initiatives.</p> <p>6. Assessment of agency nurse skills to improve safe transition for working in QVH theatres.</p> <p>7. Management of activity in the event that staffing falls below safe levels.</p> <p>8. Sh. Act to improve recruitment time frame to reduce available delays</p>	Abigail Jaggi	Sue Aston	Patient Safety	12	4	<p>January 2020: currently covering long term sickness & mat leave in addition to staff cross covering PAC and recovery. 6 new BS recruits currently supernumerary: 1 to mid Jan, others to Mid Feb continued recruitment to 3 BS vacancies one Feb/March timeframe. Working to be at full establishment or as near by late spring.</p> <p>Increase in regular bank staff, decreasing agency use.</p> <p>Dec: Theatres Registered Practitioner vacancies at 4wks.</p> <p>Ten new recruits currently working supernumerary waiting PIN / on orientation.</p> <p>21/10/19: Theatres Registered Practitioner vacancies at 10.45wks. Overseas & local recruits require period of supernumerary to gain PIN & orientate to department respectively. Potential five recruits in system (full update in 'documents').</p> <p>11/10/19: ongoing work with overseas nursing / local recruitment campaign / introduction incentive. Apprenticeship programme for associates underway.</p> <p>July 2019 recruitment campaign continuing. Overseas nurses working through a programme to be able to obtain PIN numbers. Score reviewed.</p> <p>March update: four overseas recruits due to start April / May plus four local recruits by end of May.</p> <p>February update:</p> <p>International recruit gained NMC PIN, further posts offered with start dates April 2019.</p> <p>October update: some success with recruitment. CCG reviewed Theatre services 11/10/19 - no safety or quality issues were identified written report awaited.</p> <p>13/9/18: 41 WTE Staff Name posts recruited to, all with theatre experience.</p> <p>Recruitment process underway for new staff to include international recruits.</p> <p>Dubai recruitment: 41-45 posts offered; awaiting update and detail.</p> <p>9/7/18: TUG agreed to pilot different minor procedure staffing model from July '18.</p> <p>Practice Educator in Dubai to interview potential staff.</p> <p>12/6/18: further work on theatre establishment & budget. Testing feedback from staff re: skill mix.</p> <p>14/6 (CGG): Pre-assessment almost at full establishment.</p> <p>12/2/18: recruitment to pre-op assessment plus social media recruitment drive.</p> <p>January 2018 update: HCA's now in post</p> <p>October: HCA to update.</p> <p>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 OMS trauma cover near completion & agreement for orthopaedic progressing.</p> <p>May 2019 update: CT scanning services working well; exploring out of hours provision going forward. MoU discussions with BSUH continue.</p> <p>October update: CT onsite will be operational December 2018 - joint programme manager commenced in post September 2018.</p> <p>13/8/18: reviewed at CGG - plan for installation September.</p> <p>14/5/2018 (CGG): some progress re: discussions between sites - joint (BSUH & QVH) programme board established and CT procurement process underway</p>	KS01 KS02
1059	22/06/2017	Remote site: Lack of co-location with clinical specialties & facilities which may be required to manage complications of procedures undertaken at QVH	<p>Lack of co-location with clinical specialties & facilities which may be required to manage complications of procedures undertaken at QVH</p>	<p>SLA with BSUH re: CT scanning, acute medical care, paediatric care and advice.</p> <p>Guidelines re: pre-assessment & admission criteria, to QVH:</p> <ul style="list-style-type: none"> 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	M-Jeremy Collyer	Patient Safety	12	10	<p>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 OMS trauma cover near completion & agreement for orthopaedic progressing.</p> <p>May 2019 update: CT scanning services working well; exploring out of hours provision going forward. MoU discussions with BSUH continue.</p> <p>October update: CT onsite will be operational December 2018 - joint programme manager commenced in post September 2018.</p> <p>13/8/18: reviewed at CGG - plan for installation September.</p> <p>14/5/2018 (CGG): some progress re: discussions between sites - joint (BSUH & QVH) programme board established and CT procurement process underway</p>	KS01 KS02 KS04
1040	13/02/2017	Age of X-ray equipment in radiology	<p>Significant numbers of Radiology equipment are reaching end of life with multiple breakdowns throughout the last 2 year period.</p> <p>No Capital Replacement Plan in place at QVH for radiology equipment</p>	<p>All equipment is under a maintenance contract, and is subject to QA checks by the maintenance company and by Medical Physics.</p> <p>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-Fluoro room. These patients would have to be out-sourced to another imaging provider.</p> <p>Mobis: QVH has 2 machines on site. Plan to replace 1 mobile machine for 2019-2020.</p> <p>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.</p> <p>Ultrasound- 2 US units are over the Royal College of Radiologists (RCR) 7 years recommended life cycle for clinical use. Plan to replace 1 US machine for 2019-2020.</p>	Abigail Jaggi	Paul Gable	Patient Safety	12	2	<p>6/4/20 2020: The MES option is moving forward but will take around 12 months. A framework solution is preferred due to the risk and size of the project. An interim modular MRI solution is being scoped for April onward. We will staff this ourselves and have been recruiting staff. Given the fragility of the Fluoroscopy site, the trust had decided to purchase this from capital for 2021. Supply chain have been approached for quotes.</p> <p>14-01-2020 - developing a strategy with procurement around the MES option. Meeting on Friday 10th and actions for both RSM/head of procurement. The CEO has asked for funding for MRI from the government and has local CCG/STP/MP support - no update re centralised funding for MRI.</p> <p>18-12-2019 - the CEO has applied for government funding for the MRI and has support from the STP/Cancer alliance networks and commissioners. MES still to be kept moving in case the centralised funding does not get agreed.</p> <p>20/11 - submission for emergency capital made.</p> <p>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.</p> <p>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.</p> <p>11/9/19: successful software repair undertaken - six months warranty in place. BC with LoF.</p> <p>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 sialography service. Escalated to director of operations.</p> <p>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.</p> <p>18-06-19 - Radiology asked to prioritise equipment. Fluoroscopy and US machine requested. Requested for charitable funds to fund fluoroscopy equipment - decision awaited.</p> <p>June update: Bid to charity funds / League of Friends.</p>	KS01 KS02 KS03
1038	09/01/2017	Inability to recruit adequate numbers of skilled critical care nurses across a range of Bands	<p>* Failure to recruit adequate numbers of skilled critical care nurses across a range of Bands.</p> <p>* Intensive Care Society recommends 50% of qualified nurses working on CCU team should have ICU course: this is currently complied with due to existing workforce, new staff joining from Q-Wing and transfer of vacancy rates.</p> <p>* move of step-down beds to CCU has increased the vacancy rate.</p> <p>* potential for cases to be cancelled</p>	<p>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.</p> <p>Temporary staff are formally orientated to the unit with a document completed and kept on file.</p> <p>2. A register is kept of all agency nurses working in CCU-they all have ITU Course or extensive experience.</p> <p>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.</p> <p>4. Recruitment drive continues & review of skill mix throughout the day and appropriate changes made.</p> <p>5. Review of patient pathway undertaken following move of step-down patients to CCU for review October 2017.</p> <p>6. International recruitment undertaken, appropriate staff moving through required checks. Continue to advertise registered staff positions.</p> <p>7. Paper agreed at HMT to support current staffing issues in CCU.</p> <p>Agency remains Npt with long term sickness and maternity leave. Must ensure 50:50 split between CCU substantive staff and agency. Staff aware of the action.</p>	Jo Thomas	Nicola Reeves	Patient Safety	12	9	<p>January 2020:</p> <ul style="list-style-type: none"> Band 5 vacancy = 0.96 WTE. Band 6 vacancy = 1.84 WTE - 1wte nurse seconded to E-Oba project. Unexpectedly overseas staff require support when caring for ventilated patients: action plan in place to address this however it reduces the skill mix. I have recruited into the band 6 vacancy 0.80 WTE - am still awaiting recruitment clearance. The band 5 vacancy I am keeping for the band 4 as we will be bringing into the unit. do however have a band 6 who has been seconded as the xOba lead, so this increases my current band 6 vacancy to 1.84 WTE. Nov 19: B6 = 0.84wte. B5 = 0.95wte. K 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 OSCE's or are ready to work clinically. 1 international nurse has passed OSCE. NMC regional currently working supernumerary to achieve the initial 6 week competencies. 1 international nurse working towards passing OSCE. 8/9/19: Vacancy B6 = 1.46 WTE - 1.0 WTE started - international starters in July will not be included within the establishment until August. Agency B5 = 3.316 WTE - 3.0 WTE due to start in September/October. Vacancy rate of 23%. 9/7/19: Band 6 vacancy rate: 1.28 WTE - r/v with DoN and resourced. International nurses not yet arrived, passed OSCE's or ready to work clinically so although recruitment is improved bank staff continue to be required. 	KS01 KS02

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
368	20/06/2016	Delivery of commissioned services whilst not meeting all national standards/criteria for Burns and Paeds	<p>Potential increase in the risk to patient safety::</p> <p>on-call paediatrician is 1 hour away in Brighton::</p> <p>Potential loss of income if Burns delegation lost::</p> <p>no dedicated paediatric anaesthetic lists</p>	<p>Paeds review group in place::</p> <p>Mitigation protocol in place surrounding transfer in and off site of Paeds patients::</p> <p>Established safeguarding processes in place to ensure children are staged appropriately, managed safely::</p> <p>Robust clinical support for Paeds by specialist consultants within the Trust::</p> <p>All registered nursing staff working within paediatrics hold an appropriate NMAC registration "Robust incident reporting in place::</p> <p>Named Paeds safeguarding consultant in post::</p> <p>Strict admittance criteria based on pre-existing and presenting medical problems, including extent of burn scaled to age::</p> <p>Surgery only offered at selected times based on age group (no under 3 years OOH)::</p> <p>Paediatric anaesthetic oversight of all children having general anaesthesia under 3 years of age::</p> <p>SLA with BSUH for paediatrician cover: 24/7 telephone advice & 3 sessions per week on site at QVH</p>	Jo Thomas	Nicola Reeves	Compliance (Targets / Assessments / Standards)	12	4	<p>Dec: update from commissioners still awaited; re-requested at CQPRM Dec: 4th::</p> <p>Nov: interim inpatient paediatric burns divert continues - no reported issues. Update on number of divers requested from commissioners::</p> <p>Working group QVH / BSUH to consider options; adult burns service aligned to provision of major trauma centre at BSUH::</p> <p>Sept 30th: Review of Paeds SLA & service provision::</p> <p>Dash met with BSUH W&AC CD to discuss impact of inpatient paediatric burns move with regards to BSUH paediatrician appetite to continue providing paediatric service at QVH. Further discussions planned once respective Directors briefed::</p> <p>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::</p> <p>June update: Inpatient paediatric BC for transfer of services to BSUH not approved. Interim arrangements with Burns Centres commenced. Plan for QVH inpatient paediatric burns to go to other providers from 1st August. LSEBN aware & involved in discussions::</p> <p>May update: presented to Board - discussions with Burns Network and Commissioners held::</p> <p>March 11th update: Paeds BC discussed at private board - formal decision awaited from BSUH::</p> <p>BC for shared paediatric inpatient Burns Service near completion; to go to Board May 18: alternative patient pathways may need to be explored with commissioners and Burns Network::</p> <p>January 2018::</p> <p>Process underway to finalise business case; currently working through the financial model::</p> <p>Plan to present business case to commissioners in February and final business case to the Trust Board in March::</p> <p>October update: Business case to be developed; activity data available and workforce plans underway::</p> <p>13/8/18: sub-group convened and meetings commenced::</p> <p>12/7/18: meeting held with Brighton to progress pathway::</p> <p>12/6 update: Dash fellow in post (1yr), reviewing paediatric inpatient burns::</p> <p>14/6 update: position paper presented at March HMT - nil new changes</p>	KS02 KS03 KS05
477	21/10/2015	Financial sustainability	<p>1) Failure to achieve key financial targets would adversely impact the NHS Financial Sustainability Risk rating and breach the Trust's continuity of service licence.</p> <p>2) Failure to generate surpluses to fund future operational and strategic investment</p>	<p>1) Annual financial and activity plan::</p> <p>2) Standing financial instructions::</p> <p>3) Control Management framework</p> <p>4) Monthly monitoring of financial performance to Board and Finance and Performance committee</p> <p>5) Performance Management framework including monthly service Performance review meetings</p> <p>6) Audit Committee reports on internal controls::</p> <p>7) Internal audit plan</p>	Michelle Mies	Jason McIntyre	Finance	23	16	<p>January 2020::</p> <p>2019/20::</p> <p>Performance MB: deficit of £5.6m YTD: £0.8m less than plan. Clinical income under-recovery has been partially offset by expenditure underspends::</p> <p>Full year forecast deficit of £8.4m; £1.0m worse than plan::</p> <p>Cost savings of £0.8m YTD: Savings of £1.2m identified; £0.5m less than plan::</p> <p>Finance & Use of Resources - 3 (Planned 4)::</p> <p>November::</p> <p>2019/20 Performance MB: deficit of £4.1m YTD: £5.1k better than plan. Clinical income under-recovery has been partially offset by expenditure underspends::</p> <p>Full year forecast deficit of £8.1m; £0.6m worse than plan::</p> <p>Cost savings of £1.2m identified; £0.5m less than plan::</p> <p>Finance & Use of Resources - 3 (Planned 4)::</p> <p>August::</p> <p>2019/20 Performance Month 3 YTD £438k behind plan due to income shortfall::</p> <p>Current run rate forecast deficit of £11m (€)::</p> <p>CIP performance £209k/£178k for YTD Month 3::</p> <p>Finance & Use of Resources - 3 (Planned 4)::</p>	KS04

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	05/03/20	Agenda reference:		42-20	
Report title:	Quality & Safety Report				
Sponsor:	Jo Thomas, Director of Nursing and Quality; Keith Altman, Medical Director				
Author:	Kelly Stevens, Head of Quality and Compliance				
Appendices:	a) Nursing metrics				
Executive summary					
Purpose of report:	To provide updated quality information and assurance that the quality of care at QVH is safe, effective, responsive, caring and well led.				
Summary of key issues	<p>The Committee's attention should be drawn to the following key areas detailed in the reports:</p> <ul style="list-style-type: none"> • Coronavirus planning • Additional information re 'opt out' for flu vaccination, requested by the Board • Sustained performance in 2019 NHS Inpatient survey • Evidence that safe care and safe staffing in clinical areas has been achieved • Trust approach to new medical examiner guidance 				
Recommendation:	The Committee 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:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	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 is produced using existing resources.				
Assurance route					
Previously considered by:	Quality and governance committee				
	Date:	20/02/20	Decision:	No changes	
Previously considered by:	Executive management team				
	Date	24 02 20	Decision	Noted	
Next steps:	NA				

Executive Summary - Quality and Safety Report, March 2020

Domain

Highlights

Director of Nursing and Quality

During January and February the trust, led by the EPRR officer, the Infection Control Team and the Director of infection Prevention and Control have been actively involved in the Sussex wide system response to Novel Coronavirus (COVID-2019). QVH is fully sighted on national guidance and this is being distributed to the workforce and key stakeholders in a responsive manner. It has required a significant amount of time to carefully and safely manage information and constantly update staff on an evolving situation. The trust is collaboratively working with national incident response teams putting in place a single point of contact access for external incident control access and communication, compliance with Public Health Guidance for Healthcare Providers; healthcare workers who have travelled to China and other specified areas/countries or are contacts of possible cases (Feb 2020). This describes four scenarios, three of which require 14 day absence from work since the last exposure. Occupational Health is fully briefed to provide advice and support and the EPRR lead and IC team are providing advice and support to staff wanting clarification regarding travel plans and reassurance about the measures in place to protect staff and the public.

MIU staff have been a particular focus to ensure staff are fully prepared to act if a patient attends with a possible coronavirus not having accessed 111 in the first instance. Business as usual continues within the trust demonstrating that despite the large resource required to manage this response the trust continues to provide effective high quality services with many staff working flexibly to accommodate the unexpected challenges. In January a request for assistance was received from the New Zealand Government, facilitated by the London and South East Burn Network, for help with patients with burn injuries sustained on the 9th Dec 2019 volcanic eruptions. Six of our QVH burns and critical care nurses stepped forward to offer support to the relief programme and one was selected to join a team of four UK nurses deployed to New Zealand for one month to provide expert burn care and support.

Medical Director

BSUH has two lead Medical Examiners (MEs) and a few MEs and the Trust is in the process of converting their bereavement officers to MEOs (officers). Funding is to be paid for partly by Cremation Form 5, but there will be central funding at some point to have the ME time job planned for MEs. There may not be any specific need for the MEs from BSUH to view a body at QVH and they could possibly use digital ways of confirming identity. This has been discussed with the regional ME, Dr Hemsley who is in agreement with this strategy. QVH will therefore become one of BSUH's 'designated' sites. Furthermore, QVH has just appointed a consultant physician who works at PRH, Haywards Heath, and will be working on a fixed term basis in Sleep and on the wards, and he is becoming accredited as an ME. It is therefore possible that he could fit into this role at QVH (yet to be discussed and agreed).

Orthoplastics posts

Three QVH/BSUH linked consultant orthoplastic posts are about to be advertised to support the major trauma centre at BSUH. It is hoped these posts will be interviewed 31st March and therefore take up their posts late summer 2020.

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 April 2020.	<p>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.</p> <p>The majority of cases are Max Fac (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.</p> <p>To the end of January 2020 607 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; January 10 Maxfax</p> <p>Patients have been under surveillance as follows: all no harm; there are no patients currently under surveillance.</p> <p>The Head of Risk & Patient Safety meets with the CCG to discuss the cases reviewed for assurance purposes.</p>

**Safe: Confirmation
of risk management
processes**

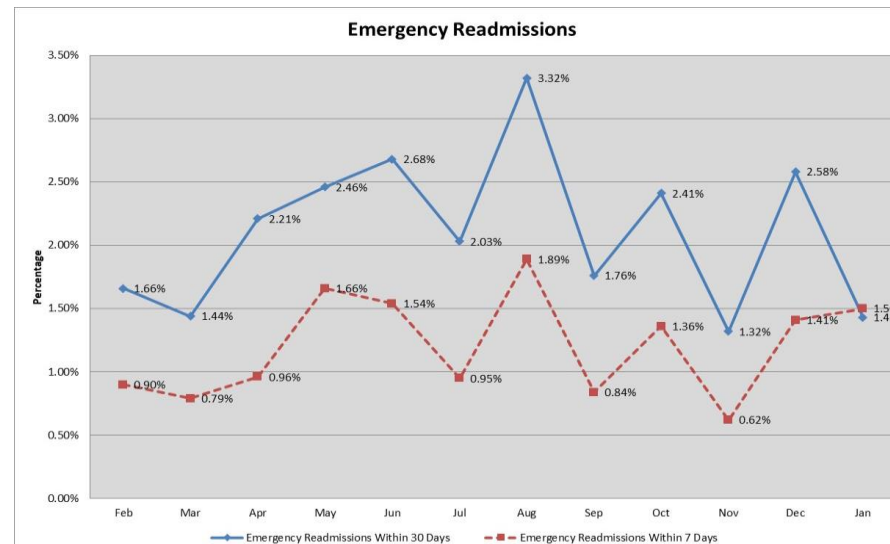
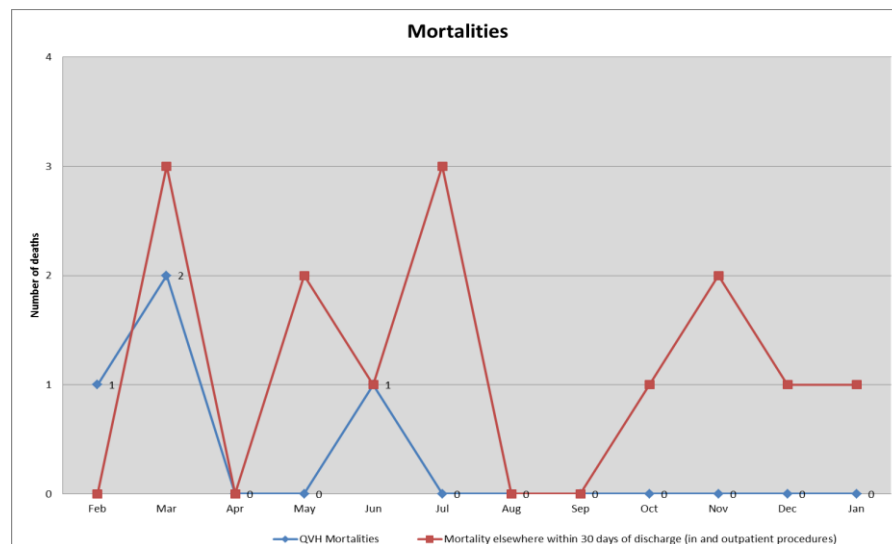
RSM Internal Audit report: Risk
Management and Risk Culture

An Internal Audit of Risk Management and Risk Culture was undertaken in December 2019; for the second year in succession 'substantial' assurance was achieved. The review considered two distinct areas (a) the control framework of the centralised risk management function, relevant to the processes of the Risk Team and governance and (b) the culture and behaviours of the organisation with regards to risk. For the first area, the review confirmed that controls in place were well designed and operating effectively with processes were being applied as designed. In the second aspect of the review, evaluating the risk culture and behaviours in the Trust, it was apparent that the overall opinion of respondents was that risk culture was developed. This was supported by a generally positive message communicated by all respondents. This positive sentiment is seen to be related to the familiarity of the Risk Team to all staff in the handling of Datix, and their involvement with high level discussions regarding risk and the maintenance of the Risk Register.

Safe - Performance Indicators

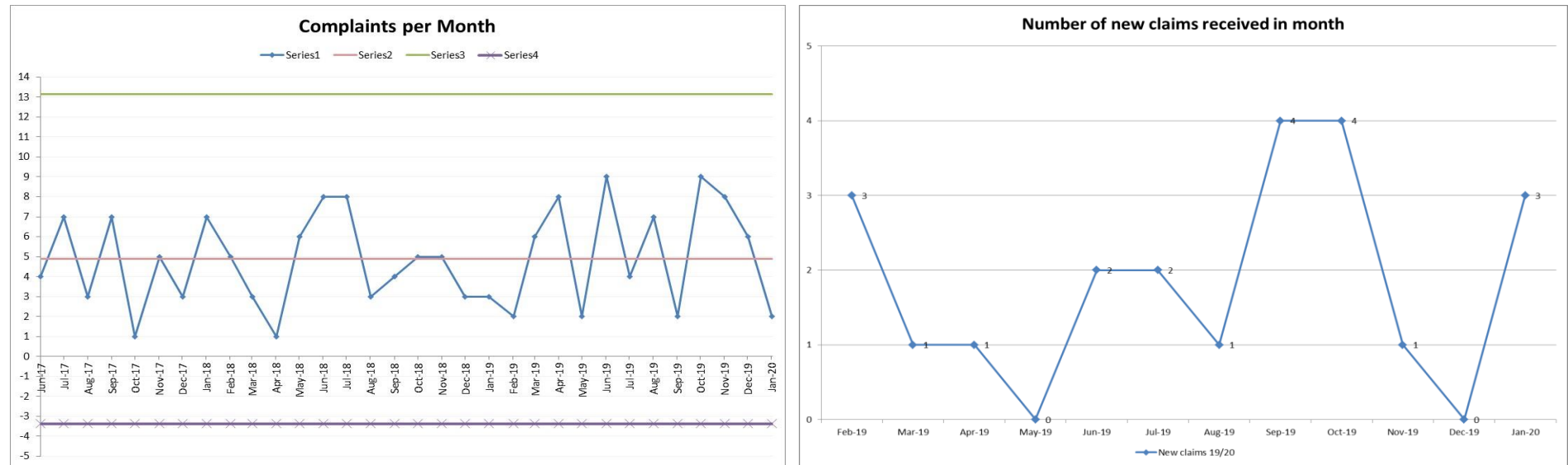
Description (Activity per 1000 spells is based on HES Data: the number of inpatients discharged per month including ordinary, day case and emergency - figure /HES x 1000)	Target	Quarter 4 2018/19		Quarter 1 2019/20			Quarter 2			Quarter 3				12 month total/ rolling average
		Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	
Infection Control														
MRSA Bacteraemia acquired at QVH post 48 hrs after admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA hospital acquired				1	1	0	0	0	0	0	0	0	0	2
Clostridium Difficile acquired at QVH post 72 hours after admission	0	0	0	0	0	0	0	1	0	1	0	0	0	2
Gram negative bloodstream infections (including E.coli)	0	0	0	0	0	1	0	0	0	0	0	0	0	1
MRSA screening - elective	>95%	97%	97%	94%	95%	96%	94%	95%	92%	94%	98%	95%	94%	95%
MRSA screening - trauma	>95%	96%	96%	98%	94%	94%	98%	97%	94%	98%	94%	98%	98%	96%
Incidents														
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents	0	0	0	0	0	0	0	0	1	0	1	0	2	4
Theatre metrics														
All patients: Number of patients operated on out of hours 22:00 - 08:00	5	1	4	0	1	6	6	3	5	0	0	2	3	31
Paediatrics under 3 years: Induction of anaesthetic was between 18:00 and 08:00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WHO quantitative compliance		99%	99%	99%	99%	98.7%	99.3%	98.1%	99%	99%	99%	99.1%	98.40%	99%
Non-clinical cancellations on the day		22	11	19	17	7	31	29	15	13	12	13	19	208
Needlestick injuries		3	3	2	0	1	1	1	3	1	2	1	1	19
Pressure ulcers (all grades)		0	0	0	0	1	0	1	2	0	0	1	1	6
Paediatric transfers out (<18 years)		0	1	2	0	1	0	0	0	1	0	1	1	6
Medication errors														
Total number of incidents involving drug / prescribing errors		16	10	7	8	13	21	23	26	21	30	11	30	216
No & Low harm incidents involving drug / prescribing errors		16	10	7	8	13	21	23	26	21	30	11	30	216
Moderate, Severe or Fatal incidents involving drug / prescribing errors		0	0	0	0	0	0	0	0	0	0	0	0	0
Medication administration errors per 1000 spells		1.1	1.2	0.6	0.5	0.6	1.1	0.6	0.6	2.1	0.0	0.0	1.9	0.9
Harm free care rate (QVH)	>95%	97%	100%	97%	100%	97%	100%	97%	96%	95%	100%	100%	TBC	98.1%
Harm free care rate (NATIONAL benchmark) - one month delay	>95%	93.8%	93.9%	93.8%	93.8%	93.8%	94.0%	93.9%	93.9%	94.0%	94.1%	94.0%	TBC	94%
Pressure Ulcers														
Hospital acquired - category 2 or above	15	0	0	0	0	1	0	1	1	1	0	2	1	9
VTE initial assessment (Safety Thermometer)	>95%	100.0%	100.0%	93.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	99.2%
Patient Falls														
Patient Falls assessment completed within 24 hrs of admission	>95%	89%	100%	100%	92%	100%	100%	100%	100%	100%	96%	97%	95%	97.4%
Patient Falls resulting in no or low harm (inpatients)		3	2	0	2	2	3	3	1	6	4	3	1	30
Patient Falls resulting in moderate or severe harm or death (inpatients)		0	0	0	0	0	0	0	0	0	0	0	1	0
Patient falls per 1000 bed days		2.97	1.82	0%	1.69	1.78	2.58	2.47	0.85	4.64	3.59	2.82	1.75	2.26

Effective - Performance Indicators



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

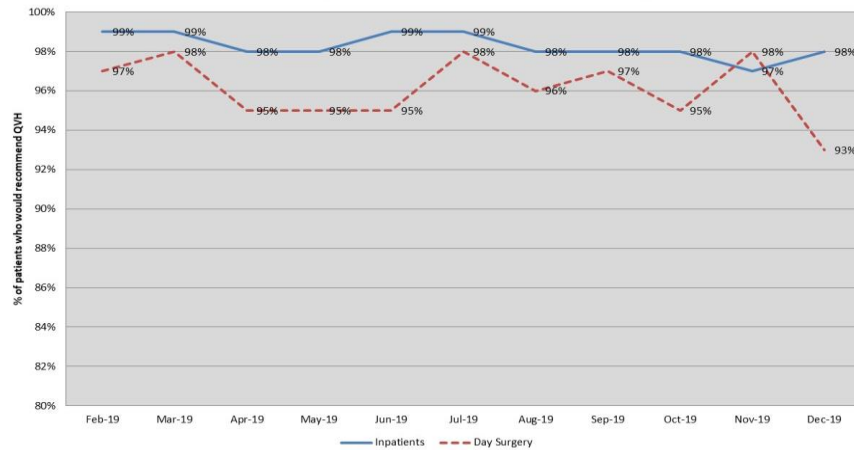
Caring - Current Compliance - Complaints and Claims



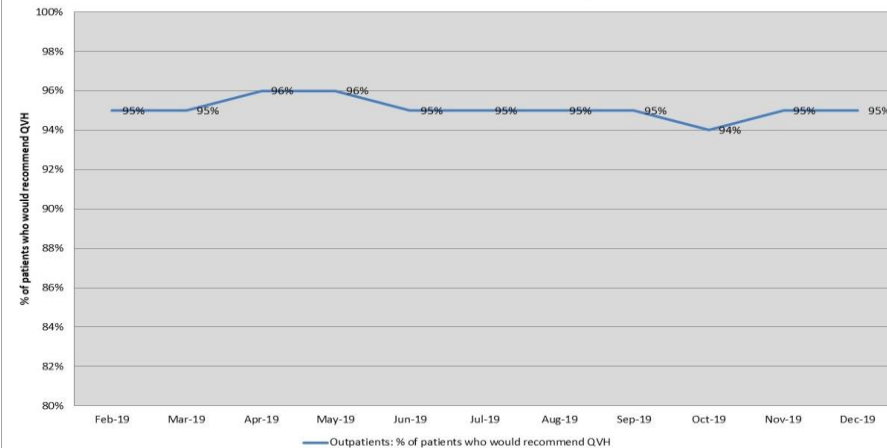
	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Complaints	2	6	8	2	9	4	7	2	9	8	6	2
Complaints per 100 contacts	0.011	0.033	0.042	0.01	0.049	0.019	0.038	0.011	0.043	0.042	0.037	0.011
Number of complaints referred to the Ombudsman for 2nd stage review	0	0	0	0	0	0	0	0	0	0	0	0
Number of complaints re-opened	1	0	0	0	0	1	1	1	0	0	0	0

Caring - Current Compliance - FFT

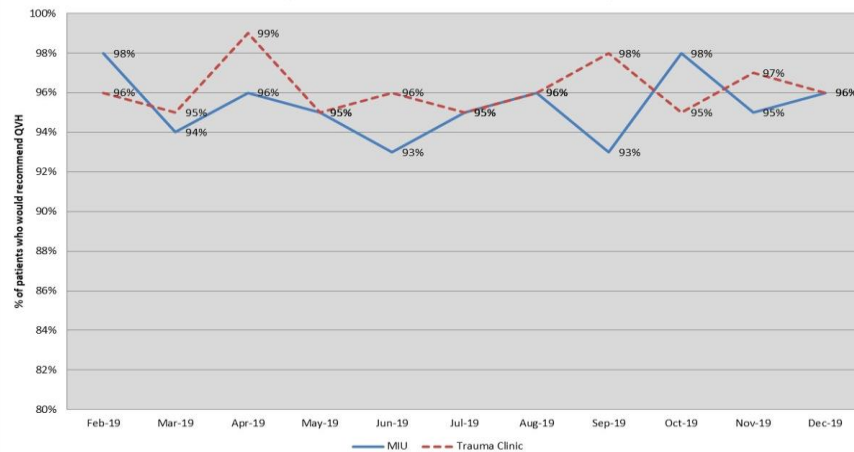
Inpatients and day surgery: % of patients who would recommend QVH services they have received to friends and family



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



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



Flu update

We continue to promote vaccination in the Trust and have increased the number of front line staff receiving a vaccination by 2.6 % so far. We have seen a significant increase in medical staff uptake more recently, now at 55.2% as opposed to 39.1% last year.

We are monitored on a weekly basis by NHSI/E and are submitting national data as required.

Flu campaign 2019/2020			
	Jabbed	Formal opt out	No engagement
All Doctors	55.15%	8.48%	36.36%
All other Professional Qualified	66.01%	20.92%	13.07%
Qualified Nurses	72.69%	24.23%	3.08%
Support to Clinical staff	60.78%	24.38%	14.84%

Of those that formally opted out the following reasons were recorded				
	All Doctors	All other Professional Qualified	Qualified Nurses	Support to Clinical staff
Decline other or refuse to state	42.86%	75.00%	56.36%	53.62%
Decline - I'm concerned about possible side effects	14.29%	15.63%	21.82%	13.04%
Decline - I don't believe the evidence that being vaccinated is beneficial	28.57%	6.25%	10.91%	14.49%
Decline - I don't think I'll get flu	7.14%	3.13%	9.09%	8.70%
Decline - I don't like needles	7.14%	0.00%	0.00%	10.14%
Decline - The times when the vaccination is available are not convenient	0.00%	0.00%	1.82%	0.00%

No	A total of 38 people above gave additional detail as to why they did not want the vaccine
1	Coercian, I think there is significant pressure and cost put on staff when resource can be used on better evidenced treatment
1	I object to being told that if I were off sick with flu and had not had the vaccine (which is my human right) that I would have to take the time off an Annual leave
1	Cant decide
2	Trying to get pregnant and worried about side effects
4	Healthy individuals with no long standing health conditions the vaccine does not work 100%, does not give protection long term
7	Allergies
10	Unwell/underlying medical condition/advised not to have
12	Previous side effects/unwell after vaccine

Nursing Workforce - Performance Indicators

Safe staffing data

In December the actual care hours on shift were 236 hours less than planned which equates to 20 shifts. The majority of the variance was due to staffing to occupancy levels during Christmas period. Below template shift dates have been triangulated with Datix safety incidents, ward FFT scores and complaints information. There were no pressure ulcers or nursing medication errors (relating to nursing) on these shifts. There was one fall on a shift that was 1 HCA down but this was not related to the staffing level as the fall was observed by a member of staff who was with the patient as she fainted. Decrease in nursing agency usage continues.

Combined Staffing exc. Site					DECEMBER 2019					Target 95%				
	Planned staff		Actual staff								Planned staff		Actual staff	
	RN	HCA	RN	HCA							RN	HCA	RN	HCA
DAY	5106	2093	5014	2082	Total Hrs Planned and Actual									
			98.2%	99%	% Planned Hrs Met									
		7199		7096	Total Hrs Planned & Actual - Combined reg & support						4566		4433	
				98.6%	% Planned Hrs Met - Combined reg & support								97.1%	

Nursing Workforce - Performance Indicators

ALL QUALIFIED & UQUALIFIED NURSING															
Workforce KPIs (RAG Rating)		Workforce KPIs (RAG Rating)													
Trust Workforce KPIs	2018-19 & 2019-20	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	Compared to Previous Month
Establishment WTE (Establishment includes 12% headroom from 01/09/2018)		347.55	347.55	347.55	328.01	328.01	328.01	328.01	339.79	339.79	339.79	339.79	339.79	339.79	◀▶
Staff In Post WTE		266.99	268.61	277.65	286.39	283.43	286.02	285.93	284.61	288.98	295.78	295.87	292.02	292.93	▲
Vacancies WTE		80.56	78.94	69.90	41.62	44.58	41.99	42.08	55.18	50.81	44.01	43.92	47.77	46.86	▼
Vacancies %	>18% 12%<=18% <12%	23.18%	22.71%	20.11%	12.69%	13.59%	12.80%	12.83%	16.24%	14.95%	12.95%	12.93%	14.06%	13.79%	▼
STARTERS WTE (Excluding rotational doctors)		1.41	4.44	7.61	10.94	2.00	2.56	2.00	4.64	7.43	6.00	2.00	1.51	1.00	▼
LEAVERS WTE (Excluding rotational doctors)		2.00	1.64	1.00	3.08	2.00	4.51	3.00	3.47	2.00	2.00	1.76	1.50	6.00	▲
Starters & Leavers balance		-0.59	2.80	6.61	7.86	0.00	-1.95	-1.00	1.17	5.43	4.00	0.24	0.01	-5.00	
Agency WTE (Data From Healthroster)		26.10	27.14	24.21	20.63	21.75	22.51	22.43	19.01	18.30	9.38	8.25	9.15	9.25	▲
Bank WTE (Data From Healthroster)		31.39	33.85	38.16	32.47	33.67	32.96	35.68	39.92	38.13	36.56	35.85	32.67	36.16	▲
Trust rolling Annual Turnover %	>=12% 10%<=12% <10%	17.96%	16.02%	14.45%	14.53%	14.68%	15.90%	16.20%	15.22%	12.52%	15.15%	12.46%	9.67%	10.50%	▲
Monthly Turnover		0.77%	0.63%	0.38%	1.12%	0.72%	1.63%	1.08%	1.26%	0.71%	1.51%	0.60%	0.37%	1.44%	▲
Sickness Absence %	>=4% 4%<=3% <3%	4.45%	4.42%	4.23%	4.60%	4.24%	4.24%	3.66%	1.86%	2.04%	4.17%	5.11%	4.82%	TBC	

Note 1. 2019/20 budget implemented in June 19 backdated to April 19 taken from Finance Ledger

Note 2. All data taken from ESR unless stated otherwise

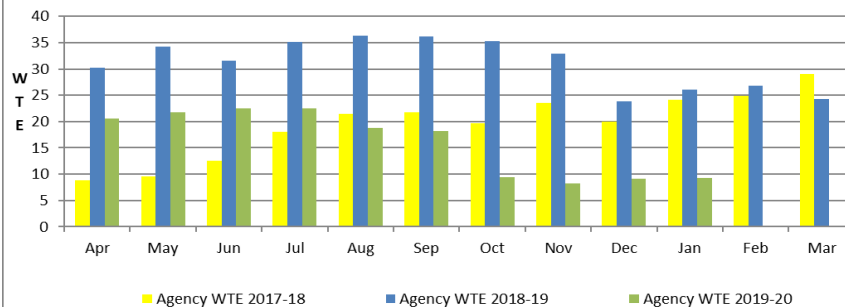
Note 3. Staff included are Qualified Nurses, Emergency Practitioners, Theatre Practitioners, HCA's, Student OPD's, Trainee Nurse Associates/Practitioners, Nurse Associates, Play Specialists, Oversea's Nursing awaiting PIN. Staff Excluded are Dental Nurses

Note 1. 2019/20 budget implemented in June 19 backdated to April 19 taken from Finance Ledger

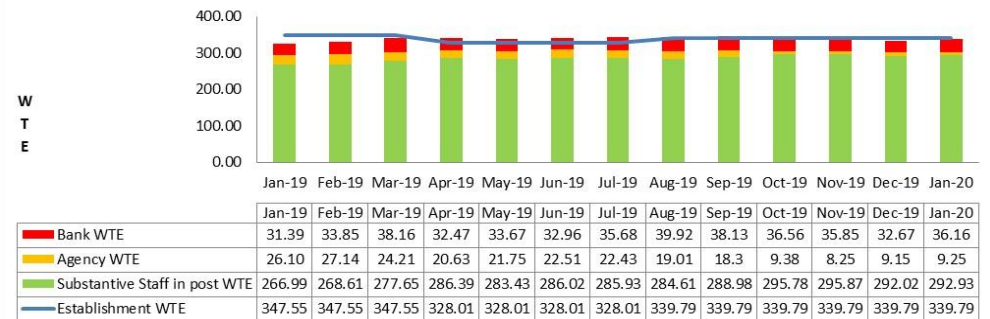
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Staff Excluded are Dental Nurses

Trust Qualified Nursing & Theatre Practitioners - Agency Usage in WTEs for years 17-18, 18-19 and 19-20



Establishment Vrs SIP & Temporary Staffing Usage



Medical Workforce - Performance Indicators

Metrics	2017/18 total / average	Target	Quarter 4 2018/19		Quarter 1 2019/20			Quarter 2			Quarter 3			Quarter 4	Year to date actual/ average
			Feb	Mar	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
Medical Workforce															
Turnover rate in month, excluding trainees	21.63% 12Mth rolling	<1%	0.96%	3.97%	0%	1.15%	0.78	1.16%	1.16%	1.54%	1.18%	1.15%	1.25%	1.14%	15.37% 12 mth Rolling
Turnover in month including trainees 9%	45.43% 12Mth rolling		8.85%	2.46%	6.81%	2.53%	0.49	1.45%	12.42%	6.08%	2.82%	1.39%	2.80%	0.70%	49.32% 12 mth rolling
Management cases monthly		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sickness rate monthly on total medical/dental headcount	1.43%		1.59%	1.99%	2.25%	0.88	1.46	0.89%	1.07%	2.34%	1.5%	2.00%	0.99%	To be confirmed in March 20	1.57%
Appraisal rate monthly (exclude deanery trainees)	88.96% Mar 18		79.73%	85.16%	82.67	80.77%	83.77%	79.35%	81.62%	86.00%	83.66%	85.53%	89.74%	87.60%	85.53%
Mandatory training monthly		95%	87%	87%	88%	87%	88%	89%	88.50%	84.81%	84.99%	85.93%	86%	85%	86.80%
Exception Reporting – Education and Training			0	0	4	1	5	8	2	5	2	1	1	0	30
Exception Reporting – Hours			0	1	0	0	2	0	0	5	1	1	2	2	14

Plans for February induction are well underway. We have 20 new starters on the list, mostly Anaesthetics and Plastic Surgery.

Medical & Dental

Staffing

The Dental Skills Lab project, funded by Health Education England, is progressing well, and the lab should be open from the end of February. Building work has also begun on the simulation suite project funded by the League of Friends, which should be open in March.

We have one of our CPD lecture evenings taking place from 6pm on 12 February; Dr Luke Banks, a consultant anaesthetist at QVH is also a HEMS doctor and will be talking about his HEMS work. All QVH staff are welcome to attend.

Education

Plastics monthly teaching is underway for 2020, with an excellent skin session, culminating in a skin lesion quiz with online voting. The next OMFS full teaching day will be a regional study day with around 70 delegates attending and will cover the topic of sleep apnoea.

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 <u>4(C) x 4 (L) = 16</u> 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 <ul style="list-style-type: none">• 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• <u>Orthodontic workforce vacancy</u>• Appointments team vacancies	Future risks <ul style="list-style-type: none">• National Policy changes to access targets e.g. Cancer & complexity of pathways, QVH is reliant on other trusts timely referrals onto the pathway;• NHS Tariff changes & volatility;• Future impact of Brexit on workforce• Reputation as a consequence of RTT Future Opportunities <ul style="list-style-type: none">• Spoke sites offer the opportunity for further partnerships• Closer working between providers in STP – networked care• Partnership with BSUH/WSHFT
Controls / Assurance <ul style="list-style-type: none">• 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• Corneo plastic service review underway• OMFS capacity and demand analysis underway• Recent recruitment of corneo fellows• Access and Performance Manager role now recruited• Bank staff for appointments being recruited to		Gaps in controls / assurance <ul style="list-style-type: none">• 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

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KSO 4 – Financial Sustainability

Risk Owner: Director of Finance & Performance

Committee: Finance & Performance

Date last reviewed 19 February 2020

Strategic Objective

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

Risk

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

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

Rationale for current score (at Month 10)

- M10 YTD £1.83M behind plan principally due to activity led clinical income shortfall in part offset by operating cost savings.
- Current forecast deficit of £9.4M ; £2.0M adverse variance to plan of £7.4M (CRR877).
- CIP performance £996k/£1,225k for YTD M10 ; Current forecast shortfall 2019/20 £528k.
- Finance & Use of Resources – 4 (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 revised plan submission (February) –£9.4m 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.

Controls / Assurances

- Performance Management regime in place and performance reports to the Board.
- Contract monitoring process and CIP Governance processes strengthened.
- 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.
- 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.
- Implementation of weekly activity forecast process with financial model (M10).
- NHSI options appraisal & NHSI review of the Operating plan for 19/20 – draft transformation plan for board developed.
- Additional Finance staff restructure approved, Band 8a in post Month 11.
- Spoke site, Service line reporting and service review information widely circulated.

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

Future Risks

NHS Sector financial landscape Regulatory Intervention:

- Autonomy.
- Capped expenditure process.
- Single Oversight Framework.
- Commissioning intentions – Clinical effective commissioning.
- Sustainability and transformation footprint plans.
- Planning timetables–Trust v STP.
- Lack of outside resource for CIP Delivery – NHSEI.
- NHSEI 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 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 patient pathway.
- Spoke site activity repatriation.
- Strategic alliances \ franchise chains and networks.
- Development of accelerated Integrated Care System.
- Additional NHSEI financial sustainability funding (2020/21).

Gaps in controls / assurances

- Structure, systems and process redesign and enhanced cost control.
- Model Hospital Review and implementation.
- 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:	5 March 2020	Agenda reference:		44-20	
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 24 February 2020				
Summary of key issues	<p>Staffing performance figures remain encouraging, as do the results of the staff survey.</p> <p>The year-end forecast is for a deficit of circa £9.5m and is being tracked closely, particularly around patient activity levels driving income.</p> <p>Assurance was provided that loan conditions are being met</p> <p>Operational performance is mixed, and the key to delivering the revised forecast.</p>				
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:	KSO2:	KSO3: x	KSO4: x	KSO5: x
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	<p>KS04 – Financial Sustainability – remains at “catastrophic” and there is little assurance that this can be addressed in the short term without external support</p> <p>KS03 – Operational Excellence – risk score previously reduced to reflect progress</p>				
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:	Finance and performance committee				
	Date:	24.02.2020	Decision	Noted	
Next steps:					

Report to: Board of Directors
Meeting date: 5 March 2020
Reference no: 44-20
Report from: Paul Dillon-Robinson, Committee Chair
Report date: 24 February 2020

Financial, operational and workforce performance assurance

1. Workforce performance

Workforce indicators continue to show an ongoing positive trend, although there is some slight seasonal variation that bears monitoring and the Trust remains at risk from key positions (not least given link to activity – see below).

The results of the 2019 staff survey were presented and the Committee were keen to recognise the improvements that were evident and that these reflected the work that has been undertaken in the last year or two. Management are working on action plans to focus on areas for improvement and build on what has already been achieved.

2. Financial performance

The year-end forecast is for a £9.5m deficit, although there are risks to this, primarily through the need to meet the levels of activity that will generate the income needed. Management are monitoring this on a weekly basis. The final financial position will be determined, almost entirely, by patient activity income, and it was confirmed that no further revenue had been offered by commissioners.

The Q3 Service Line Reporting was discussed, in terms of those areas where the contribution to overheads was lowest. The committee was keen to see actions arising from the use of this information, in terms of understanding why – in some areas - costs are not being covered by income and how this might impact on the way that services are delivered in the future, and the changes that need to be made.

The business planning process for 2020/21 was discussed including the main elements such as the tariff changes, efficiency expectations and the other national drivers. The first draft of the operational plan is due on the day of the Board meeting and the non-executives required that the Board should see the high-level figures ahead of the formal submission. There was some discussion on what Financial Recovery Funds should be made available to the Trust, given the efforts by the STP to meet its overall control total.

3. Operational performance

As mentioned above, the key to the Trust's financial performance is the delivery of patient activity at planned levels that optimise the capacity available. Operational performance in the last month was mixed. Progress continues to be made at reducing waiting lists and the length of referral to treatment (RTT), but the pace is not quite to the expected trajectory, and the committee was asked to note the results on 52 weeks and cancer. An improvement in histology was recognised, reflecting the need to have staff resource to meet activity.

The committee noted the continuing need to increase the utilisation of both theatres and outpatient clinics, both in terms of planning and attendances. The use of good practices,

such as the 6-4-2 reviews (covering scheduling at six, four and two weeks in advance), need embedding, whilst it was disappointing that the introduction of 2-way text messaging has been delayed due to the supplier's staff illness.

4. Other

At the request of the Board, the committee considered how assurance could be gained that the Trust was managing the risk of cyber security effectively. It was agreed that this issue could overlap with the work of the Quality & Governance and Audit committees, but the Finance and Performance committee would seek first assurance that the Trust was compliant with NHS good practice.

A report on the issues that were faced by Estates was discussed, noting the efforts to deal with the problems caused by rainfall (especially for the theatre block) and the challenges of aging equipment and backlog maintenance. It was noted that the demands for capital expenditure significantly exceed the funds available.

Progress with the electronic document management (EDM) project was noted, together with the recommendation to extend the scanning contract.

The committee also sought assurance that the Trust was not in breach of the conditions for the loans that it has taken out for the theatres and in support of its revenue; this was received.

It agreed that there was no need to recommend changes to its terms of reference and members were reminded to complete the committee effectiveness review questionnaire.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	5 March 2020	Agenda reference:		45-20	
Report title:	Operational Performance				
Sponsor:	Abigail Jago, Director of Operations				
Author:	Operations Team				
Appendices:					
Executive summary					
Purpose of report:	To provide an update regarding operational performance				
Summary of key issues	<p>Key items to note in the operational report are:</p> <ul style="list-style-type: none"> Diagnostic waiting time standards (DM01) under target by 0.77% Delivery of reporting turnaround times Histology turnaround times on target following recovery plan 52 week trajectory behind plan in month RTT trust level open pathway performance fall in month although improvement in patients waiting > 26 weeks Delivery of 2ww in reporting period 31 day and 62 day performance not met in month Delivery of MIU 4 hour standard <p>Key items for focus:</p> <ul style="list-style-type: none"> 52 week position Cancer performance and future targets 				
Recommendation:	The Board is asked to note the contents of the report				
Action required				Assurance	
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: Operational excellence	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	Controls / Assurance: As described on BAF KSO3				
Corporate risk register:	Risks: As described on BAF KSO3				
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:	24.02.20	Decision:	Noted	
Next steps:	NA				

Operational Performance Report

Abigail Jago, Director of Operations

5 March 2020 – FINAL

Board of Directors



Key items to note in the operational report are:

- Diagnostic waiting time standards (DM01) under target by 0.77%
- Delivery of reporting turnaround times
- Histology turnaround times on target following recovery plan
- 52 week trajectory behind plan in month
- RTT trust level open pathway performance fall in month although improvement in patients waiting > 26 weeks
- Delivery of 2ww in reporting period
- 31 day and 62 day performance not met in month
- Delivery of MIU 4 hour standard

Key items for focus:

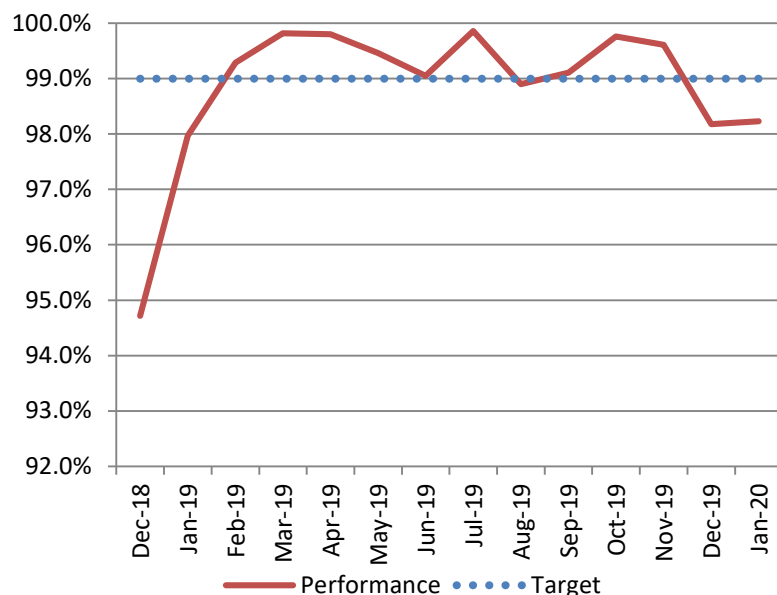
- 52 week position
- Cancer performance and future targets



Performance summary – 1920 YTD

KPI	TARGET / METRIC	TARGET SOURCE	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
DMO1 Diagnostic waits	99% < 6 weeks	National	99.8%	99.46%	99.05%	99.86%	98.9%	99.11%	99.76%	99.61%	98.18%	98.23%
Histology Turnaround Time	90% < 10 days	Local	89%	95%	86%	70%	82%	76%	38%	59%	71%	90%
Imaging reporting	% < 7 days		87.47%	95.47%	96.66%	97.41%	98.42%	97.98%	98.75%	95.8%	99.11%	99.37%
RTT – % patients <18 week	Agreed commissioner trajectory	National	79.51%	81.11%	80.90%	80.63%	81.3%	81.62%	82.28	82.9%	82.77%	82.1%
RTT52	Agreed commissioner trajectory	National	47	42	39	37	29	25	22	19	15	19
Total waiting list size	Reduction in waiting list size	National	12204	11723	11309	10902	10966	10516	10663	10529	10429	10333
Minor injuries unit - % patients treated/ discharged in 4 hrs	95%	National	99.6%	99.91%	99.80%	99.6%	100%	99.26%	99.7%	99.47%	100%	99.89%
Cancer 2WW	93%	National	86.2%	97.8%	94%	94.9%	93.1%	89.3%	88.9%	89.5%	96%	
Cancer 62 day	85%	National	89.3%	85%	81.5%	85.2%	91.2%	82.9%	85.7%	70% (83.3% actual)	80%	
Cancer 31 day	96%	National	94.8%	93.7%	96.1%	95.8%	95.9%	94.9%	93.0%	87.1%	94.7%	
Faster Diagnosis Shadow Reporting	85%	National from April 2020					70.7%	81.5%	84.4%	88.1%	86.6%	
Theatre utilisation	% total lists >85%	Updated target					79%	78%	83%	83%	75%	80%
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%	5.92%	6.9%

Diagnostic Waits (DM01)



(Last reporting period – Dec19) 98.18%			(This reporting period – Jan20) 98.23%		
Modality / test	Breaches	Perf.	Modality / test	Breaches	Perf.
CT	1	99%	CT	1	99.43%
ECHOCARDIO GRAPHY	0	100%	ECHOCARDIO GRAPHY	0	100.00%
MRI	1	98%	MRI	1	98.72%
NON-OBSTETRIC ULTRASOUND	0	100.00%	NON-OBSTETRIC ULTRASOUND	1	99.64%
SLEEP STUDIES	10	90.83%	SLEEP STUDIES	8	91.40%

PERFORMANCE COMMENTARY

Diagnostic Imaging

- MRI breach due to outsourced open magnet - breach 6th Nov, appt 12-01-2020
- CT breach due to outsourced BSUH cardiac CT - breach date 30th December. Appt 9th February
- Ultrasound breach was due to outsourced breast US to the park centre - Breach date 17th Jan, Appt 7th Feb.

Sleep Studies

- 8 breaches in January. Increased pressure on nights due to Xmas closure & annual leave.
- 4 nights cancelled due to staffing issues.

FORWARD LOOK / PERFORMANCE RISKS

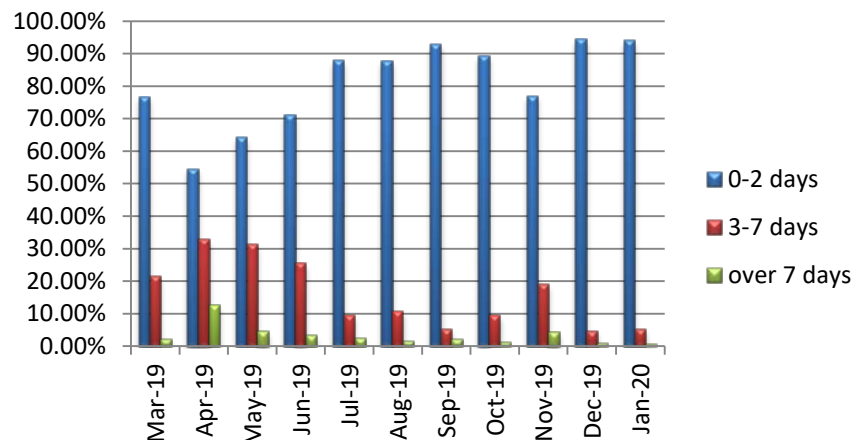
Diagnostic imaging

- 3 radiographer vacancies. 1.4 WTE band 6 MRI radiographers appointed. Band 5 remains unfilled despite 2 recruitment drives
- Appointed MRI Superintendent radiographer – starting February
- 2 radiologist vacancies from December – jobs to be re-advertised and global fellowship being explored. 1 possible suitable interested radiologist.
- Risk of ultrasound breaches for consultant led scanning

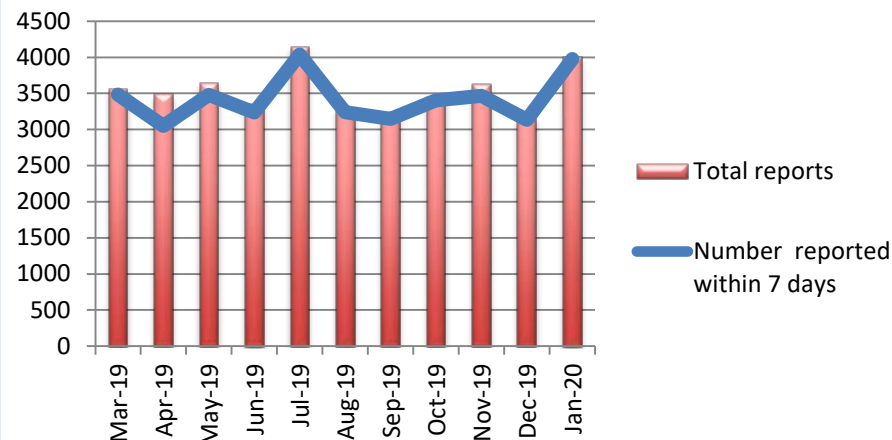
Sleep Studies

- Currently 4 confirmed breaches for February.
- Short term staff sickness impacting on waiting times
- Reviewing staff rota to mitigate the risk

Imaging Report Turnaround



Imaging Report Turnaround



PERFORMANCE COMMENTARY

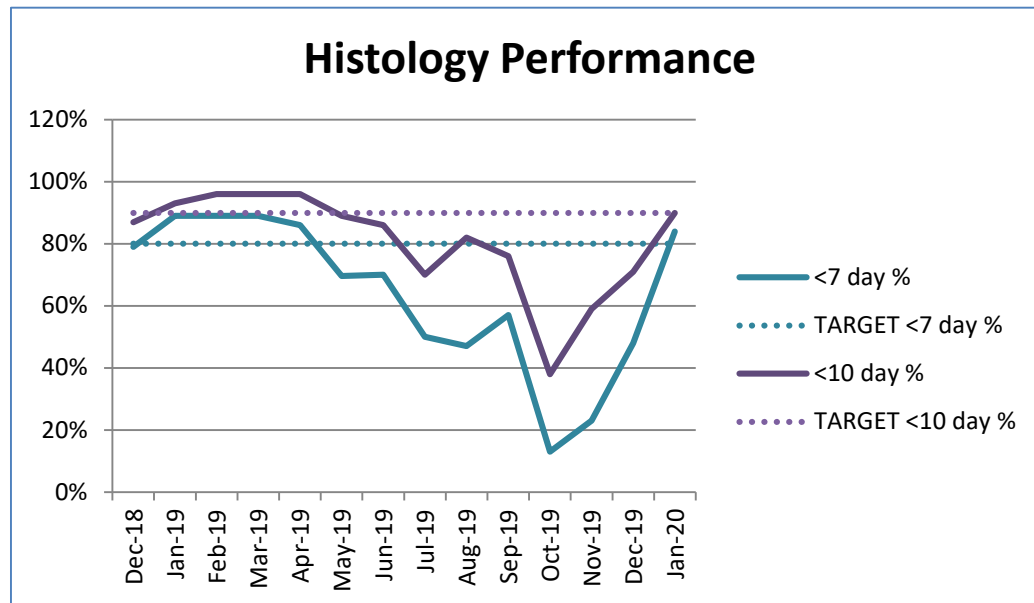
- Sustained delivery of target turnaround times (99.37% reported in 7 days)

FORWARD LOOK / PERFORMANCE RISKS

- Risk re turnaround time performance going forward due to two radiologist vacancies – currently have outsource reporting for CT/MRI to support service
- Medical workforce rescored on risk register due to no suitable candidates from the last recruitment drive
- The medical jobs were re-advertised and there may be a suitable candidate for the radiologist role who has recently visited the trust
- Ultrasound support in place through bank Consultant Sonographer and bank consultant
- Looking to develop SLA for bank consultant with their substantive trust

Histology Turnaround Time (TAT)

Month	TOTAL SPECIMENS RECEIVED	Total Cases Reported
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	1322	870
May-19	1317	1024
Jun-19	1383	1422
Jul-19	1526	1171
Aug-19	1362	862
Sep-19	1275	955
Oct-19	1683	1210
Nov-19	1466	1059
Dec-19	1244	1145
Jan-20	1476	932



PERFORMANCE COMMENTARY

- Improved performance in line with recovery trajectory
- Appointment of one pathologist vacancy. Start date anticipated in September.
- On going cover through temporary staffing arrangements.

FORWARD LOOK / PERFORMANCE RISKS

- Ongoing vacancies present performance risks but mitigated through temporary arrangements in place

RTT Performance against plan – 2019/20

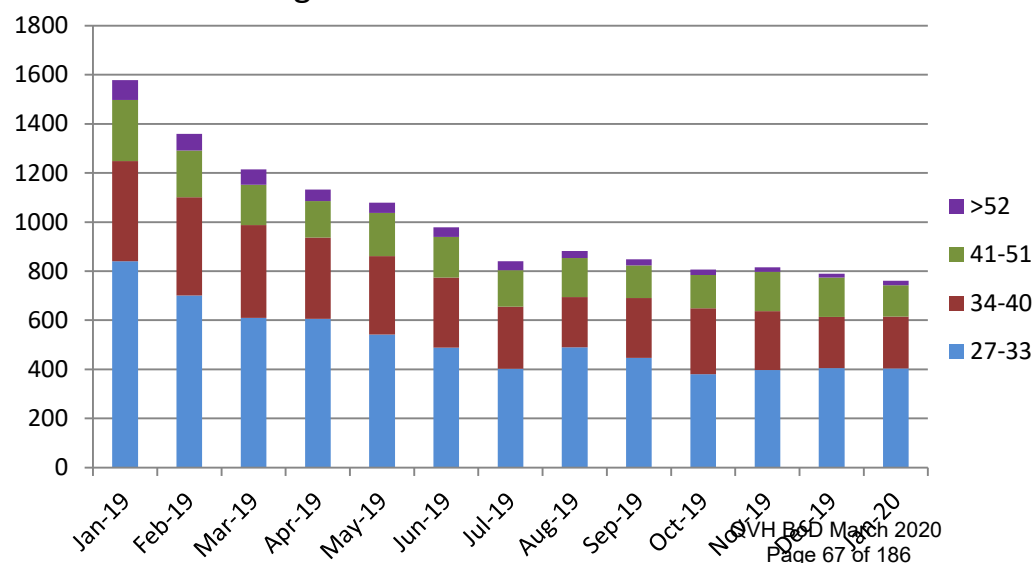
	Quarter 4 18/19			Quarter 1 19/20			Quarter 2 19/20			Quarter 3 19/20			Quarter 4 19/20		
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	75.3%	76.2%	77.3%	78.3%	79.2%	80.0%	81.3%	81.3%	82.3%	83.8%	85.3%	85.3%	87.7%	90.3%	92%
RTT Actual	75.87%	76.61%	78.47%	79.51%	81.11%	80.90%	80.63%	81.3%	81.62%	82.28%	82.9%	82.77%	82.10%		
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	15	19		
52 week patient deferred					17	20	15	17	22	17	13	10	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%	76.55%	73.89%		
52 weeks actual (total)	5	2	0	2	7	10	4	0	3	5	2	2	0		
52 week patient deferred					3	5	3	0	2	4	2	2	0		
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%	85.10%	84.13%		
52 weeks actual	42	32	32	25	18	8	10	11	4	5	6	3	5		
52 week patient deferred					2	4	2	5	3	4	1	1	3		
Plastics	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
RTT Plan	77.3%	77.4%	77.7%	77.7%	77.7%	77.8%	78.8%	79.9%	81.0%	82.7%	84.5%	84.5%	87.8%	87.8%	92%
RTT Actual	79.16%	80.0%	80.05%	80.32%	81.99%	81.16%	81.78%	82.82%	81.78%	81.75%	81.32%	80.70%	80.52%		
52 weeks actual	34	34	30	20	17	21	23	18	18	11	11	9	14		
52 week patient deferred					11	11	10	12	17	10	10	7	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%	93.06%	95.25%		
52 weeks actual	0	0	0	0	080	0	0	0	0	1	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%	98.49%	96.26%		
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	0	0		

RTT18 – Incomplete pathways

Trust level performance

Weeks wait	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	Dec 19	Jan 20
0-17 (<18)	11389	11078	10401	10056	9621	9895	9704	9508	9149	8790	8915	8583	8774	8729	8632	8483
18-26	1934	1890	1927	1620	1577	1501	1367	1136	1182	1271	1169	1085	1083	984	1008	1089
27-33	803	836	763	841	701	609	606	542	488	402	490	447	380	397	405	403
33-40	497	391	456	408	400	379	331	319	286	253	205	243	269	240	209	212
41-51	325	313	325	248	191	164	149	176	165	149	158	133	135	160	160	127
>52	120	95	92	81	68	62	47	42	39	37	29	25	22	19	15	19
Total Pathways	15068	14603	13964	13254	12558	12610	12204	11723	11309	10902	10966	10516	10663	10529	10429	10333
Breaches	3679	3525	3563	3198	2937	2715	2500	2215	2160	2112	2051	1933	1889	1800	1797	1850
Performance	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%	82.77%	82.1%
Clock starts	3870	3272	2493	3395	2849	3349	2929	3291	2993	3240	2923	2947	3152	3099	2407	3152

Patients waiting over 26 weeks



Total breaches rose in month driven primarily by corneo plastics and orthodontics.

Patients waiting > 26weeks fell by 28 in month.

Patients over 40 weeks fell by 29 patients.

Clock starts rose in line with seasonal trends although fell in month in line with seasonal trend although lower than January 19 levels.

RTT18 – Incomplete pathways

Specialty Breakdown

PLASTICS													
<i>Open Pathways</i>	201901	201902	201903	201904	201905	201906	201907	201908	201909	201910	201911	201912	202001
<i>0-17 weeks</i>	2945	2908	3033	2894	2900	2821	2836	2979	2805	2930	2831	2764	2666
<i>18-26 weeks</i>	406	385	401	364	303	336	354	349	344	369	355	356	364
<i>27-33 weeks</i>	167	167	166	184	158	138	111	153	140	139	140	147	131
<i>34-40 weeks</i>	88	80	108	82	94	89	80	58	72	87	85	82	79
<i>41-51 weeks</i>	81	61	51	59	65	71	64	67	51	48	59	67	57
<i>52+ weeks</i>	34	34	30	20	17	21	23	18	18	11	11	9	14
Total Open Pathways	3721	3635	3789	3603	3537	3476	3468	3624	3430	3584	3481	3425	3311
Total 18 week breaches	776	727	756	709	637	655	632	645	625	654	650	661	645
Clock starts in month	1038	925	1015	919	1072	963	1093	966	943	1002	928	749	981
Admitted Clock Stops	565	503	359	459	499	529	494	474	424	563	479	448	523
Non admitted Clock Stops	461	356	368	430	451	365	425	362	388	368	431	317	436
Total Stops in month	1026	859	727	889	950	894	919	836	812	931	910	765	959

Corneo													
<i>Open Pathways</i>	201901	201902	201903	201904	201905	201906	201907	201908	201909	201910	201911	201912	202001
<i>0-17 weeks</i>	1884	1838	1928	1985	1928	1906	1892	1942	1877	1899	1827	1893	1780
<i>18-26 weeks</i>	300	298	359	379	383	390	397	375	345	323	282	311	343
<i>27-33 weeks</i>	166	133	123	150	143	168	161	152	137	120	146	139	156
<i>34-40 weeks</i>	81	92	82	76	90	79	77	95	100	100	91	71	91
<i>41-51 weeks</i>	33	34	40	31	31	17	27	39	45	51	62	57	39
<i>52+ weeks</i>	5	2		2	7	10	4		3	5	2	2	0
Total Open Pathways	2469	2397	2532	2623	2582	2570	2558	2603	2507	2498	2410	2473	2409
Total 18 week breaches	585	559	604	638	654	664	666	661	630	599	583	580	629
Clock starts in month	567	457	523	535	492	467	575	494	508	591	502	401	494
Admitted Clock Stops	298	301	213	153	199	216	265	260	278	289	266	160	252
Non admitted Clock Stops	175	113	103	130	176	155	211	150	216	234	223	146	182
Total Stops in month	473	414	316	283	375	371	476	410	494	523	489	306	434

RTT18 – Incomplete pathways

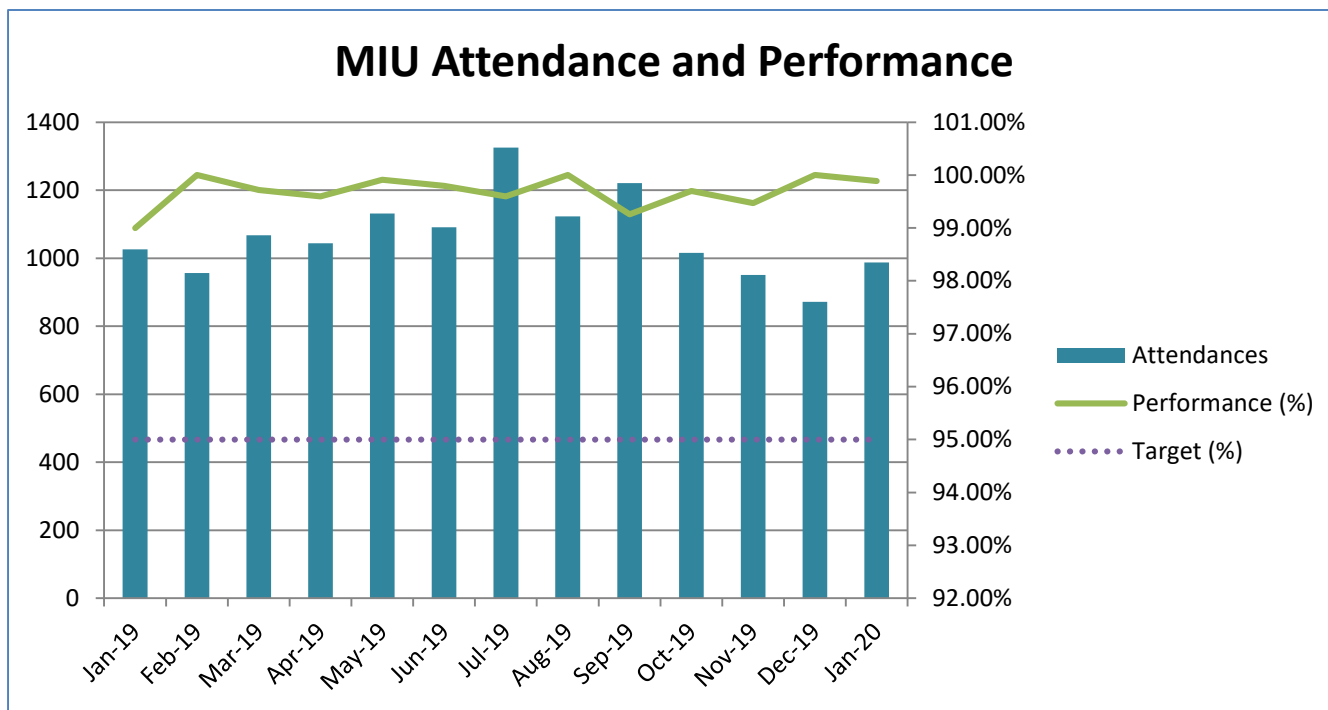
Specialty Breakdown

Orthodontics a sub set of OMFS													
<i>Open Pathways</i>	201901	201902	201903	201904	201905	201906	201907	201908	201909	201910	201911	201912	202001
<i>0-17 weeks</i>	394	467	421	444	405	374	340	366	413	403	439	421	418
<i>18-26 weeks</i>	85	74	80	88	73	95	110	90	94	98	91	108	120
<i>27-33 weeks</i>	39	44	53	44	50	49	40	59	51	36	43	45	53
<i>34-40 weeks</i>	18	27	18	28	28	24	30	13	29	38	26	25	25
<i>41-51 weeks</i>	9	10	12	5	7	15	16	16	15	15	21	22	19
<i>52+ weeks</i>	1	2	1	2	1		1	4	1	1	4	1	2
Total Open Pathways	546	624	585	611	564	557	537	548	603	591	624	622	637
Total 18 week breaches	152	157	164	167	159	183	197	182	190	188	185	201	219
Clock starts in month	172	175	110	121	113	98	94	100	118	98	132	85	114
Admitted Clock Stops	7	12	11	2	8	9	5	9	6	8	7	8	5
Non admitted Clock Stops	90	87	101	93	128	91	91	77	76	81	92	80	102
Total Stops in month	97	99	112	95	136	100	96	86	82	89	99	88	107

OMFS (ex OD)													
<i>Open Pathways</i>	201901	201902	201903	201904	201905	201906	201907	201908	201909	201910	201911	201912	202001
<i>0-17 weeks</i>	2985	2749	2874	2748	2677	2463	2325	2279	2256	2259	2353	2326	2275
<i>18-26 weeks</i>	741	715	580	483	339	303	354	296	233	236	208	183	217
<i>27-33 weeks</i>	446	334	251	212	173	125	82	113	104	71	54	59	47
<i>34-40 weeks</i>	215	189	165	143	105	88	62	37	40	34	32	25	11
<i>41-51 weeks</i>	125	86	61	52	71	62	42	32	21	20	17	11	11
<i>52+ weeks</i>	41	30	31	23	17	8	9	7	3	4	2	2	3
Total Open Pathways	4553	4103	3962	3661	3382	3049	2874	2764	2657	2624	2666	2606	2564
Total 18 week breaches	1568	1354	1088	913	705	586	549	485	401	365	313	280	289
Clock starts in month	830	716	1017	834	918	724	657	552	562	560	973	708	904
Admitted Clock Stops	296	275	299	234	217	218	208	162	178	178	187	113	163
Non admitted Clock Stops	848	745	758	758	776	710	661	631	572	588	629	554	706
Total Stops in month	1144	1020	1057	992	993	928	869	793	664	766	816	667	869

Specialty RTT performance narrative

SPECIALTY	CURRENT CHALLENGES	MITIGATING ACTION	FORWARD LOOK
Corneo plastics	<ul style="list-style-type: none"> Ongoing challenges with lack of admitted capacity in ocular plastics and glaucoma. Lack of outpatient capacity for glaucoma follow up. Lack of anaesthetic cover for potential off site ocular activity. High numbers of non-admitted clock stops under 18 weeks driving the reduced performance along with a contribution of cataract patients being treated under 18 weeks. 	<ul style="list-style-type: none"> Additional capacity through independent sector, weekend and mid-week additional capacity has been undertaken and is being planned subject to staffing. Fellow sign off for independent operating prioritised to increase potential to deliver additional lists. 	<ul style="list-style-type: none"> Continued reduction in number of patients above 40 weeks Increased level of patients with confirmed To Come In (TCI) dates Continued difficulties anticipated with ocular and glaucoma, however additional Capacity mobilised in January and February has helped to mitigate risk. Likely reduction in performance going forward due to additional cataract lists including those under 18 weeks.
Plastic surgery	<ul style="list-style-type: none"> Capacity issues within breast and hands service lines General anaesthetic (GA) to Local anaesthetic (LA) list conversions over recent months due to anaesthetic gaps 	<ul style="list-style-type: none"> Extension agreed for Breast consultant (4 months capacity from Feb) and exploring further recruitment to an additional post to cover parental leave requests Trial extended days in place for Feb and March to support throughput 	<ul style="list-style-type: none"> New breast appointment(s) reliant on identifying additional theatre capacity. Administrative gaps impacting booking and PTL management
OMFS	<ul style="list-style-type: none"> Orthodontics - new clinical staff starting in post with only one CSST post remaining vacant after March 2020. 52 week breaches in Orthodontics are being managed to ensure February treatment Oncology lockdown remains challenging due to patients requiring attendance at MDT prior to surgical intervention. General Manager to contact other units to benchmark the process for booking and lockdown. 	<ul style="list-style-type: none"> Management of the PTL continues within the team supporting an improving position 	<ul style="list-style-type: none"> 26 week patient pilot for oral surgery planned. Ongoing management to further improve 18 week position
Sleep	<ul style="list-style-type: none"> Staffing gaps. 	<ul style="list-style-type: none"> Revised structure development underway 	
All specialties	<ul style="list-style-type: none"> Anaesthetic provision to support additional activity Surgeon gaps at consultant and non consultant level Revised 52 week trajectory in place Appointments team vacancies 	<ul style="list-style-type: none"> Ongoing grip of Patient Tracking List management Efficiency workstreams for theatres and outpatients to maximise throughput Pathway redesign in high risk areas – breast and orthodontics Revision of recovery to sustainability plan 	<ul style="list-style-type: none"> Working with STP re 26 week opportunities. Oral surgery pilot in place with WSUH.



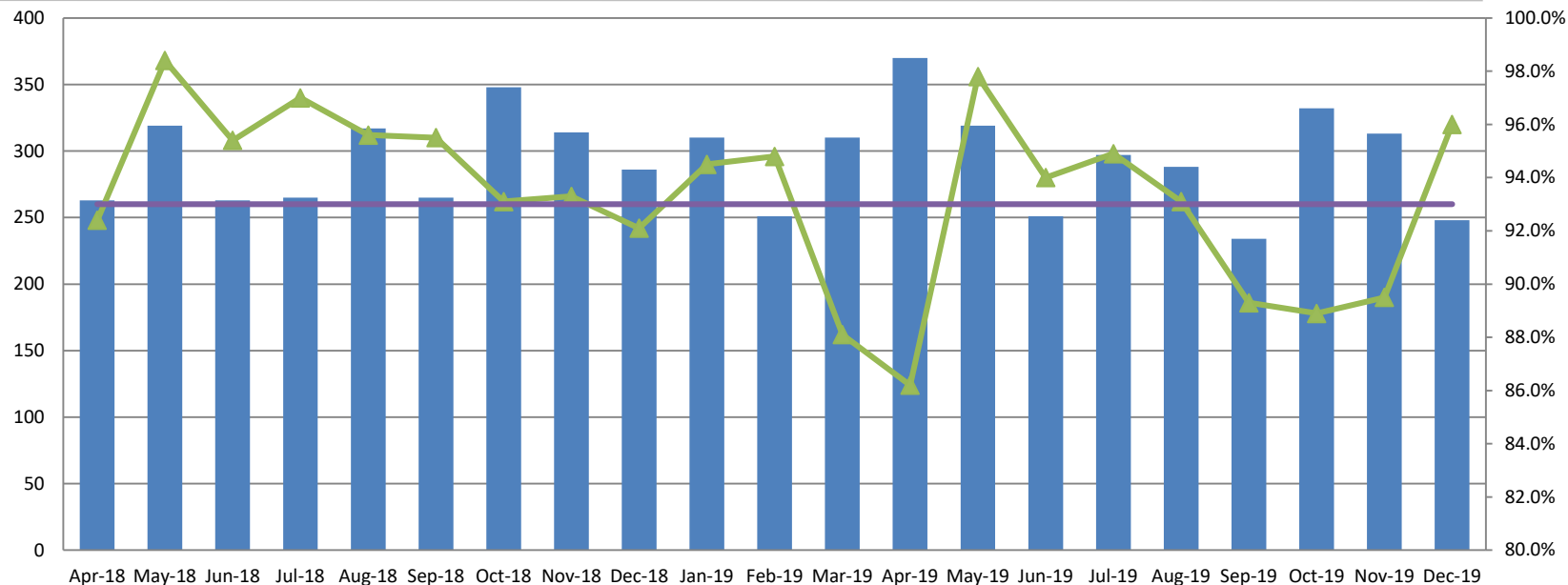
PERFORMANCE COMMENTARY

- Performance delivery on track

FORWARD LOOK / PERFORMANCE RISKS

- Ongoing work towards the primary care/integrated service in line with NHSE and CCG proposals.
- Recruitment commenced for Clinical Service manager post to lead team

Two Week Wait Performance



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Number of Referrals	263	319	263	265	317	265	348	314	286	310	251	310	370	319	251	297	288	234	332	313	248
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%	89.5%	96.0%
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%	93.0%	93.0%

Performance was over target for 2WW referrals at 96% - reporting a total of 248 referrals, with 10 breaches.

Site specific performance: QVH: 98.9%, MMH: 94.7%, DVH: 90.4%

Two Week Wait Performance

SKIN 2WW PERFORMANCE

Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total No. of Referrals	145	142	117	144	145	137	152	111	101
Total No. of Breaches	8	1	5	3	8	10	11	1	3
Performance	94.7%	99.3%	95.9%	97.9%	94.4%	92.7%	92.7%	99.1%	97.0%
National Standard	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

Skin Commentary

Skin met the 2WW target for December, seeing 101 referrals and reporting 3 breaches. The 3 breaches were due to patient choice. The use of the script (started in Dec at QVH) is having a positive affect, with patients realising the urgency of the referral and accepting earlier dates offered. Skin has seen a slight decrease in the number of referrals, compared to last year, over the last 3 months.

HEAD AND NECK 2WW PERFORMANCE

Month	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total No. of Referrals	166	167	113	136	141	96	177	202	147
Total No. of Breaches	43	6	9	12	11	14	26	32	7
Performance	79.4%	96.5%	92.6%	91.8%	92.1%	85.4%	85.3%	84.1%	95.2%
National Standard	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%

Head and Neck Commentary

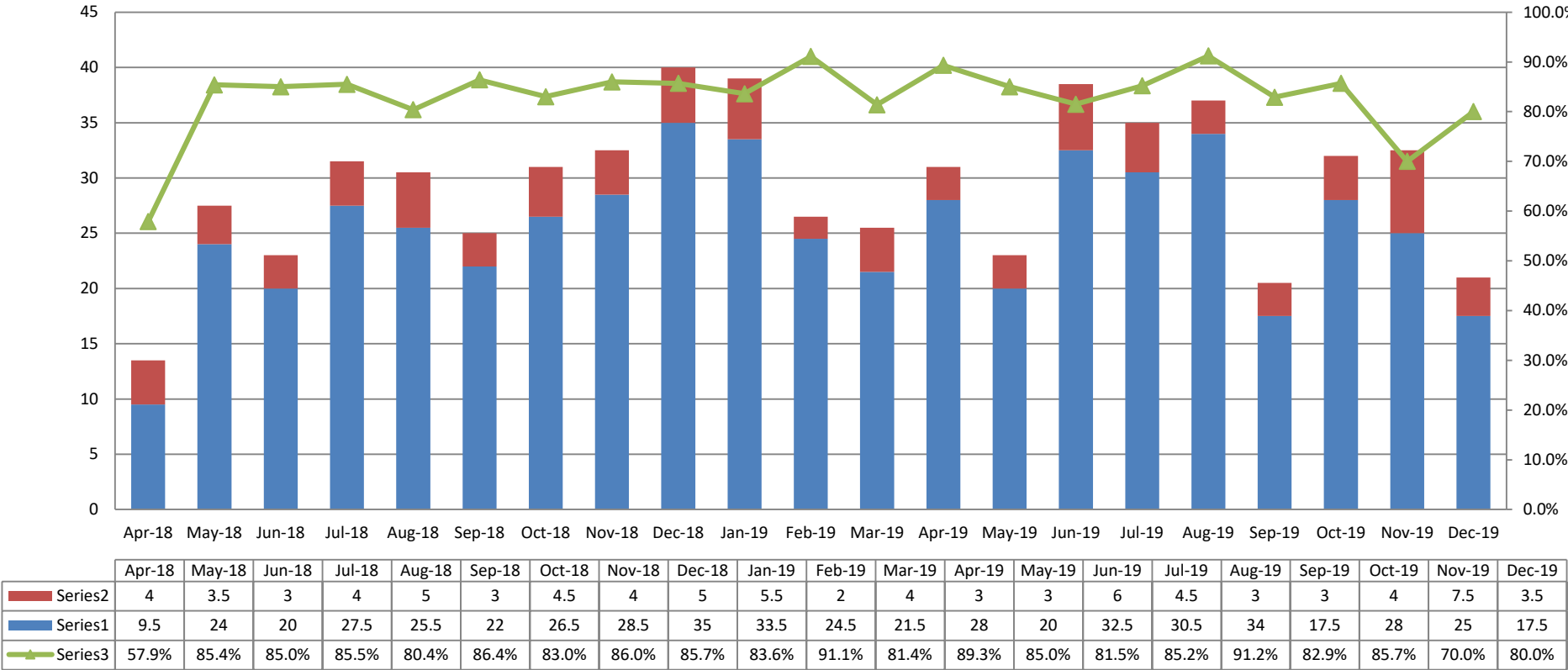
Head and Neck met the 2WW target for December, seeing 147 referrals and reporting 7 breaches. Out of the 7 breaches, 3 were due to capacity and 4 were due to patient choice. Over the last 2 months capacity has increased at QVH (both ENT and Oral capacity), with two new consultants starting. Challenges remain at DVH and MMH as clinics are not covered when a consultant is on leave or off sick, patients are offered appointments at QVH but often do not wish to travel

General 2WW Commentary

Following a period of improvement, QVH has seen a decline in the 2WW performance. The key challenges have been around clinic capacity within Head and Neck, patient choice and consultant unavailability due to sickness and/or leave (particularly a challenge on the spoke sites).

The two spoke sites, Medway and Dartford, are more of a challenge due to consultant availability. Medway has also seen a sharp increase in the number of referrals since Sept, due to a revision of the DOS on eRS. Patient willingness to travel is impacting management of capacity. A 2WW Deep Dive has been completed and is to be presented at the next Cancer Board, Monday 14th Feb, identifying our current risks and mitigations we can put in to support the compliance for the 2WW standard.

62 Day Performance



Performance was under target for the 62D standard at 80% - reporting a total of 17.5 treatments, with 3.5 breaches.

62 Day Performance

SKIN 62 DAY PERFORMANCE

Month	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total No. of Treatments	23.5	17	15.5	25	16	26	23	27	12.5	25.5	20.5	13.5
Total No. of Breaches	3.5	1.5	1.5	1.5	1.5	1.5	1.5	2.5	1.5	3	4.5	1.5
Performance	87.0%	91.8%	91.1%	94.3%	91.4%	94.5%	93.8%	90.7%	88.0%	88.2%	78.0%	88.8%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

HEAD AND NECK 62 DAY PERFORMANCE

Month	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total No. of Treatments	4	3	2	0	1	0.5	3	6	4.5	1.5	3.5	4
Total No. of Breaches	0	0	1	0	1	3	1.5	0	1	0.5	2	2
Performance	100.0%	100.0%	66.6%		50.0%	14.2%	66.6%	100%	77.7%	66.6%	42.8%	50.0%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

BREAST 62 DAY PERFORMANCE

Month	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sept-19	Oct-19	Nov-19	Dec-19
Total No. of Treatments	0	0.5	0	0	0	0	0	0.5	0	0.5	0.5	0
Total No. of Breaches	2	0.5	0.5	0	0.5	1	1	0	0	0.5	0.5	0
Performance	0.0%	50.0%	0.0%		0.0%	0.0%	0.0%	100%		0.0%	0.0%	
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

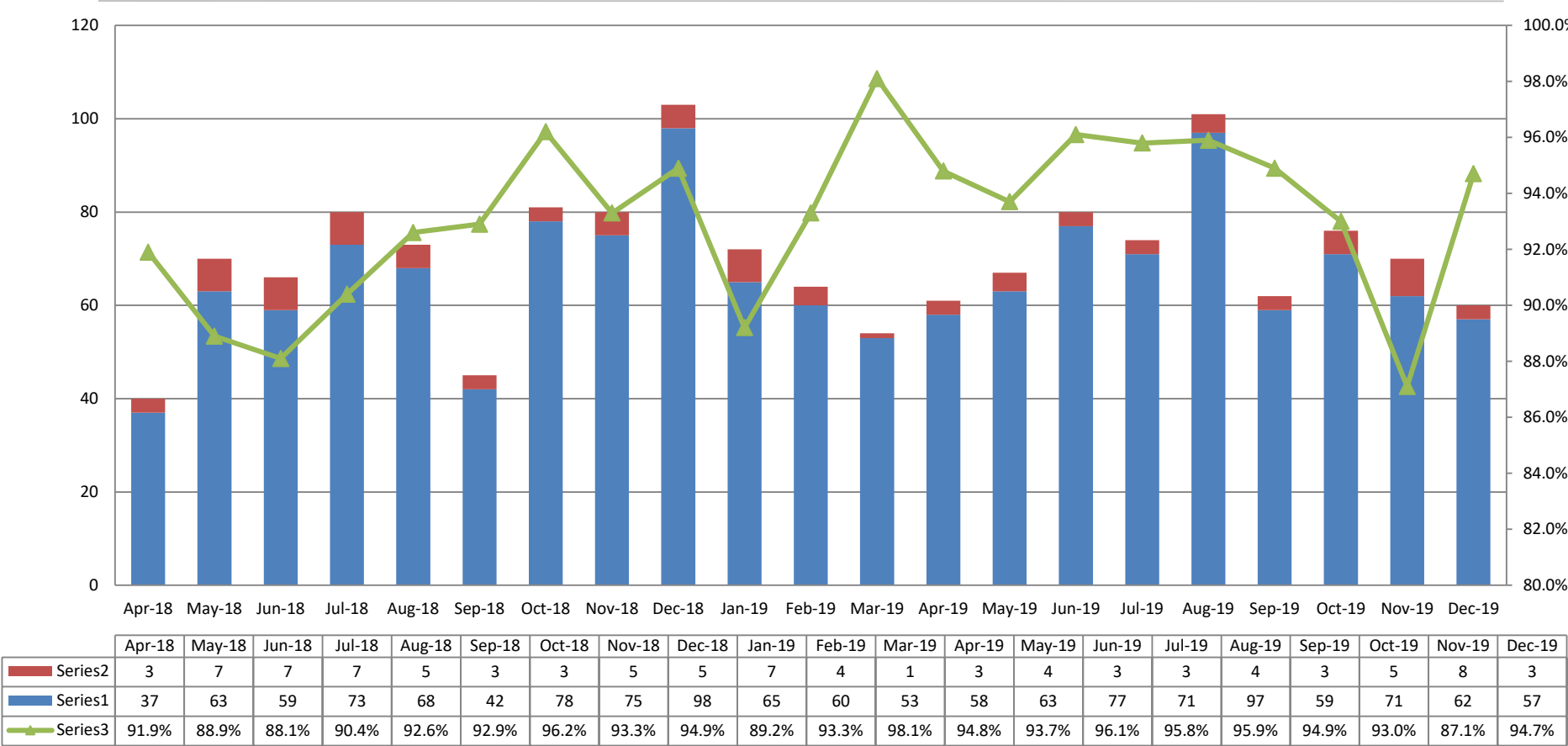
Commentary

Skin achieved the 62D target for December, with a total of 13.5 treatments and 1.5 breaches. The 0.5 breach was a late transfer to QVH on day 50, due to a admin delay in tracking the 24 day breach date was not highlighted in time. The full breach was a referral from BSUH on day 15, the patient underwent a biopsy which confirmed MM, staging investigations were required and an extensive pre-assessment due to medical complexities.

Head and Neck missed the 62D target for November, with a total of 4 treatments and 2 breaches. A full breach was due to pathway delays at MMH (spoke site), with outpatient and diagnostics. The second full breach was a late transfer to MTW from QVH, on day 65. MTW treated within 24 days with palliative radiotherapy. The delays were due to outpatient and diagnostics.

Breast did not treat a patient on the 62D pathway in December.

31 Day Performance



Performance was under target for the 31D standard at 94.7% - reporting a total of 57 treatments, with 3 breaches.

31 Day Performance

SKIN 31 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	Nov-19	Dec-19
Total No. of Treatments	55	85	49	43	40	50	47	65	59	77	47	58	48	44
Total No. of Breaches	5	3	5	3	1	1	4	3	2	2	1	3	6	1
Performance	91.6%	96.5%	90.7%	93.4%	97.5%	98%	92.1%	95.5%	96.7%	97.4%	97.8%	94.8%	87.5%	97.7%
National Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

HEAD AND NECK 31 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	Nov-19	Dec-19
Total No. of Treatments	10	6	4	9	9	3	7	8	6	15	12	7	11	10
Total No. of Breaches	0	2	1	0	0	2	0	0	0	1	1	0	0	0
Performance	100%	75.0%	80.0%	100%	100%	60%	100%	100%	100%	93.3%	91.6%	100.0%	100.0%	100.0%
National Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

BREAST 31 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	Nov-19	Dec-19
Total No. of Treatments	2	2			3	2	5	1	3	5	2	6	2	3
Total No. of Breaches	0	0			0	0	0	0	1	1	1	2	2	2
Performance	100%	100%			100%	100%	100%	100%	75%	80%	50.0%	66.6%	0.0%	33.3%
National Standard	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%	96%

Commentary

Skin achieved the 31D target for December, reporting 1 breach for the month. The breach was a result of complex comorbidities.

Head and neck achieved the 31D target for December, reporting no breaches.

Breast missed the 31D target for December, reporting 2 breaches for the month, both breaches were the result of theatre capacity and arranging the TCI date with the visiting breast surgeon. Breast has not passed the 31 day target for the last 6 months, due to challenges with theatre capacity. A deep dive into breast will be completed in Feb to look at the breaches and map out the pathway delays.

Screening, 31D Subsequent and Consultant Upgrade performance

SCREENING 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	Nov-19	Dec-19
Total No. of Treatments	0	0	0	0.5	0	0.5	0	0	1	0	0.5	0	0.5	1.5
Total No. of Breaches	0	0	0	0.5	0	0.5	0	0	0	0	0.5	0	0.5	1.5
Performance				50.0%		50.0%			100.0%		0.0%		0.0%	0.0%
National Standard	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%		90%	90%

CONSULTANT UPGRADE 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	Nov-19	Dec-19
Total No. of Treatments	4	3	0.5	0.5	1.5	0	1.5	6	2	16	12	6.5	7.5	9
Total Number of Breaches	0	0	0	0.5	0	0	0	0	0.5	1.5	3.5	3	0	0.5
Performance	100.0%	100%	100%	50%	100%		100%	100%	80%	90.6%	70.8%	53.8%	100%	94.4%
National Standard	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

31 DAY SUBSEQUENT TREATMENT 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	Nov-19	Dec-19
Total No. of Treatments	29	21	14	16	18	12	15	11	19	15	15	13	26	21
Total No. of Breaches	5	4	1	1	2	3	1	3	0	0	1	2	1	1
Performance	82.8%	81.0%	92.9%	93.8%	88.9%	75.0%	93.3%	72.7%	100.0%	100.0%	93.3%	84.6%	96.2%	95.2%
National Standard	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%

Commentary

Screening missed the target for December, reporting a 1.5 breaches – this was due to theatre capacity.

The Consultant Upgrade achieved the target for December, reporting 0.5 breach, the patient was referred to QVH on day 91 with a confirmed skin cancer. The patient had significant comorbidities which delayed the diagnostic part of the pathway.

The 31 Day Subsequent missed the target for December, reporting 1 breach, this was a breast breach due to theatre capacity.

Faster Diagnosis Standard (FDS) Performance – Shadow Reporting

QVH TRUST PERFORMANCE					
Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Accountable	92	162	250	252	239
Total Breached	27	30	39	30	32
Performance	70.7%	81.5%	84.4%	88.1%	86.6%
National Standard	85%	85%	85%	85%	85%

QVH SKIN PERFORMANCE					
Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Accountable	81	123	145	94	96
Total Breached	22	22	25	9	11
Performance	72.8%	82.1%	82.8%	90.4%	88.5%
National Standard	85%	85%	85%	85%	85%

QVH HEAD&NECK PERFORMANCE					
Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Accountable	11	39	104	158	143
Total Breached	5	8	14	21	21
Performance	54.5%	79.4%	86.5%	86.7%	85.3%
National Standard	85%	85%	85%	85%	85%

QVH TRUST PERFORMANCE - RULING OUT OF CANCER					
Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Accountable	67	141	224	237	219
Total Breached	16	26	34	26	24
Performance	76.1%	81.5%	84.8%	89%	89%
National Standard	85%	85%	85%	85%	85%

QVH SKIN PERFORMANCE - RULING OUT OF CANCER					
Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Accountable	60	104	124	81	82
Total Breached	15	19	21	7	7
Performance	75.0%	81.7%	83.1%	91.4%	91.5%
National Standard	85%	85%	85%	85%	85%

QVH HEAD&NECK PERFORMANCE - RULING OUT OF CANCER					
Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Accountable	7	37	99	156	137
Total Breached	1	7	13	19	17
Performance	85.7%	81.0%	86.9%	87.8%	87.6%
National Standard	85%	85%	85%	85%	85%

QVH TRUST PERFORMANCE - DIAGNOSIS OF CANCER					
Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Accountable	25	21	26	15	20
Total Breached	11	4	5	4	8
Performance	56.0%	80.9%	80.8%	73.3%	60%
National Standard	85%	85%	85%	85%	85%

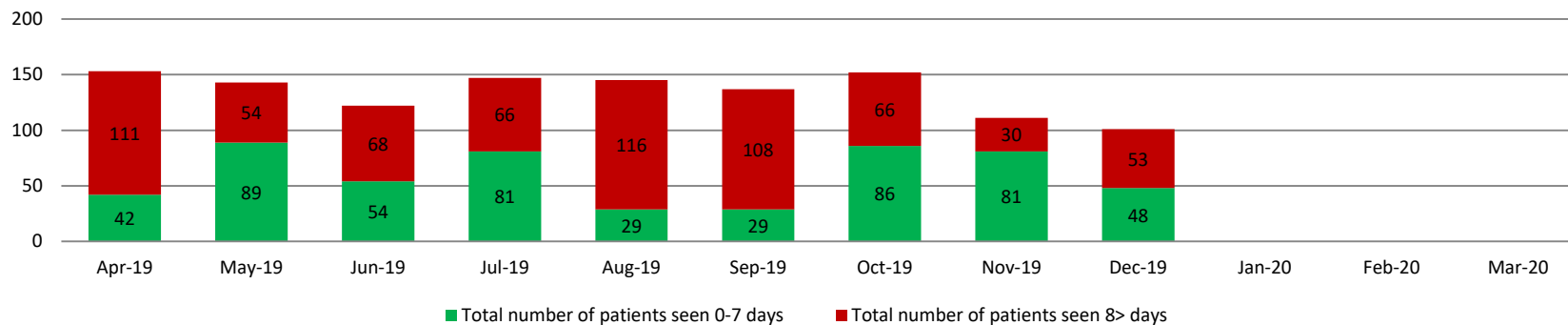
QVH SKIN PERFORMANCE - DIAGNOSIS OF CANCER					
Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Accountable	21	19	21	13	14
Total Breached	7	3	4	2	4
Performance	66.6%	84.2%	81.0%	84.6%	71.4%
National Standard	85%	85%	85%	85%	85%

QVH HEAD&NECK PERFORMANCE - DIAGNOSIS OF CANCER 85%					
Month	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total Accountable	4	2	5	2	6
Total Breached	4	1	1	2	4
Performance	0.0%	50.0%	80.0%	0%	33.3%
National Standard	85%	85%	85%	85%	85%

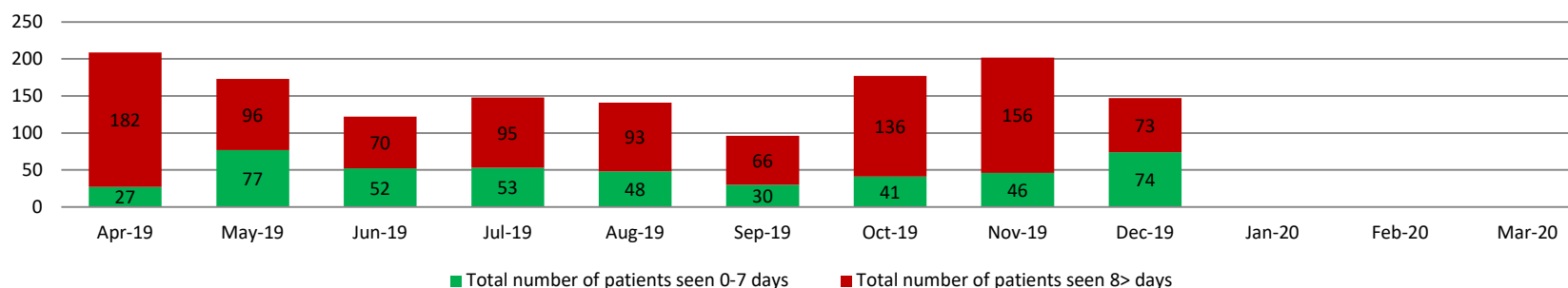
Commentary

The Faster Diagnosis Standard exceeded the national target achieving 86.6%. The patients who are receiving a confirmed diagnosis remain an area of focus with 8 breaches. However, with the implementation of the 2WW/FDS form which commenced 27/01/20 and the increased focus on the identification of these patients when processing pathology results, this should show a reduction in these figures going forward.

SKIN: Days to First Appointment (2WW)



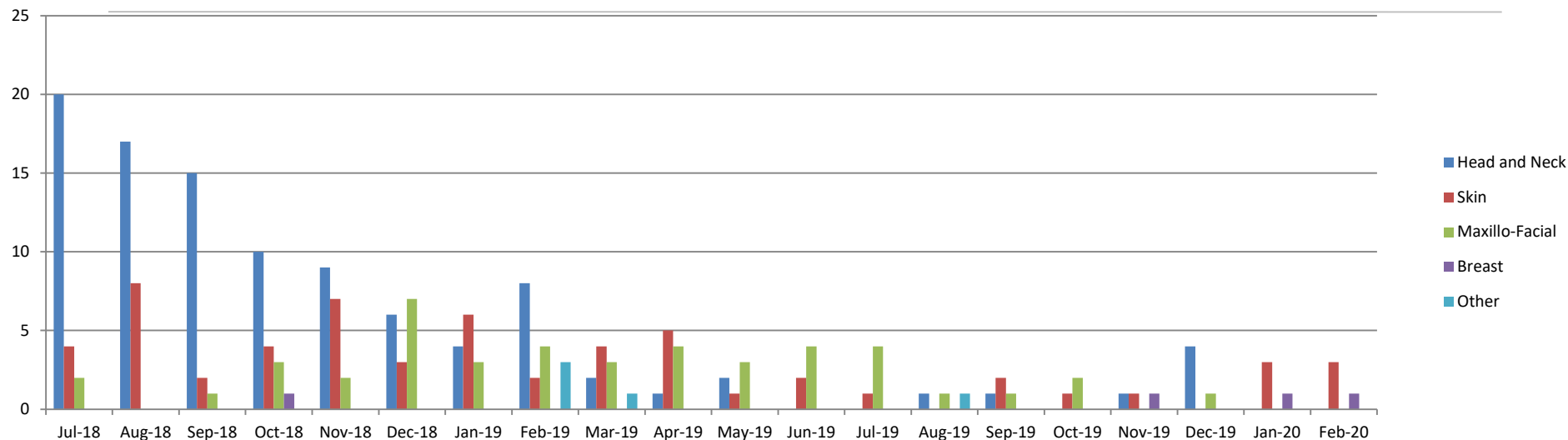
HEAD&NECK: Days to First Appointment (2WW)



Commentary

Key focus areas:

- Increased focus on seeing patients within the first 7 days and reducing patient choice deferred appointments through the booking script implementation
- Expediting diagnostics to ensure booking within a week of the first outpatient appointment
- Quicker turnaround for confirmation of benign diagnosis for skin patients
- Increase in the number of excisions for skin, with patients only have punch biopsies for clinical reasons
- Introduction of the FDS Tracker form for Head and Neck
- Promotion – ensuring all consultants and staff members are aware of the new standard and the changes coming in April 2020



Commentary

The trust is currently reporting 4 patients over 104 days.

Patients as follows:

- Skin: Lesion right abdomen, query lentigo maligna, the patient has an excision booked for 19.02.20. Original excision date of 09.10.19, cancelled as the patient was not fit to undergo the surgery. Excision rebooked 09.01.20, this was cancelled as the patient had a chest infection and rebooked to 19.02.20 as the patient needed to be 6 weeks clear of the antibiotics.
- Skin: Late transfer from DMC on 13.02.20, patient was on day 132 of the pathway. No referral information has been sent, escalated to DMC.
- Skin: Late transfer from WKD on day 56 for a confirmed, biopsy proven SCC. Delays in outpatient appointments as the patient is elderly, offered a TCI date of 28.01.20 but the family declined, TCI booked for 04.03.20. However the patient is undecided if they want to go ahead with sugary (partial amputation).
- Breast: Late transfer from BSUH on day 69. Confirmed DCIS, for breast surgery and immediate reconstruction at QVH. Surgery date 25.02.20, unable to bring forward due to theatre capacity.

Key challenges are:

- Pathways with multiple diagnostics
- Admitted capacity for sentinel node biopsy and immediate breast theatre capacity
- Achieving the 38 day transfer target within head and neck
- Late referrals and treating within 24 days
- Consultant cover on the spoke sites: Medway, Dartford and Maidstone

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
- Stringent forward planning for 2WW capacity in the bank holidays, half terms etc.

Faster Diagnosis Standard

- The target has yet to be confirmed but will be set between 70%-85%, with phased increases in the subsequent years. This should be confirmed at the end of March 2020.
- Following the February Cancer Board, it has been agreed that QVH will have an internal 7 day target for first appointment, this is to ensure we meet the FDS standard.
- 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
- The 2WW script used by the appointments officer, informing the patients of the urgency of referral, is working well.

General

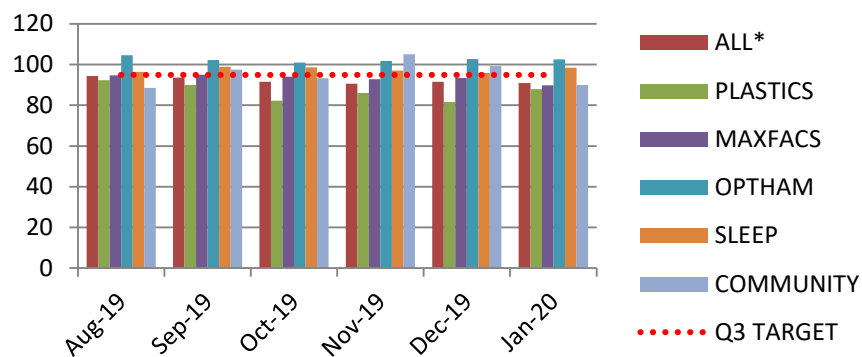
- CWT changes under consideration nationally include the merging of the 62 day referral to first treatment targets into a single target (this includes 62D (2WW), screening, consultant upgrade and breast symptomatic). Merging the 31D first treat target and 31D subsequent treat target into a single target. Withdrawal the 2WW standard, shifting the focus to FDS. The changes are likely to be confirmed in late March, early April.
- The purchasing of Somerset Cancer Register is underway. An interface between Patient Centre and SCR has been agreed, this ensures the electronic transfer of patient demographic and referral information.
- The new MDT video conferencing equipment has been successfully installed in the Blond McIndoe board room. Training is being organised for the week of 24th February, with a plan to start using the new equipment as of Monday 2nd March.

Outpatient efficiency – clinic utilisation

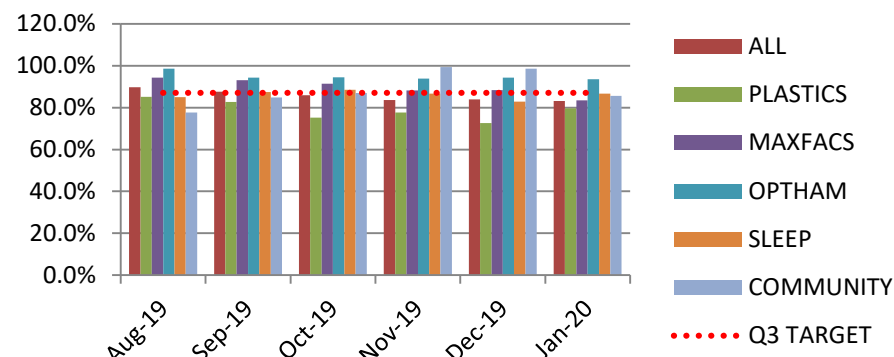
Booked	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Q3 TARGET	95	95	95	95	95	95
ALL *	94.3	93.6	91.5	90.6	91.5	90.9
PLASTICS	92.3	90	82.2	86	81.6	87.9
MAXFACS	94.7	95	94	92.8	93.4	89.8
OPHAM	104.6	102.3	101	101.8	102.7	102.5
SLEEP	96.4	98.9	98.7	97	95.9	98.5
COMMUNITY	88.6	97.6	93.3	105	99.3	90

Attended	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Q3 TARGET	87.0%	87.0%	87.0%	87.0%	87.0%	87.0%
ALL	89.7%	87.6%	85.9%	83.6%	83.9%	83.2%
PLASTICS	85.1%	82.7%	75.2%	77.7%	72.6%	79.7%
MAXFACS	94.3%	93.1%	91.4%	88.2%	88.3%	83.5%
OPHAM	98.6%	94.3%	94.5%	93.8%	94.4%	93.6%
SLEEP	85.0%	87.5%	88.6%	86.7%	82.8%	86.7%
COMMUNITY	77.7%	84.8%	87.0%	99.4%	98.6%	85.6%

Booked Utilisation %



Attended Utilisation %



PERFORMANCE COMMENTARY

- Vacancies in appointments team impacting performance
- In month improvement in Plastics

FORWARD LOOK / PERFORMANCE RISKS

- Teams collaborating to support clinics being filled
- Interviews scheduled for appointments vacancies

Outpatient efficiency – patient DNA and on the day cancellation

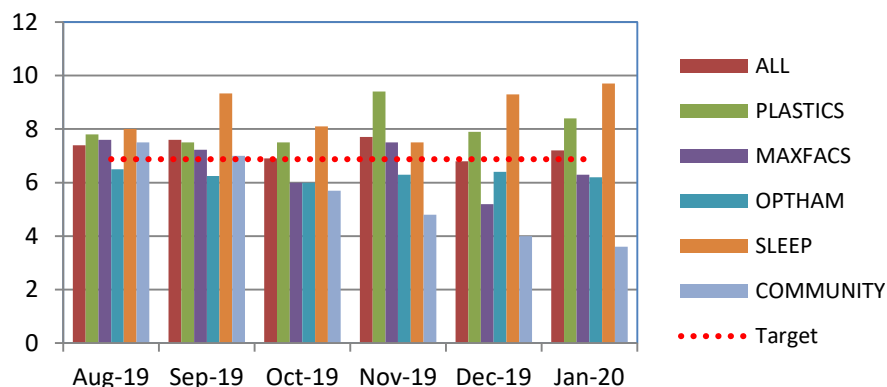


Queen Victoria Hospital
NHS Foundation Trust

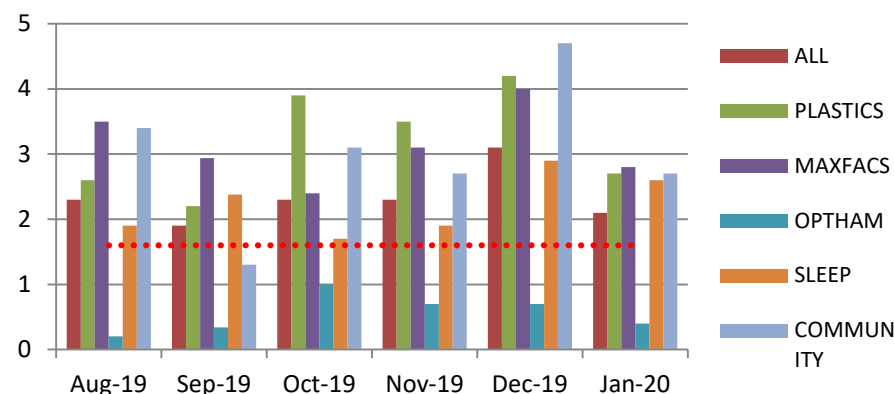
	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Target	6.88	6.88	6.88	6.88	6.88	6.88
ALL	7.4	7.6	6.9	7.7	6.8	7.2
PLASTICS	7.8	7.5	7.5	9.4	7.9	8.4
MAXFACS	7.6	7.23	6	7.5	5.2	6.3
OPHTHAM	6.5	6.25	6	6.3	6.4	6.2
SLEEP	8	9.33	8.1	7.5	9.3	9.7
COMMUNITY	7.5	7	5.7	4.8	4	3.6

	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Target	1.6	1.6	1.6	1.6	1.6	1.6
ALL	2.3	1.9	2.3	2.3	3.1	2.1
PLASTICS	2.6	2.2	3.9	3.5	4.2	2.7
MAXFACS	3.5	2.94	2.4	3.1	4	2.8
OPHTHAM	0.2	0.34	1	0.7	0.7	0.4
SLEEP	1.9	2.38	1.7	1.9	2.9	2.6
COMMUNITY	3.4	1.3	3.1	2.7	4.7	2.7

DNA %



On the Day Patient Canc %



PERFORMANCE COMMENTARY

FORWARD LOOK / PERFORMANCE RISKS

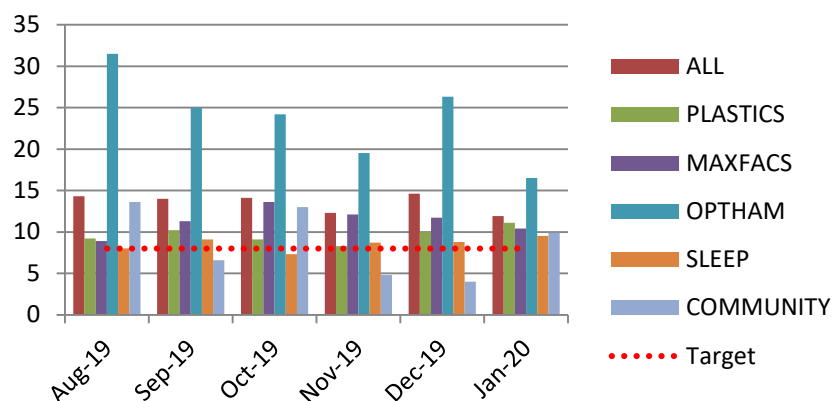
- Implementation of 2 way text message service moving to testing phase. Start date – March 2020

Outpatient efficiency – cancelled by hospital < 6 weeks notice

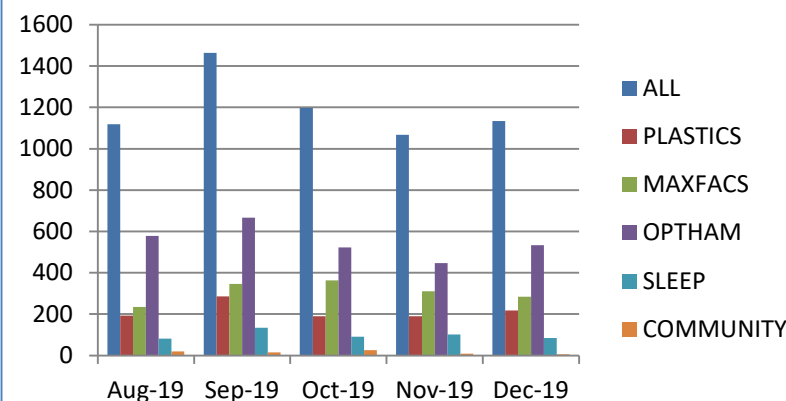
	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
Target	8	8	8	8	8	8
ALL	14.3	14	14.1	12.3	14.6	11.9
PLASTICS	9.2	10.2	9.1	8.3	10	11.1
MAXFACS	8.9	11.3	13.6	12.1	11.7	10.4
OPHTHAM	31.5	25	24.2	19.5	26.3	16.5
SLEEP	8	9.1	7.3	8.7	8.8	9.5
COMMUNITY	13.6	6.6	13	4.8	4	9.9

Canc by QVH <6 weeks Count	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20
ALL	1119	1464	1198	1067	1134	1018
PLASTICS	192	286	189	190	218	243
MAXFACS	234	346	363	311	284	288
OPHTHAM	578	667	522	446	534	357
SLEEP	82	134	91	102	84	105
COMMUNITY	20	15	25	9	6	22

Cancellation by hospital <6 weeks %



Cancellation by hospital <6 weeks



PERFORMANCE COMMENTARY

- Overall improvement driven by corneo plastics service
- Sleep - on-going staffing gaps resulting in rescheduled clinic capacity
- On-going impact of template alterations for plastics

FORWARD LOOK / PERFORMANCE RISKS

- Corneo plastics may increase again due to staff moving from outpatient to additional theatre sessions

eRS: Work ongoing to maximise benefit of eRS including

- We continue to receive 99.9% of GP referrals by eRS.
- Ongoing roll out of e-vetting. Plastics to come online after implementation of Evolve is complete
- Investigation into Datix incidents demonstrate how e-vetting can identify inappropriate referrals more quickly than manual process.

Digital dictation

- NHS Commercial Solutions are proposing a Collaborative tender process for voice recognition/digital dictation. QVH engaged with this. Further meetings scheduled for Spring

2 Way Text messaging:

- Implementation project continues with launch date of March

Virtual clinics:

- Review of progress to date and options for roll out being written at present.

Synertec:

- Further review of finances required to avoid any unexpected cost pressures.

FFT Outpatient feedback:

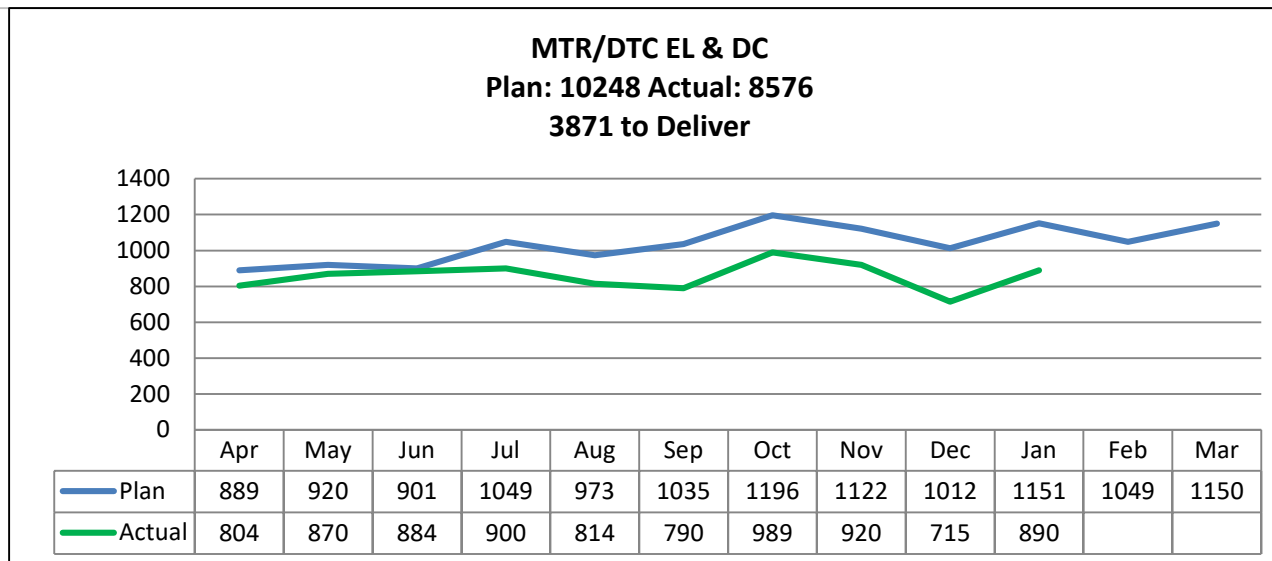
- December uptake dropped slightly to 16%. Only 1% of outpatients would not recommend us which is the lowest figure in 12 months. January data not yet available

Project management

- Capital bid submitted for replacement Project Manager post.

KPI 1 - Theatre Activity – Case Count

Target – delivery of on site activity plan.



PERFORMANCE COMMENTARY

Total Elective Activity for January: 890 against a phased activity plan of 1151, 1672 cases below plan year to date.

Main issues for January

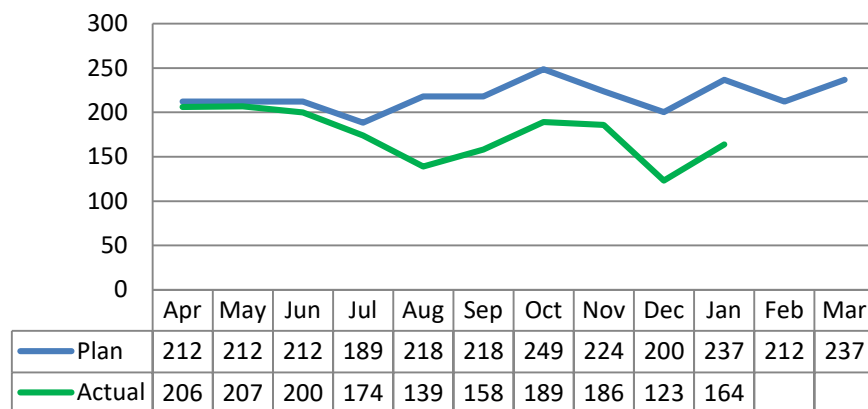
- Increase in all day lists required to accommodate lower limb trauma referred in from Brighton
- Further lock down improvements required including scheduling of cancer patients
- DTC lists not fully utilised due to rota gap in ophthalmology
- Mid January: Theatre estate issue: Business continuity plan invoked due to ponding on the theatre roof
- Major plastics case cancelled on the day
- Plastics and Max Fax affected by late cancellations

FORWARD LOOK / PERFORMANCE RISKS

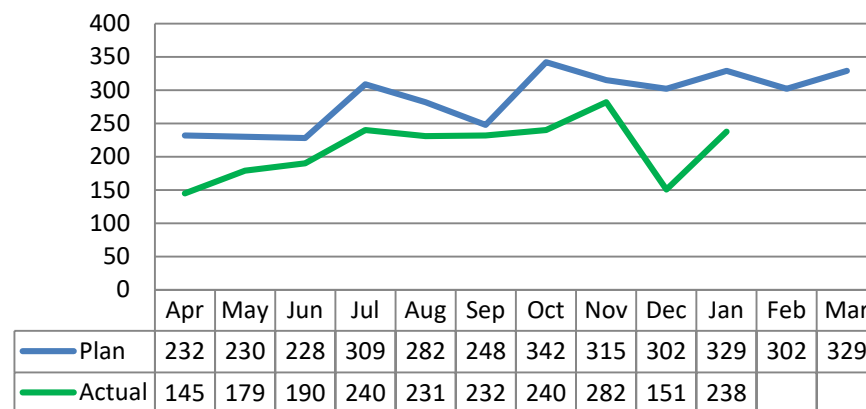
- February will remain challenged due to anaesthetic change over and mandatory training, higher number of LA only lists running
- Lower limb referrals in from Brighton impacting on elective activity
- Risk of staff sickness and patient on the day cancellations due to seasonal illness
- Higher percentage of available sessions running during February and March

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

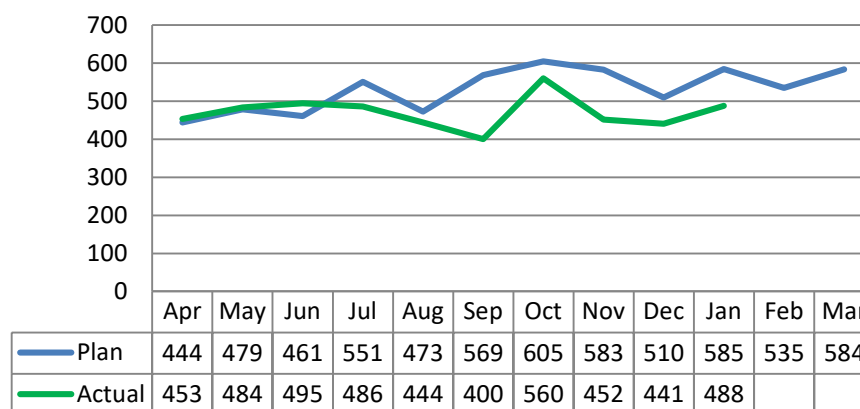
**Max Fax
MTR/DTC
YTD Plan 2171 V Actual 1746**



**Ophth
MTR/DTC
YTD Plan 2817 V Actual 2128**



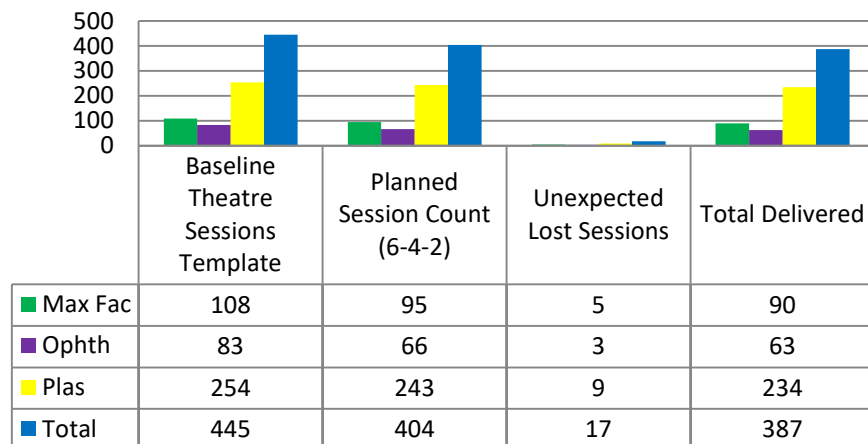
**Plastics
MTR/DTC
YTD Plan 5260 V Actual 4703**



KPI 2 – Session Count January 19

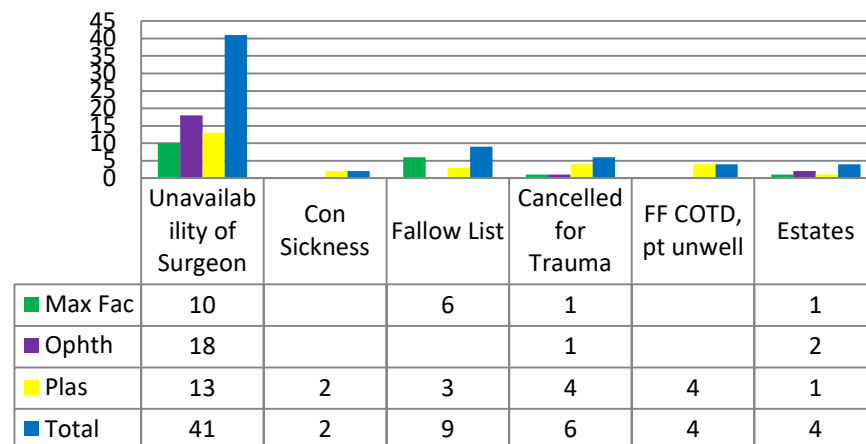
January 20

Session Availability: 445 Sessions Delivered: 387



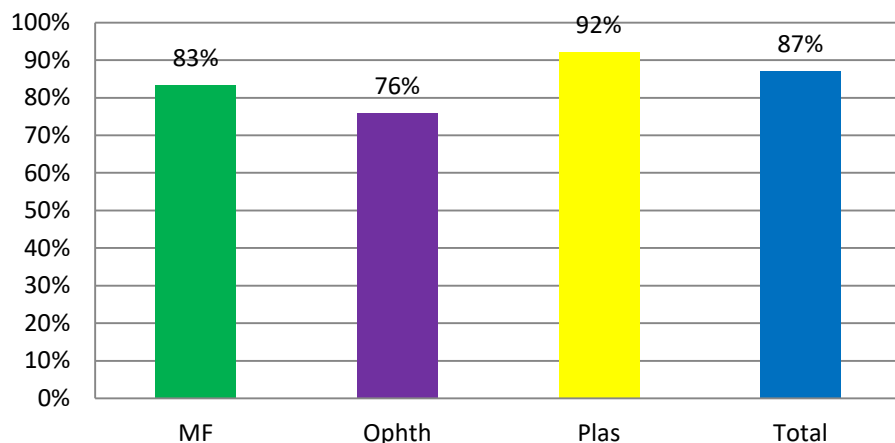
January 20

Session Cancellation by Specialty



January 20

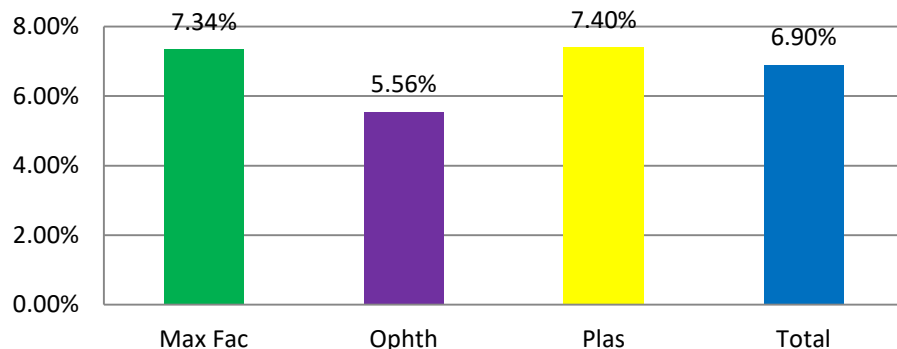
Percentage of Available Lists Delivered



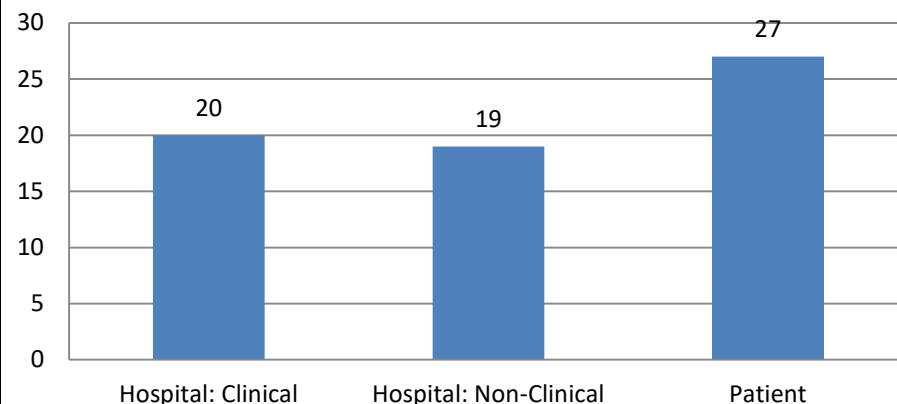
- Key performance issue relates to on-going surgeon availability
- Plastics used an additional 7 lists and corneo plastics used 1 list not covered by other specialties.
- Surgeon unavailability – 1 Training, 2 Sickness, 22 rota gaps, 15 Consultant A/L, 3 Registrar A/L
- Percentage of available sessions to be delivered in February is currently 90% and March is 99%.
- Full month of March has not yet been reviewed at 6-4-2

KPI 3 - Cancellations

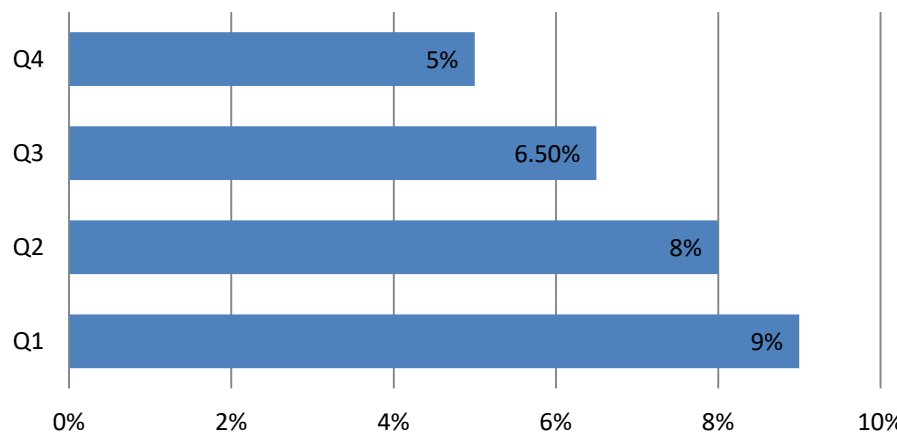
January 20
Elective surgery cancelled on the day as a percentage of booked activity



January 20
Elective Surgery On The Day Cancellations
Total: 66



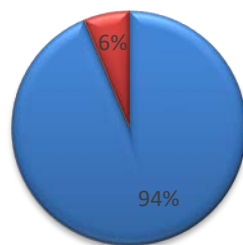
2019 KPI
Reduction in On The Day Elective Cancellations



- Estimated 89.1 hours of lost surgical time in January due to on the day cancellations
- 11 patients called on the day to cancel their surgery due to being unwell, 10.8 hours of estimated operating time lost
- 10 patients declined surgery on the day, 11.25 hours of estimated operating time lost
- 2 patients did not arrive, 3 patients had transport failure
- Patients encouraged to notify the hospital if they are unwell prior to the day of surgery

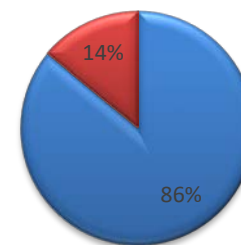
KPI 4 – Pre List Utilisation

January 20
MTR TH3-TH10
Pre List Utilisation
94% of all lists were booked to more than 85%



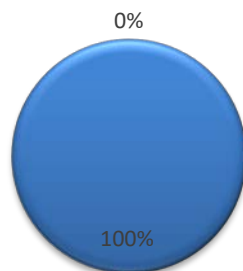
■ >85% ■ <85%

January 20
Max Fax: MTR TH3-TH10
Pre List Utilisation
86% of all lists were booked to more than 85%



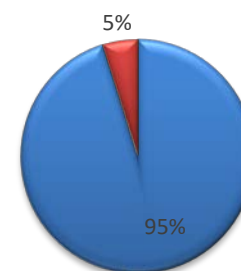
■ >85% ■ <85%

January 20
Ophth: MTR TH3-TH10
Pre List Utilisation
100% of all lists were booked to more than 85%



■ >85% ■ <85%

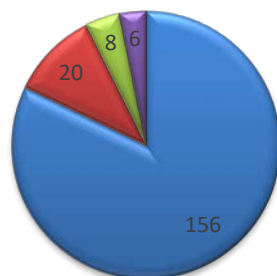
January 20
Plas: MTR TH3-TH10
Pre List Utilisation
95% of all lists were booked to more than 85%



■ >85% ■ <85%

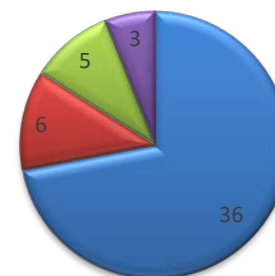
KPI 4 – Pre List Utilisation

January 20
MTR TH3-TH10
Pre List Utilisation



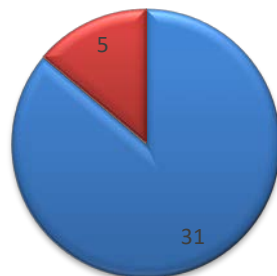
■ 95-100% ■ 90-94% ■ 75-89% ■ <74%

January 20
Max Fax: MTR TH3-TH10
Pre List Utilisation



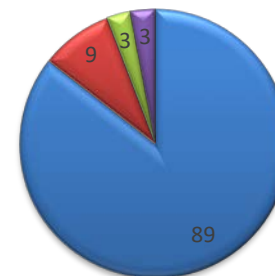
■ 95-100% ■ 90-94% ■ 75-89% ■ <74%

January 20
Ophth: MTR TH3-TH10
Pre List Utilisation



■ 95-100% ■ 90-94% ■ 75-89% ■ <74%

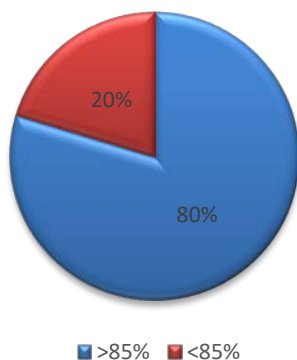
January 20
Plas: MTR TH3-TH10
Pre List Utilisation



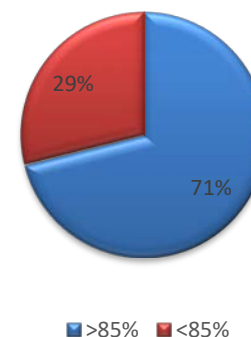
■ 95-100% ■ 90-94% ■ 75-89% ■ <74%

KPI 4 – Utilisation: On The Day

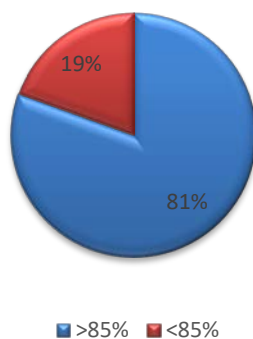
January 20
MTR TH3-TH10
On The Day Elective List Utilisation
80% of the elective lists were over 85% utilised on the day



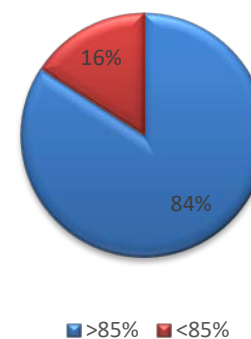
January 20
Max Fax: MTR TH3-TH10
On The Day Elective List Utilisation
71% of the elective lists were over 85% utilised on the day



January 20
Corneo: MTR TH3-TH10
On The Day Elective List Utilisation
81% of the elective lists were over 85% utilised on the day

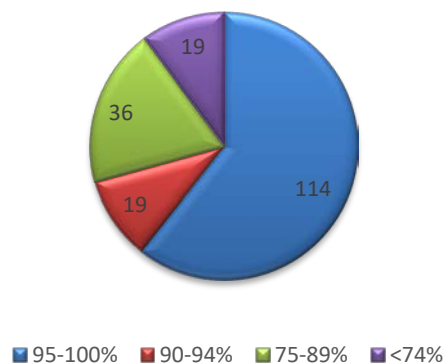


January 20
Plas: MTR TH3-TH10
On The Day Elective List Utilisation
84% of the elective lists were over 85% utilised on the day

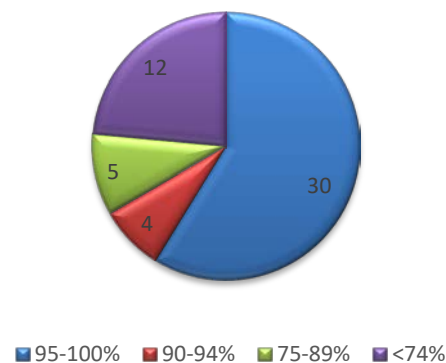


KPI 4 – Utilisation: On The Day

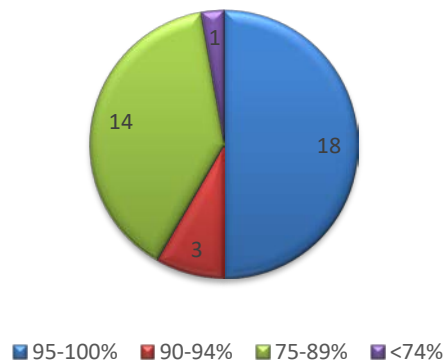
January 20
MTR TH3-TH10
On The Day Elective List Utilisation



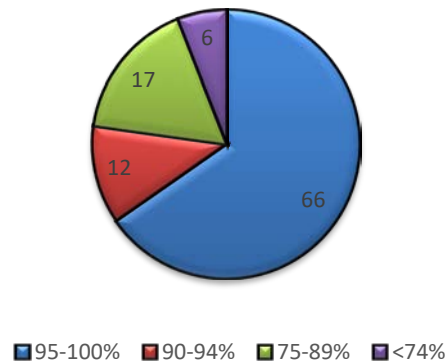
January 20
Max Fax: MTR TH3-TH10
On The Day Elective List Utilisation



January 20
Ophth: MTR TH3-TH10
On The Day Elective List Utilisation



January 20
Plas: MTR TH3-TH10
On The Day Elective List Utilisation



Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	5 March 2020	Agenda reference:		46-20	
Report title:	Finance Report 2019/20 – Month 10				
Sponsor:	Lucy Owens – Interim Director of Finance and Performance				
Author:	Lucy Owens – Interim Director of Finance and Performance				
Appendices:	Finance Performance Report Month 10 - Report				
Executive summary					
Purpose of report:	To provide the Board with an overview of the Trust's financial performance.				
Summary of key issues	<p>The Trust YTD I&E deficit is £7.983M at M10, this is £1.825M adverse from Plan. The principal driver of variance is a shortfall in activity led clinical income, in part offset by marginal operating cost savings.</p> <p>The position is consistent with the Trust's revised Forecast Outturn deficit of £9.445M, which has been acknowledged by NHSEI.</p> <p>The deficit position is supported by an agreed NHSEI loan facility of £6.4M which is expected to be fully drawn. Cash balances are not forecast to be stressed. Non NHS BPPC performance is good at 86%. Capital spend is marginally behind plan at M10.</p> <p>CIP performance £220k behind plan YTD, the full year projection is for a £528k shortfall vs. the target of £1.724M (cash and non cash savings).</p>				
Recommendation:	The Board is asked to note the contents of this report				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):			KSO3:	KSO4:	KSO5:
			<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	KS04 – Financial Sustainability				
Corporate risk register:	KS04 – Financial Sustainability				
Regulation:					
Legal:					
Resources:	No current resources.				
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	24.2.20	Decision:	Noted	
Next steps:	NA				

Trust Board Finance Report Month 10 January 2020

Lucy Owens – Interim Director of Finance



Contents

3. Summary Position
4. Trend Position
5. Activity Trend
6. Business unit performance
7. Cost Improvement Plan
8. Balance Sheet
9. Capital
10. Debtors
11. Cash
12. Creditors
13. Appendix: Single Oversight Framework Finance and use of resources score

2019/20 M10 Financial Performance

Financial Performance		Annual	In Month £'000			Year to Date £'000		
Income and Expenditure		Plan	Plan	Actual	Favourable/ (Adverse)	Plan	Actual	Favourable /(Adverse)
Income	NHS Healthcare Income	67,916	5,843	4,974	(869)	56,496	52,732	(3,764)
	Other Healthcare Income	(226)	(101)	245	346	(6)	1,344	1,350
	Other Non Healthcare Income	4,734	397	457	59	3,940	3,959	20
Total Income		72,424	6,139	5,676	(463)	60,429	58,035	(2,394)
Pay	Substantive	(51,445)	(4,304)	(3,791)	513	(42,838)	(37,740)	5,098
	Bank	(819)	(67)	(261)	(194)	(644)	(2,722)	(2,078)
	Agency	(218)	(16)	(153)	(136)	(186)	(1,969)	(1,783)
Total Pay		(52,482)	(4,388)	(4,205)	183	(43,668)	(42,431)	1,237
Non Pay	Clinical Services & Supplies	(12,860)	(1,065)	(1,128)	(63)	(10,724)	(11,252)	(528)
	Drugs	(1,532)	(128)	(124)	4	(1,276)	(1,238)	39
	Consultancy	(96)	(7)	(21)	(14)	(83)	(156)	(73)
	Other non pay	(7,892)	(614)	(710)	(95)	(6,663)	(6,832)	(169)
Total Non Pay		(22,379)	(1,813)	(1,982)	(169)	(18,747)	(19,478)	(731)
Financing		(5,006)	(417)	(335)	82	(4,172)	(4,109)	63
Total Expenditure		(79,868)	(6,618)	(6,523)	95	(66,587)	(66,018)	569
Surplus / (Deficit)		(7,445)	(480)	(847)	(368)	(6,158)	(7,983)	(1,825)

YTD performance

The Trust delivered a deficit of £7.98m YTD; £1.8m worse than the plan of a £6.1m deficit.

The income position is under plan by £2.4m within patient activity income, which increases to £3.7m when removing the fines reinvestment and over performance on excluded devices. The key drivers are: Elective care is behind plan by £2.6m (£0.8m Plastics casemix, £1.4m Oral casemix & volume, Eyes £0.4m casemix & volume), partially offset by over performance within PBR exclusions of £0.6m and MIU £0.1m.

The pay position is underspent by £1.23m YTD. Substantive pay is underspent on all staff categories apart from medical. This has been partially offset by temporary staffing costs throughout the Trust. The Trust is materially above the agency ceiling for the period.

The non-pay position is overspent by £0.73m. Clinical supplies are overspent by £0.53m. This includes £0.6m due to PBR excluded devices pass through costs (Sleep devices/ Corneo grafts/ prosthesis). When excluded, Clinical supplies show an underlying underspend of £0.07m. 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 £7.98m YTD; £1.8m worse than plan.

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

The use of resources score is 4, 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 £9.5m; £2.0m worse than the annual plan.

In month performance

The Trust delivered a deficit of £0.84m in month; £0.37m worse than plan. This is due to clinical income underperformance.

Patient activity income is £0.52m less than plan. The in month position has been estimated based on actual activity for M10 with an average point of delivery by service area applied.

Other income was above plan by £59k.

The pay position is £183k favorable to plan. Both bank and agency expenditure in month is less than the YTD monthly trend due in part to increased substantive staffing in key areas and less clinical activity in over the last couple of months.

The non-pay position is £169k above plan. This is driven by overspends in clinical supplies and services and other non-pay driven by unidentified savings

2019/20 M10 - Income and Expenditure Trend

Board Line	Actual M10 18/19	Actual M11 18/19	Actual M12 18/19	Actual M1	Actual M2	Actual M3	Actual M4	Actual M5	Actual M6	Actual M7	Actual M8	Actual M9	Actual M10	Forecast M11	Forecast M12	Annual Plan	Annual forecast	Annual Forecast Variance
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	4,683	5,219	4,953	5,564	67,689	64,592	(3,097)
Other Income	(5)	504	(722)	348	438	377	381	429	394	414	353	368	457	382	382	4,734	4,723	(11)
Total Income	5,787	5,624	6,736	5,354	5,430	5,998	6,342	6,001	6,594	6,213	5,376	5,051	5,676	5,335	5,946	72,424	69,315	(3,108)
Substantive	(3,596)	(3,660)	(3,913)	(3,902)	(3,824)	(3,706)	(3,813)	(3,727)	(3,831)	(3,802)	(3,697)	(3,729)	(3,791)	(3,786)	(3,793)	(51,445)	(45,399)	6,046
Bank	(161)	(117)	(346)	(186)	(194)	(256)	(286)	(209)	(418)	(233)	(236)	(264)	(261)	(230)	(210)	(819)	(2,982)	(2,163)
Agency	(185)	(250)	(216)	(186)	(175)	(327)	(248)	(224)	(141)	(225)	(217)	(173)	(153)	(191)	(197)	(218)	(2,457)	(2,239)
Total Pay	(3,942)	(4,027)	(4,476)	(4,274)	(4,193)	(4,289)	(4,347)	(4,160)	(4,389)	(4,259)	(4,150)	(4,165)	(4,205)	(4,207)	(4,201)	(52,482)	(50,838)	1,644
Clinical Services & Supplies	(1,204)	(1,179)	(1,175)	(794)	(1,296)	(1,156)	(1,089)	(1,317)	(1,223)	(1,203)	(917)	(1,130)	(1,128)	(1,052)	(834)	(12,860)	(13,138)	(278)
Drugs	(122)	(116)	(108)	(118)	(118)	(119)	(142)	(122)	(125)	(104)	(138)	(129)	(124)	(124)	(124)	(1,532)	(1,485)	46
Consultancy	34	(49)	(229)	(8)	7	(2)	(1)	(3)	(35)	(8)	(37)	(48)	(21)	(15)	(35)	(96)	(207)	(110)
Other non pay	(765)	(484)	(477)	(691)	(560)	(732)	(645)	(721)	(641)	(758)	(659)	(716)	(710)	(660)	(670)	(7,892)	(8,162)	(270)
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)	(2,023)	(1,982)	(1,851)	(1,663)	(22,379)	(22,991)	(612)
Financing	(379)	(374)	(423)	(438)	(438)	(440)	(384)	(422)	(391)	(419)	(421)	(421)	(335)	(411)	(411)	(5,006)	(4,931)	75
Total Expenditure	(6,378)	(6,230)	(6,887)	(6,324)	(6,597)	(6,737)	(6,607)	(6,743)	(6,803)	(6,751)	(6,322)	(6,610)	(6,523)	(6,469)	(6,274)	(79,868)	(4,931)	74,937
Surplus / (Deficit)	(591)	(606)	(151)	(970)	(1,166)	(740)	(265)	(743)	(209)	(538)	(946)	(1,559)	(847)	(1,134)	(328)	(7,445)	(9,445)	(2,001)

Summary

- The current forecast is of £9.45m deficit, £2.0m adrift of operating plan of £7.4m. There are significant risks to full year delivery within activity and unidentified savings.
- In month Patient activity income is the Flex activity position for M10 and was materially less than anticipated and less than trend
- In month Temporary (agency) staffing spend is below the YTD trend and this correlates with the significant less activity undertaken.
- Non pay is higher then the run rate mainly driven by high cost consumables but offset by High cost devices income.

2019/20 M010 Trends by Point of Delivery (POD)

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	Actual M8	Actual M9	Actual M10	Plan M11	Plan M12
Critical Care	798	745	863	78	82	58	133	95	108	50	88	64	63	62	71
Elective	1,107	992	905	340	347	334	313	298	308	306	318	287	306	333	365
Elective (Daycase)	284	297	317	923	1,094	1,074	1,183	1,049	1,040	1,218	1,118	859	1,035	1,141	1,246
Minor injuries	418	399	386	1,042	1,128	1,088	1,319	1,123	1,220	1,016	950	871	984	946	1,054
Non Elective	33	52	98	430	441	403	457	437	426	425	344	378	318	372	404
Other activity	126	81	49	3,548	3,927	3,899	4,415	3,734	2,601	2,602	2,588	2,764	2,663	3,796	4,059
Outpatient - procedures	3,763	3,153	3,644	2,443	2,409	2,354	2,728	2,470	2,178	2,592	2,398	1,928	1,885	2,475	2,715
Outpatients - First Attendance	10,480	9,107	10,132	3,872	4,002	3,797	4,049	3,558	3,295	3,928	3,592	3,280	3,875	3,895	4,265
Outpatients - Follow up	2,737	2,233	1,565	10,248	10,645	9,524	10,974	9,962	9,848	11,484	10,298	8,828	10,642	10,430	11,412
XS bed days	4,288	3,826	3,142	124	40	58	132	65	147	77	124	94	17	76	80
	24,034	20,885	21,101	23,048	24,115	22,589	25,703	22,791	21,171	23,698	21,818	19,353	21,788	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	Actual M8	Actual M9	Actual M10	Plan M11	Plan M12
Critical Care	59	55	64	55	68	67	169	95	151	55	73	81	88	82	95
Elective	1,329	1,186	1,014	793	737	775	678	795	760	733	759	712	688	943	1,031
Elective (Daycase)	765	780	746	1,027	1,320	1,142	1,309	1,145	1,221	1,324	1,269	932	1,171	1,278	1,394
Minor injuries	1,056	996	951	86	93	90	109	93	101	84	79	72	81	78	87
Non Elective	9	15	27	990	1,163	941	1,209	1,226	1,114	1,015	921	1,009	837	963	1,052
Other activity	189	87	54	468	456	442	545	426	420	471	423	382	482	395	428
Outpatient - procedures	518	419	501	349	348	342	395	361	345	363	339	269	262	350	384
Outpatients - First Attendance	799	691	768	572	591	569	589	523	475	574	523	475	576	570	624
Outpatients - Follow up	363	300	210	756	783	718	816	739	730	839	780	663	784	773	846
XS bed days	430	410	494	39	11	18	42	19	44	24	36	28	5	23	24
	5,518	4,939	4,829	5,134	5,570	5,104	5,862	5,421	5,361	5,481	5,201	4,623	4,974	5,457	5,963

Summary

- In month Patient activity income is the Flex activity position for M10, this is materially less than anticipated and well below the trend reporting £0.5m adverse variance behind the in month plan
- Day case activity income £0.2m (Eyes £0.06m, Oral 0.07m and plastics 0.09m), Elective activity £0.34m (Oral £0.16m, Plastics £0.13m) and Outpatients activity £0.23m (Oral £0.1m Plastics 0.1m and Eyes 0.03m) behind the in month plan

2019/20 M010 : Financial Position by Business Unit

Financial Position by Business Unit January 2019/20

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	(336)	(1,302)	(8)	(23)	(13)	(54)	(58)	(25)	24,916	2,136	1,720	(416)	68%	20,645	19,241	(1,404)	86%
1.2 Oral	(400)	(2,468)	(8)	(66)	(25)	(30)	(7)	6	8,477	771	331	(440)	32%	7,042	4,484	(2,558)	43%
1.3 Eyes	(99)	(518)	24	101	1	(116)	(17)	(77)	4,645	466	375	(91)	63%	3,735	3,125	(610)	59%
1.4 Sleep	49	555	0	1	13	4	(46)	(475)	1,883	180	196	16	81%	1,560	1,647	86	47%
1.5 Clinical Support	(14)	27	9	67	49	257	(0)	319	(2,730)	(171)	(127)	44		(2,322)	(1,651)	670	
1.6 Perioperative Care	(0)	2	24	30	(0)	(68)	(82)	(302)	(12,901)	(1,073)	(1,131)	(58)		(10,755)	(11,093)	(338)	
1.7 Operational Nursing	7	(359)	(1)	(16)	17	249	(16)	21	(6,470)	(548)	(541)	7		(5,363)	(5,468)	(105)	
Operations Total	(793)	(4,063)	41	94	41	242	(226)	(532)	17,821	1,761	824	(938)		14,542	10,284	(4,258)	
Nursing & Clinical Infrastructure																	
2.1 Access & Performance	-	0	0	(7)	12	113	(4)	(38)	(1,197)	(100)	(91)	9		(997)	(930)	67	
2.5 Director Of Nursing	-	-	(27)	(100)	10	45	(31)	(137)	(3,340)	(277)	(326)	(49)		(2,786)	(2,977)	(191)	
Nursing & Clinical Infrastructure	-	0	(27)	(107)	22	158	(34)	(175)	(4,537)	(377)	(417)	(40)		(3,783)	(3,907)	(124)	
Corporate Departments																	
3.1 Non Clinical Infrastructure	-	-	(0)	57	(61)	(29)	(44)	(211)	(4,753)	(397)	(503)	(105)		(3,958)	(4,141)	(183)	
3.2 Commerce & Finance	-	-	(0)	(4)	52	(117)	(43)	(68)	(3,520)	(288)	(280)	8		(2,940)	(3,130)	(189)	
3.4 Finance Other	271	1,649	(426)	(195)	111	855	259	343	(9,499)	(934)	(269)	665		(7,544)	(4,892)	2,652	
4.1 Human Resources	-	-	22	168	10	53	(0)	5	(1,093)	(89)	(58)	31		(914)	(688)	226	
5.4 Corporate	-	-	1	7	9	76	0	(31)	(1,863)	(155)	(144)	10		(1,561)	(1,509)	51	
Corporate Total	271	1,649	(404)	33	120	837	173	38	(20,729)	(1,864)	(1,254)	610		(16,917)	(14,360)	2,557	
Surplus / (Deficit)	(522)	(2,414)	(391)	20	183	1,237	(87)	(668)	(7,445)	(480)	(847)	(368)		(6,158)	(7,983)	(1,825)	

Summary

Patient Activity Income: In month £522k less than plan - Income and activity within the current month is materially behind the plan for the last two months and have not increased in line with plan. Patient care income is £2.4m behind plan YTD. When removing the increased level of income for excluded devices and fines reinvestments the total variance is £3.4m behind plan. 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 above plan by £59k in month & £20k YTD due mainly to PGME income.

Pay: In month is under spent £183k in month and £1,237 YTD. The main drivers of the in month under spend are uncovered vacancies in all staff categories with the exception of medical staffing spend within Plastics, Oral & Perioperative. 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 Overspent by £169k and YTD by £731k. This is largely due to PBR excluded devices of circa £0.6m YTD (Sleep / Prosthetics Lab Devices) which are offset by increased clinical income. Unidentified savings also contributing factor to the in month and year to date overspend against the Non-pay lines.

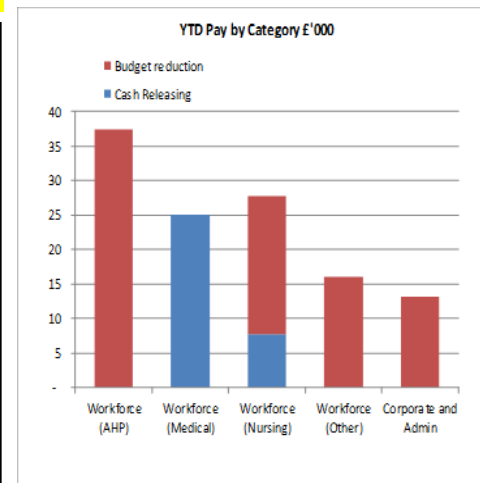
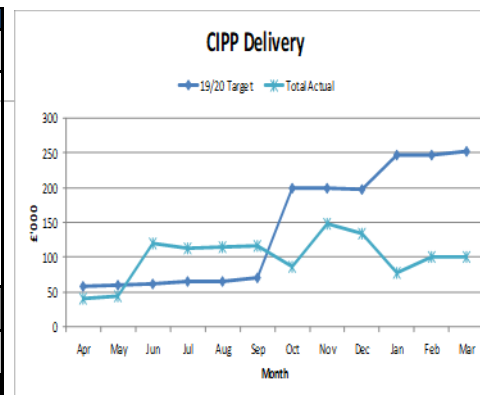
2019/20 M10 - Trust CIP Dashboard 2019

CIPP Delivery £'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	12	122	0	134	(63)
Jan	247	12	66	0	78	(170)
M10 subtotal	1,225	119	877	0	996	(230)
Feb	247	12	88	0	100	(147)
Mar	251	12	88	0	100	(151)
Total	1,724	143	1,053	0	1,196	(528)

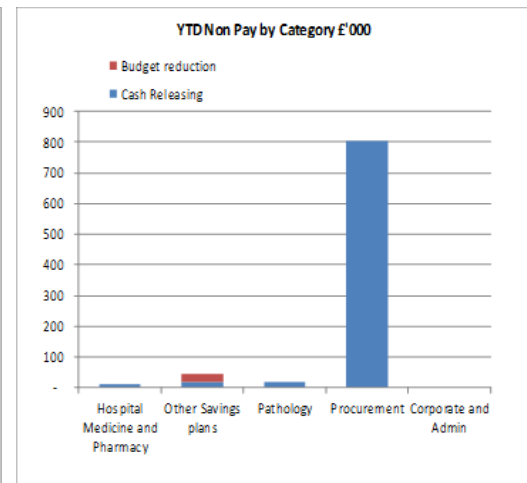
M11-12 forecast figures only

Business Unit Summary YTD £'000			
Business Units	Target	Actual	Variance
Clinical Support	212	178	(34)
Eyes	52	32	(20)
Plastics	117	58	(60)
Sleep	58	60	2
Commerce & Finance	59	17	(43)
Human Resources	22	0	(22)
Oral	133	83	(49)
Nursing	192	154	(38)
Non Clinical	107	106	(1)
Infrastructure			
Perioperative Care	264	309	45
Access & Outpatients	20	0	(20)
Corporate	17	0	(17)
Reserves	(27)	0	27
Total	1,225	996	(230)

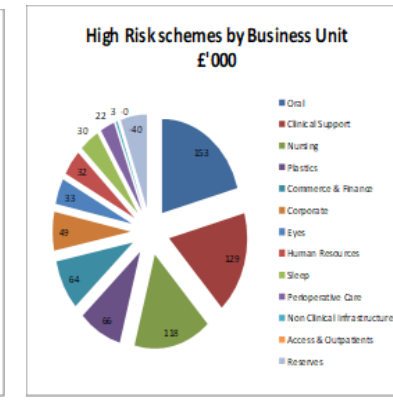
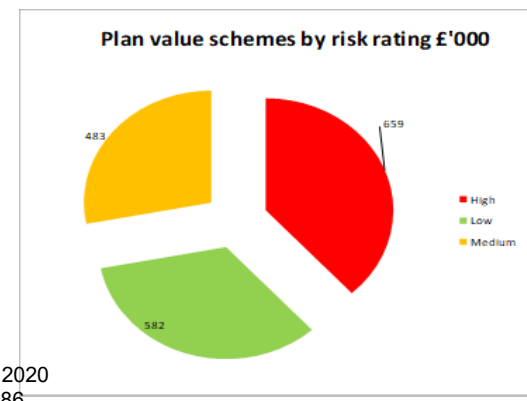
YTD Summary by Category £'000			
Category	Target	Actual	Variance
Pay (Skill mix)	61	62	2
Pay (WTE reductions)	102	57	(45)
Non pay	660	877	216
Income (Patient Care Activities)	49	0	(49)
Income (Other operating income)	0	0	0
Unidentified	353	0	(353)
Total	1,225	996	(230)




Summary Identified £'000			
Business Units	19/20 Target	Identified	Unidentified
Clinical Support	280	172	108
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	130	127	3
Infrastructure			
Perioperative Care	328	306	22
Access & Outpatients	30	30	(0)
Corporate	49	48	1
Reserves	(40)	0	(40)
Total	1,724	1,195	530



Budget Reduction - YTD Summary £'000			
Category	Target	Actual	Variance
Workforce (Other)	18	16	(2)
Workforce (AHP)	37	37	1
Workforce (Nursing)	29	20	(9)
Procurement	0	0	0
Other Savings Plans	35	28	(6)
Corporate and Admin	11	13	3
Total	129	115	(14)



Hospital 

YTD performance at M10 stands at £996k against a target of £1,225k, an under-performance of £230k.

Whilst the Materials Management consumables scheme has delivered a total over-performance of £210k YTD, the continuation of unidentified CIPP and the under-performance of various schemes drives the overall negative variance.

Balance Sheet – M10 2019/20

Balance Sheet as at the end of January 2020	2018/19 Outturn £000s	Current Month £000s	Previous Month £000s
Non-Current Assets			
Fixed Assets	51,173	50,656	50,475
Other Receivables	-	-	-
Sub Total Non-Current Assets	51,173	50,656	50,475
Current Assets			
Inventories	1,275	1,146	1,175
Trade and Other Receivables	10,210	5,948	6,324
Cash and Cash Equivalents	3,944	3,567	3,623
Current Liabilities	(13,164)	(12,247)	(11,231)
Sub Total Net Current Assets	2,265	(1,586)	(109)
Total Assets less Current Liabilities	53,438	49,070	50,366
Non-Current Liabilities			
Provisions for Liabilities and Charges	(608)	(608)	(608)
Non-Current Liabilities >1 Year	(5,045)	(8,668)	(8,668)
Total Assets Employed	47,785	39,804	41,100
Tax Payers' Equity			
Public Dividend Capital	12,249	12,249	12,249
Retained Earnings	22,395	14,414	15,709
Revaluation Reserve	13,141	13,141	13,142
Total Tax Payers' Equity	47,785	39,804	41,100

Summary

- The capital asset net value has increased in month by £0.2m as projects progress including E-observation and Dental Hub, and decreased in year by £0.5m due to the level and profile of this year's capital expenditure plan.
- Net current assets have decreased in year by £3.8m reflecting the current year income and expenditure deficit. This deficit is being supported by medium term cash loans from DHSC.
- Inventories: A stock take assessment for the end of July led to a reduction in the stock value of £0.2m.
- Trade and other receivables have decreased by £0.4m in month.
- Cash has decreased by £0.1m in month. Cash continues to be reviewed on a daily basis and interim loans arranged with the DHSC, as per the operating plan 2019-20.
- Current liabilities have increased by £1.0m this period.
- Non current liabilities: The Trust has received revenue support loans this year to a total to £4.4m. The Trust has made repayment instalments on the theatre loan of £0.4m in June and December, with £5.0m principal remaining of which £0.8m is treated as a current liability.

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.

NB Analysis is subject to rounding differences

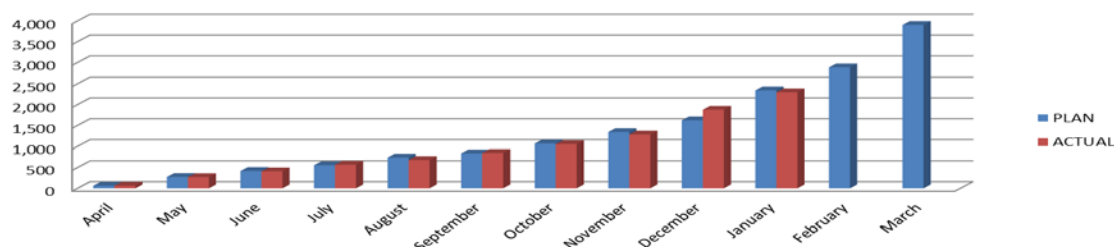
Capital – M10 2019/20

Month 10 - January 2020	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	270	155	115	216	(36)
2019/20 projects:						
Dental skills laboratory	450	350	359	(9)	450	-
Air handling / air conditioning	161	102	86	16	135	26
Other	160	59	72	(13)	150	10
Estates projects	1,071	879	771	108	1,071	-
Medical Equipment	589	409	253	156	589	-
Information Management & Technology (IM&T)						
Windows 10 implementation	692	341	428	(87)	692	-
Electronic Observations	335	125	219	(94)	335	-
Electronic Document Management	200	168	154	14	184	16
IP Telephony	-	-	16	(16)	16	(16)
PAS upgrade	190	126	154	(28)	190	-
Cyber security	446	-	-	-	446	-
Other	380	293	291	2	380	-
Information Management & Technology (IM&T)	2,243	1,053	1,262	(209)	2,243	-
Contingency	-	-	-	-	-	-
Total	3,903	2,341	2,286	55	3,903	-

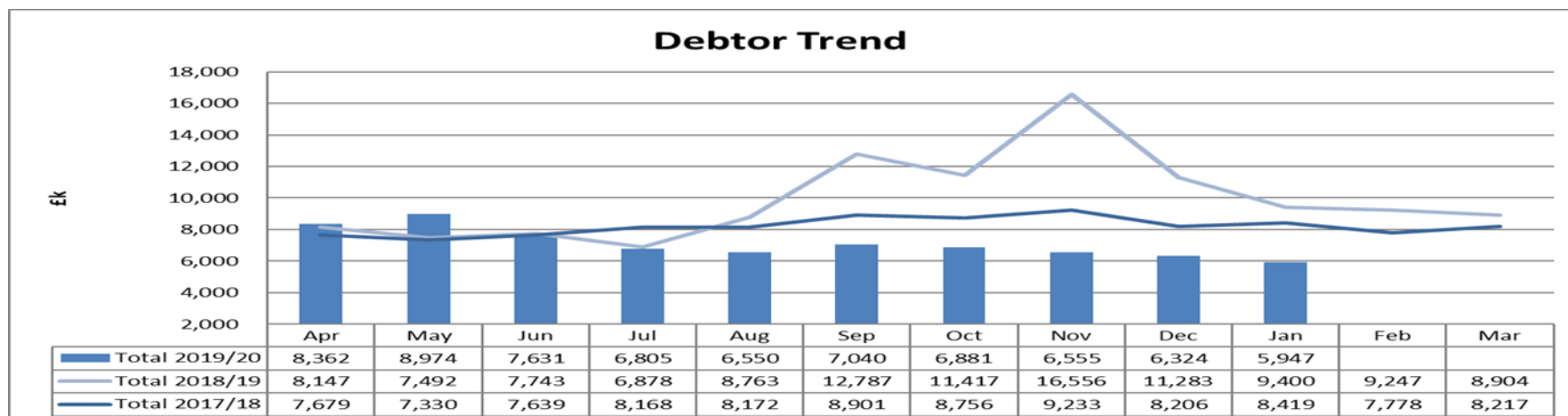
Summary

- The original 2019/20 capital plan of £2,668k was previously increased by the award of £335k additional Public Dividend Capital as part of the NHS Health System Led Investment Programme 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 £3,457k. All this additional funding is ring-fenced and cannot be used for other purposes.
- As previously reported, the capital programme has been rearranged by the postponement of the IP Telephony project and the reallocation of its funding, and the original contingency reserve, to existing and new projects.
- Estates:** Work on the Dental Skills Laboratory is progressing well and the facility is expected to be completed on time. Projects from the original plan, mainly air handling, are progressing though some have been re-assessed.
- Medical Equipment:** Procurement is proceeding. At present items with a total value of nearly £300k are in process of being purchased.
- The need for major expenditure on medical imaging, including MRI, cannot be met from internal resources. Other possible sources of funding, including the feasibility of a managed service, are being assessed.
- The **IM&T** programme centres on the implementation of Windows 10 across the Trust; the roll out is now well under way. The Electronic Observations project is progressing. 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. In addition, the League of Friends have agreed to contribute £145k for a significant upgrade to the simulation (training) theatre; the building work is under way. The QVH Charity is funding a number of items of equipment and smaller estates works.
- Expenditure to the end of June was £1,877k, 5% behind the notional plan.

Cumulative Spend v Plan



Debtors – M10 2019/20

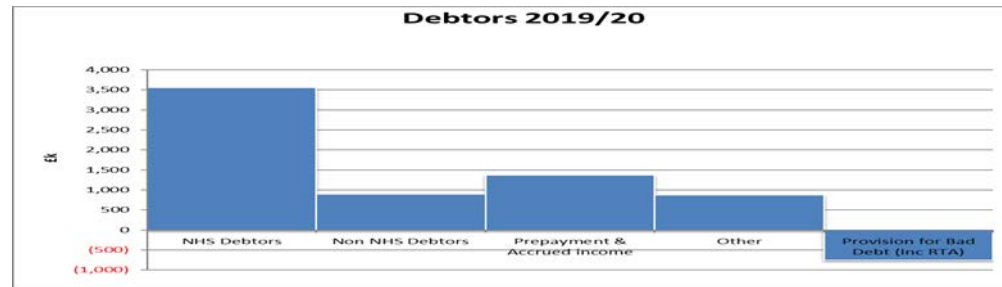


Summary

- The debtor balance has reduced by £0.4m (6%) from month 9. This is due largely to the recovery of debt relating to prior months activity performance billing.
- The month 10 debtor balance of £5.9m is 40% below the average monthly balance for 2018-19.
- At month 10 there is a total of £0.2m of accrued income for activity over-performance and NCAs. This is a decrease of £0.4m on last month.

Next Steps

- Debtor management procedures have been revised and enhanced to support the cash position given current challenges



January Aged Debtors £k				
POD	30 Days	60 Days	90 Days	90+ Days
NHS	774	156	103	2,640
Non NHS	245	107	5	422
Total	1,019	263	108	3,062

Change in Aged Debtors on the month £k				
POD	30 Days	60 Days	90 Days	90+ Days
NHS	(143)	17	(638)	578
Non NHS	81	97	3	16
Total	(62)	114	(636)	594

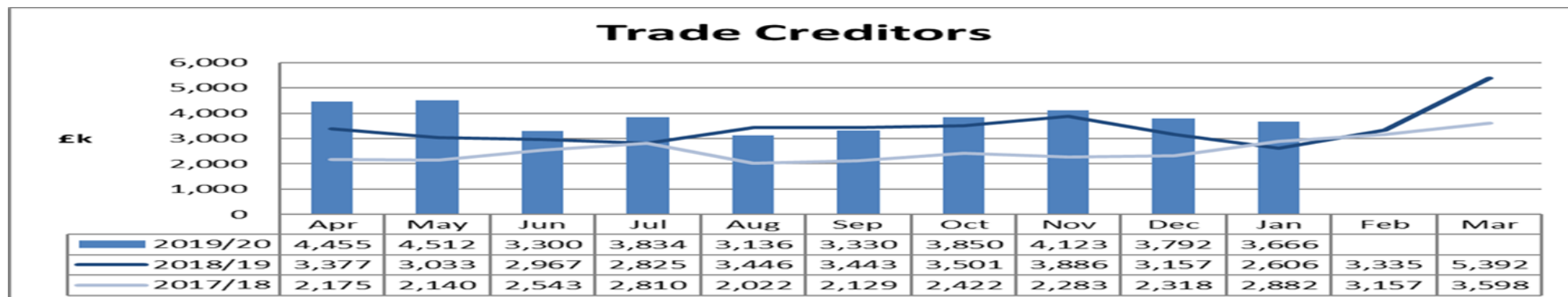
Cash – M10 2019/20

Cash Flows 2019/20	Actual (£m)										Forecast:	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Opening Balance	3.94	2.38	0.33	1.84	3.77	2.79	3.21	4.90	4.77	3.62	3.57	2.82
Receipts from contract income	5.62	4.48	7.78	6.38	5.93	5.70	6.49	5.81	5.43	6.31	5.50	5.50
Receipts from other income	0.13	0.25	0.18	0.80	0.23	0.32	0.26	0.16	0.24	0.18	0.30	0.80
2018/19 PSF funding	-	-	-	0.53	-	-	-	-	-	-	-	-
Interim Cash Loans	-	-	1.24	0.65	-	1.00	1.00	0.50	-	-	2.00	1.00
Total Receipts	5.76	4.73	9.20	8.35	6.16	7.02	7.76	6.47	5.67	6.49	7.80	7.30
Payments to NHS Bodies	(0.33)	(0.34)	(1.11)	(0.40)	(0.70)	(0.32)	(0.14)	(0.41)	(0.34)	(0.58)	(1.60)	(1.50)
Payments to non-NHS bodies	(3.06)	(2.42)	(2.16)	(2.03)	(2.37)	(1.63)	(1.81)	(2.13)	(2.08)	(1.89)	(2.86)	(2.74)
Net payroll payment	(2.26)	(2.30)	(2.23)	(2.25)	(2.34)	(2.28)	(2.30)	(2.31)	(2.21)	(2.32)	(2.30)	(2.30)
PAYE, NI & Levy payment	(1.07)	(1.11)	(1.09)	(1.10)	(1.08)	(1.06)	(1.14)	(1.09)	(1.09)	(1.08)	(1.09)	(1.09)
Pensions Payment	(0.61)	(0.63)	(0.64)	(0.63)	(0.63)	(0.64)	(0.67)	(0.68)	(0.62)	(0.65)	(0.67)	(0.67)
PDC Dividends Payment	-	-	-	-	-	(0.67)	-	-	-	-	-	(0.80)
Theatre Loan Repayment	-	-	(0.47)	-	-	-	-	-	(0.46)	-	-	-
Interest On Working Capital Loan	-	-	-	-	-	-	-	-	(0.02)	(0.01)	(0.02)	(0.02)
Total Payments	(7.32)	(6.78)	(7.70)	(6.42)	(7.13)	(6.60)	(6.07)	(6.61)	(6.81)	(6.54)	(8.54)	(9.12)
Actual Closing Balance	2.38	0.33	1.84	3.77	2.79	3.21	4.90	4.77	3.62	3.57		
Forecast Closing Balance											2.82	1.00
NHSI Plan	2.76	2.06	1.01	1.00	1.00	1.00	1.09	1.00	1.00	1.00	1.00	1.00
Variance to NHSi plan	(0.38)	(1.73)	0.83	2.77	1.79	2.21	3.81	3.77	2.62	2.57	1.82	0.00

Summary

- The continuing deficit position results in the liquidity cash position having to be maintained through interim revenue support loans from the DHSC. These loan requirements were included in the NHSi operating plan for 2019-20 but will have to be flexed in response to actual cash flows, income and operating performance.
- The cash balance at the end of month 10 has a favourable variance of £2.57m against the original plan submitted to NHSi. This is due to early collections relating to older and performance related NHS activity invoicing.
- The cash position will continue to be reviewed and managed on a daily basis and loan requirements reviewed monthly in liaison with NHSi.
- Financial services will work with commissioners to ensure payments are made in a timely manner and older debts controlled.

Creditors – M10 2019/20



Summary

- The trade creditors balance at month 10 is £3.7m compared to an average of £3.4m during 2018-19.
- There is a £0.1m decrease in month, due payment of invoices which were previously awaiting authorisation.
- The Trust's BPPC percentage has decreased in month by 1% and the average days to payment increased to 19 days.
- Reviews will continue to target older NHS SLA balances with our key partner Trusts.

Next Steps

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

Better Payment Practice Code (19/20) January	2018/19 Outturn No Invs	2018/19 Outturn £k	Current Month No Invs	Current Month £k	YTD No Invs	YTD £k
Total Non-NHS trade invoices paid	20,536	34,881	1,854	2,977	16,791	34,317
Total Non NHS trade invoices paid within target	16,989	30,487	1,281	2,667	14,387	30,385
Percentage of Non-NHS trade invoices paid within target	83%	87%	69%	90%	86%	89%
Total NHS trade invoices paid	920	5,323	70	584	874	4,569
Total NHS trade invoices paid within target	580	3,324	46	319	654	3,548
Percentage of NHS trade invoices paid within target	63%	62%	66%	55%	75%	78%

January 2020: Aged Creditors £k				
POD	30 Days	60 Days	90 Days	90+ Days
NHS	665	122	568	1,399
Non NHS	1,293	109	238	245
Total	1,958	232	806	1,644

Change in Aged Creditors on the month				
POD	30 Days	60 Days	90 Days	90+ Days
NHS	167	(361)	430	(141)
Non NHS	(217)	(99)	160	(33)
Total	(50)	(460)	590	(175)

Appendices

Appendix 1: Finance Score (Single Oversight Framework)

Table 1

Finance Score: January 2020						
	Metrics £k	Measure	Rating	Weight	Score	Plan
Continuity of Services:						
Capital Service Cover						
Operating surplus (Adj YTD)	(3,862)	-1.84	4	20%	0.80	4
Capital Servicing Obligation YTD	2,096					
Liquidity						
Working Capital	(2,713)	-13.32	3	20%	0.20	4
Operating Costs (per day)	204					
Financial Efficiency:						
I and E Margin (%)						
Adj. Surplus (deficit) YTD	(7,784)	-13.4%	4	20%	0.80	4
Adj. Income year to date	58,027					
Margin Variance From Plan						
Adj. Actual surplus margin	-13.4%	-3.5%	4	20%	0.60	
Adj. Plan surplus margin	-9.9%					
4						
Agency Spend	1,969	44.78%	3	20%	0.80	4
Agency Cap	1,360					
Finance Score: January 2020						
			4	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 4, against the plan of 4.
- Table 2 details a definition of each of the metrics and the scoring mechanism.

KSO5 – Organisational Excellence

Risk Owner: Director of Workforce & OD

Date: 19 February 2020

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 have shown some improvement, and this has continued with the latest 2019 national staff survey results
- 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 most 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 regularly aligned for reporting purposes
- Some positive gains from the 2019 NHS Staff survey results and SFFT

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:	Board of Directors				
Meeting date:	05 March 2020	Agenda reference:	48-20		
Report title:	Workforce Report – February Report - January 2020 data				
Sponsor:	Geraldine Opreshko, Director of Workforce and OD				
Authors:	Felicity King, Workforce Services Manager, and Geraldine Opreshko, Director of Workforce and OD				
Appendices:	NA				
Executive summary					
Purpose of report:	The Workforce and OD report for February 2020 (January 2020 data) provides the Board with a breakdown of key workforce indicators and information linked to performance.				
Summary of key issues	Improving trends in key workforce indicators are generally continuing with some expected seasonal variation				
Recommendation:	The Board is asked to note the report				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <i>[Tick which KSO(s) this recommendation aims to support]</i>	KSO1: <i>Outstanding patient experience</i> ✓	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i> ✓	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i> ✓
Implications					
Board assurance framework:	<ul style="list-style-type: none"> KSO5. Trust reputation as a good employer and ensuring there are sufficient and well trained staff to deliver high quality care Engaged and motivated staff deliver better quality care (KSO1) Pay controls and management of Temporary staffing (KSO4) 				
Corporate risk register:	Recruitment and Retention of staff in some areas				
Regulation:	Well Led				
Legal:	n/a				
Resources:	Managed by HR/OD with support from finance and operations				
Assurance route					
Previously considered by:	Finance and Performance Committee				
	Date:	24/02/2020	Decision:	Noted	
Next steps:					



Queen Victoria Hospital
NHS Foundation Trust

Workforce & Organisational Development

Workforce Report – February 2020

(Data Reporting Period - January 2020)

KPI Summary

Trust Workforce KPIs		Workforce KPIs (RAG Rating) 2018-19 & 2019/20			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	Compared to Previous Month	
Establishment WTE <i>*Note 1</i>					990.87	990.87	990.87	1000.54	1000.54	1000.54	1000.54	1000.54	1007.59	1007.59	1007.59	1007.59	1007.59	1007.59	◀▶
Staff In Post WTE					867.20	868.41	874.06	886.85	885.27	885.00	887.06	889.53	890.03	896.27	897.82	893.60	891.18	▼	
Vacancies WTE					123.67	122.46	116.81	113.69	115.27	115.54	113.48	111.01	117.56	111.32	109.77	113.99	116.41	▲	
Vacancies %		>12%	8%<>12%	<8%	12.48%	12.36%	11.79%	11.36%	11.52%	11.55%	11.34%	11.10%	11.67%	11.05%	10.89%	11.31%	11.55%	▲	
Agency WTE					39.95	39.31	36.77	34.44	34.47	34.06	33.40	28.17	23.73	16.06	12.88	15.25	15.53	▲	
Bank WTE <i>*Note 2</i>					61.66	63.57	70.70	63.85	67.29	69.22	74.90	77.85	76.20	72.24	72.98	63.86	70.34	▲	
Trust rolling Annual Turnover % (Excluding Trainee Doctors)		>=12%	10%<>12%	<10%	18.73%	17.46%	17.67%	15.74%	15.67%	16.25%	16.38%	16.42%	14.94%	14.79%	14.55%	13.49%	13.75%	▲	
Monthly Turnover					1.43%	0.64%	1.61%	0.66%	1.10%	1.28%	1.09%	1.56%	1.33%	1.22%	0.85%	0.38%	1.48%	▲	
12 Month Rolling Stability % <i>*Note 3</i>		<70%	70%<>85%	>=85%	81.46%	81.86%	82.86%	83.76%	84.04%	81.12%	83.40%	83.52%	82.12%	82.25%	81.95%	81.63%	80.99%	▼	
Sickness Absence %		>=4%	4%<>3%	<3%	3.24%	3.55%	3.30%	3.12%	2.55%	2.77%	2.58%	1.83%	2.57%	3.25%	3.41%	3.45%	TBC	▲	
% staff appraisal compliant (Permanent & Fixed Term staff)		<80%	80%<>95%	>=95%	84.64%	84.91%	86.81%	86.69%	85.53%	88.19%	87.41%	88.24%	89.01%	84.62%	87.34%	87.94%	87.05%	▼	
Statutory & Mandatory Training (Permanent & Fixed Term staff) <i>*Note 4</i>		<80%	80%<>90%	>=90%	90.68%	92.03%	91.96%	91.98%	92.23%	92.71%	92.88%	93.32%	92.51%	92.26%	91.75%	92.46%	92.11%	▼	

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 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 189 responses: 97.35% : 1.06%	2019-20 National Survey Of 572 responses: 92% : 2%	SS 18-19& SS 19-20 ▲ 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 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%	2019-20 National Survey Of 560 responses: 72% : 10%	SS 18-19& SS 19-20 ▲ 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 2019 NHS Staff Survey annual results have been received from the Staff Survey Coordination Centre, and were embargoed until Tuesday 18th February 2020. Top level analysis has been undertaken and a summary presentation was made to a board seminar the initial findings. A full board report has been prepared and will be presented as a separate paper to committee and Board. Individual locality results have been developed and will be shared with EMT to review the findings and develop action plans to progress the ongoing 'Best Place to Work' initiative.

In Summary, this year QVH surveyed 1009 eligible staff. Of these, **586** responded making a **58%** return, an increase from **52%** the previous year. The 2019 benchmarking group for acute specialist trusts has **14** organisations and showed a **58%** return rate overall. The core questions around engagement, which feed into the Staff Friends and Family test (SFFT), are shown below. QVH has improved on last year's results in all areas and in particular, Q21c is one of our most improved results overall.

- | | |
|---|------------|
| • Care of patients/service users is organisation's top priority | 88% |
| • Would recommend organisation as place to work | 72% |
| • If friend/relative needed treatment would be happy with standard of care provided by organisation | 92% |



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. Because of our vaccinator's hard work it has been confirmed we have reached our Flu CQUIN target set by NHS England, with 82 per cent of our staff vaccinated. The Trust thanked everyone to has had a flu vaccination or returned a completed opt-out form and reminded them that it wasn't too late to get a vaccination or fill in an opt out form to improve our score.

c) Preceptorship Programme and Care Certificates

In January, we said well done to staff on our preceptorship programme. For staff who are progressing from being a student to newly qualified or newly registered nurse we run a programme to support and guide each person through the skills and knowledge they need for the team they are working in. We also celebrated our staff who have recently received their Care Certificate. Certificates were handed out by Jo Thomas, our director of nursing and quality to staff who work across the hospital.

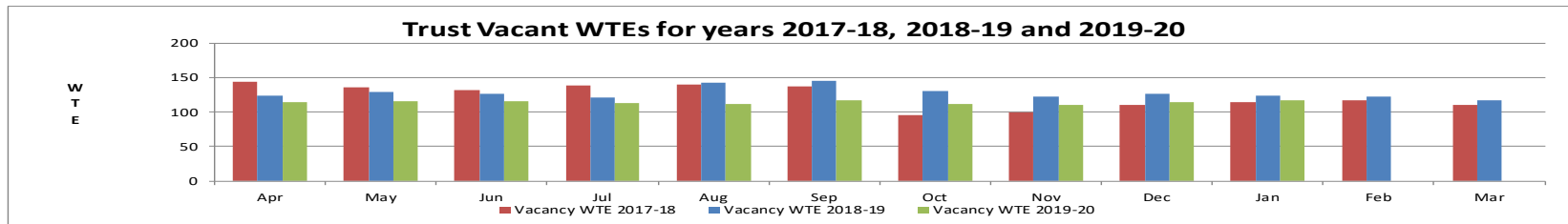
Goal 2: Attraction and Retention

a) Vacancies

VACANCY PERCENTAGES	Nov-19	Dec-19	Jan-20	Compared to Previous Month
Corporate	10.23%	9.24%	10.00%	▲
Eyes	11.53%	14.08%	11.38%	▼
Sleep	22.10%	25.20%	28.24%	▲
Plastics	2.03%	0.21%	-1.12%	▼
Oral	10.63%	12.88%	10.72%	▼
Periop	12.01%	11.99%	13.08%	▲
Clinical Support	13.03%	15.82%	15.11%	▼
Access and Outpatients	3.97%	3.97%	10.96%	▲
Director of Nursing	-4.94%	-4.94%	-8.66%	▼
Operational Nursing	14.92%	15.02%	15.34%	▲
QVH Trust Total	10.89%	11.31%	11.55%	▲

NON-MEDICAL RECRUITMENT(WTE)	Posts advertised this month	Recruits in Pipeline
Corporate	6.00	7.00
Eyes	1.00	1.00
Sleep	2.00	0.00
Plastics	2.00	0.00
Oral	1.04	2.26
Periop	9.00	1.00
Clinical Support	6.80	10.30
Access and Outpatients	0.00	0.00
Director of Nursing	0.00	0.00
Operational Nursing	6.57	19.43
QVH Trust Total	34.41	40.99
of which Qual Nurses / Theatre Practs (external)	8.24	10.81
of which HCA's & Student/Asst Practs (external)	7.50	9.62

MEDICAL RECRUITMENT (WTE)	Posts advertised this month	Recruits in Pipeline
Clinical Support	2.00	1.80
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	0.00
of which are SAS doctors	0.00	0.00
of which are Consultants (including locums)	2.00	1.80
Plastics	2.00	13.00
of which are Deanery Trainees, Trust Registrars or Fellows	2.00	13.00
of which are SAS doctors	0.00	0.00
of which are Consultants (including locums)	0.00	0.00
Eyes	1.00	5.00
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	0.00
of which are SAS doctors	1.00	5.00
of which are Consultants (including locums)	0.00	0.00
Sleep	0.00	0.00
Oral	1.00	3.25
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	1.00
of which are SAS doctors	1.00	1.00
of which are Consultants (including locums)	0.00	1.25
Periop	0.00	8.51
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	7.01
of which are SAS doctors	0.00	0.00
of which are Consultants (including locums)	0.00	1.50
QVH Trust Total	6.00	31.56
of which are Deanery Trainees, Trust Registrars or Fellows	2.00	21.01
of which are SAS doctors	2.00	6.00
of which are Consultants (including locums)	2.00	4.55



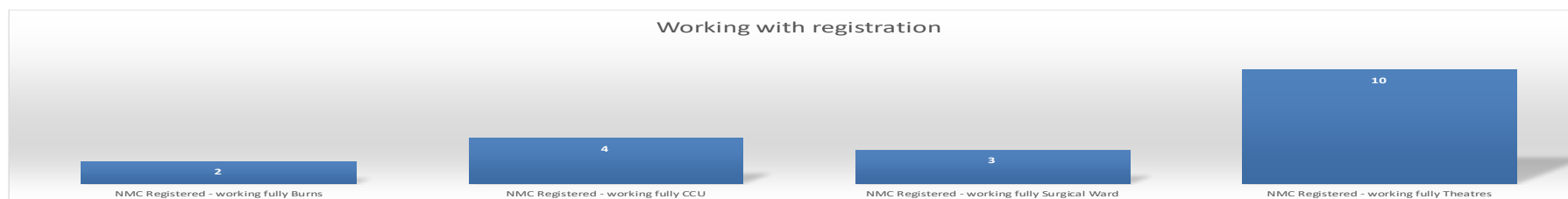
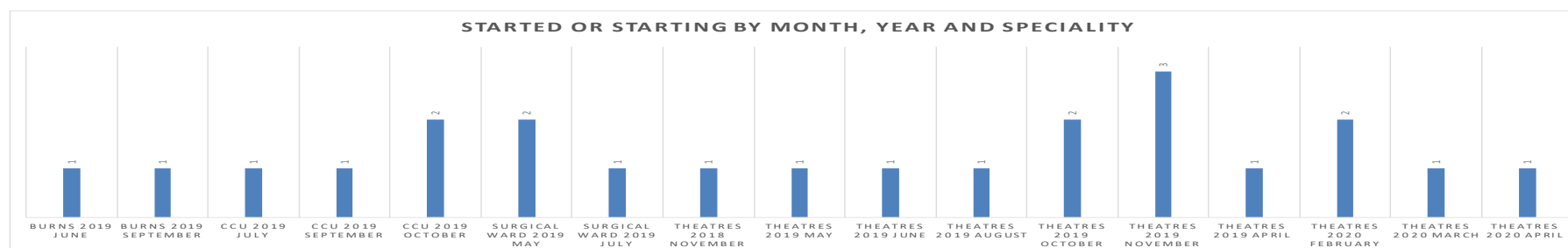
'Staff in Post' numbers have decreased slightly with an in month position of 891.18wte. This decrease in January is on trend with previous years and is expected. Vacancy levels dipped to June 2019 position and we ended January 2020 with a 11.55% vacancy rate. The Sleep Disorder Centre remains a significant outlier with a 28.24% vacancy rate based on their increased establishment introduced in 2018. There were 9.39 wte new starters, including 1 wte qualified nursing/ODP staff within Theatres, 2.39 wte Medical and Dental, 1 wte Allied Health Professional and 5 wte Admin and Clerical.

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	2	1	0
Theatres / Recovery (Medway)	2	3	0	1	2
Grand Total	19	6	2	2	2

*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)



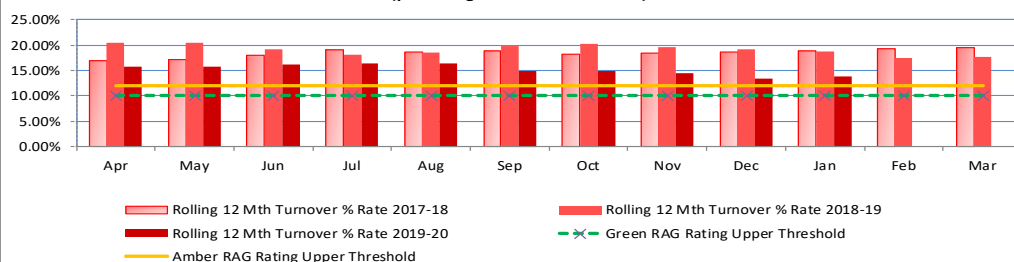
The current campaign has led to 19 International Nurses working with full NMC registration at QVH, with another one working on achieving their OSCE and registration. 10 are within Theatres and 9 across CCU and Burns. Additionally there are a further 6 nurses who have been offered for Theatres (3 from Yeovil and 3 from Medway) who are going through the process of checks with expected starts between March and May 2020. A proposal is still underway to consider extending the international recruitment campaign given projections of turnover and vacancy levels for 2020/21.

c) Turnover, New Hires and Leavers

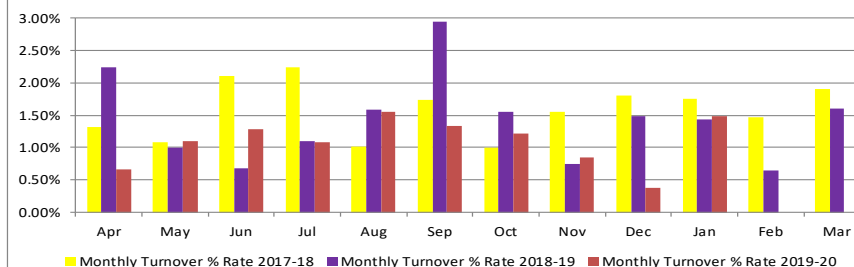
ANNUAL TURNOVER ROLLING 12 MTHS excl. Trainee Doctors	Nov-19	Dec-19	Jan-20	Compared to Previous Month
Corporate %	18.70%	16.85%	17.21%	▲
Eyes %	41.77%	41.93%	33.67%	▼
Sleep %	17.95%	21.98%	23.93%	▲
Plastics %	17.34%	15.22%	13.22%	▼
Oral %	6.58%	6.61%	6.44%	▼
Peri Op %	11.53%	11.30%	12.55%	▲
Clinical Support %	15.22%	14.89%	14.09%	▼
Access and Outpatients %	5.27%	5.24%	15.44%	▲
Director of Nursing %	14.49%	12.86%	9.82%	▼
Operational Nursing %	10.40%	7.65%	8.39%	▲
QVH Trust Total %	14.55%	13.49%	13.75%	▲

MONTHLY TURNOVER excl. Trainee Doctors	Nov-19	Dec-19	Jan-19	Compared to Previous Month
Corporate %	1.83%	0.00%	1.50%	▲
Eyes %	3.24%	0.00%	0.00%	◀▶
Sleep %	0.00%	4.06%	4.15%	▲
Plastics %	1.28%	0.00%	1.99%	▲
Oral %	0.00%	0.00%	0.00%	◀▶
Peri Op %	0.50%	0.00%	1.94%	▲
Clinical Support %	0.42%	0.95%	0.52%	▼
Access and Outpatients %	0.00%	0.00%	7.70%	▲
Director of Nursing %	0.00%	1.64%	0.00%	▼
Operational Nursing %	0.64%	0.32%	0.59%	▲
QVH Trust Total %	0.85%	0.38%	1.48%	▲

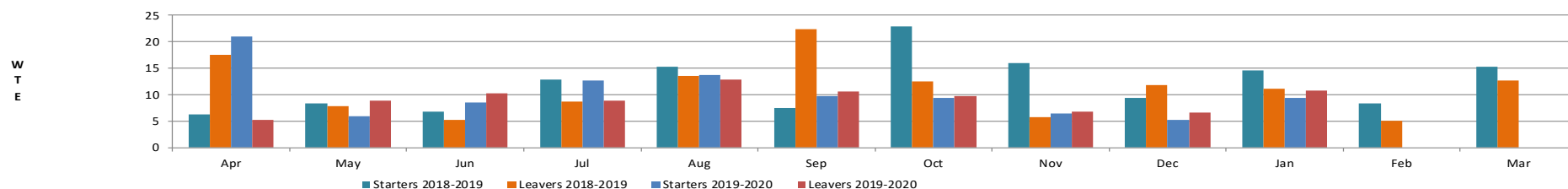
**Trust Annual Turnover (Rolling 12 Months)
Percentage Rate 2016-17, 2017-18 and 2018-19**
(percentage rates in RAG colours)



**Trust Monthly Turnover Percentage Rate 2017-18,
2018-19 and 2019-20**



Trust Monthly New Hires and Leavers in 2018-19 and 2019-20 (excluding Trainee Rotational medical staff)



The monthly turnover has returned to trust normal levels to a position of 1.48%. The annualised rolling turnover position has slightly increased from last month with an in month position of 13.75%. There were 10.72 wte leavers in month, including 2.21 wte qualified nurse/ODPs, 0.6 who will shortly be returning via flexible retirement, and 2.31wte HCA's. Stability remains within its normal range of 80-85% (80.99% in month), indicating that retention of staff within 12 months of appointment is not reducing at the same rate as those with longer service.

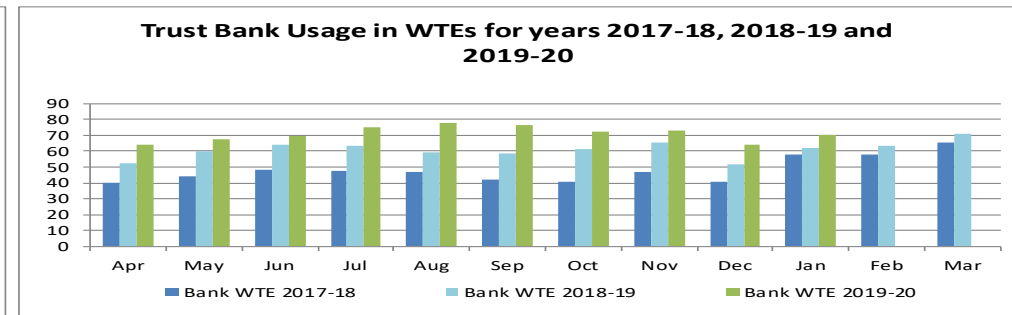
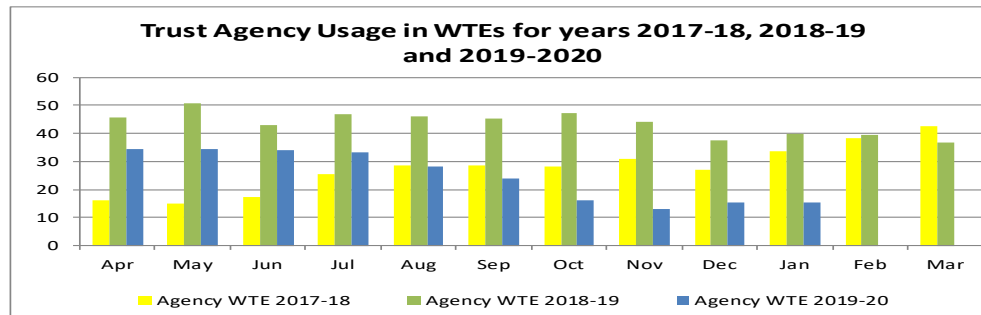
d) **Temporary Workforce**

Agency				
BUSINESS UNIT (WTE)	Nov-19	Dec-19	Jan-20	Compared to Previous Month
Corporate	2.16	2.24	3.04	▲
Eyes	0.05	0.00	0.00	◀▶
Sleep	0.00	0.00	0.00	◀▶
Plastics	0.87	0.84	0.88	▲
Oral	0.00	0.00	0.00	◀▶
Periop	5.95	5.74	5.23	▼
Clinical Support	1.49	3.02	2.36	▼
Access and Outpatients	0.00	0.00	0.00	◀▶
Director of Nursing	0.00	0.00	0.00	◀▶
Operational Nursing	2.36	3.41	4.02	▲
QVH Trust Total	12.88	15.25	15.53	▲

Bank				
BUSINESS UNIT (WTE)	Nov-19	Dec-19	Jan-20	Compared to Previous Month
Corporate	12.64	12.46	13.22	▲
Eyes	3.21	2.02	2.84	▲
Sleep	3.67	2.92	2.90	▼
Plastics	1.58	2.33	0.50	▼
Oral	5.66	3.63	3.94	▲
Periop	19.39	16.70	19.92	▲
Clinical Support	6.20	5.00	7.69	▲
Access and Outpatients	1.93	1.77	2.87	▲
Director of Nursing	1.57	1.15	0.99	▼
Operational Nursing	17.12	15.83	15.46	▼
QVH Trust Total	72.98	63.86	70.34	▲

Agency				
STAFF GROUP (WTE)	Nov-19	Dec-19	Jan-20	Compared to Previous Month
Qualified Nursing	8.25	9.15	9.25	▲
HCA's	0.00	0.00	0.00	◀▶
Medical and Dental	0.97	1.88	1.50	▼
Other AHP's & ST&T	1.49	1.98	1.75	▼
Non-Clinical	2.16	2.24	3.04	▲
QVH Trust Total	12.88	15.25	15.53	▲

Bank				
STAFF GROUP (WTE)	Nov-19	Dec-19	Jan-20	Compared to Previous Month
Qualified Nursing	27.50	25.16	28.52	▲
HCA's	8.35	7.51	7.64	▲
Medical and Dental	4.61	3.44	2.69	▼
Other AHP's & ST&T	2.87	2.45	2.86	▲
Non-Clinical	29.64	25.30	28.62	▲
QVH Trust Total	72.98	63.86	70.34	▲



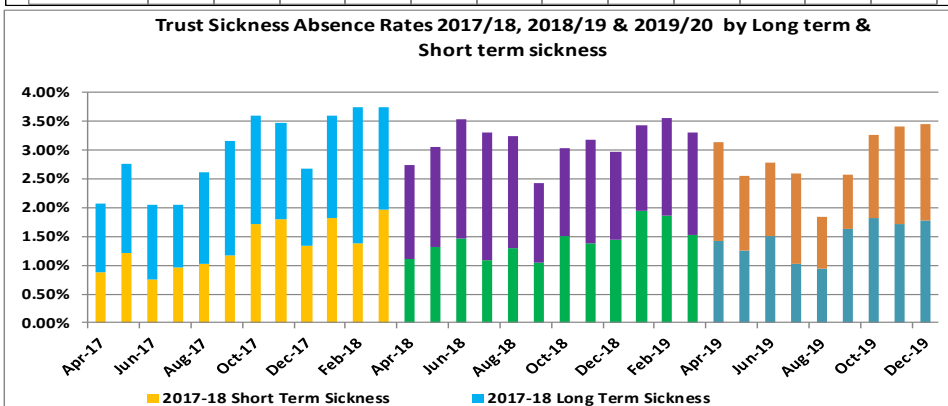
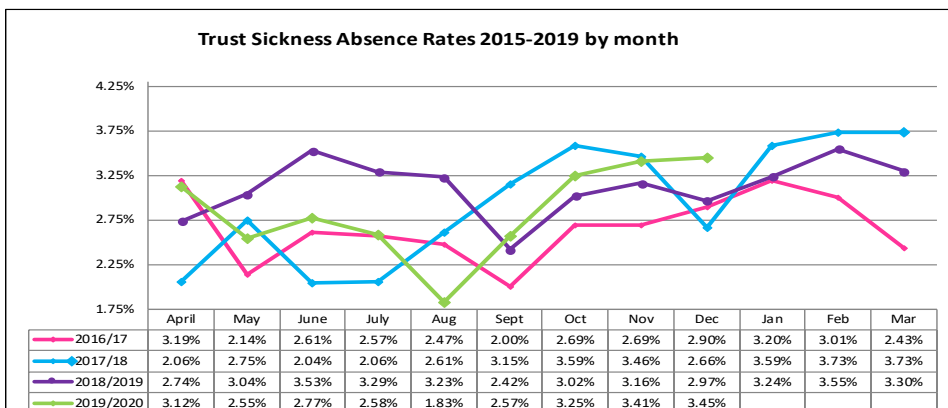
Temporary staffing reported usage in month has returned to November 2019 level, with an in-month position of 85.87wte total utilisation. Reported agency usage in month (15.53wte) remains stable, the highest usage is in Qualified Nursing in Peri Op and Operational Nursing. Agency is significantly lower than this time last year, predominantly led by continued reduction in qualified nursing agency usage within Operational Nursing and Perioperative Services. Bank usage has increased as expected for January to 70.34wte usage, predominately qualified nurses (28.52wte) and non-clinical staff (28.62wte).

Goal 3: Health and Well-being

SHORT TERM SICKNESS	Oct-19	Nov-19	Dec-19	Compared to Previous Month
Corporate	0.97%	1.70%	1.80%	▲
Clinical Support	1.18%	1.10%	1.20%	▲
Plastics	0.83%	2.09%	1.83%	▼
Eyes	2.22%	1.81%	1.86%	▲
Sleep	2.98%	0.38%	0.25%	▼
Oral	1.68%	0.07%	0.93%	▲
Periop	2.83%	1.13%	2.07%	▲
Access and Outpatients	3.54%	3.38%	2.04%	▼
Director of Nursing	0.73%	1.08%	1.30%	▲
Operational Nursing	2.21%	3.15%	2.40%	▼
QVH Trust Total	1.81%	1.72%	1.77%	▲

LONG TERM SICKNESS	Oct-19	Nov-19	Dec-19	Compared to Previous Month
Corporate	0.48%	0.17%	1.63%	▲
Clinical Support	0.45%	0.46%	0.91%	▲
Plastics	0.89%	1.48%	0.56%	▼
Eyes	0.00%	0.00%	2.16%	▲
Sleep	0.00%	0.00%	0.00%	◀▶
Oral	2.91%	2.68%	0.99%	▼
Periop	2.46%	2.81%	2.28%	▼
Access and Outpatients	1.53%	1.94%	2.92%	▲
Director of Nursing	3.13%	4.94%	0.31%	▼
Operational Nursing	2.06%	2.74%	2.67%	▼
QVH Trust Total	1.44%	1.69%	1.68%	▼

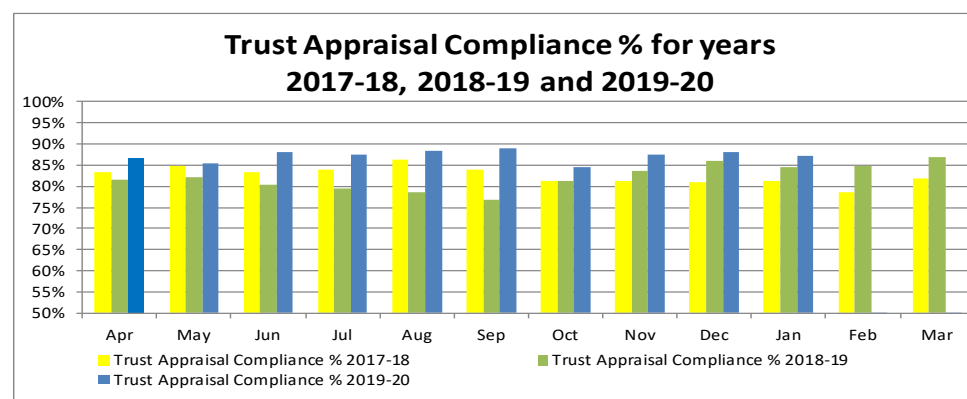
ALL SICKNESS (with RAG)	Oct-19	Nov-19	Dec-19	Compared to Previous Month
QVH Trust Total	3.25%	3.41%	3.45%	▲



Confirmed sickness levels for December shows in month absence rate of 3.45%, an expected level for the time of year with seasonal increases in cough/cold/flu (n = 83 occasions, 219 days). Gastrointestinal (n = 33 occurrences, 98 days) remains high for number of occurrences, other musculoskeletal problems has the highest cited reason for absence for total number of days lost (n= 15 occasions, 243 days). Anxiety /stress/depression/other psychiatric illnesses' still remained a high for total number of days lost (n=210, increased from n = 195 the previous month but less than October n = 265). There has been some resistance in rolling out the HSE stress audit tool over recent months, However in January a further 11 teams were engaged in the tool and to date 45% of our staff in post have been offered. This will continue to be a strong priority in Q4 and wider communications will be issued to highlight the importance of this area of work and the impact that mental health absence has on both individuals and the service. Increases in sickness absence by business unit were mostly centred around front-line nursing services (Operational Nursing and Perioperative Care) however; increases can be seen in Eyes directorate (4.02%) Access and Outpatients (5.32% in month) continues to be high. Director of Nursing directorate has decreased from 6.02% last month to 1.61%.

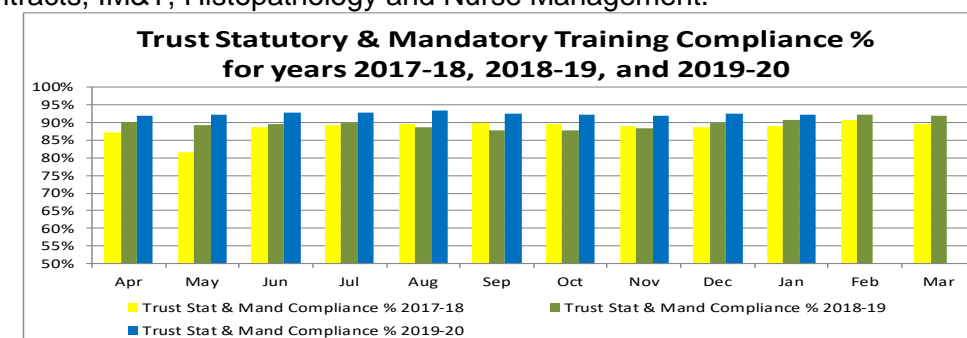
Goal 4: Learning and Education

APPRAISALS	Nov-19	Dec-19	Jan-20	Compared to Previous Month
Corporate	84.70%	85.41%	83.78%	▼
Eyes	51.52%	58.82%	64.71%	▲
Sleep	93.94%	93.75%	93.75%	◀▶
Plastics	89.41%	88.37%	91.95%	▲
Oral	81.16%	79.71%	82.86%	▲
Peri Op	88.20%	90.76%	88.24%	▼
Clinical Support	89.68%	87.92%	87.42%	▼
Access and Outpatients	71.74%	84.78%	86.96%	▲
Director of Nursing	90.00%	84.62%	82.05%	▼
Operational Nursing	96.45%	95.92%	91.84%	▼
QVH Trust Total	87.34%	87.94%	87.05%	▼



The appraisal compliance figure has remained stable at an in month to a position of 87.05%. This is higher than the same period in previous years but is below the desired trajectory of 88.76%. Oral remedied the previous month's drop, but performance continues to remain low for Eyes 64.71%. Sleep, Plastics, and Operational Nursing are above 90%. Performance by staff group has seen medical & dental improve to 90.68%, clinical staff groups continue to be high at 88.25%, and non-clinical compliance at 84.01%. Particular attention should be given to the following non-clinical departments: Operational Management (42.9%); Corneo Plastics (26.7%); Clinical Audit, Medical Photography, Contracts, IM&T, Histopathology and Nurse Management.

MANDATORY AND STATUTORY TRAINING	Nov-19	Dec-19	Jan-20	Compared to Previous Month
Corporate	94.49%	96.14%	95.61%	▼
Eyes	90.23%	91.19%	91.19%	◀▶
Sleep	95.33%	90.97%	90.97%	◀▶
Plastics	83.76%	84.74%	83.97%	▼
Oral	87.45%	87.48%	88.24%	▲
Peri Op	88.34%	89.18%	88.95%	▼
Clinical Support	92.23%	95.83%	94.68%	▼
Access and Outpatients	98.26%	98.55%	98.55%	◀▶
Director of Nursing	94.40%	92.75%	92.80%	▲
Operational Nursing	95.61%	95.16%	95.02%	▼
QVH Trust Total	91.75%	92.46%	92.11%	▼



Mandatory and Statutory Training compliance ended January with a position of 92.46%. Business Units below the revised Trust-wide compliance rate of 90% continue to be Plastics, Oral and Perioperative Services. Corporate, Access & Outpatients and Operational Nursing exceed 95%. Emergency planning (annual) is still the lowest performing competency at 86.56%. Information Governance continues to improve to 88.51%. Health, Safety and Welfare is above 95% compliance with 11 other compliances closely following with over 90% compliance.

February induction went well with 20 new starters on the list, mostly Anaesthetics and Plastic Surgery.

The Dental Skills Lab project, funded by Health Education England, is progressing well, and the lab should be open from the end of February. Building work has also begun on the simulation suite project funded by the League of Friends, which should be open in March.

We had one of our CPD lecture evenings take place from 6pm on 12 February; Dr Luke Banks, a consultant anaesthetist at QVH is also a HEMS doctor and will be talking about his HEMS work. All QVH staff are welcome to attend.

Plastics monthly teaching is underway for 2020, with an excellent skin session, culminating in a skin lesion quiz with online voting. The next OMFS full teaching day will be a regional study day with around 70 delegates attending and will cover the topic of sleep apnoea.

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

Business Unit	Speciality	Assignment Count	Required	Achieved	Compliance %
Clinical Support	276 200005 SLR Rheumatology	1	1	1	100.00%
Plastics	276 200011 Plastic Surgery	61	61	56	91.80%
Sleep	276 200013 SLR Sleep Studies	3	3	3	100.00%
Eyes	276 200015 SLR Corneo Plastics	12	12	12	100.00%
Oral	276 200018 SLR Orthodontics	11	11	9	81.82%
Oral	276 200019 SLR Maxillofacial	32	32	24	75.00%
Perioperative Care	276 210001 Anaesthetics	36	36	36	100.00%
Clinical Support	276 210006 Diagnostic Imaging	3	3	3	100.00%
Clinical Support	276 210008 Histopathology	2	2	2	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.

A presentation was made to the Board on the initial findings of the 2019 NHS Staff Survey results. A detailed analysis is underway and will make recommendations for future development needs for management and leadership training.

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 at Canterbury Christchurch University.

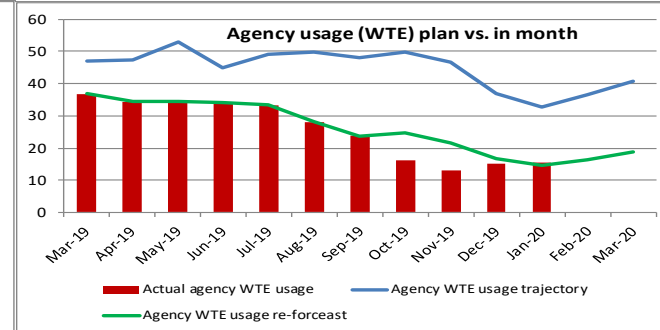
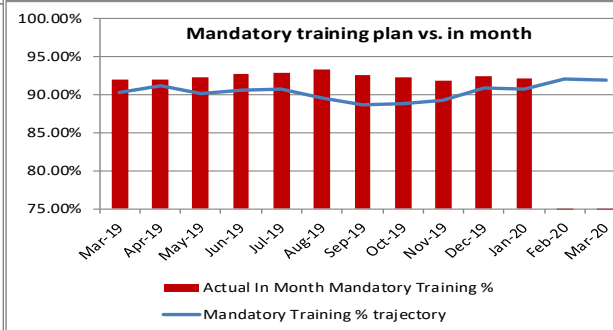
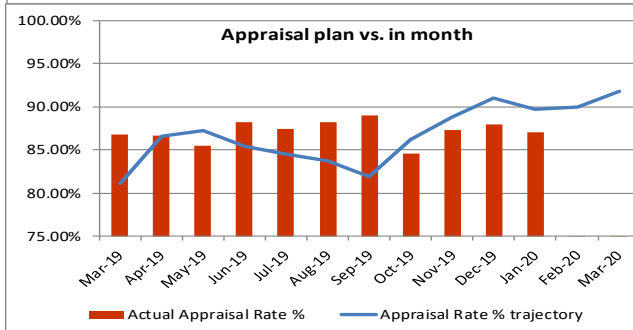
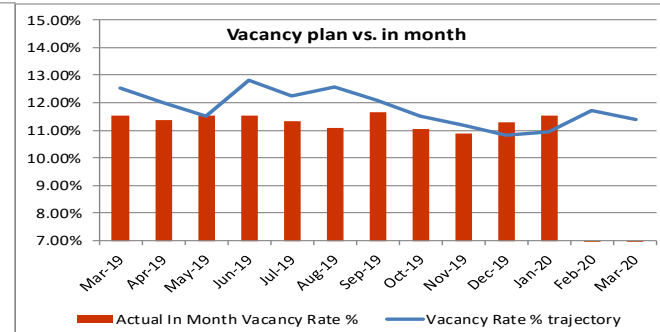
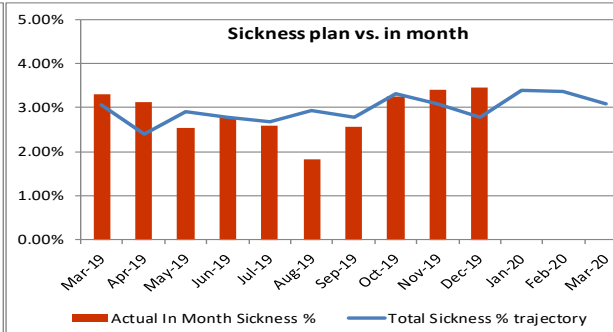
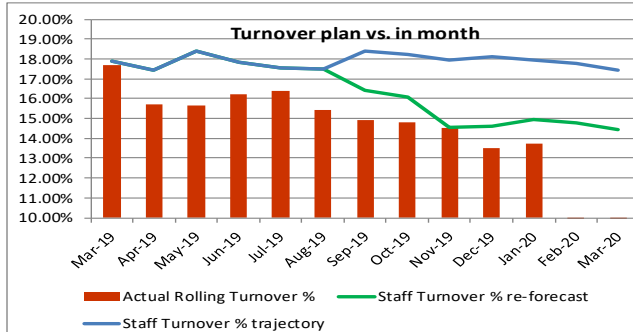
New apprenticeships have commenced in this quarter:

- Production chef
- Business administrators (with AMSPAR medical terminology award)
- Ophthalmology Level 4

Another cohort for functional skills (maths and English) has been advertised.

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%	13.49%	13.75%		
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%	3.41%	3.45%			
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%	11.31%	11.55%		
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-forecast	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	15.3	15.5		
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%	87.94%	87.05%		
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%	92.46%	92.11%		



Quarterly Starters and Leavers Review

In the last Quarter we have had 21.98 starters (of which 1 was a Doctor in Training) and 27.68 leavers (of which 5 were a Doctor in Training/fellows).

By Staff Group the Starters are as follows:

Staff Group	Sum of wte
Add Prof Scientific and Technic	0.43
Additional Clinical Services	3.61
Administrative and Clerical	8.2
Allied Health Professionals	2.6
Medical and Dental	5.64
Nursing and Midwifery Registered	1.51
Total	21.98

A breakdown of starters by Business Unit

Business Unit	Sum of FTE
276 Access and Outpatients (Div)	1
276 Clinical Support (Div)	4.99
276 Eye (Div)	2
276 Operational Nursing (Div)	1.61
276 Oral (Div)	2.25
276 Perioperative Care (Div)	4.53
276 Plastics (Div)	1.6
276 Corporate (Div)	4
Total	21.98

Half of admin and clerical starters were in Corporate. 1.6wte are medical secretaries and 1.6wte were receptionists. Perioperative services had 1.93wte start as a staff nurse and Theatre practitioner.

2.64wte consultants started in Orthodontics, Maxillofacial, respiratory and Diagnostic Imaging. An international nurse started theatres and 2.61 HCAS across the trust.

The recruitment source for 10.17wte starters were from other NHS organisations, 4.61wte from private sectors, 5wte from education sectors, 1wte abroad non EU country and 1.20wte other employment

By Staff Group Leavers

Staff Group	Sum of FTE
Add Prof Scientific and Technic	2.00
Additional Clinical Services	3.31
Administrative and Clerical	9.80
Allied Health Professionals	0.50
Healthcare Scientists	1.00
Medical and Dental	7.10
Nursing and Midwifery Registered	3.97
Total	27.68

A breakdown of Leavers by Business Unit

Business Unit	Sum of FTE
276 Access and Performance (Div)	3.80
276 Clinical Support (Div)	5.20
276 Corporate (Div)	5.40
276 Director of Nursing (Div)	0.50
276 Eyes (Div)	1.00
276 Operational Nursing (Div)	2.42
276 Oral (Div)	1.00
276 Peri - Op (Div)	3.76
276 Plastics (Div)	2.60
276 Sleep (Div)	2.00
Total	27.68

Just over a third of leavers (9.8wte) were admin and clerical spread between mostly Corporate and Access and Performance directorates, of these there were no leavers who shared the same job role type. Medical and Dental staff group had a high amount of leavers 5wte were doctors in training/fellows, 1.10wte (0.10 flexi retirement) Consultants, and 1wte Speciality Registrar. Nursing and Midwifery had 2.97 senior/staff nurses leave in Perioperative, Operational Nursing directorates and Community ENT. 1wte was specialist nurses in burns and Macmillian. 3.31 HCA left across Operational Nursing and Perioperative directorates. Reasons for leaving were 3.06wte retirement/flexi retirement, 4.5wte end of fixed term contract and all other were for various voluntary reasons but most notably relocation (5.5wte) and promotion (5.92wte).

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	05 March 2020	Agenda reference:		49-20	
Report title:	Best Place to Work - Staff Survey Results				
Sponsor:	Geraldine Opreshko, Director of Workforce and OD				
Author:	Annette Byers, Head of Organisational Development and Learning				
Appendices:	Staff Survey Report 2019				
Executive summary					
Purpose of report:	The 2019 NHS Staff Survey Results were released publically on 18 February 2020. The attached report provides the Board with an overview of the high level results for QVH. The presentation of the survey has remained fairly consistent with last year and is based around 11 key themes as shown in the attached paper; Team Working is new for 2019.				
Summary of key issues	QVH has shown some considerable improvements across the board particularly in relation to staff recommending QVH as a place to work.				
Recommendation:	The Board is asked to consider the contents of the attached report				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <i>[Tick which KSO(s) this recommendation aims to support]</i>	KSO1: <i>Outstanding patient experience</i> ✓	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i> ✓	KSO5: <i>Organisational excellence</i> ✓
Implications					
Board assurance framework:	The challenges are reflected in KSO 5 Organisational Excellence				
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance route					
Previously considered by:	Finance and Performance Committee				
	Date:	27/02/2020	Decision:	For information	
Next steps:					

Best place to work: 2019 NHS Staff Survey results

1. Introduction

- 1.1 For the 2019 NHS Staff Survey there is a new 'Team working' theme available in the national and local results along with the other 10 themes from the 2018 survey. These are Equality, Diversity and Inclusion, Health & Wellbeing, Immediate Managers, Morale, Quality of Appraisals, Quality of Care, Safe Environment (bullying & harassment), Safe Environment (violence), Safety Culture, Staff Engagement and Team Working.
- 1.2 This year Queen Victoria Hospital NHS Foundation Trust (QVH) surveyed 1009 eligible staff. Of these, **586** responded making a **58%** return, an increase from **52%** the year before. The 2019 benchmarking group for acute specialist trusts has **14** organisations and showed a **58%** return rate overall. See appendix 1 for some group comparator response rates.

	2015	2016	2017	2018	2019
Best	64.3%	69.1%	62.0%	63.2%	69.6%
Your org	49.6%	55.5%	54.9%	52.2%	58.1%
Median	49.6%	49.7%	52.8%	52.8%	58.1%
Worst	31.8%	39.2%	38.0%	40.5%	46.3%

- 1.3 The QVH People & OD strategy 2019 sets out the Trusts vision, ambitions and plans for the development of QVH, through our workforce, and is based around five key workforce and OD goals which link with many of the themes in the staff survey:

People and OD Goals	Staff Survey Themes
Engagement and Communication	Staff Engagement and Team Working
Attraction and Retention	Morale
Health and Wellbeing	Health & Wellbeing and Safe Environment (Bullying & Harassment and Violence)
Learning and Education	Quality of Appraisals
Talent and Leadership	Immediate Managers

2. Headline Results

- 2.1 Out of **90** questions asked in the 2019 NHS Staff Survey, **12** were significantly better, **76** had no significant difference and **2** were significantly worse than 2018 (see appendix 2 results).
- 2.2 The core questions around engagement which feed into the Staff Friends and Family test (SFFT) and the board reports are shown below. QVH has improved on last year's results in all areas and in particular, Q21c is one of our most improved results overall.

Q	Description	2015	2016	2017	2018	2019
Q21a	Care of patients/service users is organisation's top priority	88%	82%	81%	86%	88%
Q21c	Would recommend organisation as place to work	76%	62%	57%	62%	72%
Q21d	If friend/relative needed treatment would be happy with standard of care provided by organisation	93%	91%	88%	91%	92%

- 2.3 A summary of QVH's most and least improved results from 2019 below will be looked at in greater detail across departments to identify where these results stem from.

2018	2019	Top 5 Scores (compared to average)		2018	2019	Bottom 5 Scores (compared to average)	
59%	68%	Q23c	I am not planning on leaving this organisation.	82%	52%	Q12d	Last experience of physical violence reported
53%	60%	Q23b	I am unlikely to look for a job at a new organisation in the next 12 months	56%	58%	Q17d	Staff given feedback about changes made in response to reported errors/near misses/incidents
47%	54%	Q6c	Relationships at work are unstrained	61%	58%	Q17a	Organisation treats staff involved in errors/near misses/incidents fairly
66%	71%	Q11c	Not felt unwell due to work related stress in last 12 months	39%	37%	Q11d	In last 3 months, have not come to work when not feeling well enough to perform duties
55%	63%	Q6b	I have a choice in deciding how to do my work	68%	71%	Q17c	Organisation takes action to ensure errors/near misses/incidents are not repeated
2018	2019	Most Improved from last survey		2018	2019	Least improved from last survey	
26%	42%	Q4g	Enough staff at organisation to do my job properly	82%	52%	Q12d	Last experience of physical violence reported
62%	72%	Q21c	Would recommend organisation as place to work	59%	49%	Q13d	Last experience of harassment/bullying/abuse reported
45%	54%	Q23a	I don't often think about leaving this organisation	79%	74%	Q20	Had training, learning or development in the last 12 months
59%	68%	Q23c	I am not planning on leaving this organisation.	77%	73%	Q28b	Disability: organisation made adequate adjustment(s) to enable me to carry out work
70%	78%	Q7c	Able to provide the care I aspire to	73%	70%	Q11e	Not felt pressure from manager to come to work when not feeling well enough

2.4 Of the 11 themes agreed for the 2019 NHS Staff Survey, QVH's results show an improvement in **9** out of **11** themes and **2** remained at the same level compared to 2018.

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	9.3	486	9.3	573	Not significant
Health & wellbeing	6.2	493	6.3	579	Not significant
Immediate managers	7.0	496	7.3	578	Not significant
Morale	6.2	485	6.6	569	↑
Quality of appraisals	5.7	409	6.0	496	Not significant
Quality of care	7.7	441	7.9	511	Not significant
Safe environment - Bullying & harassment	8.2	485	8.2	575	Not significant
Safe environment - Violence	9.7	490	9.8	577	Not significant
Safety culture	6.8	488	7.0	573	Not significant
Staff engagement	7.3	496	7.5	580	↑
Team working	6.7	494	7.0	572	↑

2.5 The 11 staff survey themes provide a balanced overview of organisational performance on staff experience. All themes are scored on a 0-10pt scale, and reported as mean scores. A higher score indicates a more favourable result.

3. Key comparisons

3.1 When compared with comparator group of 14 Specialist Acute Trusts, our scores are above average overall. QVH ranks above average on 5, average on 5 and slightly below average on 1.



3.2 When compared with the comparator group scores above, QVH can identify key results. QVH best themes are *Equality, Diversity & Inclusion, Immediate Managers, Morale, Quality of Appraisals and Team Working*. The worst theme is *Safe Environment – bullying & harassment*.

4. Key themes in detail

4.1 Theme 1: Equality, Diversity & Inclusion

	2015	2016	2017	2018	2019
Best	9.5	9.6	9.5	9.5	9.5
Your org	9.3	9.1	9.2	9.3	9.3
Average	9.3	9.3	9.3	9.3	9.2
Worst	8.9	8.8	8.8	8.6	8.6

Related questions: Q14, Q15a, Q15b and Q28b

Change from 2018: *same*

Rating compared to benchmarking group: *0.1% above average*

4.2 Theme 2: Health & Well-Being

	2015	2016	2017	2018	2019
Best	6.8	6.8	6.6	6.6	6.6
Your org	6.5	6.1	6.0	6.2	6.3
Average	6.4	6.3	6.3	6.3	6.3
Worst	5.8	5.7	6.0	5.7	5.8

Related questions: Q5h, Q11a, Q11b, Q11c and Q11d

Change from 2018: *0.1% increase*

Rating compared to benchmarking group: *average*

4.3 Theme 3: Immediate Managers

	2015	2016	2017	2018	2019
Best	7.3	7.2	7.3	7.3	7.4
Your org	6.9	6.5	6.9	7.0	7.3
Average	6.9	6.9	7.0	7.0	7.1
Worst	6.4	6.3	6.6	6.7	6.7

Related questions: Q5b, Q8c, Q8d, Q8f, Q8g and Q19g

Change from 2018: *0.3% increase*

Rating compared to benchmarking group: *0.2% above average*

4.4 Theme 4: Morale

	2018	2019
Best	6.7	6.6
Your org	6.2	6.6
Average	6.3	6.4
Worst	5.8	5.8

Related questions: Q4c, Q4j, Q6a, Q6b, Q6c, Q8a, Q23a, Q23b and Q23c

Change from 2018: *0.4% increase*

Rating compared to benchmarking group: *0.2% above average*

4.5 Theme 5: Quality of Appraisals

	2015	2016	2017	2018	2019
Best	6.0	6.2	6.3	6.4	6.5
Your org	5.4	5.2	5.3	5.7	6.0
Average	5.5	5.5	5.5	5.7	5.8
Worst	4.8	4.7	5.0	5.2	5.2

Related questions: Q19b, Q19c, Q19d and Q19e

Change from 2018: *0.3% increase*

Rating compared to benchmarking group: *0.2% above average*

4.6 Theme 6: Quality of Care

	2015	2016	2017	2018	2019
Best	8.2	8.3	8.2	8.1	8.1
Your org	8.1	7.7	7.5	7.7	7.9
Average	8.0	7.8	7.8	7.9	7.9
Worst	7.4	7.2	7.4	7.4	7.4

Related questions: Q7a, Q7b and Q7c

Change from 2018: *0.2% increase*

Rating compared to benchmarking group: *average*

4.7 Theme 7: Safe Environment – Bullying & Harassment

	2015	2016	2017	2018	2019
Best	8.8	8.9	8.9	8.8	8.7
Your org	8.5	8.2	8.3	8.2	8.2
Average	8.3	8.3	8.4	8.2	8.3
Worst	7.9	7.8	7.9	7.9	7.8

Related questions: Q13a, Q13b and Q13c

Change from 2018: *same*

Rating compared to benchmarking group: *0.1% below average*

4.8 Theme 8: Safe Environment – violence

	2015	2016	2017	2018	2019
Best	9.9	9.9	9.9	9.9	9.9
Your org	9.8	9.6	9.6	9.7	9.8
Average	9.7	9.7	9.7	9.8	9.8
Worst	9.1	9.2	9.2	9.2	9.2

Related questions: Q12a, Q12b and Q12c

Change from 2018: *0.1% increase*

Rating compared to benchmarking group: *average*

4.9 Theme 9: Safety Culture

	2015	2016	2017	2018	2019
Best	7.3	7.4	7.4	7.6	7.5
Your org	7.0	6.6	6.6	6.8	7.0
Average	7.0	6.9	6.9	6.9	7.0
Worst	6.4	6.4	6.6	6.7	6.9

Related questions: Q17a, Q17c, Q17d, Q18b, Q18c and Q21b

Change from 2018: *0.2% increase*

Rating compared to benchmarking group: *average*

4.10 Theme 10: Staff Engagement

	2015	2016	2017	2018	2019
Best	7.6	7.6	7.7	7.7	7.7
Your org	7.5	7.2	7.1	7.3	7.5
Average	7.5	7.5	7.4	7.4	7.5
Worst	7.0	6.8	7.0	7.0	7.1

Related questions: Q2a, Q2b, Q2c, Q4a, Q4b, Q4d, Q21a, Q21c and Q21d

Change from 2018: *0.2% increase*

Rating compared to benchmarking group: *average*

4.10 Theme 11: Team Working

	2015	2016	2017	2018	2019
Best	7.0	6.9	7.1	7.3	7.1
Your org	7.0	6.7	6.5	6.7	7.0
Average	6.8	6.7	6.8	6.9	6.9
Worst	6.4	6.3	6.4	6.5	6.5

Related questions: Q4h and Q4i

Change from 2018: *0.3% increase*

Rating compared to benchmarking group: *0.1% above average*

5. Staff engagement

- 5.1 In line with the national picture, QVH has previously struggled with staff engagement scores. This year QVH has seen a continued improvement particularly in relation to recommending the organisation as a place to work (from 63% to 72%). The table also highlights professional groupings engagement scores:

Comparisons with the Organisation average	Number of respondents	Staff Engagement Score	I would recommend my organisation as a place to work.	If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	Care of patients / service users is my organisation's top priority.	I am able to make suggestions to improve the work of my team / department.	There are frequent opportunities for me to show initiative in my role.	I am able to make improvements happen in my area of work.	I look forward to going to work.	I am enthusiastic about my job.	Time passes quickly when I am working.
2019 Results			Advocacy		Involvement			Motivation			
2019 Average	586	7.5	7.2	8.4	8.1	7.5	7.3	6.5	6.9	7.7	7.9
2018 Average	501	7.3	6.7	8.3	7.9	7.3	7.1	6.3	6.7	7.5	7.8
Add Prof Scientific and Technic	53	7.1	6.3	7.9	7.5	7.7	7.4	6.4	6.4	7.4	7.2
Additional Clinical Services	80	7.2	7.2	7.9	8	6.7	7	5.7	6.8	8	7.6
Administrative and Clerical	211	7.4	6.9	8.7	8.1	7.4	7.1	6.6	6.8	7.3	8
Allied Health Professionals	42	7.8	8	8.5	8.2	8	7.6	6.9	7.2	7.8	8.1
Estates and Ancillary	28	7.1	7.2	8	7.6	6.7	6.1	5.3	7.1	7.7	8.1
Medical and Dental	37	7.7	7.7	8.5	7.8	7.6	7.6	6.4	7.4	8.1	8.2
Nursing and Midwifery Registered	129	7.9	7.9	8.5	8.4	8	8	7.1	7.2	8	8.1

KEY

	Score > 3 % above benchmark
	Score < 3 % above benchmark
	Scores in between

5.2 When breaking down the staff data using the RAG rating, it highlights levels of engagement for various groups of staff at QVH. Summary data analysis has been calculated using trends shown in the Picker RAG Table Report:

- *Staff groups*: Staff in a clinical role are significantly more engaged than those in a non-clinical role
- *Age*: 21–30 are significantly less engaged than other groups
- *Disability*: Respondents with a disclosed disability are significantly less engaged than those without
- *Ethnicity*: Not enough respondents to do a comparative analysis
- *BME*: BME staff are generally more engaged than white staff members
- *Gender*: Females are significantly more engaged than males or those who prefer not to say
- *Religion*: Christian staff members are more significantly engaged than those with no religion or would not prefer to say. Not enough respondents to do a comparative analysis with other groups.

5.3 Workforce Race Equality Standards (WRES) and Workforce Disability Equality Standards (WDES) can be viewed in appendix 3 and 4.

6. 2019 Staff Survey Improvement Themes

6.1 Questions/areas of improvement

In addition to the comparator group improvements (see 3.2), a more in-depth analysis of the 2019 NHS Staff Survey question data highlights specific questions/areas where QVH has also improved:

Q	Description	2018	2019
Q4f	Have adequate materials, supplies and equipment to do my work	54%	61%
Q4g	Enough staff at organisation to do my job properly	26%	42%
Q6a	I have realistic time pressures	20%	28%
Q6b	I have a choice in deciding how to do my work	55%	63%
Q6c	Relationships at work are unstrained	47%	54%
Q7b	Feel my role makes a difference to patients/service users	89%	93%
Q7c	Able to provide the care I aspire to	70%	78%
Q10c	Don't work any add unpaid hours per week for this organisation, over and above contracted hrs	37%	45%
Q21c	Would recommend organisation as place to work	62%	72%
Q23a	I don't often think about leaving this organisation	45%	54%
Q23b	I am unlikely to look for a job at a new organisation in the next 12 months	53%	60%
Q23c	I am not planning on leaving this organisation.	59%	68%

6.2 Questions/areas for development

In addition to the comparator group comparisons (see 3.2), further analysis of the question data identifies specific questions/areas where QVH needs to focus its actions for improvement:

Q	Description	2018	2019
Q12d	Last experience of physical violence reported	82%	52%
Q13d	Last experience of harassment/bullying/abuse reported	59%	49%
Q20	Had (non-mandatory) training, learning or development in the last 12 months	79%	74%
Q28b	Q28b. Disability: organisation made adequate adjustment(s) to enable me to carry out work	77%	73%

Q11e	Not felt pressure from manager to come to work when not feeling well enough	73%	70%
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7. Themes summary

7.1 Based on the above findings, overall the Trust has managed to maintain largely positive survey results in comparison to the national picture in a challenging environment. There are a number of areas that QVH have made a significant improvement within the 2019 NHS Staff Survey but must remain a focus in order to continue enhancing staff experience:

- Morale (linked to People and OD Strategy Goal 2)
- Staff engagement (linked to People and OD Strategy Goal 1)
- Team working (linked to People and OD Strategy Goal 1)

7.2 QVH will continue to triangulate key findings from the NHS staff survey report, with the Picker report, Best Place to Work initiative, People & OD Strategy, Staff Friends and Family Test and the stay/exit interviews to ensure we effectively listen and respond to the needs of staff. Particularly relating to the 2019 NHS Staff Survey results, we need to focus on:

- Safe Environment – Bullying & Harassment (People & OD Strategy Goal 2)
- Equality, diversity and inclusion (People & OD Strategy Goal 2)
- Health & Well-being (People & OD Strategy Goal 3)
- Safety Culture (People & OD Strategy Goal 2)

8. Summary Ongoing Actions:

8.1 Bringing together the key areas throughout the report, the goals outlined in the People and OD Strategy and a full analysis of the data will enable QVH to identify specific interventions to support the areas for development. This will be undertaken in collaboration with key stakeholders including business units, communications, and colleagues in Workforce and Organisational Development & Learning. In the meantime we will continue with a range of ongoing QVH interventions already underway or about to commence, including:

- Continuing the Best Practice Leading the Way initiatives throughout 2020/21
- Continuing the delivery of all aspects of the Attraction and Retention Plan, including most recently the overseas nursing campaign
- Working with business units in relation to specific team interventions and staff survey themes
- Ongoing promotion of a range of wellbeing events
- Promotion of Trust benefits
- Monitoring the mover/leavers survey to get qualitative and quantitative data to inform future attraction and retention interventions
- Continuing to deliver workshops on the importance of meaningful conversations to include local inductions, probation meetings, appraisals (including Agenda for Change reforms) and stay/leave conversations
- Developing an appraisee workshop to raise awareness of the importance and process of appraisals at QVH
- Continuing the Best Place to Work initiative to gain insight into staff views on working for QVH
- Ongoing promotion of education, learning and development

9. Recommendation/next steps

9.1 It is crucial for senior managers to review the results for each locality and take responsibility for:

- Sharing results
- Seeking ideas to inform improvements
- Developing and implementing a joint/agreed action plan
- Sharing regular updates/outcomes on implementation with teams and senior management

9.2 At a corporate level, initiatives need to include:

- Developing a corporate strategy to share information around the 11 themes linked to the Best Place to Work initiative
- Working with key theme trust leads on implementation of strategy/communications
- Looking at QVH WRES/WDES themes and staff groups in detail to identify areas for future focus
- Continuing development to support the ongoing initiatives/improvements within the key themes

Appendix 1: Group comparator response rates

Occupational Group:

	Registered Nurses and Midwives	Nursing or Healthcare Assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical/Healthcare Scientists	Public Health / Health Improvement	Commissioning staff	Admin and Clerical	Central Functions / Corporate Services	Maintenance / Ancillary	General Management	Other
Your org	24.7%	6.5%	7.1%	13.4%	7.4%	0.2%	0.5%	22.1%	9.4%	4.0%	2.4%	2.2%
Average	24.5%	6.3%	6.6%	13.0%	9.1%	0.1%	0.1%	18.5%	7.1%	2.7%	3.0%	4.3%
Responses	551	551	551	551	551	551	551	551	551	551	551	551

Length of service:

	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	12.7%	16.5%	20.7%	15.8%	15.1%	19.2%
Average	12.4%	16.7%	20.9%	17.0%	11.8%	18.6%
Responses	569	569	569	569	569	569

Appendix 2: All scores

Question topic	Q	Description	2018	2019
Your job	Q2a	Often/always look forward to going to work	61%	65%
	Q2b	Often/always enthusiastic about my job	74%	77%
	Q2c	Time often/always passes quickly when I am working	78%	79%
	Q3a	Always know what work responsibilities are	86%	89%
	Q3b	Feel trusted to do my job	90%	93%
	Q3c	Able to do my job to a standard I am pleased with	81%	84%
	Q4a	Opportunities to show initiative frequently in my role	76%	76%
	Q4b	Able to make suggestions to improve the work of my team/dept	78%	79%
	Q4c	Involved in deciding changes that affect work	57%	56%
	Q4d	Able to make improvements happen in my area of work	57%	61%
	Q4e	Able to meet conflicting demands on my time at work	45%	46%
	Q4f	Have adequate materials, supplies and equipment to do my work	54%	61%
	Q4g	Enough staff at organisation to do my job properly	26%	42%
	Q4h	Team members have a set of shared objectives	72%	75%
	Q4i	Team members often meet to discuss the team's effectiveness	63%	67%
	Q4j	I receive the respect I deserve from my colleagues at work	72%	76%
	Q5a	Satisfied with recognition for good work	60%	63%
	Q5b	Satisfied with support from immediate manager	73%	76%
	Q5c	Satisfied with support from colleagues	84%	83%
	Q5d	Satisfied with amount of responsibility given	78%	79%
	Q5e	Satisfied with opportunities to use skills	73%	76%
	Q5f	Satisfied with extent organisation values my work	50%	54%
	Q5g	Satisfied with level of pay	33%	36%
	Q5h	Satisfied with opportunities for flexible working patterns	53%	56%
	Q6a	I have realistic time pressures	20%	28%
	Q6b	I have a choice in deciding how to do my work	55%	63%
	Q6c	Relationships at work are unstrained	47%	54%
	Q7a	Satisfied with quality of care I give to patients/service users	88%	88%
	Q7b	Feel my role makes a difference to patients/service users	89%	93%
	Q7c	Able to provide the care I aspire to	70%	78%
Your managers	Q8a	My immediate manager encourages me at work	70%	72%
	Q8b	Immediate manager can be counted on to help with difficult tasks	73%	76%
	Q8c	Immediate manager gives clear feedback on my work	62%	66%
	Q8d	Immediate manager asks for my opinion before making decisions that affect my work	57%	60%
	Q8e	Immediate manager supportive in personal crisis	78%	81%
	Q8f	Immediate manager takes a positive interest in my health & well-being	72%	76%
	Q8g	Immediate manager values my work	74%	75%
	Q9a	I know who senior managers are	82%	84%
	Q9b	Communication between senior management and staff is effective	38%	43%
Your health, well-being and safety at work	Q9c	Senior managers try to involve staff in important decisions	34%	36%
	Q9d	Senior managers act on staff feedback	31%	36%
	Q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	59%	62%
	Q10c	Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	37%	45%
	Q11a	Organisation definitely takes positive action on health and well-being	38%	36%
	Q11b	In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	70%	70%

	Q11c	Not felt unwell due to work related stress in last 12 months	66%	71%
	Q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	39%	37%
	Q11e	Not felt pressure from manager to come to work when not feeling well enough	73%	70%
	Q11f	Not felt pressure from colleagues to come to work when not feeling well enough	77%	76%
	Q11g	Not put myself under pressure to come to work when not feeling well enough	5%	6%
	Q12a	Not experienced physical violence from patients/service users, their relatives or other members of the public	94%	95%
	Q12b	Not experienced physical violence from managers	100%	100%
	Q12c	Not experienced physical violence from other colleagues	99%	99%
	Q12d	Last experience of physical violence reported	82%	52%
	Q13a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	75%	74%
	Q13b	Not experienced harassment, bullying or abuse from managers	88%	91%
	Q13c	Not experienced harassment, bullying or abuse from other colleagues	83%	82%
	Q13d	Last experience of harassment/bullying/abuse reported	59%	49%
	Q14	Organisation acts fairly: career progression	89%	89%
	Q15a	Not experienced discrimination from patients/service users, their relatives or other members of the public	96%	96%
	Q15b	Not experienced discrimination from manager/team leader or other colleagues	95%	93%
	Q16a	In last month, have not seen errors/near misses/incidents that could hurt staff	80%	83%
	Q16b	In last month, have not seen errors/near misses/incidents that could hurt patients/service users	72%	76%
	Q16c	Last error/near miss/incident seen that could hurt staff and/or patients/service users reported	98%	98%
	Q17a	Organisation treats staff involved in errors/near misses/incidents fairly	61%	58%
	Q17b	Organisation encourages reporting of errors/near misses/incidents	90%	91%
	Q17c	Organisation takes action to ensure errors/near misses/incidents are not repeated	68%	71%
	Q17d	Staff given feedback about changes made in response to reported errors/near misses/incidents	56%	58%
	Q18a	Know how to report unsafe clinical practice	95%	96%
	Q18b	Would feel secure raising concerns about unsafe clinical practice	72%	70%
	Q18c	Would feel confident that organisation would address concerns about unsafe clinical practice	61%	62%
Your personal development	Q19a	Had appraisal/KSF review in last 12 months	87%	89%
	Q19b	Appraisal/review definitely helped me improve how I do my job	24%	24%
	Q19c	Appraisal/performance review: Clear work objectives definitely agreed	38%	41%
	Q19d	Appraisal/performance review: definitely left feeling work is valued	38%	40%
	Q19e	Appraisal/performance review: organisational values definitely discussed	38%	41%
	Q19f	Appraisal/performance review: training, learning or development needs identified	74%	74%
	Q19g	Definitely supported by manager to receive training, learning or development identified in appraisal	55%	61%
	Q20	Had training, learning or development in the last 12 months	79%	74%
Your organisation	Q21a	Care of patients/service users is organisation's top priority	86%	88%
	Q21b	Organisation acts on concerns raised by patients/service users	76%	79%
	Q21c	Would recommend organisation as place to work	62%	72%
	Q21d	If friend/relative needed treatment would be happy with standard of care provided by organisation	91%	92%
	Q22a	Patient/service user feedback collected within directorate/department	93%	93%
	Q22b	Receive regular updates on patient/service user feedback in my directorate/department	71%	71%
	Q22c	Feedback from patients/service users is used to make informed decisions within directorate/department	61%	65%
	Q23a	I don't often think about leaving this organisation	45%	54%
	Q23b	I am unlikely to look for a job at a new organisation in the next 12 months	53%	60%
	Q23c	I am not planning on leaving this organisation.	59%	68%
Background information	Q28b	Disability: organisation made adequate adjustment(s) to enable me to carry out work	77%	73%

Appendix 3: Workforce Race Equality Standards (WRES)

	White	Mixed	Asian/Asian British	Black/Black British	Chinese	Other
Your org	86.8%	2.0%	8.1%	2.1%	0.2%	0.9%
Average	84.7%	1.9%	9.3%	2.8%	0.5%	1.1%
Responses	559	559	559	559	559	559

Appendix 4: Workforce Disability Equality Standards (WDES)

	Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?	Has your employer made adequate adjustment(s) to enable you to carry out your work?
Your org	22.2%	74.6%
Average	15.6%	76.6%
Responses	567	76

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	05/03/2020	Agenda reference:		50-20	
Report title:	QVH Partnership development board terms of reference				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Steve Jenkin, Chief Executive				
Appendices:	None				
Executive summary					
Purpose of report:	The Queen Victoria Hospital Partnership Development Board (QVHPDB) will be established under the authority of the Boards of QVH and WSHT (the constituent organisations); the Board is asked to approve the QVHPDB terms of reference.				
Summary of key issues	The QVHPDB is being established to develop a partnership approach to QVH organisational sustainability that enables the development of a future collaborative working arrangement between QVH, WSHT and BSUH that contributes to the future clinical, operational and financial sustainability of the local Sussex system and, considers the wider system across Kent and Surrey.				
Recommendation:	The Board is asked to APPROVE the terms of reference				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	Terms are reference will also be presented to the Board of WSHT for joint approval before coming into effect.				

**Queen Victoria Hospital NHS Foundation Trust
and
Western Sussex Hospitals NHS Foundation Trust/Brighton and Sussex University
Hospitals NHS Trust
and
Sussex Health and Care Partnership**

Queen Victoria Hospital Partnership Development Board

Terms of Reference

Title:	Queen Victoria Hospital Partnership Development Board
Date approved and approving body:	Approved by the Board of Queen Victoria Hospital NHS Foundation Trust (QVH) on TBC , and by the Board of Western Sussex Hospitals NHS Foundation Trust (WSHT) on TBC
Constitution and establishment:	The Queen Victoria Hospital Partnership Development Board (QVHPDB) has been established under the authority of the Boards of QVH and WSHT (the constituent organisations)
Accountability:	The QVHPDB is accountable to the Boards of the constituting organisations.
Purpose:	To develop a partnership approach to QVH organisational sustainability that enables the development of a future collaborative working arrangement between QVH, WSHT and BSUH that contributes to the future clinical, operational and financial sustainability of the local Sussex system and, considers the wider system across Kent and Surrey.
Co-Chairs	Chief Executive, QVH - <i>Steve Jenkin</i> Chief Executive, WSHT – <i>Marianne Griffiths</i>
Membership:	<p>QVH: Chief Executive - <i>Steve Jenkin</i> Chair – <i>Beryl Hobson</i> or Non-Executive Director – <i>Gary Needle</i> Director of Communications and Corporate Affairs - <i>Clare Pirie</i> Programme Director - <i>Suzanne Cliffe</i></p> <p>WSHT Chief Executive – <i>Marianne Griffiths</i> Chair – <i>Alan McCarthy</i> Chief Delivery and Strategy Officer – <i>Pete Landstrom</i> Chief Financial Officer - <i>Karen Geoghegan</i> Programme Director - <i>Amanda Harrison</i></p> <p>SHCP Chief Executive Officer – <i>Adam Doyle</i></p>
Attendance	Either Co Chair can agree additional invitees who will be asked to attend meetings in full or for specific items.

Principles:	<p>The QVHPDB will act in accordance with the following collaboration principles. We will</p> <ul style="list-style-type: none"> • ensure that our collaboration is authentic and based on a shared approach and collective priorities • ensure we have clearly identified the issues we are seeking to solve before developing potential solutions • aim to deliver high quality safe and sustainable services • support the accountabilities of individual organisations • work strategically and tactically to deliver our objectives • make the most of the assets we have building on existing areas of good practice and clinical/service excellence • ensure we work in partnership across SHCP and the wider health economy with commissioners and stakeholders to support the achievement of our purpose • take an open book approach; sharing the knowledge, information and data that will enable us to achieve our purpose
Powers	<p>The decision-making powers of the QVHPDB are those vested in its members by their respective Boards. Collective decisions that are within the delegated authority of the members can be made by the QVHPDB. All other matters will be referred to Trust Boards.</p> <p>The QVHPDB has the power to constitute any sub-groups agreed to be required and commission programmes of work to support the fulfilment of its duties as described below.</p>
Duties:	<ol style="list-style-type: none"> 1. To agree the scope, objectives and priorities of the overall programme of work and individual workstream objectives, success measures and timeline; making recommendations to the respective Boards for agreement 2. To oversee the implementation of the agreed programme of work, identifying risks to implementation, ensuring that effective actions are identified and taken to address these risks and that the impact of these actions on implementation are monitored. 3. To support the development of any business case or development proposal arising from the programme in order that these can be recommended to individual organisation's Boards for approval. 4. To escalate any concerns, to the respective Boards and the Sussex Acute Collaboration Network Executive Board and act as a point of reporting, communication and dissemination of information to the respective organisations. 5. To support internal and external communication about the overall programme and ensure communications plans are developed and delivered in support of specific projects 6. To ensure overall programme governance is linked to individual organisational governance arrangements and that there is effective engagement with commissioners and other stakeholders.

	<p>7. To approve the Terms of Reference and membership of any sub-group, oversee the work of those sub-groups; receiving progress and exceptions reports and acting to facilitate the successful delivery of the sub-groups' objectives.</p>
Scope of work	<ol style="list-style-type: none"> 1. To scrutinise the outcome of the jointly commissioned third party review of QVH and assesses the risks and opportunities of any future working arrangements. 2. To identify the optimal organisational model that will underpin future working taking into account the potential impacts of the future organisational model on QVH, BSUH and WSHT services and staff and the wider system 3. To develop a future organisational model that builds on cooperative working between the Trusts and supports improved organisational and system sustainability to define a future partnership model that includes: <ul style="list-style-type: none"> - a proposed governance and management structure and onsite presence at QVH - the decision-making process through which the future partnership arrangement will be agreed and a framework for future decision making in relationship to the partnership - a process for developing solutions for integrated back office functions and for developing resilience for single responsible individual roles - takes the learning from the development of the agreed legal structure between WSHT and BSUH - provides future opportunities for wider partnership working 4. To oversee the development and implementation of a transition plan that supports the mitigation of risks and maximises the opportunities of partnership working including the development of a financial recovery plan 5. To identify opportunities for future service transformation to improve service and organisational sustainability, ensuring innovation and high-quality patient care are central to future service delivery including the options and further mitigations for the future management of critical care, burns inpatients, paediatrics and head and neck cancer patients 6. To ensure the benefits, risks and impacts of future working arrangements are understood at a patient, organisation and system level; including impacts on sustainability, clinical outcomes and financial and operational performance. 7. To agree and put in place any agreement required, legal or otherwise, to support the future working arrangements
Conduct of meetings:	<p>Changes to membership must be agreed by the Co Chairs in advance of attendance and will be reflected in updated Terms of Reference for approval by the constituent organisation's Boards.</p> <p>Members are expected to attend all meetings of the QVHPDB. With agreement of either co-chair, members unable to attend may send a deputy who is briefed and who will count towards the quorum. Deputies and additional attendees must be agreed by either co-chair in advance of attendance.</p>

	<p>A notice of each meeting, including an agenda and supporting papers, will be circulated to QVHPDB members five days prior to the date of the meeting.</p> <p>Urgent or late agenda items arising after the agenda is circulated, must be agreed by the co-chairs in advance of the meeting. As a principle, late agenda items and late submission of papers will be discouraged, in order to support members having adequate time to review.</p> <p>Minutes of the meeting will be drafted and circulated within five working days of the meeting. Meeting minutes will be considered draft until agreed at the next meeting of the QVHPDB.</p>
Standing Agenda	<p>The QVHPDB will have a standing agenda as follows:</p> <ol style="list-style-type: none"> 1. Minutes of the last meeting 2. Review of overall programme to include: <ol style="list-style-type: none"> a. delivery risks and issues b. consideration/prioritisation of future workstreams c. governance d. programme methodology e. resourcing 3. Programme updates (by exception) to include reports from programme sub-groups 4. Agreement of risks/issues/actions for onward reporting 5. Agreement of the date of the next meeting <p>Additional items or variations to the standing agenda will be agreed by the chair two weeks in advance of the meeting. The chair will identify any additional attendees required to support discussion of items on the agenda.</p> <p>Urgent or late agenda items arising after the agenda is circulated, must be agreed by the chair in advance of the meeting. As a principle, late agenda items and late submission of papers will be discouraged, in order to support members having adequate time to review.</p>
Quorum:	<p>A quorum shall consist of at least two members from each of QVH and WSHT. When agreed, deputies will count towards the quorum.</p>
Frequency of meetings:	<p>Routine meetings of the QVHPDB will be held monthly as a minimum. Additional meetings may be scheduled, with the agreement of the co-chairs, to expedite action in respect of any urgent issues arising in the interim period. Scheduled meetings will not be postponed or cancelled without the agreement of the co-chairs.</p>
Administration:	<p>The QVHPDB will be supported by the Executive Assistant to the CEO of QVH. Support for the QVHPDB will include:</p> <ul style="list-style-type: none"> • agreement of the meeting agenda with the co-chairs, • collation and formatting of meeting papers, • taking, drafting and dissemination of the minutes • keeping a record of matters arising, actions and issues to be carried forward • providing copies of ratified minutes and/or a summary report to each partner organisation.

	<ul style="list-style-type: none"> • ensuring reports are received from sub-groups
Sub-groups:	The QVHPDB will oversee the work of the sub-groups it constitutes and establishes to lead specific collaboration projects. Terms of Reference for sub-groups will be agreed by the QVHPDB and reports from sub-groups will be received as required at QVHPDB meetings
Reporting:	Minutes and/or a summary report of the matters considered by each meeting of the QVHPDB should be made available to each partner organisation for consideration as required through their governance systems and will be provided to the SACNB for information.
Review:	Terms of Reference are due for review in July 2020 or sooner as required.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	5 March 2020	Agenda reference:		51-20	
Report title:	Board effectiveness review				
Sponsor:	Clare Pirie, Director of communications and corporate affairs				
Author:	Clare Pirie, Director of communications and corporate affairs				
Appendices:	A: Board seminars and presentations 2019/20 B: Development of individual Board members C: Record of Board members time with staff groups D: Details of NED champions at QVH E: Well led action plan F: Board sub-committee terms of reference for annual approval				
Executive summary					
Purpose of report:	The purpose of this report is to consider the performance of the Board of Directors at QVH and identify any actions needed to ensure that the Board has the skills, experience and approach needed to ensure the Trust remains an innovative and high performing organisation.				
Summary of key issues	This paper is structured around the eight key lines of enquiry of the Care Quality Commission's well led domain, highlighting Board developments in year.				
Recommendation:	The Board is asked to: <ul style="list-style-type: none"> AGREE the contents of this review, noting that detail will be included in the 2019/20 annual report and accounts. APPROVE the Board sub-committee terms of reference. 				
Action required [highlight one only]	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	This paper enables the Trust to comply with the FT Code of Governance				
Legal:	None				
Resources:	This paper seeks best use of existing resources.				
Assurance route					
Previously considered by:	N/A				
	Date:		Decision:		
Next steps:	<ul style="list-style-type: none"> This evaluation will be noted in the Annual Report and Accounts Assuming approval, terms of reference will take immediate effect. 				

Report to: Board of Directors
Meeting date: 5 March 2020
Agenda item reference no: 51-20
Sponsor: Clare Pirie, Director of communications and corporate affairs
Author: Clare Pirie, Director of communications and corporate affairs
Date of report: 26 February 2020
Appendix: A: Board seminars and presentations 2019/20
B: Development of individual Board members
C: Record of Board members time with staff groups
D: Details of NED champions at QVH
E: Well led action plan
F: Board committee ToRs

QVH Board of Directors Effectiveness review

Introduction

The purpose of this report is to consider the performance of the Board of Directors at QVH and identify any actions needed to ensure that the Board has the skills, experience and approach needed to ensure the Trust remains an innovative and high performing organisation.

The Board's approach to external and internal engagement is considered as part of this review.

This paper builds on the process of regular review undertaken by each committee to the Board and enables the Trust to comply with the FT Code of Governance, which requires the Board to undertake a formal annual evaluation of its own performance and that of its committees and individual directors. The Code requires that details of this evaluation are included in the Annual Report and Accounts.

This paper is structured around the eight key lines of enquiry of the Care Quality Commission's well-led domain, highlighting developments in year.

Recommendation

The board of directors is asked to:

- **AGREE** the contents of this evaluation, noting that it will be referenced in the 2019/20 annual report and accounts.
- **APPROVE** the attached committee terms of reference for the next twelve months.

CQC theme		Developments at Board level in 2019/20
1. Leadership	<p>The most effective Boards are those that drive organisational performance especially at times of great stress and change. Sound leadership creates an organisational culture of continuous improvement, motivated staff, and enhancing its long-term sustainability.</p>	<p>In October 2019, Keith Altman joined the Trust as medical director, replacing Ed Pickles. Keith has recruited two deputy directors with specific responsibilities reflecting the transformation agenda of the organisation and ensuring that we have the capacity and capability to support day-to-day operational effectiveness. Non-executive directors Karen Norman and Paul Dillon Robinson joined the Trust in April 2019 and October 2019 respectively and are bringing their impendence and expertise to the Board, including through the chairing of Board sub-committees.</p> <p>The full Board dedicates a day each year to a facilitated Board development process. In October 2019, this was focussed on the strategy and the culture of QVH. Culture included work on the rich feedback on our culture in the form of the Best Place to Work online staff conversations where we explored some of the more tricky issues such as perceived fairness of development opportunities. The strategy work was around the partnership agenda and the future of QVH. Whist working on these key issues it was an important opportunity to make sure we continue to work together as a unitary Board, with members able to give and receive challenge and support in a constructive manner.</p> <p>The development activities undertaken by individual directors are summarised in Appendix B, and show the breadth of work undertaken to ensure that Board members are well equipped to deliver in their roles.</p> <p>The Trust has a well-developed appraisal process, which is used to identify individual development needs. The Chief Executive has agreed with each executive director a personal development plan (PDP) as part of their individual appraisal. The Chair conducts annual non-executive director appraisals and is herself appraised by the chair of the Council of Governors Appointments committee; the Chair and NEDs also have individual development needs documented and reviewed through this process.</p>
2. Vision and strategy	<p>The strategic focus in 2019/20 has been around securing the long-term future of QVH through partnership working. Significant work is underway on the QVH clinical strategy.</p>	<p>QVH is an outward looking organisation with a strong track record of engaging with system working. There is a clear audit trail through 2019/20 of Board engagement with the Sustainability and Transformation Partnership, the Sussex Acute Collaborative Network and the establishment of the QVH Partnership Development Board. Governors have been involved in this process and staff kept well informed through face-to-face and written briefings.</p>

3. Culture	<p>As an effective board, we need to shape a culture for the organisation, which reflects QVH's values and is ambitious, self-directed, responsive, and encourages innovation. We have a commitment to openness and transparency and to put patients and communities at the centre of everything we do.</p> <p>Board members are also expected to exemplify the seven Nolan Principles of public life: selflessness, integrity, objectivity, accountability, openness, honesty, leadership.</p>	<p>QVH has a strong culture of celebrating success, and this includes the staff awards ceremony in October 2019. We received 234 nominations across nine categories, including 45 nominations from the public for the 'outstanding patient experience' award. We gave out 78 educational certificates and recognised the long service of 31 members of staff. QVH has a lot to be proud of and the staff awards are an important part of that. There is a clear connection between the engagement and motivation of staff, and patient care.</p> <p>Throughout the year the Board received regular updates on the five goals of the organisational development strategy (engagement and communication, attraction and retention, health and well-being, learning and education, talent and leadership), work which plays an important role in supporting the QVH values and culture.</p> <p>The 2019 staff survey shows significant improvements in many areas. Compared to the other 13 specialist acute trusts in its benchmarking group, QVH scored the highest for staff morale. 92 per cent of staff who responded would be happy with the standard of care provided by the organisation if a friend or relative needed treatment; with 72 per cent of staff saying they would recommend QVH as a place to work.</p> <p>All Board members have been subject to the Fit and Proper Persons Test since it was introduced in 2014/15. This declaration is included with all Board papers as a reminder and signed off on appointment and annually by the Chair.</p>
4. Governance	<p>Good governance involves clarity about structures, processes and systems of accountability. At QVH, these are regularly reviewed and improved and the external well-led review was an additional positive opportunity to improve our governance effectiveness and leadership culture.</p>	<p>QVH has a highly successful model for governor engagement, with motivated and supportive governors and a lead governor role on board committees that enables them to see NEDs at work and more fully discharge their responsibilities around holding NEDs to account. The individual governors attending committees changed in line with the governors' nomination and election procedures, with the quality of engagement remaining strong.</p> <p>In July 2019, the Board revised and approved its Standing Financial Instructions, Standing Orders and Schedule of Matters Reserved for the Board.</p> <p>The corporate affairs team have developed and now regularly deliver a minute writing course, raising the standard of minutes across the organisation to ensure that we have a good record of assurance and decision-making.</p>

		<p>Whilst noting national evidence that care should be taken to ensure NED 'champion' roles do not dilute the independence of NEDs and their role on a unitary board, QVH has agreed a small number of issues where it is helpful to have a named NED. These are set out in appendix D.</p>
5. Risks and performance	<p>The Board continues to ensure that the organisation has a robust and effective risk management system. The corporate risk register is reviewed by the Board at each meeting. Public board agendas are structured around the Trust's five key strategic objectives (KSOs). Each KSO is prefaced by the relevant part of the BAF, (with overall BAF summary included in the Chief executive's report). Detailed explanations of changes to risk scores are provided within each relevant section.</p>	<p>Active engagement with a meaningful Board assurance framework is evidenced throughout the year including</p> <ul style="list-style-type: none"> • May 2019 the Board agreed a revised risk rating against the financial sustainability objective due to the deteriorating financial position and revised forecast. • July 2019 revised description of risk around patient experience to reflect changes in the wider healthcare system • September 2019: Board reviewed and approved current risk appetite • September 2019 description of objective around organisational excellence updated • November 2019: risk ratings for patient experience and organisational excellence were reduced due to improving vacancy rates in nursing and operating department practitioners and sustained evidence of outstanding patient experience. • January 2020: risk around operational excellence rescored due to sustained progress re RTT. • February 2020, the Board received a presentation on cyber security, which included discussion of risk, and how assurance, further work on this is in progress.
6. Information	<p>QVH Board papers include a good level of detail on quality, operations and finance and the Board works to ensure these are considered in a holistic way. A programme of sub-committee assessments identifies ways in which papers and processes can be further improved.</p>	<p>On a quarterly basis, the Audit committee continues to undertake a deep dive into an individual key strategic objective, seeking assurance in respect of gaps and controls.</p> <p>In July 2019, the nominations and remuneration committee reviewed its effectiveness with no significant recommendations for change.</p> <p>The Audit committee reviewed its effectiveness in December 2019. Nothing significant was identified in the feedback, although the Chair would be keen to develop the process for gaining assurance around the Trust's KSOs in 2020/21.</p> <p>In September 2019 members of the charity committee carried out an assessment of effectiveness concluding overall that they were satisfied that this is a well-managed committee providing a high level of assurance that donors' money is being well used. The committee agreed to engage more with the fundraising agenda not just grant making, and a number of</p>

		<p>effectiveness improvements were agreed around quoracy, managing potential conflicts of interest and the deadline for submission of papers in order to ensure quality.</p> <p>The annual finance and performance committee effectiveness review due to be undertaken in December 2019 was deferred to January 2020 and will be reviewed by the committee after the date of writing of this paper. The committee chair will ensure areas for improvement are agreed and actioned.</p> <p>The quality and governance committee evaluation process is underway at the time of writing.</p>
7. Engagement	<p>The Board ensures it continues to meet its responsibility to engage with stakeholders through various means including attendance of a QVH patient, where possible, at each public session to describe their experience of care at the Trust. Where difficult to arrange the Board receives an update from the director of nursing on a recent patient experience. There is regular continued scrutiny of Friends and Family Test and patient experience results.</p> <p>The Lead Governor role continues to enable strong and direct engagement between governors and the Board. All members of the Board attend the quarterly meetings of the Council of Governors.</p>	<p>Board engagement with external stakeholders has been mapped, including identification of board level leads.</p> <p>The Board has agreed a staff engagement plan, which better connects the Board to the Trust, triangulating evidence and raising the profile of Board members with staff.</p> <p>There is significant and ongoing work in developing the Trust's partnership with Western Sussex Hospitals NHS FT and Brighton University Hospitals NHS Trust, recognising that co-operation and collaboration are key to sustainability of the organisation.</p>
8. Improvement	<p>Continuous improvement is one of the core values of QVH. To support this we have identified a need to adopt a service improvement methodology.</p>	<p>In March 2019, Peter Landstrom, Chief Delivery and Strategy Officer for Western Sussex Hospitals NHS Foundation Trust and Brighton and Sussex University Hospitals Trust (WSHFT and BSUH) visited QVH to deliver a workshop on Patient First. This is the continuous improvement methodology developed by WSHFT and introduced at BSUH with very positive results. It has proved challenging to identify capacity at WSHFT/BSUH to support us in bringing</p>

	<p>Board committees continue to undertake their annual effectiveness reviews, These self-assessments are aligned to the work of the 'well led' review and support the Board's evaluation of performance. Actions taken as a result are described above.</p>	<p>this approach to QVH and it remains a clearly identified potential benefit of the ongoing partnership work.</p> <p>The director of communications, director of finance and medical director have attended workshops provided by Surrey and Sussex Healthcare (SASH) and the director of communications is signed up to participate in the full SASH Kaizen training programme over the next few months.</p> <p>The new role of head of operational service improvement has been created and is being recruited to in order to drive Trust wide transformational change, creating a culture that fosters innovation and change and supporting the programmes relating to delivery of the trust clinical strategy.</p>
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Patient engagement

QVH has a patient engagement strategy (February 2019) which sets out how we actively seek insights from patients, healthcare professionals, the public, key stakeholders on the quality and effectiveness of services to inform service change and decisions.

We have a number of mechanisms for formally monitoring and reporting what patients say about their experience of QVH including PALS contacts and complaints; online ratings sites; QVH social media. We participate fully in the various national patient surveys and the Friends and Family Test. We also benefit from feedback from local patient satisfaction audits, patient support groups, the patient experience group, QVH members, Themes raised through all these routes are triangulated to ensure we act on issues raised by patients.

The following are specific examples of measures put in place to support the engagement of Board members with patients.

1. Patient story at public Board meetings: to ensure we have patient voice at the centre of our thinking we try to start every public Board meeting with a patient telling their story in person. This provides real insight into our services and patient experience.
2. Compliance in practice inspections – these involve speaking to staff and/or patients in a particular area as part on a small internal inspection team. NEDs have a specific objective to each undertake at least two per year.
3. Engagement with patients in the areas where directors are linked to staff: each NED and executive director has specific areas in which to focus their staff engagement as above. Where appropriate director should also spend time talking to patients in this area to triangulate evidence.
4. Adopt a chair: Board members are matched with a specific waiting area and encouraged to visit at least every other month with a specific mandate to consider whether the area feels welcoming, caring, calm and well organised. Feedback is given to the patient experience lead who will share this with the relevant heads of nursing.

Stakeholder engagement

The Board of Directors recognises that co-operation and collaboration is key to the sustainability of the organisation. Engagement with stakeholders in our local community and in the NHS is strong, with QVH well represented in all key NHS forums.

Section E.2 of the *NHS Foundation Trust Code of Governance*, requires that: “The board of directors should review the effectiveness of these processes [effective mechanisms to co-operate with relevant third party bodies] and relationships [with other NHS bodies, local authorities and other relevant organisations with an interest in the local health economy] annually and, where necessary, take proactive steps to improve them.”

The Board is asked to accept the assurance shown through the full report that QVH maintains collaborative and productive relationships with representatives of third parties. Risks and opportunities are appropriately reviewed by the executive management team at its weekly meetings and in the wider forum of the Hospital Management Team. Issues and risks are reported to the relevant groups/committees within the Trust’s governance structure and escalated to the Board of Directors for oversight and scrutiny.

Board development

As a small trust the funds available for Board development work are limited and as in all areas of the Trust, personal development is achieved through networks, shadowing, opportunities provided at no cost by national bodies such as NHS Providers, Federation of Specialist Hospitals, Healthcare Financial Management Association, NHS Improvement as

well as more specialist professional bodies. Board members at QVH have a strong presence in national and regional professional bodies, both contributing and benefiting from these relationships and opportunities.

Board members work hard to balance the time commitment needed for their role at QVH with identifying time to step outside of the Trust for personal development. The culture at QVH encourages and supports personal development while recognising that for executive directors, creating the time needed is often a challenge.

All individual members of the Board, both executive and non-executive, have participated in development opportunities during 2019/20 and have agreed personal development plans. Appendix B sets out the events attended by NEDs and the paid for opportunities taken up by executive directors. This should not be considered a comprehensive list as executive directors spend a considerable proportion of their time on meetings outside of the Trust, but each executive director has identified what they consider their key personal development opportunities over the year.

New directors attend the two-day corporate induction, which has a strong focus on our values, and the nature of the work carried out at QVH, with statutory and mandatory training followed up outside of this. The Deputy Company Secretary also provides a tailored local induction programme for new NEDs and executive directors.

Board seminars and clinician presentations

Throughout the year, there have been a series of Board seminars providing opportunities to gain an understanding of the services provided by the Trust as well as to review the strategic direction. The details of these are described in appendix A. The AGM included a presentation by Col Tania Cubison on learning following 10 years in Afghanistan.

The education department delivers an annual programme of evening clinical lectures, which are attended by many Board members. The details of these are described in appendix D.

Board members also regularly attend the joint hospital governance committee which meets every six weeks and has a clinical focus including the findings of clinical audit, learning from national and local issues of clinical safety, clinical innovation.

Statutory and mandatory training

All Board members remain up to date with core training in areas like information governance and fire safety.

Director competencies

The Kark review, led by Tom Kark QC, reported back on the effectiveness of the fit and proper persons tests for senior NHS staff making seven recommendations. A national decision on implementation will follow and for now the fit and proper persons tests is still applied, but Kark also suggested all directors (executive, non-executive and interim) should meet specified standards of competence to sit on the board of any health providing organisation. These are listed below and Board members consider them in setting personal development plans.

- Board governance;
- Clinical governance;
- Financial governance;
- Patient safety and medical management;

- Recognising the importance of information on clinical outcomes;
- Response to serious clinical incidents and learning from errors;
- The importance of learning from whistleblowing and 'speaking up';
- Empowering staff to make autonomous decisions and to raise concerns;
- Ethical duties towards patients, relatives and staff;
- Complying and encouraging compliance with the duty of candour;
- The protection, security and use of data;
- Current information systems relevant to health services;
- The importance of issues of equality and diversity both within the hospital in workforce issues and in relation to appointments to the Board
- An understanding of the importance of complying on a personal basis with the Nolan principles

Board development in 2020/21

Consideration will be given to the skills needed for the increased level of partnership working and for potentially working as part of a hospital group.

The programme of Board seminars and clinical presentations will continue, ensuring Board members are well equipped to carry out their duties. Any specific suggestions for Board sessions should be discussed with the chair or the director of communications and corporate affairs.

Appendix A
Board seminars and presentations in 2019/20

Date	Event
04 April 2019	Board seminar <ul style="list-style-type: none"> • Overview presented by Capsticks of legal powers of FTs in respect of collaborative partnerships • Partnership working update • Review of core objectives for all board members
June 2019	Board seminar <ul style="list-style-type: none"> • Review of Trust mandatory and statutory training (MAST) targets • Overview of national and regional NHS Workforce Plans • Partnership working update
29 July 2019	AGM/AMM 10 years in Afghanistan, presented by Tania Cubison, consultant plastic surgeon
05 September 2019	Board meeting session in private Presentation from Hugh Simpson from 'Clever Together' providing feedback from 'Best Place to Work initiative'
03 October 2019	Board away day (externally facilitated) This focussed on strategy and culture (feedback from <i>best place to work</i> staff online conversation).
16 October 2019	Clinical presentation to Board Plastics, delivered by Martin Jones, Consultant
05 December 2019	Board seminar <ul style="list-style-type: none"> • Adult and paediatric safeguarding, delivered by Pauline Lambert and Kay Fowler • Anti-bribery training session from internal audit (Matt Wilson, RSM UK) • The role of the Corporate Trustee, delivered by Beryl Hobson. • Partnership working update
06 February 2020	Board seminar <ul style="list-style-type: none"> • Cyber Security presentation, Templar Executives • Staff survey results • GIRFT presentation, Selina Trueman, South East GIRFT Clinical Ambassador • Partnership working update

Appendix B

Development of individual board members

	EVENT
Beryl Hobson	<ul style="list-style-type: none"> NHS Providers dinner with Chair of NHSI, Baroness Dido Harding HFMA Annual Chairs Conference QVH evening education sessions STP Chairs Oversight Group (originally chairing, now as a member) Observing the daily bed meeting and trauma meeting. Also the outpatients team huddle. Compliance in practice visit to outpatients; histopathology open day; observing procedures in theatre and day theatre – maxfac removal of tumour and flap insertion, feminisation, outpatients trauma clinic Meetings with the clinical director or leads for Anaesthetics, Corneo, Strategy, Medical Education, Maxfac and Sleep Other meetings with staff to understand their daily work and concerns, undertaking by 'walking around' many of the hospital teams
Paul Dillon-- Robinson joined the Trust in October 2019	<ul style="list-style-type: none"> NHS Providers two day course for NEDs Involved with the HFMA in a variety of roles; tutoring at Masters level, developing material at level 4, facilitating their Operating Game, facilitating Best Possible Value approach. All these roles keep me up to date and allow me to introduce myself as a non-executive at QVH. NED member of the Rural Payments Agency's management board, as chair of their Audit & Risk Assurance Committee (ARAC), which has also put me on the DEFRA ARAC, so enabling me to "compare and contrast" the non-executive roles. Self-certified that I have maintained my CPD for the ICAEW
Kevin Gould	<ul style="list-style-type: none"> Workshop on The Future of Work HFMA Chair, NED & Lay Member Forum Chairs and Leaders Oversight Group Workshops on Wellness in the workplace, Climate change, Artificial intelligence
Gary Needle	<ul style="list-style-type: none"> NHS Providers event in April. Regional presence enhanced by membership of the QVH Future Program Board. International presence enhanced by independent role as a Consultant Planning Advisor to the Minister of Public Health in Qatar.
Karen Norman joined the Trust in April 2019	<ul style="list-style-type: none"> NHS Providers two day course for NEDs QVH 'Shadowing' Visits (see appendix C) Revalidated registration for Nursing and Midwifery Council Examined a PhD thesis for the University of Southern Denmark Visiting Professor, Doctorate in Management Programme, Business School, University of Hertfordshire. Supervising four Doctoral research students and teaching on international

	<p>programme requiring keeping abreast of contemporaneous management and leadership literature.</p> <ul style="list-style-type: none"> • Visiting Professor, School of Nursing, Kingston University and St George's, University of London. Teach at Masters level on Leadership and Management of Change module and Complexity and Reflexive Management for Band 5 nurses development programme requiring keeping abreast of contemporaneous NHS, nursing and clinical issues
Steve Jenkin	<ul style="list-style-type: none"> • Compliance in practice inspections in MIU and Ross Tilley ward • Various SE Regional Leadership events NHSEI • Member of Sussex Health & Care Partnership (SHCP) Executive Group • Roles in SHCP - SRO in urgent & emergency care and acute representative on MH Steering Group • SRO for QVH Programme Board • Staff and Governor briefings on partnership working
Jo Thomas	<ul style="list-style-type: none"> • Member and contributor to Sussex and East Surrey Directors of nursing a groups and bi monthly joint meeting with DoN and HR director to deliver system working on workforce issues • NHSI WebEx for DoN covering a range of topics most recently nursing associate role • Collaborative working and site visits with provider trusts who have implemented e-Observations solutions to support trust project • Attendance at Caldicott conference facilitated by UK Caldicott Guardian Council • Attendance at Antimicrobial Resistance; Delivery of Long term plan in South East • Sussex Workforce Race Equality Conference • Quality and Governance Committee Workshop • ILM executive coaching • Invited speaker at NHSI Communities of Practice
Keith Altman Joined the Board October 2019	<ul style="list-style-type: none"> • SASH Kaizen introduction day
Abigail Jago	<ul style="list-style-type: none"> • MBA (Leadership Practice) commenced in November 2019 • Attendance at STP meetings (ICS, Cancer, Acute Collaboration, 26 weeks)
Michelle Miles	<p>Absent at time of completing this report so full information not available.</p> <ul style="list-style-type: none"> • Kings Fund Healthcare Finance programme completed • SASH Kaizen introduction day
Geraldine Opreshko	<ul style="list-style-type: none"> • Completed Kings Fund Advanced OD Practitioners Programme • Chair of the Sussex Health & Care Partnership Leadership Development and Talent Management Meeting • Attend NHS Employers HR Directors forums for KSS and TVW • Member of STP Workforce Directors forum and attend joint HRD/DoNs meetings • Member of CIPD

Clare Pirie	<ul style="list-style-type: none"> • NHS Providers networks for communications, charity and company secretaries throughout the year • Attendance at STP communications and engagement meetings • Shadowed staff in maxfac's spoke site clinic; compliance in practice inspection in burns, observed medicines management meeting, shadowed consultant in theatres for skin cancer operations • Kings Fund Top Managers Programme completed • SASH Kaizen introduction day • Donorflex training (charity stakeholder system) • QVH critical care consultant presentation on helicopter emergency medical service
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Appendix C – staff engagement

In September 2018 the Board agreed a set of actions to increase the visibility of Board members with staff and make a record of these interactions; these were described to CQC inspectors in February 2019 and contributed to our successful well led result.

Board engagement with staff aims to:

- Increase staff awareness of who Board members are and the roles they play delivering the organisation's objectives; improve visibility of Board members, ensuring this has a positive motivational impact
- Support the understanding of Board members about the many different teams and activities at QVH, as well as creating specific opportunities to consider the patient perspective, which should ultimately support informed decision making
- Support Board members in their role as ambassadors for the hospital, speaking with pride and first-hand knowledge about our work
- Deliver this in a planned way in order to ensure all areas and staff groups are covered
- Ensure we have a record of Board engagement easily available for future well-led enquiries

The following are examples of regular staff engagement

1. Joint Hospital Governance Meeting - Most Board members regularly attend this monthly meeting which is used review areas of both excellence and concern for clinical care, and to communicate general hospital wide clinical issues. The meeting is open to all staff and has significant clinical staff attendance. NEDs have a specific objective to attend at least twice per year.
2. Compliance in practice inspections – these involve speaking to staff and/or patients in a particular area as part on a small internal inspection team. NEDs have a specific objective to each undertake at least two per year.
3. Breakfast/tea with Chair and CEO – monthly drop in attended by a small number of staff each time for 1:1 conversations
4. Quality and governance committee members attending meetings that report to Q&G
5. Staff awards – all Board members attend and each hosts a table, and play a role in recognising success across the organisation.
6. All executive directors to attend at least two team meetings a year outside of their normal area of responsibility, to listen to the meeting and provide a brief update from their area. All NEDs to attend at least two team meetings, to listen to the meeting and provide a brief explanation of their work as a NED.
7. Lead director for different teams/areas – each NED and executive director has specific areas in which to focus their staff engagement – see Appendix 1. Directors are still encouraged to also engage with staff elsewhere but the link facilitates Board members 'dropping in' more regularly and make it easier for staff to identify and understand the role of a specific Board member.

Record of Board members time with staff groups, 2019/20

Board members have agreed specific areas in which to focus their staff engagement as below. Directors are still encouraged to also engage with staff elsewhere but the link facilitates Board members 'dropping in' more regularly and make it easier for staff to identify and understand the role of a specific Board member. Where appropriate directors also spend time talking to patients in this area to triangulate evidence.

The Chair and CEO were not given specific teams to avoid some areas having a more senior connection.

The record of Board member engagement over the year, reflecting significant engagement with staff such as attendance at team meetings, job shadowing etc has been made visible to staff via a white board in the Jubilee Building and is below.

	Teams for specific link	Additional engagement with staff 2019/20
Beryl Hobson, Chair	N/A	Corneo, Appointments, Trauma Clinic, MIU, Psychological Therapies, Prosthetics, C wing, Physio & OT, Theatres, Library, IT, Estates, Macmillan, Maxfacs secretaries, HR.
Steve Jenkin, CEO	N/A	MIU & Estates Walkabout Theatres Consultant Meeting
Clare Pirie, director of communications and corporate affairs	Corneo	Business Managers Meeting, Patient Experience Group, Maxfacs Clinic, Maidstone, burns ward compliance in practice
Abigail Jago, director of operations	Peanut ward and PAU	Imaging Huddle
Michele Miles, director of finance	Burns and critical care	Absent at time of completing this report so information not available.
Geraldine Opreshko, director of workforce & OD	Pre-op assessment and peri-op (theatres)	Peanut Ward, Maxfacs Trainees, Margaret Duncombe Ward, Junior Doctors Induction MIU, Sleep, Theatre Workshop Physio, Rehab
Keith Altman, medical director	TBC	
Jo Thomas, director of nursing	Medical records	Walkabout all clinical areas with Staff Side & RCN, MIU, Daily hospital handover, Medical Records, PAU Peanut staff meeting, Radiology, Theatres
Paul Dillon Robinson, NED	Maxfacs; estates	Senior nursing team, patient experience, safety and quality leads
Karen Norman, NED	Finance and procurement; research	Risk & Patient Safety meeting Theatres, C-wing, bed meetings, MIU Peanut Ward compliance in practice Emergency Practitioners Planning meeting
Kevin Gould, NED	IM&T, infection control and outpatients	Visit to theatres IM&T meeting Outpatients Team Meeting
Gary Needle, NED	Safeguarding; histopathology; radiology	Consultants Appointment Panel x3 Safeguarding Group Compliance in practice – C-wing Participation in QVH Frames research study

Non-Executive Director Statutory and Regulatory Roles

There are a number of requirements for NED roles which have not been brought together in a national document; this appendix was developed through liaison with NHSI and the NHS Providers CoSec network. Nationally there is a view that the named NED approach may impact on the independent role NEDs and care should be taken not to take on executive responsibilities. The QVH use of named NEDs has been shaped with this in mind.

Area	Role	Reference	Requirement	Comment
Emergency Preparedness	NED Lead for Emergency Preparedness	NHSE Core Standards for Emergency Preparedness, Resilience and Response Guidance	4.1: Organisations must have an appointed Accountable Emergency Officer (AEO)/Chief Executive who is a board level director and responsible for EPRR in their organisation. This person should be supported by a non-executive board member .	<i>SJ is designated AEO and is supported by Deputy Director of Nursing (NR)</i> <i>KN is designated NED</i>
Finance	Procurement Non-Executive Director	NHS TDA/Use of resources?	NHSI (Keely Howard - NED Development, Chair & NED Networks), Has confirmed no requirement but may be looking to introduce NED expert in procurement going forward.	No requirement at this stage
Information governance	NED lead for cyber-security	NHSI	NHSI (Keely Howard - NED Development, Chair & NED Networks), has advised that, although not confirmed at this stage, they are looking to introduce a recommendation that the board should have a NED with Chief Information Officer experience in order to be able to scrutinise cyber security arrangements.	No requirement at this stage
Security Management	Security Management Non-Executive Director	TIAA refers the most recent guidance as 2005 – but TIAA have had difficulty locating to date.	Key requirement is to have an executive director acting as the Security Management Director; QVH is compliant in that respect. Having a NED as a champion is considered good practice, so they can hold the executive director to account.	No requirement
Freedom to Speak up	Non-Executive Director FTSU	Guidance for boards on Freedom to	The trust should have a named non-executive director responsible for speaking up (as well as named executive) and both should be clear about their role and responsibility.	<i>KG is designated NED</i>

Area	Role	Reference	Requirement	Comment
		Speak Up in NHS trusts and NHS foundation trusts	Senior leaders should be knowledgeable and up to date about FTSU and the executive and non-executive leads aware of guidance from the National Guardian's Office. Senior leaders should be able to readily articulate the trust's FTSU vision and key learning from issues that workers have spoken up about and regularly communicate the value of speaking up. They should be able to provide evidence that they have a leadership strategy and development programme that emphasises the importance of learning from issues raised by people who speak up. Senior leaders should be able to describe the part they played in creating and launching the trust's FTSU vision and strategy.	<i>GO is designated executive lead</i>
Whistleblowing	Non-Executive Director for Whistleblowing	NA	Whilst the terms 'whistleblowing' and 'speaking up' are used interchangeably, there are distinct differences with regard to whistleblowing due to the legislation which relates to it (the Public Interest Disclosure Act (PIDA) 1988).	<i>Trust policy states if an issue remains unresolved, the complainant may write to the Chair, who may designate one or more NED to investigate on their behalf.</i>
Quality/ Patient Safety	Quality Non-Executive Lead	Francis Enquiry	Recommendation no: 204 All healthcare providers and commissioning organisations should be required to have at least one executive director who is a registered nurse, and should be <i>encouraged to consider recruiting nurses as non-executive directors.</i> All provider organisations must have at least one executive director who is a registered nurse.	<i>KN is designated NED.</i>
Patient care	Non-Executive Lead for End of Life Care	More Care, Less Care Report 2013	Recommendation no. 28 The Review panel recommends that the boards of healthcare providers providing care for the dying give responsibility for this to one of its members – preferably a lay member whose focus will be on the dying patient, their relatives and carers – as a matter of urgency. This is	Recommendation, (not requirement). Given the low level of End of Life Care at QVH, this will have

Area	Role	Reference	Requirement	Comment
			particularly important for acute hospitals, where the Review panel has found most cause for concern.	good oversight from the clinical NED.
	NED Responsible for Doctors Disciplinary	General Medical Council	<p>MAINTAINING HIGH PROFESSIONAL STANDARDS IN THE MODERN NHS (2005) webarchive.nationalarchives.gov.uk/20130107105354/.../dh_4103344.pdf</p> <p>4. All serious concerns must be registered with the Chief Executive and he or she must ensure that a case manager is appointed. The Chairman of the Board must designate a non-executive member "the designated member" to oversee the case and ensure that momentum is maintained.</p> <p><i>41. The Board is responsible for designating one of its non-executive members as a "designated Board member" under these procedures. The designated Board member is the person who oversees the case manager and investigating manager during the investigation process and maintains momentum of the process.</i></p> <p>42. This member's responsibilities include:</p> <ul style="list-style-type: none"> receiving reports and reviewing the continued exclusion from work of the practitioner; considering any representations from the practitioner about his or her exclusion; considering any representations about the investigation; 	There is no requirement for a designated NED as the Chair will appoint a NED as and when appropriate.
	NED Lead for learning from deaths	Implementing the Learning from Deaths framework: key requirements for trust boards 2017	<p>The Learning from Deaths framework requires each trust's board to identify a NED to oversee the trust's approach to Learning from Deaths.</p> <p>NED responsibilities in relation to the framework</p> <p>Understand the review process: ensure the processes for reviewing and learning from deaths are robust and can withstand external scrutiny.</p> <p>Champion quality improvement that leads to actions that improve patient safety.</p> <p>Assure published information: that it fairly and accurately reflects the organisation's approach, achievements and challenges.</p>	KN is designated NED

Area	Role	Reference	Requirement	Comment
			<p>Understanding the review process – what questions should NEDs ask?</p> <ul style="list-style-type: none"> • How is the case record review process carried out? • How are cases selected for case record review? • What is the quality of data collected by the trust and what are its limitations? • Are those reviewing cases trained to do so according to a robust method such as PRISM or structured judgement review? • Is the LeDeR method used to review deaths of people with learning disabilities? • How are deaths of those with severe mental illness reviewed? • How are infant and child deaths reviewed? • Is there multidisciplinary review of cases? • Is there objective review of cases – wherever possible not carried out by those involved in the care of the patient who died? • Are there arrangements for periodic review of the trust's processes and findings by peer trusts? • Are families/carers given the opportunity to request a review? • Are all cases where problems with care are thought likely to have led to the death investigated in line with the best practice outlined in the Serious Incident framework? • Are all families and carers engaged properly where problems are found? • Are all families and carers involved in investigations from the start, and kept informed of subsequent improvement work if they wish to be? • How is case record review data triangulated with other quality data collected outside the review? • What does the data say about what drives mortality in the trust? 	
Operations	NED for Cancer performance	Cancer Alliance	Cancer Alliance has suggested to the Director of Operations that there should be a NED aligned to this specific area	All NEDs are responsible for scrutiny of this issue.

QVH Well led review action plan – final summary of actions

In March 2018, the Board received in public the report from the QVH-commissioned, external Well Led review. The recommendations were last reviewed by the Board in public in March 2019 when some actions were still underway. This is a final summary of how the recommendations have been delivered.

Recommendation	Context at time of review	Delivery
1. Finalise development of the medium-term strategy and associated underpinning strategies along with an options appraisal which delivers safe, sustainable care, compliant with current and known future requirements and aligns with the STP in the longer term.	<p>The QVH strategy <i>QVH 2020: Delivering excellence</i> and underpinning strategies (IT, estates etc) regularly reviewed and updated, including the removal of objectives around private and international work to concentrate on core business activity and opportunities.</p> <p>Staff expectations that a new CEO would mean launch of a new strategy.</p> <p>Partnership approach with BSUH and Western agreed. Initial focus on paediatric burns, adding in maxfac and back office. Staff awareness high but understanding of ‘what it will mean for me’ limited.</p> <p>Strong participation of all QVH execs and chair in STP recognised.</p>	<p>Complete. The Board has an agreed approach to securing the long term future of QVH and detailed work is underway through the QVH partnership development board to inform final decision making around joining a hospital group with BSUH an WSHFT.</p> <p>Work underpinning this includes the organisational development strategy, the estates vision, the developing business case for burns, current work on the clinical strategy. Hospital management team fully engaged in development of clinical strategy.</p> <p>High level of stakeholder and staff awareness.</p>
2. Development of an OD strategy to support the above activities and the existing Workforce and Engagement Plan and to help with staff retention	The two main areas of focus of organisational development work over the previous year were the <i>Leading the Way</i> programme for people who manage people, with positive results visible in	<p>Complete. Organisational development strategy approved by Board Jan 2019.</p> <p>The Director of Workforce is also leading system wide work on leadership and talent</p>

Recommendation	Context at time of review	Delivery
and fostering a culture of self-learning and improvement.	staff survey, and work undertaken as part of the engagement and retention plan.	
3. NED challenge to be strengthened via assurance-based reports which incorporate forward looking actions, timelines and improvement trajectories which facilitate holding to account.	The reviewers commented that they observed good NED challenge, and that this needed to be supported through assurance rather than reassurance from execs.	<p>Complete. Board papers are clear and Board members have a full understanding of the data presented and how to seek full assurance.</p> <ul style="list-style-type: none"> - NHSI Board development session on seeking assurance around operational performance (May 2018). - Away day in June 2018 in which areas of accountability, conflict and commitment were deliberated. - Board presentation from Surrey & Sussex Cancer Alliance which included comprehensive discussion of operational performance around cancer data and how this is used to gain assurance. (September 2018) - All board reports now include a top level summary setting out key messages.
4. Review the current focus on compliance with a view to developing a more devolved framework of accountability that creates and promotes an environment for learning and continuous improvement at individual and team levels whilst also clarifying and improving the organisation's ability to hold both individuals and teams to account.	<p>The Hospital Management Team had been established relatively recently and, alongside the performance review meetings, was beginning to address the accountability of clinical directorates.</p> <p>In a small trust there is a relatively high level of devolved accountability.</p> <p>The director of Workforce is leading STP-wide work around clinical leadership.</p>	<p>Complete. HMT and performance reviews were refreshed to deliver this framework of accountability.</p> <p>The medical director worked with clinical directors on an individual basis to ensure they have support and training re accountability for delivering on activity and budget plans.</p> <p>Appraisal guidance was updated to include KSOs and support cascade approach to individual objectives derived from Trust objectives.</p>

Recommendation	Context at time of review	Delivery
5. Development of a board stakeholder engagement plan which will better connect the board to the trust, to triangulate evidence and also raise its profile with external stakeholders.	<p>Board members engage actively with staff in a wide variety of forums but this had not been captured or planned centrally.</p> <p>QVH has strong relationships with external stakeholders, again this had not been documented centrally.</p>	<p>Complete. Agreed approach to regular and recorded Board engagement with staff launched October 2018. This includes establishing opportunities for NEDs to engage with specific teams.</p> <p>Board stakeholder engagement mapped and lead for specific stakeholders identified.</p>
6. Consider a triumvirate management model which develops buy-in from medical staff for their corporate role and invest in management teams to operate effectively in their role.	This model had been discussed but in a small trust it is not practical for each clinical directorate to have a unique nursing lead and business manager.	<p>While close management working between nursing, operational and financial leads is subject to a process of continuous improvement, this item is now considered closed as a discrete action.</p> <p>Operations team fully recruited; medical director ensured development for Clinical Directors on indiv basis.</p>
7. Review the provision of information to the board to provide greater insight and forward look including refinement of the BAF and CRR to aid clarity of understanding of risk, controls and assurances and support risk-based discussion focused on risk management not just risks themselves.	Streamline the amount of information and number of time CRR and BAF are reviewed to prevent 'risk fatigue' Ensure key risks are considered collectively as the entire risk to achieving a strategic objective not as one individual item	<p>Complete. BAF and CRR will continue to receive detailed scrutiny at executive and Board level.</p> <ul style="list-style-type: none"> - Board seminar addressed appetite for risk (April 2018); September 18 Board approved the QVH risk appetite statement and improvements to data presentation. - Integrated dashboard in use at Board from Nov 2018.

Recommendation	Context at time of review	Delivery
8. Deployment of a continuous improvement methodology to facilitate innovation and learning.	As a small trust QVH does not have a dedicated internal improvement team. Clinical innovation at QVH is nationally and internationally recognised.	Board agreement that Patient First will provide the improvement methodology needed, as well as supporting the join up of individual and team roles with the QVH vision and values. While BSUH/WSHFT are supportive of bringing Patient First to QVH as part of partnership arrangements and have delivered Board workshop further work is needed.
9. Development of a realistic but aspirational plan which returns the trust to regulatory compliance across all operational and financial targets.		This item has been closed on this action plan as it is covered in full through reports to Board on operational performance.
10. Review the role of Governors on committees to avoid possible conflicts of interest.	QVH has a highly successful model for governor engagement, with motivated and supportive governors and a lead governor role on sub-committees that enables them to see NEDs at work and more fully discharge their responsibilities around holding NEDs to account.	The Board level engagement agreement was revised to remove any ambiguity. This agreement was approved by both Board and Council at their respective meetings in July 2018. <ul style="list-style-type: none"> - Committee secretaries ensure attendance of governor representatives is correctly recorded in the minutes to ensure clarity of role. - In line with committee work programmes, terms of reference of individual committees have been reviewed to ensure membership status of governor representatives is clear.

Terms of reference	
Name of governance body	Audit Committee
Constitution	The Audit Committee ("the committee") is a statutory, non-executive committee of the Board of Directors.
Accountability	The Committee is accountable to the Board of Directors for its performance and effectiveness in accordance with these terms of reference.
Authority	<p>The Committee is authorised by the Board of Directors to:</p> <ul style="list-style-type: none"> investigate any activity within its terms of reference. commission appropriate independent reviews and studies. seek relevant information from within the Trust and from any employee (all departments and employees are required to co-operate with requests from the committee). obtain relevant legal or other independent advice and to invite professionals with relevant experience and expertise to attend meetings of the committee.
Purpose	The purpose of the Committee is the scrutiny of the organisation and maintenance of an effective system of governance, risk management and internal control. This should include financial, clinical, operational and compliance controls and risk management systems. The Committee is also responsible for maintaining an appropriate relationship with the Trust's internal and external auditors.
Duties and responsibilities	<p>On behalf of the Board of Directors, the Committee will be responsible for the oversight and scrutiny of the Trust's:</p> <p>1. Integrated governance, risk management and internal control</p> <p>The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (clinical and non-clinical), that supports the achievement of the organisation's objectives.</p> <p>In particular, the Committee will review the adequacy and effectiveness of:</p> <ul style="list-style-type: none"> All risk and control related disclosure statements (in particular the annual governance statement), together with any accompanying head of internal audit opinion, external audit opinion or other appropriate independent assurances, prior to submission to the board of directors. The underlying assurance processes, including the board assurance framework, that indicate the degree of achievement of the Trust's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

- The draft quality accounts, including the rigour of the process for producing the quality accounts, in particular whether the information included in the report is accurate and whether the report is representative of both the services provided by the Trust, and of the issues of concern to its stakeholders.
- The Board of Director sub-committees, including terms of reference, workplans and span of reporting on an annual basis.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications.
- The policies and procedures for all work related to counter fraud and security as required by NHS Protect.

In carrying out this work, the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key governance bodies of the Trust (for example, the Quality and Governance Committee) so that it understands processes and linkages.

2. Financial reporting

The Committee shall monitor the integrity of the financial statements of the organisation and any formal announcements relating to its financial performance.

The Committee should ensure that the systems for financial reporting to the Board of Directors including those of budgetary control are subject to review as to the completeness and accuracy of the information provided.

The Committee shall review the annual report and financial statements before submissions to the Board of Directors focusing particularly on:

- The wording in the annual governance statement and other disclosures relevant to the terms of reference of the Committee.
- Changes in, and compliance with, accounting policies, practices and estimation techniques
- Unadjusted mis-statement in the financial statements
- Significant judgements in preparation of the financial statements
- Significant adjustments resulting from the audit
- Letters of representation
- Explanations for significant variances

The Committee should review the Trust's standing financial instructions, standing orders and the scheme of delegation on an annual basis and make recommendations for change to the Board of Directors.

Internal audit

The Committee shall ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards 2013 and provides appropriate independent assurance to the Committee, Chief Executive (as accounting officer) and Board of Directors. This will be achieved by:

- Considering the provision of the internal audit service and the costs involved.
- Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework.
- Considering the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise the use of audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- Monitoring the effectiveness of internal audit and carrying out an annual review.

External audit

The Committee shall review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment allow (and making recommendations to the council of governors when appropriate).
- Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual audit plan.
- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation.
- Reviewing all external audit reports, including the Trust's annual quality report (before its submission to the board of directors) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Whistle blowing

The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns raised were investigated proportionately and independently.

Counter fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and security that meet NHS Protect's standards and shall review the outcomes of work in these areas.

Management

The Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit).

Other assurance functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and the NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

In addition, the Committee will review the work of other Committees within the organisation whose work can provide relevant assurance to the Committee's own areas of responsibility. In particular, this will include any clinical governance, risk management or quality committees that are established.

In reviewing the work of a clinical governance committee, and issues around clinical risk management, the Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.

Meetings

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's codes of conduct.

The Committee will meet quarterly.

At least once a year, the Committee should meet privately with representatives of the external and internal auditors.

The Chair of the Committee may cancel, postpone or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

The Board of Directors, Chief Executive (as accounting officer), representative of the external auditor and head of internal audit may request additional meetings if they consider it necessary.

Chairing

The Committee shall be chaired by a non-executive director, appointed by the Trust Chair following discussion with the Board of Directors.

If the Chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by one of the other non-executive director members of the Committee.

The representative of the external auditor, head of internal audit, and counter fraud specialist have the right of direct access to the Chair of the Committee to discuss any matter relevant to the purpose, duties and responsibilities of the Committee or to raise concerns.

Secretariat

The Deputy Company Secretary shall be the secretary to the Audit Committee and shall provide administrative support and advice to the chair and membership. The duties of the secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the Chair
- Organisation of meeting arrangements, facilities and attendance
- Collation and distribution of meeting papers

- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward
- Maintaining the Committee's work programme.

Membership

Members with voting rights

The Committee will comprise at least three non-executive directors who shall each have full voting rights. The Chair of the Trust shall neither chair nor be a member of the Committee but can attend meetings by invitation of the Committee Chair.

Ex-officio attendees without voting rights

- Chief Executive (as Accounting Officer) who shall discuss with the Committee at least annually the process for assurance that supports the annual governance statement. The Chief Executive should also be in attendance when the Committee considers the draft annual governance statement along with the annual report and accounts.
- Representatives of the Trust's internal auditors.
- Representatives of the Trust's external auditors.
- The Trust's counter fraud specialist who shall attend at least two meetings of the Committee in each financial year.

In attendance without voting rights

The following posts shall be invited to attend routinely meetings of the Committee in full or in part but shall neither be a member nor have voting rights:

- Executive Director of Finance.
- Executive Director of Nursing.
- The secretary to the Committee (for the purposes described above).
- Designated deputies (as described below).
- Any other member of the Board of Directors, senior member of Trust staff or advisor considered appropriate by the chair of the Committee, particularly when the Committee will consider areas of risk or operation that are their responsibility.
- Representative of the QVH Council of Governors.

The Chair, members of the Committee and the Governor representative shall commit to work together according to the principles established by the Trust's policy for engagement between the Board of Directors and Council of Governors.

Quorum

For any meeting of the Committee to proceed, two non-executive director members of the Committee must be present.

Attendance

Members and attendees are expected to attend all meetings or to send apologies to the chair and Committee secretary at least one clear day* prior to each meeting.

Attendees may, by exception and with the consent of the chair, send a suitable deputy if they are unable to attend a meeting. Deputies must be appropriately senior and empowered to act and vote on behalf of the Committee member.

Papers
Meeting papers to be distributed to members and individuals invited to attend at least five clear days* prior to the meeting.
Reporting
<p>Minutes of the Committee's meetings shall be recorded formally and ratified by the Committee at its next meeting.</p> <p>The Committee chair shall prepare a report of each Committee meeting for submission to the Board of Directors at its next formal business meeting. The report shall draw attention to any issues which require disclosure to the Board of Directors including where executive action is continually failing to address significant weaknesses.</p> <p>Issues of concern and/or urgency will be reported to the Board of Directors in between its formal business meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Trust chair. Instances of this nature will be reported to the Board of Directors at its next formal business meeting.</p> <p>The Committee will also report to the Board of Directors at least annually on its work in support of the annual governance statement, specifically commenting on:</p> <ul style="list-style-type: none"> • The fitness for purpose of the assurance framework • The completeness and 'embeddedness' of risk management in the organisation • The integration of governance arrangements • The appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a functioning business • The robustness of the processes behind the quality accounts <p>The annual report should also describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed.</p> <p>In addition, the Committee shall make an annual report to the council of governors in relation to the performance of the external auditor to enable the council of governors to consider whether or not to re-appoint them.</p> <p>The Committee chair and governor representative shall report verbally at quarterly meetings of the Council of Governors.</p>
Review
<p>These terms of reference shall be reviewed annually or more frequently if necessary. The review process should include the company secretarial team for best practice advice and consistency.</p> <p>The next scheduled review of these terms of reference will be undertaken by the Committee in December 2020 in anticipation of approval by the Board of Directors at its meeting in March 2021.</p>
* Definitions
In accordance with the Trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.

Terms of reference	
Name of governance body	Nomination and Remuneration ('Nom and Rem' or 'N&R') Committee
Constitution	The Nomination and remuneration committee (the Committee) is constituted as a statutory non-executive committee of the Trust's Board of Directors.
Accountability	The Committee is accountable to the Board of Directors for its performance and effectiveness in accordance with these terms of reference.
Authority	<p>The Committee is authorised by the Board of Directors to:</p> <ul style="list-style-type: none"> • Appoint or remove the chief executive, and set the remuneration and allowances and other terms and conditions of office of the chief executive. • Appoint or remove the other executive directors and set the remuneration and allowances and other terms and conditions of office of the executive directors, in collaboration with the chief executive. • Consider any activity within its terms of reference. • Seek relevant information from within the Trust. (All departments and employees are required to co-operate with any request made by the committee). • Instruct independent consultants in respect of executive director remuneration. • Request the services and attendance of any other individuals and authorities with relevant experience and expertise if it considers this necessary to exercise its functions.
Purpose	<p>The purpose of the Committee is to:</p> <ul style="list-style-type: none"> • Determine the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board of Directors, making use of the output of the board evaluation process as appropriate, and to make recommendations to the Board, as applicable, with regard to any changes. • Work with the chief executive to identify and appoint candidates to fill all executive director and other positions that report to the chief executive. • Work with the chief executive to decide and keep under review the terms and conditions of office of executive directors and other positions that report to the chief executive, including: <ul style="list-style-type: none"> • Salary, including any performance-related pay or bonus; • Provisions for other benefits, including pensions and cars; • Allowances; • Payable expenses; • Compensation payments.

- Set the overall policy for the remuneration packages and contractual terms of the executive management team.

Duties and responsibilities

Duties (nominations)

- When a vacancy is identified, evaluate the balance of skills, knowledge and experience on the Board, and its diversity, and in the light of this evaluation, prepare a description of the role and capabilities required for the particular appointment.
- Use open advertising or the services of external advisers to facilitate candidate searches.
- Consider candidates from a wide range of backgrounds on merit against objective criteria.
- Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- Ensure that proposed appointees meet the “fit and proper person test”, and confirm their awareness of the circumstances which would prevent them from holding office.
- Consider any matter relating to the continuation in office of any executive director including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their service contract.

Duties (remuneration)

- Establish and keep under review the national NHSI VSM pay strategy and associated QVH VSM pay principles in respect of executive board directors and other positions that report to the chief executive.
- Establish levels of remuneration which are sufficient to attract, retain and motivate executive directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust.
- Use national guidance and market benchmarking analysis in the annual determination of remuneration of executive directors and other positions that report to the chief executive, while ensuring that increases are not made where Trust or individual performance do not justify them.
- Monitor and assess the output of the evaluation of the performance of individual executive directors, and consider this output when reviewing changes to remuneration levels.
- The Committee will work with the chief executive to determine the remuneration of the other executive directors.

Responsibilities

On behalf of the Board of Directors, the Committee has the following responsibilities:

- To identify and appoint candidates to fill posts within its remit as and when they arise.
- In doing so, to adhere to relevant laws, regulations, trust policies and the principles and provisions regarding the levels and components of executive directors' remuneration as defined by section D of the FT *Code of Governance*.
- To be sensitive to other pay and employment conditions in the Trust.
- To keep the leadership needs of the Trust under review at executive level to ensure the continued ability of the Trust to operate effectively in the health economy.

- To give full consideration to and make plans for succession planning for the chief executive and other executive directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future.
- To sponsor the Trust's leadership development and talent management programmes to support succession plans and meet specific recruitment and retention needs.
- To ratify the recommendations of the Employer Based Awards Committee for medical and dental Clinical Excellence Awards

Meetings

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's codes of conduct.

The Committee will usually meet three times a year.

The chair of the Committee may cancel, postpone or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

The Board of Directors, Chief Executive and Director of workforce and organisational development may request additional meetings if they consider it necessary.

Chairing

The Committee shall be chaired by the chair of the Trust.

If the chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by the senior independent director of the Trust.

Secretariat

The Director of Corporate affairs and communications, working closely with the Director of Workforce and organisational development, shall be the secretary to the Committee and provide administrative support and advice to the chair and membership. The duties of the secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the chair
- Organisation of meeting arrangements, facilities and attendance
- Collation and distribution of meeting papers
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward.
- Maintaining the Committee's work programme.

Membership

Members with voting rights

The Committee shall comprise all non-executive directors of the Trust who shall each have full voting rights.

Ex-officio attendees without voting rights

- Chief Executive
- Director of Workforce and Organisational Development

In attendance without voting rights

- The secretary to the Committee (for the purposes described above)

<ul style="list-style-type: none"> Any other member of the Board of Directors, senior member of Trust staff or external advisor considered appropriate by the chair of the Committee.
Quorum
For any meeting of the Committee to proceed, two non-executive members of the Committee must be present.
Attendance
Members and attendees are expected to attend all meetings or to send apologies to the chair and Committee secretary at least one clear day* prior to each meeting.
Attendees, including the secretary to the Committee, will be asked to leave the meeting should their own conditions of employment be the subject of discussion.
Papers
Meeting papers shall be distributed to members and attendees at least five clear days* prior to the meeting.
Reporting
Minutes of the Committee's meetings shall be recorded formally and ratified by the Committee at its next meeting.
The Committee chair shall prepare a report of each Committee meeting for submission to the Board of Directors at its next formal business meeting.
Review
These terms of reference shall be reviewed annually or more frequently if necessary. The review process should include the company secretarial team for best practice advice and consistency.
The next scheduled review of these terms of reference will be undertaken by the Committee before approval by the Board of Directors at its meeting in March 2021.
* Definitions
<ul style="list-style-type: none"> In accordance with the Trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.

Terms of reference	
Name of governance body	Finance and Performance Committee (F&PC)
Constitution	The Finance and Performance Committee (“the Committee”) is a standing committee of the Board of Directors, established in accordance with the Trust’s standing orders, standing financial instructions and constitution.
Accountability	The Committee is accountable to the Board of Directors for its performance and effectiveness in accordance with these terms of reference.
Authority	The Committee is authorised by the Board of Directors to seek any information it requires from within the Trust and to commission independent reviews and studies if it considers these necessary.
Purpose	<p>The purpose of the Committee is to assure the Board of Directors of:</p> <ul style="list-style-type: none"> • Delivery of financial, operational and workforce performance plans and targets; and • Delivery of the trust’s strategic initiatives. <p>To provide this assurance the Committee will maintain a detailed overview of:</p> <ul style="list-style-type: none"> • The Trust’s assets and resources in relation to the achievement of its financial plans and key strategic objective four: financial sustainability. • The Trust’s operational performance in relation to the achievement of its activity plans and key strategic objective three: operational excellence. • The Trust’s workforce profile in relation to the achievement of key performance indicators and key strategic objective five: organisational excellence. • Business planning assumptions, submissions and acceptance/delivery of targets <p>To fulfil its purpose, the Committee will also:</p> <ul style="list-style-type: none"> • Identify the key issues and risks requiring discussion or decision by the Board of Directors; • Advise on appropriate mitigating actions; and • Make recommendations to the Board as the amendment or modification of the Trust’s strategic initiatives in the light of changing circumstances or issues arising from implementation
Duties and responsibilities	<p>Duties</p> <p><i>Financial and operational performance</i></p> <ul style="list-style-type: none"> • Review and challenge construction of operational and financial plans for the planning period as defined by the regulators. • Review, interpret and challenge in-year financial and operational performance • Review, interpret and challenge workforce profile metrics including sickness absence, people management, bank and agency usage, statutory and mandatory training compliance and recruitment

- Oversee the development and delivery of any corrective action plans and advise the Board of Directors accordingly
- Review and support the development of appropriate performance measures, such as key performance indicators (KPIs), and associated reporting and escalation frameworks to inform the organisation and assure the Board of Directors.
- Refer issues of quality or specific aspects of the Quality and governance committee's remit, and maintain communication between the two committees to provide joint assurance to the Board of Directors.

Estates and facilities strategy and maintenance programmes

- Review the delivery of the Trust's estates and facilities strategy and planned maintenance programmes as agreed by the Board of Directors.
- Consider initiatives and review proposals for land and property development and transactions prior to submission to the Board of Directors for approval.

Information management and technology strategy, performance and development

- Review the delivery of the Trust's IM&T strategy and planned development programmes as agreed by the Board of Directors.

Capital and other investment programmes and decisions

- Oversee the development, management and delivery of the Trust's annual capital programme and other agreed investment programmes.
- Evaluate, scrutinise and approve the financial validity of individual significant investment decisions (that require Board approval), including the review of outline and full business cases. Business cases that require Board approval will be referred to the Committee following initial review by the Executive Management Team and/or Capital Planning Group.

Cost improvement plans

- To oversee the delivery of the Trust's cost improvement plans and the development of associated efficiency and productivity programmes.

Business development opportunities and business cases

- Evaluate emerging opportunities on behalf of the Board of Directors.

Consider the merit of developed business cases for new service developments and service disinvestments prior to submission to the Board of Directors for approval.

Responsibilities

On behalf of the Board of Directors, the Committee will be responsible for the oversight and scrutiny of the Trust's:

- Monthly financial and operational performance
- Estates strategy and maintenance programme
- Information management and technology strategy, performance and development.

The Committee will make recommendations to the Board in relation to:

- Capital and other investment programmes
- Cost improvement plans
- Business development opportunities and business cases.

Chairing

The Committee shall be chaired by a non-executive director, appointed by the Trust Chair following discussion with the Board of Directors.

If the Chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by one of the other non-executive director members of the Committee.

Meetings

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's codes of conduct.

The Committee will meet once in each calendar month, on the fourth Monday of the month.

The chair of the Committee may cancel, postpone or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

Secretariat

The Executive Assistant to the Director of finance and performance shall be the secretary to the Committee and shall provide administrative support and advice to the chair and membership. The duties of the secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the chair
- Organisation of meeting arrangements, facilities and attendance
- Collation and distribution of meeting papers
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward
- Maintaining the Committee's work programme.

Membership

Members with voting rights

The following posts are entitled to membership of the Committee and shall have full voting rights:

- Three non-executive directors (including Committee chair)
- Chief Executive
- Director of finance and performance
- Director of operations
- Director of workforce and organisational development

Ex-officio members without voting rights

- The Director of nursing

In attendance without voting rights

The following posts shall be invited to attend routinely meetings of the Committee in full or in part, but shall neither be a member nor have voting rights.

- Representative of the QVH Council of Governors.
- The secretary to the Committee (for the purposes described above).
- Any member of the Board of Directors or senior manager considered appropriate by the chair of the Committee.

The Chair, members of the Committee and the Governor Representative shall commit to work together according to the principles established by the Trust's policy for engagement between the Board of Directors and the Council of Governors.
Quorum
For any meeting of the Committee to proceed, two non-executive directors and one executive director of the Trust must be present.
Attendance
Members and attendees are expected to attend all meetings or to send apologies to the chair and Committee secretary at least one clear day* prior to each meeting. Attendees may, by exception and with the consent of the chair, send a suitable deputy if they are unable to attend a meeting. Deputies must be appropriately senior and empowered to act and vote on behalf of the Committee member.
Papers
Papers to be distributed to members and those in attendance at least three clear days in advance of the meeting.
Reporting
Minutes of the Committee's meetings shall be recorded formally and ratified by the Committee at its next meeting. The chair shall prepare a report of each Committee meeting for submission to the Board of Directors at its next formal business meeting. The report shall draw attention to any issues which require disclosure to the Board of Directors including where executive action is continually failing to address significant weaknesses. Issues of concern and/or urgency will be reported to the Board of Directors in between its formal business meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Trust chair. Instances of this nature will be reported to the Board of Directors at its next formal business meeting. The Committee chair and governor representative shall report verbally at quarterly meetings of the Council of Governors.
Review
These terms of reference shall be reviewed annually or more frequently if necessary. The review process should include the company secretarial team for best practice advice and consistency. The next scheduled review of these terms of reference will be undertaken by the Committee in February 2020 in anticipation of approval by the Board of Directors at its meeting in March 2019.
* Definitions
In accordance with the Trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.

Terms of reference	
Name of governance body	Quality & Governance (Q&G) Committee
Constitution	The Quality and Governance Committee ("the Committee") is a standing committee of the Board of Directors, established in accordance with the Trust's standing orders, standing financial instructions and constitution.
Accountability	The Committee is accountable to the Board of Directors for its performance and effectiveness in accordance with these terms of reference.
Authority	<p>The Committee is authorised by the Board of Directors to seek any information it requires from within the Trust and to commission independent reviews and studies if it considers these necessary. Delegated authority includes:</p> <ul style="list-style-type: none"> • Approval of specific policies and procedures relevant to the Committee's purpose, responsibilities and duties. • Engagement with Trust auditors in cooperation with the Audit Committee. • Seeking information from within the Trust and commissioning independent reviews and studies if it considers these necessary. • To protect confidentiality, any concerns directly relating to 'Whistleblowing' will, in the first instance, be discussed at the private session of the Board meeting to protect confidentiality, or escalated to the Accountable Officer as appropriate.
Purpose	<p>The purpose of the committee is to assure the Board of Directors of:</p> <ul style="list-style-type: none"> • The quality and safety of clinical care delivered by the Trust at either its hub site in East Grinstead or any other of its spoke sites. • The management and mitigation of clinical risk. • The governance of the Trust's clinical systems and processes. <p>In order to provide this assurance the Committee will maintain a detailed overview of:</p> <ul style="list-style-type: none"> • Health and safety • Clinical and information governance • Management of medicines and clinical devices • Safeguarding • Patient experience • Infection control • Research and development governance • All associated policies and procedures. <p>To fulfil its purpose, the committee will also:</p> <ul style="list-style-type: none"> • Identify the key issues and risks requiring discussion or decision by the Board of Directors and advise on appropriate mitigating actions. • Make recommendations to the Board about the amendment or modification of the Trust's strategic initiatives in the light of changing circumstances or issues arising from implementation. • Work closely with the Audit and Finance & Performance committees as necessary.
Duties and Responsibilities	<p>Duties</p> <ul style="list-style-type: none"> • Support the compilation of the Trust's annual quality accounts and recommend to the Board of Directors its submission to the Care Quality Commission.

- Recommend quality priorities to the Board of Directors for adoption by the Trust.
- Ensure that the audit programme adequately addresses issues of relevance any significant gaps in assurance.
- Receive a quarterly report on healthcare acquired infections and resultant actions.
- Receive and review bi-monthly integrated reports encompassing complaints, litigation, incidents and other patient experience activity.
- Ensure that where workforce issues impact, or have a direct relationship with quality of care, they are discussed and monitored.
- Review bi-monthly quality components of the corporate risk register and assurance framework and make recommendations on areas requiring audit attention, to assist in ensuring that the Trust's audit plans are properly focused on relevant aspects of the risk profile and on any significant gaps in the assurance.
- Ensure that management processes are in place which provide assurance that the Trust has taken appropriate action in response to relevant independent reports, government guidance, statutory instruments and ad hoc reports from enquiries and independent reviews.
- Ensure there are clear lines of accountability for the overall quality and safety of clinical care and risk management.
- Hold to account business units and directorates (clinical infrastructure/non clinical infrastructure) on all matters relating to quality, risk and governance.

Responsibilities

On behalf of the Board of Directors, the Committee will be responsible for the oversight and scrutiny of:

- The Trust's performance against the three domains of quality, safety, effectiveness and patient experience.
- Review all serious incident and never event root cause analysis investigations, (ideally prior to external submission) to ensure assurance about the governance of the process and the appropriateness of actions and improvements identified. If timescales do not allow this, the investigation report may be sent externally provided it has been signed off by the Clinical Governance Group and reviewed by the Chair of the Quality & Governance Committee.
- Compliance with essential professional standards, established good practice and mandatory guidance including but not restricted to:
 - Care Quality Commission national standards of quality and safety
 - National Institute for Care Excellence (NICE) guidance
 - National Audit Office (NAO) recommendations.
 - Relevant professional bodies (e.g. Royal colleges) guidance.
- Delivery of national, regional, local and specialist care quality (CQuIN) targets.

Meetings

Meetings of the committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's codes of conduct.

The Committee will meet once every two months in the calendar month before a Board business meeting. During the month where there is no formal Committee meeting, members will instead attend local governance and departmental meetings of the key business units and clinical infrastructure in order to assess the clinical governance processes in place and to gain a deeper understanding of quality in the local services and departments. Members will provide formal feedback to the Committee on their observations of these meetings.

The Committee will have an additional meeting in July to receive the annual reports from the clinical groups which report to the Committee.

The Chair of the committee may cancel, postpone or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

Chairing

The Committee shall be chaired by a non-executive director, appointed by the Trust Chair following discussion with the Board of Directors.

If the chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by one of the other non-executive director members of the Committee.

Secretariat

The Executive Assistant to the Director of Nursing shall be the secretary to the Committee and shall provide administrative support and advice to the chair and membership. The duties of the secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the chairperson
- Organisation of meeting arrangements, facilities and attendance
- Collation and distribution of meeting papers
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward
- Maintaining the committee's work programme.

Membership

Members with voting rights

The following posts are entitled to membership of the committee with full voting rights:

- X2 non-executive directors
- Chief Executive
- Director of Nursing
- Medical Director
- Deputy Director of Nursing
- Director of Finance & Performance
- Director of Operations
- Director of Workforce and Organisational Development

Designated deputies (as described below) are entitled to temporary membership of the committee with full voting rights.

Ex-officio members with voting rights

The following bodies shall be invited to nominate an ex-officio member of the committee to represent their interests:

Without voting rights

- The Trust's internal auditor
- Clinical Commissioning Group (CCG) – principle commissioner of the Trust's services.

In attendance without voting rights

The following posts shall be invited to attend routinely meetings of the Committee in full or in part but shall not be a member or have voting rights:

- The secretary to the Committee (for the purposes described above)
- Business managers
- Allied health professional lead
- Infection control lead
- Head of quality and compliance
- Head of risk
- Patient experience lead
- Pharmacy lead
- Director of communications & corporate affairs

<ul style="list-style-type: none"> • Audit and outcomes lead • Representative of the QVH Council of Governors <p>The chair, members of the Committee and governor representative shall commit to work together according to the principles established by the Trust's policy for engagement between the Board of Directors and Council of Governors.</p>
<p>Quorum</p> <p>For any meeting of the Committee to proceed, the following combination of members must be present:</p> <ul style="list-style-type: none"> • one non-executive director • either the director of nursing or deputy director of nursing • one other director with voting rights • four members without voting rights.
<p>Attendance</p> <p>Members are expected to attend all meetings or to send apologies to the chair and Committee secretary at least one clear day* prior to each meeting.</p> <p>Attendees may, by exception and with the consent of the chair, send a suitable deputy if they are unable to attend a meeting. Deputies must be appropriately senior and empowered to act and vote on the behalf of the Committee member.</p>
<p>Papers</p> <p>Meeting papers shall be distributed to members and attendees at least five clear days* prior to the meeting.</p>
<p>Reporting</p> <p>Minutes of the committee's meeting shall be recorded formally and ratified by the Committee at its next meeting.</p> <p>The Committee chair shall prepare a report of each Committee meeting for submission to the Board of Directors at its next formal business meeting. The report shall draw attention to any issues which require disclosure to the Board of Directors including where executive action is continually failing to address significant weaknesses.</p> <p>Papers will be circulated to all non-executive directors to provide additional assurance.</p> <p>Issues of concern and/or urgency will be reported to the board of directors in between formal business meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Trust chair. Instances of this nature will be reported to the board of directors at its next formal business meeting.</p> <p>In the event of a significant adverse variance in any of the key indicators of clinical performance or patient safety, the responsible executive director will make an immediate report to the Committee chair, copied to the Trust chair and chief executive, for urgent discussion at the next meeting of the Committee and escalation to the Trust Board.</p> <p>Final and approved minutes of Committee meetings shall be circulated to the clinical cabinet and non-executive directors. The Committee chair shall provide an update to the Audit Committee.</p> <p>The Committee chair and governor representative shall report verbally at quarterly meetings of the Council of Governors.</p>
<p>Review</p>

These terms of reference shall be reviewed annually or more frequently if necessary. The review process should include the company secretarial team for best practice advice and consistency.

The next scheduled review of these terms of reference will be undertaken by the Committee in February 2021 in anticipation of approval by the Board of Directors at its meeting in March 2021.

Definitions

In accordance with the Trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	05/03/2020	Agenda reference:		52-20	
Report title:	Nomination and remuneration committee assurance				
Sponsor:	Beryl Hobson, Chair				
Author:	Beryl Hobson, Chair				
Appendices:	None				
Executive summary					
Purpose of report:	To provide assurance to the Board of Directors on the meeting of the Nomination and remuneration committee held on 24 February.				
Summary of key issues					
Recommendation:	For the Board to NOTE the report.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	NA				

Report to:	Board of Directors
Meeting date:	24 February 2020
Agenda item reference no:	52-20
Report from:	Beryl Hobson, Chair
Date of report:	Monday 24 February 2020

Nomination and Remuneration Chairs Report

The committee met to discuss the remuneration for the CEO and Executive Directors.

In the financial year 2018/19 NHSI advised all Trusts (including Foundation Trusts) that they were not expected to make any Very Senior Managers (VSM) pay awards until they issued guidance. Since then NHSI/E has been working on a national VSM pay strategy but this is still some way from completion. VSMs are not paid on the national Agenda for Change pay scales.

I received a letter from Amanda Pritchard (Chief Operating Officer NHS England & Chief Executive NHS Improvement) on 31 January 2020 recommending an increase for 2019/20 in line with the increase paid to those on Agenda for Change Band 9.

The committee accepted the recommendations from the CEO regarding the Executive Directors salaries and the Chair's recommendation regarding the CEO salary. These were in line with the recommendations from NHSI.